Georgia EMS Data Requirements

Georgia OEMS / Friday, 6/12/2020

This session is
being recorded

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3

Agenda

- Part 1 (For EMS Agencies and ePCR Vendors):
  - A review of Georgia OEMS Data Submission Requirements
    - MFR Submission Requirements
    - Timeliness, Accuracy, Completeness, Uniformity, Integration, Accessibility, and Validity – we need them all
    - Data resubmissions – Clinical Data vs Billing Data
    - Hospital Hub
  - Correct Data Elements/Values
    - Incident Number vs Response Number vs PCR Number
    - Proper Medic License Number documentation
    - Georgia VID for vehicles
  - Documentation Requirements
    - New Travel Questions
    - Cardiac Arrest Documentation (CARES)
  - Release Schedule/Brief Summary of new Georgia Schematron Rules
  - Questions

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4

Agenda

- Part 2 (For EMS Agencies):
  - A review of the NEMSIS Data Dictionary and Extended Data Definitions
  - Response type requested and Incident/Patient Disposition
  - Details of the new Georgia Schematron
  - EMS Performance Measures and how to find them
  - Data Management Policy - what is it, and what must it include?
  - How to ensure you are compliant with data submissions to GEMSIS Elite
  - GEMSIS Elite Pilot PCR
  - Focus on Systems of Care
  - Questions

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5

Part 1

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6

Data Reporting Requirements – State Reporting

- Who is required to submit data?
  - o **EMS Agency Licensed in Georgia only**
    - ❑ *All responses*, regardless of starting/ending location or dispatch origin MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion
  - o **EMS Agency Licensed in Georgia and another state**
    - ❑ *All responses* requested (originator) from a Georgia entity (911, hospital, NH/LTCF, etc) – MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion, regardless of the destination
    - ❑ *All responses* requested (originator) from another state:
      - • If call is completed in a vehicle licensed in both states (Georgia and the other state):
        - • Personnel licensed only in Georgia → Report to Georgia
        - • Personnel licensed only in other state or in both → Report to other state
      - • If call is completed in a vehicle licensed only in Georgia – MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion, regardless of starting/ending location

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7

Data Reporting by the Numbers for EMS Agencies

- For each **Incident**:
  - o There must be a unique **eResponse.03 - Incident Number**
    - ❑ This must be the same for ALL vehicles, ALL patients for THIS incident from the same agency
    - ❑ *"This number can be used to associate multiple EMS responses, dispatch information, and other information to the same EMS event or patient."*
- For each **Vehicle**:
  - o There must be a unique **eResponse.04 - EMS Response Number**
    - ❑ This must be the same for ALL patients for THIS vehicle for THIS incident
    - ❑ *"The internal EMS response number which is unique for each EMS Vehicle's (Unit) response to an incident within an EMS Agency."*
- For each **Patient or Response**:
  - o There must be a unique **eRecord.01 - Patient Care Report Number**
    - ❑ *"The unique number automatically assigned by the EMS agency for each Patient Care Report (PCR). This should be a unique number for the EMS agency for all of time."*

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8

NOTE on Incident Number, Response Number, PCR Number

- Do NOT put the patient's name in any of the numbers!
  - o **These are all national elements, which means that they are sent to NEMSIS and available to the public!**
- If you have a scheduled transport from Point A to Point B and then a second trip for the same patient back from Point B to Point A – this is two (2) incidents, so they should have 2 incident numbers, 2 response numbers and 2 PCR Numbers

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9

Examples for an EMS Agency

- **Example 1:** One vehicle responds to one patient for a single 911 call:
  - o 1 unique eResponse.03 - Incident Number
  - o 1 unique eResponse.04 - EMS Response Number (can be the same as eResponse.03)
  - o 1 unique eRecord.01 - Patient Care Report Number
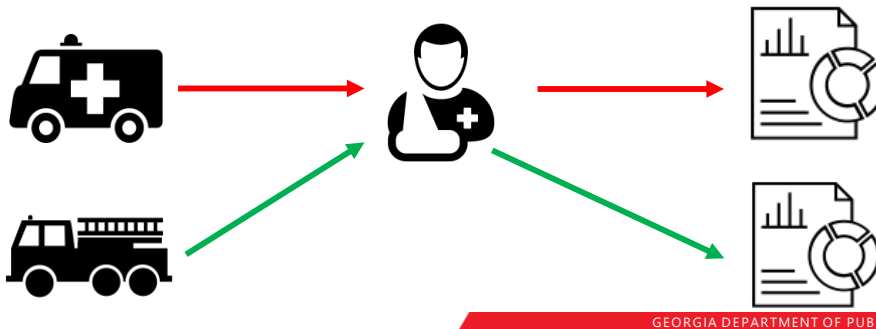

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10

Examples for an EMS Agency (continued)

- **Example 2:** Two vehicles from the same agency (one MFR, one ambulance) responds to one patient for a single 911 call:
    - o 1 unique eResponse.03 - Incident Number
    - o 2 unique eResponse.04 - EMS Response Number
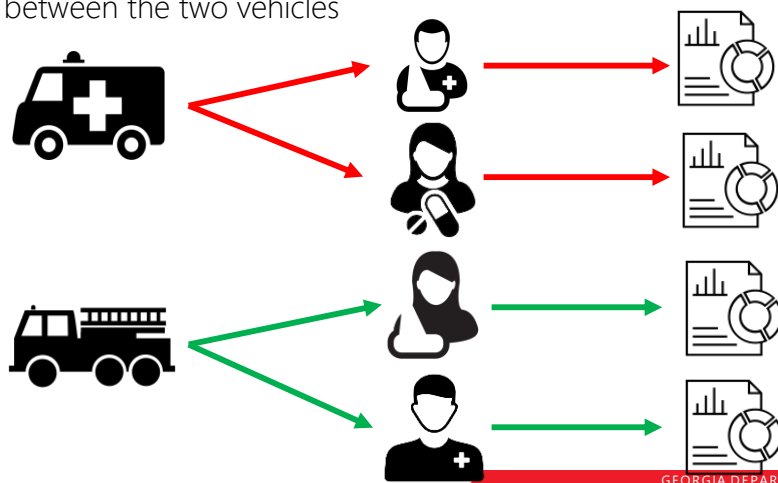   - o 2 unique eRecord.01 - Patient Care Report Number

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11

Examples for an EMS Agency (continued)

- **Example 3:** Two vehicles from *same* agency (one MFR = Engine 1, one ambulance = Med 1) – two car MVC, 4 patients – all refusals that are split between the two vehicles -
    - o 1 unique eResponse.03 - Incident Number – same for E1 & M1
    - o 2 unique eResponse.04 - EMS Response Number (one for E1, one for M1)
    - o For Engine 1
        - ❑ 2 unique eRecord.01 - Patient Care Report Number (one for Pt 1, one for Pt 2)
    - o For Med 1
        - ❑ 2 unique eRecord.01 - Patient Care Report Number (one for Pt 3, one for Pt 4)

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12

Examples for an EMS Agency (continued)

- **Example 3:** Two vehicles from *same* agency (one MFR = Engine 1, one ambulance = Med 1) – two car MVC, 4 patients – all refusals that are split between the two vehicles

13

## Examples for an EMS Agency (continued)

- **Example 4:** Two vehicles from *same* agency (one MFR = Engine 8, one ambulance = Med 8) – two car MVC, 4 patients – all refusals that are done by just the med unit -
  - o 1 unique eResponse.03 - Incident Number – same for E8 & M8
  - o 2 unique eResponse.04 - EMS Response Number (one for E8, one for M8)
  - o For Engine 8
    - ❑ 1 unique eRecord.01 - Patient Care Report Number
      - • eDisposition.12 – Incident/Patient Disposition – appropriate to the level of involvement
  - o For Med 8
    - ❑ 4 unique eRecord.01 - Patient Care Report Number (one each for Pt 1, 2, 3, and 4)

14

Examples for an EMS Agency (continued)

- **Example 4:** Two vehicles from *__same__* agency (one MFR = Engine 8, one ambulance = Med 8) – two car MVC, 4 patients – all refusals that are done by just the med unit -
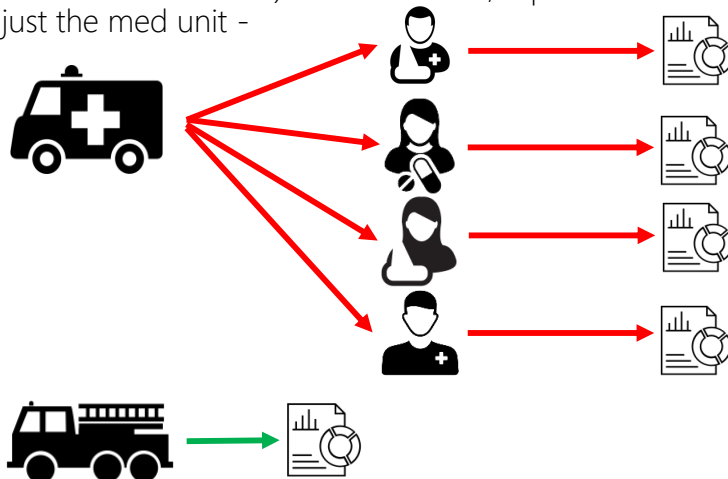
15

Another Twist

- **Example 5:** Two vehicles from **different** agencies (one MFR = Engine 1, one ambulance = Unit 222) – two car MVC, 4 patients – all refusals that are split between the two vehicles -
  - MFR Agency (E1):
    - ❑ 1 unique eResponse.03 - Incident Number
    - ❑ 1 unique eResponse.04 - EMS Response Number
    - ❑ Patients that they come into contact with:
      - Patient 1 = 1 unique eRecord.01 - Patient Care Report Number
      - Patient 2 = 1 unique eRecord.01 - Patient Care Report Number
  - Ambulance Agency (Unit 222):
    - ❑ 1 unique eResponse.03 - Incident Number
    - ❑ 1 unique eResponse.04 - EMS Response Number
    - ❑ Patients that they come into contact with:
      - Patient 3 = 1 unique eRecord.01 - Patient Care Report Number
      - Patient 4 = 1 unique eRecord.01 - Patient Care Report Number

16

Examples for an EMS Agency (continued)

- **Example 5:** Two vehicles from <u>**different**</u> agencies (one MFR = Engine 1, one ambulance = Unit 222) – two car MVC, 4 patients – all refusals that are split between the two vehicles

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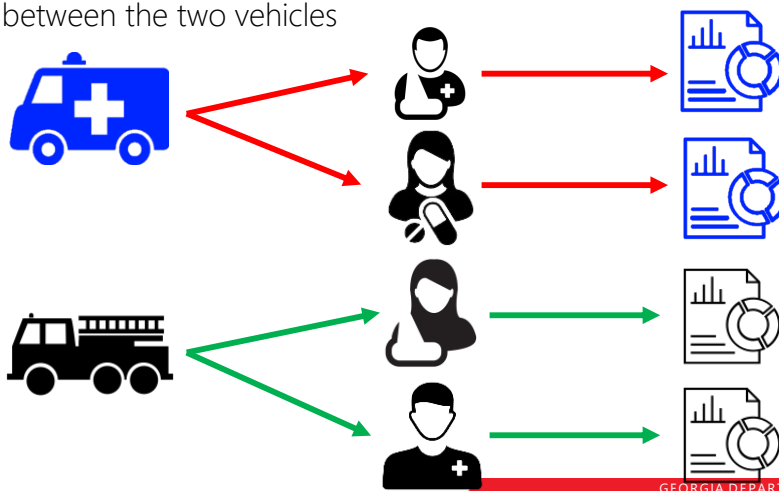
17

One more example…

- **Example 6:** Two vehicles from <u>**different**</u> agencies (one MFR = Engine 2, one ambulance = Unit 777) – ambulance gets their first and cancels the engine before they get to the scene
  - o Ambulance Agency (Unit 777):
    - ❑ 1 unique eResponse.03 - Incident Number
    - ❑ 1 unique eResponse.04 - EMS Response Number
    - ❑ 1 unique eRecord.01 - Patient Care Report Number
  - o MFR Agency (E2):
    - ❑ 1 unique eResponse.03 - Incident Number
    - ❑ 1 unique eResponse.04 - EMS Response Number
    - ❑ 1 unique eRecord.01 - Patient Care Report Number
      - • eDisposition.12 – Incident/Patient Disposition = Canceled (Prior to Arrival At Scene)

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18

Examples for an EMS Agency (continued)

- **Example 6:** Two vehicles from <u>**different**</u> agencies (one MFR = Engine 2, one ambulance = Unit 777) – ambulance gets their first and cancels the engine before they get to the scene
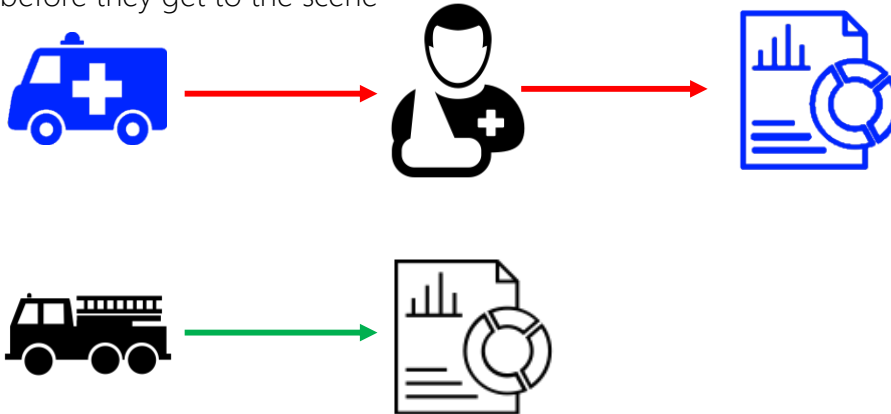
19

Examples for an EMS Agency (continued)

- **Example 7:** One vehicle from an agency is dispatched to a standby at a football game and encounters no patients and does not provide operational support.
  - ❑ 1 unique eResponse.03 - Incident Number
  - ❑ 1 unique eResponse.04 - EMS Response Number
  - ❑ 1 unique eRecord.01 - Patient Care Report Number
    - eDisposition.12 – Incident/Patient Disposition = Standby-No Services or Support Provided
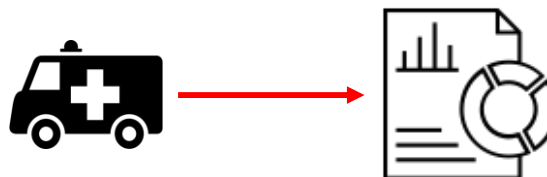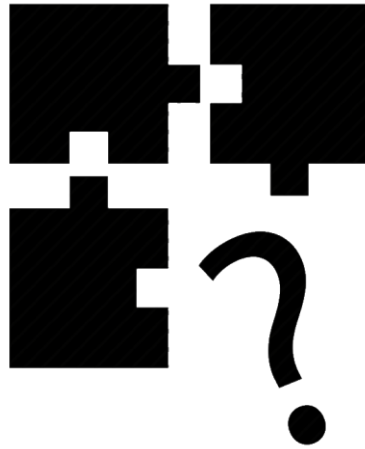
20

Those were just examples...

21

Patient Contacts

- If the crew comes into contact with the patient at all, the ePCR **_must_** include the patient's demographics
  - Minimum elements
    - First Name
    - Last Name
    - DOB
  - *We can't notify you of possible exposure to a patient with COVID-19 or other infectious disease if you don't give us the basic demographics*

22

Do's and Don'ts on Patient Names

- **DO** your best to get the patient's name
- **DO** spell it correctly
- If you can't get the patient's name
  - Do **NOT** make it up!
  - Do **NOT** put "Unknown" or some other "fake" word - **use the pertinent negatives**

ePatient.02 - Last Name				
Definition				
The patient's last (family) name				
National Element	No	Pertinent Negatives (PN)	Yes	
State Element	Yes	NOT Values	Yes	
Version 2 Element	E06_01	Is Nillable	Yes	
Usage	Recommended	Recurrence	0 : 1	
Attributes				
NOT Values (NV)				
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting		
Pertinent Negatives (PN)				
8801019 - Refused	8801023 - Unable to Complete			
Constraints				
Data Type	**minLength**	**maxLength**		
string	1	60		

ePatient.03 - First Name				
Definition				
The patient's first (given) name				
National Element	No	Pertinent Negatives (PN)	Yes	
State Element	Yes	NOT Values	Yes	
Version 2 Element	E06_02	Is Nillable	Yes	
Usage	Recommended	Recurrence	0 : 1	
Attributes				
NOT Values (NV)				
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting		
Pertinent Negatives (PN)				
8801019 - Refused	8801023 - Unable to Complete			
Constraints				
Data Type	**minLength**	**maxLength**		
string	1	50		

23

What about babies that have not been named?

- Follow the hospital's naming convention (especially for Neonatal ambulance services) for births, especially multiples
- OR – suggested naming strategy
  - Last name is that of mom
  - First name = "Baby Boy" or "Baby Girl"
  - Example:
    - ❑ Mom = Jane Doe has 3 babies

First Name (# is birth order)	Last Name
Baby Boy #1	Doe
Baby Boy #2	Doe
Baby Girl #3	Doe

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24

If you don't know the DOB, don't make it up – Use PN on DOB, and then estimate Age and Age Units

ePatient.15 - Age

Definition			
The patient's age (either calculated from date of birth or best approximation)			

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	E06_14	Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Associated Performance Measure Initiatives
Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma

Attributes
NOT Values (NV)
7701001 - Not Applicable   7701003 - Not Recorded

Constraints
Data Type	minInclusive	maxInclusive
integer	1	120

ePatient.17 - Date of Birth

Definition			
The patient's date of birth			

National Element	No	Pertinent Negatives (PN)	Yes
State Element	Yes	NOT Values	Yes
Version 2 Element	E06_16	Is Nillable	Yes
Usage	Recommended	Recurrence	0 : 1

Attributes
NOT Values (NV)
7701001 - Not Applicable   7701003 - Not Recorded   7701005 - Not Reporting
Pertinent Negatives (PN)
8801019 - Refused   8801023 - Unable to Complete

Constraints
Data Type	minInclusive	maxInclusive
date	1890-01-01	2050-01-01

ePatient.16 - Age Units

Definition			
The unit used to define the patient's age			

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	E06_15	Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Associated Performance Measure Initiatives
Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma

Attributes
NOT Values (NV)
7701001 - Not Applicable   7701003 - Not Recorded

Code List
Code	Description
2516001	Days
2516003	Hours
2516005	Minutes
2516007	Months
2516009	Years

25

A few definitions...

- Timeliness:
  - Timeliness reflects the span of time between the occurrence of some event and the entry of information from the event into the appropriate database. Timeliness can also measure the time from when the custodial agency receives the data to the point when the data is entered into the database.
- Accuracy:
  - Accuracy reflects the number of errors in information in the records entered into a database. Error means the recorded value for some data element of interest is incorrect. Error does not mean that the information is missing from the records. Erroneous information in a database cannot always be detected.
- Completeness:
  - Completeness reflects both the number of records that are missing from the database (e.g., events of interest that occurred but were not entered into the database) and the number of missing (blank) data elements in the records that are in a database.

26

...and a few more...

- Uniformity:
  o Uniformity reflects the consistency among the files or records in a database and may be measured against some independent standard, preferably a national standard.
- Integration:
  o Integration reflects the ability of records in a database to be linked to a set of records in another core database -or components thereof-using common or unique identifiers.
- Accessibility:
  o Accessibility reflects the ability of legitimate users to successfully obtain desired data. Accessibility is measured in terms of customer satisfaction.
- Validity:
  o Validity in data collection means that your findings truly represent the phenomenon you are claiming to measure. Data validation is the process of ensuring data have undergone data cleansing to ensure they have data quality, that is, that they are both correct and useful.

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27
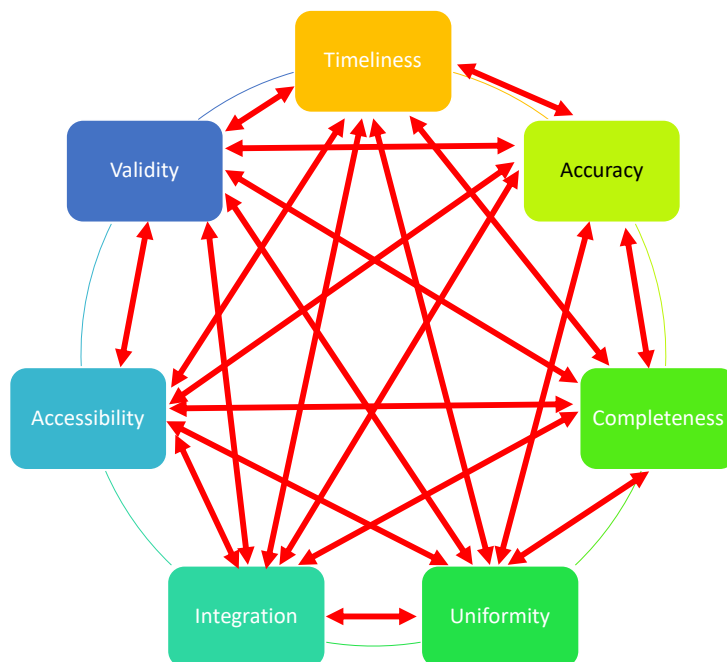
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28

A note on Accuracy

- You can change the label...but NOT the definition
- For example:
  - You could change "911 Response (Scene)" to "911 Emergency Response (Scene)"
  - You CAN'T change it to "Emergency Response for Transfer"

29

Who fills the report out?

- **The Medics who run the call** must be the ones to enter the data into an ePCR system (paper PCRs are not acceptable on a routine basis). See *Emergency Rule 511-9-2-0.2-.20 Emergency Medical Services Rules for COVID-19 Response*
  - *https://dph.georgia.gov/media/58796/download*
- Validation rules are built to not only make the data better but to make the medic better at documentation → medics need to be the ones to enter the data and address the validation rules
- The most timely, accurate, complete, uniform, and valid data come from the *medics who actually ran the call*

30

Documenting the correct license number

- eCrew.01 – the license number
- Must be properly formatted – single letter and then 6-digit number left padded with 0s (zeroes) – *these are not the letter "O"*
  - `E###### (i.e. E001234)`
  - `I###### (i.e. I023456)`
  - `A###### (i.e. A003456)`
  - `C###### (i.e. C000012)`
  - `P###### (i.e. P005678)`
- Should match the license level (eCrew.02)
- Should be updated when a medic gets a new license
- This is NOT the National Registry number.

eCrew.01 - Crew Member ID

Definition
The state certification/licensure ID number assigned to the crew member.

National Element	No	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	E04_01	Is Nillable	Yes
Usage	Recommended	Recurrence	0 : 1

Associated Performance Measure Initiatives

| Airway | Cardiac Arrest | Pediatric | Response | STEMI | Stroke | Trauma |

Attributes

NOT Values (NV)
7701001 - Not Applicable   7701003 - Not Recorded   7701005 - Not Reporting

Constraints

Data Type	minLength	maxLength
string	2	50

31

Documenting the correct Vehicle (Unit) Number

- eResponse.13 (populated from dVehicle.01) – EMS Vehicle (Unit) Number
- This is the Georgia VID Number
- Proper format is a five-digit left padded with 0s (zeroes) number
  - `##### (i.e. 01234)`

dVehicle.01 - Unit/Vehicle Number

Definition
The unique ID number for the unit which is specific for each vehicle. This ID number may be the state's vehicle's permit number.

National Element	No	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	D06_01	Is Nillable	Yes
Usage	Recommended	Recurrence	0 : 1

Attributes

NOT Values (NV)
7701001 - Not Applicable   7701003 - Not Recorded   7701005 - Not Reporting

Constraints

Data Type	minLength	maxLength
string	1	25

Data Element Comment
This element can be used in EMS PCR documentation to document the vehicle. This element should be used to populate eResponse.13 (EMS Vehicle (Unit) Number).

eResponse.13 - EMS Vehicle (Unit) Number

Definition
The unique physical vehicle number of the responding unit.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E02_11	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1

Constraints

Data Type	minLength	maxLength
string	1	25

Data Element Comment
This is recommended to be the State Vehicle Permit Number if unique to the vehicle. If the vehicle is not licensed by the state, this should be a unique number only associated with a specific vehicle. This element should be populated from dVehicle.01 - Unit/Vehicle Number.

32

Timeliness of Data

- Medics must complete the ePCR before the end of the current work shift for the responding crew
- Data must be submitted to GEMSIS Elite within 24 hours of call completion (as measured by eTimes.13)

eTimes.13 - Unit Back in Service Date/Time			
Definition			
The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).			
National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E05_11	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1
Associated Performance Measure Initiatives			
Response			

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33

Timeliness should not be at the expense of quality!

- Timely data should still be:
  - Accurate
  - Complete
  - Uniform
  - Accessible
  - Valid
  - Able to Integrate
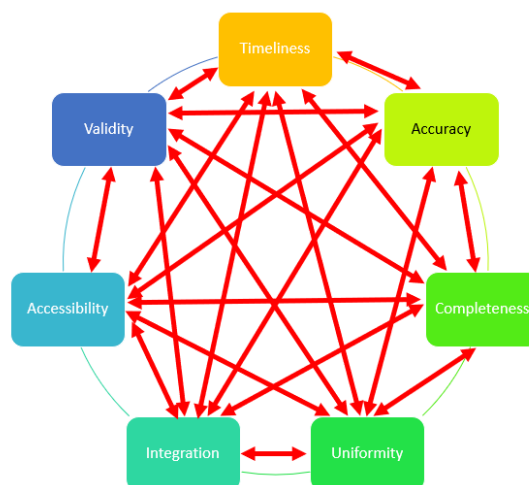
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34

Software/Hardware Failures

- The responding crew must complete a paper PCR that is **substantially similar** to the EMS Agency's ePCR (contains required data elements) and the response information must be entered into the EMS Agency's ePCR software by the medic and submitted to the Department within 24 hours of the resolution of the software or hardware failure.

- All ePCR software or hardware failures must be reported to the Department within 12 hours of the failure and must be documented by the EMS Agency in a log that shall be made available for inspection by the Department.

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35

Failed Imports

- Failed imports do not reset the clock
- Failed imports must be corrected and re-submitted

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36

Validation Scores

- A score, NOT a percentage
- Must be 95 or better
- Low scores must be corrected/re-submitted
- Agencies can review those scores in GEMSIS Elite (incident list or report writer)

37

Why 24 Hours? → COVID, Hospital Hub, etc.

38

What we have heard...

- *Need more time for QA/QI before it is released to state...*
- *Medics are not correcting the validation issues, so this delays the submission time because QA/QI staff are having to correct...*

- Solution:
  - o Let us know what validation/documentation issues you are having...we can help.
  - o Require your medics to correct all validation issues – before they go home.
  - o Agencies should require documentation training every year...just imagine the ROI.

- A little math:
  - o Medium-ish size EMS agency – 5 trucks per day, 5 calls per day each
  - o For every 1 additional minute medics spend on proper documentation per call – 5x5 = ~25 minutes saved for the QA/QI team trying to fix stuff later
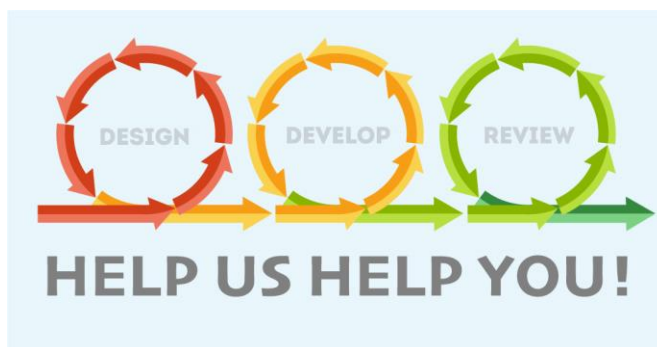

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39

Let us help you make your data better

- Let us know what data validation issues you are having
- We aren't your QA/QI team, but we might be able to help with validation rules

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40

Facility Names

- Facility list must be up-to-date and correct – see the state data set
  - ○ Facility name should match the facility name in the data set
  - ○ Example:
    - ❑ Crew transports a patient to Grady Memorial Hospital to Labor and Delivery
    - ❑ Name (eDisposition.01) = Grady Memorial Hospital
    - ❑ eDisposition.22 - Hospital In-Patient Destination = Hospital-Labor & Delivery
    - ❑ DON'T use "Grady L&D" for the name

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41

NEMSIS V3.4 XML Submissions

- Should be done on a continual basis – don't bulk send them
- Files that are sent must contain only 1 ePCR – don't bulk send them

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42

Data Submissions

The first submission of data should contain ALL of the pertinent clinical information: assessment, meds, vitals, procedures, times, narrative.

Crews need to address validation error when they fill out the ePCR

Resubmissions should be for update to patient demographics, billing, times, correction to validation errors

Update to name

Update to DOB

Update to billing information

Correcting times for fat-fingering/forgetting (dispatch log *must* corroborate this)

Correction to validation errors

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43

Speaking of narrative

- Narrative should:
  - Tell the "story" of the patient
  - Give information not able to be answered with other data elements
  - Detailed explanation of medical necessity
- NOTES:
  - Quality of ePCR and narrative should reflect quality of patient care
  - If you can answer a question with another data element – answer it there
  - Don't use a cut and paste of a cookie cutter narrative – this defeats the purpose
  - Auto-generated narratives don't tell the whole story – so be careful!

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44

Travel Questions - Previous

🏞️ Has the patient traveled outside the Community in the last 30 days? (itExam.070)

⛵ Date Left Community (itExam.072)

✈️ Date Returned (itExam.071)

🏝️ Places Visited (itExam.074)

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45

New Travel and Exposure Questions – begin using now - warning on 9/1/2020, error level on 1/1/2021

Travel and Exposure Elements

| Element	Title	Description
eHistory.901	Recent Travel	Prior to symptom onset, did the patient travel outside their community? The time frame "prior to symptom onset" and the term "community" are defined by state or local jurisdictions.
eHistory.902	Recent Local Travel	Document all places and locations the patient has traveled to that might have posed a significant threat of exposure prior to symptom onset. The time frame "prior to symptom onset" is defined by state or local jurisdictions. (Max Length of 255)
eHistory.903	Recent Exposure to Infectious Disease	Prior to symptom onset, has the patient had close contact with someone with similar symptoms or a confirmed diagnosis of the illness for which you are screening? The time frame "prior to symptom onset" is defined by state or local jurisdictions.
eHistory.904	Recent International Travel	Document all the countries (outside the US) the patient has traveled to prior to symptom onset. The time frame "prior to symptom onset" is defined by state or local jurisdictions. Use NEMSIS data type ANSICountryCode.
eHistory.905	Recent State Travel	Document all the states the patient has traveled to prior to symptom onset. The time frame "prior to symptom onset" is defined by state or local jurisdictions. Use NEMSIS data type ANSIStateCode.
eHistory.906	Recent City Travel	Document all the cities the patient has traveled to prior to symptom onset. The time frame "prior to symptom onset" is defined by state or local jurisdictions. Use NEMSIS data type CityGnisCode

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46

New Georgia Schematron

- Published on NEMSIS
  - https://nemsis.org/state-data-managers/state-map-v3/georgia

Implementation tools for Georgia were last updated on 6/5/2020.

Standard Implementation Tools

Data Dictionary	State Data Set	Schematron Validation Rules for Agency Demographic Data	Schematron Validation Rules for Patient Care Report Data	Web Services Configuration File
4/30/2018	6/1/2020 Download		6/4/2020 Download	

Additional Implementation Tools

- Resources
  - GA_ChangeLog.docx 6/5/2020
  - GA_Facilities.xlsx 6/4/2020

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47

Change Log – 6/1/2020

- Updated GA facilities list and fax numbers and added new field hospitals.
- Updated EMS Agencies list
- Validation Rules:
  - Rules inactivated: GA Rule 903, 908, 909,
  - Current rules modified: GA Rule ID 458, 460, 461, 463, 489, 498, 499, 503, 543, 544, 617, 878, 879, 882, 883, 884, 900, 901, 911, 918, 967, 968, 989, 1658, 1663, 1664, 1669, 1670
  - Current rules modified that will only compare calls prior to 9/1/2020 based on eTimes.03: 501, 555, 602, 624, 873, 874, 880, 881, 885, 889, 890, 891, 896, 906, 936,
  - New rules added that will go into effect immediately: GA Rule ID 1661, 1662, 2388, 2413, 2396
  - New rules added that will only compare calls after 9/1/2020: 1665, 1666, 1678, 1679, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2334, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2387, 2390, 2391, 2392, 2393, 2394, 2395, 2397, 2398, 2399, 2400, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2421, 2422, 2423, 2424, 2426, 2427, 2428
- Added new NEMSIS custom elements: ePayment.05, eHistory.901, eHistory.902, eHistory.903, eHistory.904, eHistory.905, eHistory.906, eOther.03, eDisposition.21, eDisposition.24

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48

Grid (Group) vs Element

- Some elements are in Grouping
- Validation rules will flag on a grid and on the element in the grid
- There are some things that have two rules – one for the grid, one for the element

eVitals

1 : M	eVitals.VitalGroup		C
1 : 1	eVitals.01 - Date/Time Vital Signs Taken	R S R	N, L
1 : 1	eVitals.02 - Obtained Prior to this Unit's EMS Care	R S R	N, L
1 : 1	eVitals.CardiacRhythmGroup		C
1 : M	eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG)	R S R	N, L, P C
1 : 1	eVitals.04 - ECG Type	R S R	N, L
1 : M	eVitals.05 - Method of ECG Interpretation	R S R	N, L C
1 : 1	eVitals.BloodPressureGroup		C
1 : 1	eVitals.06 - SBP (Systolic Blood Pressure)	R S R	N, L, P
0 : 1	eVitals.07 - DBP (Diastolic Blood Pressure)	S E	N, L, P
1 : 1	eVitals.08 - Method of Blood Pressure Measurement	R S R	N, L
0 : 1	eVitals.09 - Mean Arterial Pressure	O	

Element

Grid

What do these rules address?

- Length of calls
- Trauma
- OHCA (Includes custom elements) GA CARES
- New Travel Questions
- Pre-notifications of hospital
- Last Known Well Time
- Odometer readings
- Temperature in Sepsis

Agencies/Vendors who submit XML to CARES

- You will submit the Georgia Cardiac Arrest questions to GEMSIS Elite
- We will submit to CARES
- More to come

51

Future

- All GA CARES Rules will be Error Level
- NEMSIS 3.5

52

Questions

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53

Part 2

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54

NEMSIS Data Dictionary

- https://nemsis.org/technical-resources/version-3/version-3-data-dictionaries/

NEMSIS VERSION 3.4.0.160713CP2

Data Dictionary (v3.4.0):

DEM/EMS Data Dictionary (pdf)

DEM/EMS Data Dictionary (web)

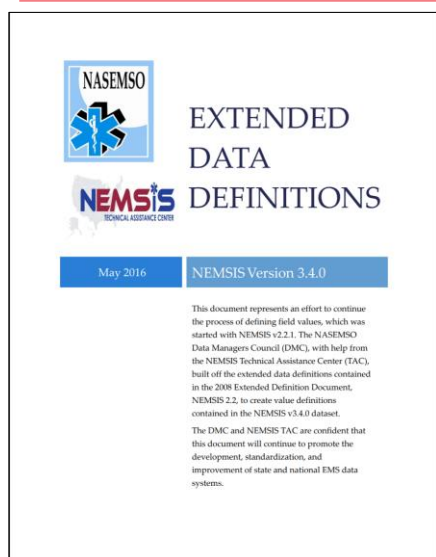StateDataSet Data Dictionary (pdf)

StateDataSet Data Dictionary (web)

National Elements Only Data Dictionary (pdf)

Extended NEMSIS V3 Data Definitions (pdf)

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55

Extended Data Definitions

- Enhances definitions from the NEMSIS Data Dictionary
- We are going to cover some – but the document is a great resource for EMS agencies

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56

27

A few problem elements

- eResponse.05 – Type of Service Requested
- eSituation.11/.12 – Primary/Secondary Impression
- eDisposition.12 – Incident/Patient Disposition
- eTimes section

57

eResponse.05 – Type of Service Requested

eResponse.05 - Type of Service Requested

Definition

The type of service or category of service requested of the EMS Agency responding for this specific EMS event

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E02_04	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1

Associated Performance Measure Initiatives

Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma

Code List

Code	Description
2205001	911 Response (Scene)
2205003	Intercept
2205005	Interfacility Transport
2205007	Medical Transport
2205009	Mutual Aid
2205011	Public Assistance/Other Not Listed
2205013	Standby

Data Element Comment

"Interfacility Transfer" has been changed to "Interfacility Transport. "Public Assistance/Other Not Listed" added for EMS expanded scope events such as elderly assistance, injury prevention, public education, immunization programs, etc.

58

eResponse.05 – Type of Service Requested - Extended

- 911 RESPONSE (SCENE):
  - Emergent or immediate response to an incident location, regardless of method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).
- INTERCEPT:
  - When one EMS provider meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.
- INTERFACILITY TRANSPORT:
  - Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests (e.g., hospital to hospital, clinic to hospital).

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59

eResponse.05 – Type of Service Requested - Extended

- MEDICAL TRANSPORT:
  - Transports that are not between hospitals or that do not require an immediate response; these are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., hospital to home/hospice/rehabilitation/long-term care facility).
- MUTUAL AID:
  - Unit responded to a request to assist another EMS service (e.g., previously established agreement (MOU), or a response outside the unit's jurisdiction/ coverage area, or disaster/strike team response).
- PUBLIC ASSISTANCE/OTHER NOT LISTED:
  - The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).
- STANDBY:
  - Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).

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60

eSituation.11 – Provider's Primary Impression

- The primary impression is based on the clinical judgment of the provider and could be considered a field impression, or **working/differential diagnosis**. The value chosen should reflect the EMS professional's determination of the patient's primary condition needing treatment based on assessment. This treatment approach uses the providers training, experience and patient assessment knowledge/skills.

- Primary refers to the highest acuity condition of the patient, not necessarily the first condition noticed. The majority of the treatment will be focused on addressing this issue.

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61

eSitutation.12 – Provider's Secondary Impression

- The secondary impression is based on the clinical judgment of the provider and could be considered a field impression, or **working/differential diagnosis**.

- The value chosen should reflect the EMS professional's determination of the patient's secondary condition(s) needing treatment based on assessment. This treatment approach uses the providers training, experience and patient assessment knowledge/skills.

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62

eDisposition.12 - Incident/Patient Disposition

- A lot of validation rules are based on this element
- As noted earlier, do NOT change the definitions of these values in your system

eDisposition.12 - Incident/Patient Disposition

Definition

Type of disposition treatment and/or transport of the patient by this EMS Unit.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E20_10	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1

Associated Performance Measure Initiatives

Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma

Code List

Code	Description
4212001	Assist, Agency
4212003	Assist, Public
4212005	Assist, Unit
4212007	Canceled (Prior to Arrival At Scene)
4212009	Canceled on Scene (No Patient Contact)
4212011	Canceled on Scene (No Patient Found)
4212013	Patient Dead at Scene-No Resuscitation Attempted (With Transport)
4212015	Patient Dead at Scene-No Resuscitation Attempted (Without Transport)
4212017	Patient Dead at Scene-Resuscitation Attempted (With Transport)
4212019	Patient Dead at Scene-Resuscitation Attempted (Without Transport)
4212021	Patient Evaluated, No Treatment/Transport Required
4212023	Patient Refused Evaluation/Care (With Transport)
4212025	Patient Refused Evaluation/Care (Without Transport)
4212027	Patient Treated, Released (AMA)
4212029	Patient Treated, Released (per protocol)
4212031	Patient Treated, Transferred Care to Another EMS Unit
4212033	Patient Treated, Transported by this EMS Unit
4212035	Patient Treated, Transported by Law Enforcement
4212037	Patient Treated, Transported by Private Vehicle
4212039	Standby-No Services or Support Provided
4212041	Standby-Public Safety, Fire, or EMS Operational Support Provided
4212043	Transport Non-Patient, Organs, etc.

63

eDisposition.12 - Incident/Patient Disposition

- **ASSIST, AGENCY:** This EMS unit only provided assistance (e.g., manpower, equipment) to another agency and did not provide treatment or primary patient care at any time during the incident.
- **ASSIST, PUBLIC:** This EMS unit only provided assistance (e.g., manpower, equipment) to a member of the public where no patient (as locally defined) was present (e.g., welfare check, home medical equipment assistance).
- **ASSIST, UNIT:** This EMS unit only provided additional assistance (e.g., manpower, equipment) to another EMS unit from the same agency and was not responsible for primary patient care at any time during the incident.

64

eDisposition.12 - Incident/Patient Disposition

- **CANCELED (PRIOR TO ARRIVAL AT SCENE):** This EMS unit's response is terminated prior to this unit's arrival on scene by the communications center or other on-scene unit(s)/agency(s) (e.g., initially requested service is either no longer needed or being handled by another unit/agency).

- **CANCELED ON SCENE (NO PATIENT CONTACT):** This unit arrived on scene but was canceled by other on-scene unit(s)/agency(s) prior to initiating any patient contact or rendering any other assistance.

- **CANCELED ON SCENE (NO PATIENT FOUND):** This unit arrived on scene, but no patient existed on scene (e.g., patient left the scene prior to arrival, result of a good intent call and no patient existed).

- **PATIENT DEAD AT SCENE-NO RESUSCITATION ATTEMPTED (WITH TRANSPORT):** Patient shows obvious signs of death or Do Not Resuscitate (DNR) order was presented, and no attempt was made to resuscitate the victim. However, the victim was transported off the scene by the EMS unit with primary transport responsibilities due to local policy or protocol (e.g., public venue arrest).

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65

eDisposition.12 - Incident/Patient Disposition

- **PATIENT DEAD AT SCENE-RESUSCITATION ATTEMPTED (WITH TRANSPORT):** Resuscitation efforts were attempted on the patient and terminated on scene either due to Do Not Resuscitate (DNR) order or further attempts were deemed futile. However, the victim was transported off the scene by the EMS unit with primary transport responsibilities due to local policy or protocol (e.g., public venue arrest).

- **PATIENT DEAD AT SCENE-RESUSCITATION ATTEMPTED (WITHOUT TRANSPORT):** Resuscitation efforts were attempted on the patient and terminated on scene either due to Do Not Resuscitate (DNR) order or further attempts were deemed futile, and the victim was not transported off the scene by the EMS unit with primary transport responsibilities.

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66

eDisposition.12 - Incident/Patient Disposition

- **PATIENT EVALUATED, NO TREATMENT/TRANSPORT REQUIRED:** Subject for whom the service was requested was evaluated and found to have no identifiable illness/injury/complaint and was not in need of treatment or transport to a definitive care facility. This disposition is most frequently associated with good intent or third-party requests where the subject in question did not actually initiate the request for EMS.

- **PATIENT REFUSED EVALUATION/CARE (WITH TRANSPORT):** Patient refused to give consent or withdrew consent for evaluation and/or treatment by EMS personnel but consented to transport to an appropriate definitive care facility.

- **PATIENT REFUSED EVALUATION/CARE (WITHOUT TRANSPORT):** Patient refused to give consent or withdrew consent for evaluation and/or treatment and refused to be transported to a definitive care facility by EMS personnel.

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67

eDisposition.12 - Incident/Patient Disposition

- **PATIENT TREATED, RELEASED (AMA):** Patient was evaluated and treatment was provided; however, the patient refused further treatment and/or transportation to a definitive care facility by EMS personnel. This refusal generally occurs after consultation with on-line medical control. AMA: Against Medical Advice

- **PATIENT TREATED, RELEASED (PER PROTOCOL):** Patient was evaluated and treatment was provided; further treatment and transportation to a definitive care facility by EMS personnel was not necessary. Patient meets predefined criteria for release (e.g., due to refusal or unit determination) and no further consultation or medical direction was required prior to releasing the patient.

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68

eDisposition.12 - Incident/Patient Disposition

- **PATIENT TREATED, TRANSFERRED CARE TO ANOTHER EMS UNIT:** Patient was evaluated and/or treatment was provided by this EMS unit; however, patient care was transferred to another EMS air or ground unit for final disposition while still on scene.
- **NOTE:** For the lack of a better value, this value can apply to scenarios where you have not released care, but have transferred your crew to another unit.
- This is the appropriate value for the following scenarios:
  - When your agency assisted with treatment, even if your agency did not have primary care.
  - Patient treated as ALS intercept, transported in another EMS transport vehicle (e.g., primary care provided by this EMS crew, transport provided by another unit).
  - Patient treated by combined crew, transported in another EMS transport unit

69

eDisposition.12 - Incident/Patient Disposition

- **PATIENT TREATED, TRANSPORTED BY THIS EMS UNIT:** Patient was evaluated and/or treatment was provided by this EMS unit, and this EMS unit initiated transport or transported to a definitive care facility.
- This disposition is also the appropriate choice if this EMS unit is transporting the patient to another location other than the definitive care facility where the patient will be transferred to another EMS air or ground Unit for continuation of treatment/transport to a definitive care facility.
- This is the appropriate value for the following scenarios:
  - When your unit transported the patient, even if your agency did not provide patient care.
  - Patient was treated by combined crew and transported in this unit.
  - Patient was treated and transported by designated transport unit.
  - Patient was treated and transported to an air medical landing zone, where patient was handed off to air medical for further care.

70

eDisposition.12 - Incident/Patient Disposition

- **PATIENT TREATED, TRANSPORTED BY LAW ENFORCEMENT:** *If the patient is not under the custody of the law enforcement officer, one of the other treat/release dispositions should be used.* Patient was evaluated and/or treatment was provided by this EMS unit; however, the police assumed custody for transport to either a definitive care facility or to police/jail destination.

- **PATIENT TREATED, TRANSPORTED BY PRIVATE VEHICLE:** *There should be a high degree of certainty that patient will actually seek further evaluation/ treatment, if this is not the case, one of the other treat/release dispositions should be used.* Patient was evaluated and/or treatment was provided by this EMS unit; however, patient refused transport in lieu of transportation to an appropriate definitive care facility by means other than EMS, fire, or law enforcement.

71

eDisposition.12 - Incident/Patient Disposition

- **STANDBY-NO SERVICES OR SUPPORT PROVIDED:** Response was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting event, fire, police action) and there was no patient contact or support provided.

- **STANDBY-PUBLIC SAFETY, FIRE, OR EMS OPERATIONAL SUPPORT PROVIDED:** Response was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting event, fire, police action) and operational support was provided but no patient existed (e.g., operating fire rehab sector, SWAT standby).

- **TRANSPORT NON-PATIENT, ORGANS, ETC.:** Response was for the purpose of transporting objects, personnel, or equipment not involving a patient (e.g., transportation of organs, organ procurement team, equipment, air medical crew).

72

eTimes Section

73

Wall Times

- **Transfer-to-you delay:**
  - When you get to the hospital to pick up a patient and you wait for the patient to be ready
- **Transfer-from-you delay:**
  - When you are dropping a patient off and the destination staff is not ready to receive your patient

eTimes.07 – Arrived at Patient Date/Time

- **For scene calls**
  - When did you get to the patient
- **For interfacility transports/medical transports**
  - When are you able to actually get the patient and start loading them on your stretcher
- **Why?**
  - If you are called for an emergency transfer of a cardiac/trauma/stroke patient but the patient isn't ready when you get there

eTimes.07 - Arrived at Patient Date/Time

Definition
The date/time the responding unit arrived at the patient's side.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	E05_07	Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Associated Performance Measure Initiatives
Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma

Attributes

NOT Values (NV)
7701001 - Not Applicable   7701003 - Not Recorded

Constraints

Data Type	minInclusive	maxInclusive
dateTime	1950-01-01T00:00:00-00:00	2050-01-01T00:00:00-00:00

Pattern
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

75

eTimes.12 - Destination Patient Transfer of Care Date/Time

eTimes.12 - Destination Patient Transfer of Care Date/Time

Definition
The date/time that patient care was transferred to the destination healthcare facilities staff.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element		Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Associated Performance Measure Initiatives
Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma

Attributes

NOT Values (NV)
7701001 - Not Applicable   7701003 - Not Recorded

Constraints

Data Type	minInclusive	maxInclusive
dateTime	1950-01-01T00:00:00-00:00	2050-01-01T00:00:00-00:00

Pattern
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment
This was added to better document delays in ED transfer of care due to ED crowding or other issues beyond EMS control.

- Record this when you transfer care
- Required to measure wall times

76

eTimes.13 - Unit Back in Service Date/Time

- This is when the clock starts

eTimes.13 - Unit Back in Service Date/Time

Definition

The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E05_11	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1

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77

eDisposition.23 - Hospital Capability

- Choose the one that matches the reason you went there
- Hospital Capability (eDisposition.23) is required on all 911 and interfacility transports. This is the reason that THIS patient was transported to THIS hospital.

eDisposition.23 - Hospital Capability

Definition

The primary hospital capability associated with the patient's condition for this transport (e.g., Trauma, STEMI, Peds, etc.).

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element		Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Attributes

NOT Values (NV)
7701001 - Not Applicable   7701003 - Not Recorded

Code List

Code	Description
9908001	Behavioral Health
9908003	Burn Center
9908005	Critical Access Hospital
9908007	Hospital (General)
9908009	Neonatal Center
9908011	Pediatric Center
9908017	Stroke Center
9908019	Rehab Center
9908021	Trauma Center Level 1
9908023	Trauma Center Level 2
9908025	Trauma Center Level 3
9908027	Trauma Center Level 4
9908029	Trauma Center Level 5
9908031	Cardiac-STEMI/PCI Capable
9908033	Cardiac-STEMI/PCI Capable (24/7)
9908035	Cardiac-STEMI/Non-PCI Capable

78

Performance Measures

Available in Biospatial

NEMSQA Hypoglycemia-01
NEMSQA Pediatrics-01
NEMSQA Pediatrics-02
NEMSQA Pediatrics-03
NEMSQA Safety-01
NEMSQA Safety-02
NEMSQA Seizure-02

NEMSQA

Coverdell

AHA

Community

79

Paul Coverdell National Acute Stroke Program Quality Performance Measures

Expand All | Collapse All

Coverdell 1: On-Scene Time

Coverdell 2: Glucose

Coverdell 3: Pre-notification

Title: PCNASP QPM 3: Percentage of suspected-stroke transports where EMS called in a stroke alert pre-notification

Description: The purpose of this QPM is to identify the use of stroke alert pre-notifications by EMS. Stroke pre-notification is an important factor in reducing elapsed time before treatment and ensuring appropriate hospital resources are mobilized before patient arrival to the hospital.
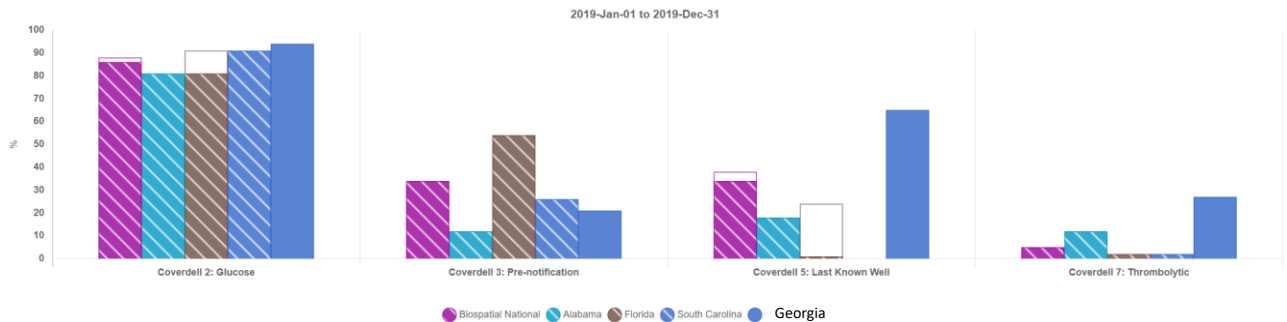
Numerator: Destination team pre-arrival alert or activation indicates stroke team activation.

- **NEMSIS v2**: Procedures (E19_03) is 101.105: "Specialty Center Activation-Stroke".
- **NEMSIS v3**: Destination team pre-arrival alert or activation (eDisposition.24) is 4224015: "Stroke".

Denominator: Patients with a stroke event (as determined by the Biospatial "Stroke" classifier) originating from a 911 request (E02_04; eResponse.05) and patient disposition (E20_10; eDisposition.12) is Treated, transported by EMS unit.

Source: Paul Coverdell National Acute Stroke Program

80

How we are doing

2019-Jan-01 to 2019-Dec-31

81

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1 : M	eDisposition.HospitalTeamActivationGroup	C
1 : 1	eDisposition.24 - Destination Team Pre-Arrival Alert or Activation	N S R N, L
1 : 1	eDisposition.25 - Date/Time of Destination Prearrival Alert or Activation	N S R N, L

- Destination Team Pre-Arrival Alert or Activation (eDisposition.24) is required on transports to hospitals
- Date/Time of Destination Prearrival Activation should be documented when a prearrival activation has occurred.

eDisposition.24 - Destination Team Pre-Arrival Alert or Activation

Definition

Indication that an alert (or activation) was called by EMS to the appropriate destination healthcare facility team. The alert (or activation) should occur prior to the EMS Unit arrival at the destination with the patient.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element		Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Associated Performance Measure Initiatives

Cardiac Arrest   STEMI   Stroke   Trauma

Attributes

NOT Values (NV)
7701001 - Not Applicable   7701003 - Not Recorded

Code List

Code	Description
4224001	No
4224003	Yes-Adult Trauma
4224005	Yes-Cardiac Arrest
4224007	Yes-Obstetrics
4224009	Yes-Other
4224011	Yes-Pediatric Trauma
4224013	Yes-STEMI
4224015	Yes-Stroke
4224017	Yes-Trauma (General)

Data Element Comment

Version 3 Changes Implemented

Added to better document performance measure for acute time dependent illness and injury systems of care.

82

Updated Schematron

83

What do the new validation rules address?

- Crew makeup
  - o Air Transports from the Scene require at least two personnel, one of whom must be a paramedic , and the other an RN or NP or PA or MD
- Notified by dispatch (eTimes.03) to back in service time (eTimes.13)
  - o If greater than 24 hours → warning
  - o If greater than 36 hours → error
- Odometer
  - o On-Scene Odometer Reading (eResponse.20) required on all calls with Patient Transport.
  - o Patient Destination Odometer Reading (eResponse.21) required on all calls that are transports.

84

Injury

- Possible injury (eSituation.02) is required on all patients (error on 9/1/2020)
- Cause of injury (eInjury.01) required on all patients where possible injury is Yes
  - 9/1/2020 – 6/30/2021 = warning
  - After 6/30/2021 = error
- Mechanism of injury (eInjury.02) is required on all patients where possible injury is yes (error on 9/1/2020)
- Trauma Center Criteria (eInjury.03) (CDC Step 1, 2) and Vehicular, Pedestrian or Other Injury Risk Factor (eInjury.04) (CDC Step 3, 4) is required on possible injuries (answer or Not Applicable)
  - 9/1/2020 – 6/30/2021 = warning
  - After 6/30/2021 = error

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85

Injury (Continued)

- Date/Time Last Known Well (eSituation.18) is required when possible injury. For injury or trauma related events, this is the date and time the patient was injured.
  - Warning: 9/1/2020 – 6/30/2021
  - Error: After 6/30/2021

eSituation.18 - Date/Time Last Known Well

Definition

The estimated date and time the patient was last known to be well or in their usual state of health. This is described or estimated by the patient, family, and/or bystanders.

National Element	No	Pertinent Negatives (PN)	No
State Element	No	NOT Values	No
Version 2 Element		Is Nillable	No
Usage	Optional	Recurrence	0 : 1

Associated Performance Measure Initiatives

Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma

Constraints

Data Type	minInclusive	maxInclusive
dateTime	1950-01-01T00:00:00-00:00	2050-01-01T00:00:00-00:00

Pattern
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment

For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. For injury or trauma related events, this is the date and time the patient was injured.

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86

Travel

- Recent Travel (eHistory.901) is required on all patients. You must enter an answer or a pertinent negative.
  - Warning – 9/1/2020 – 12/31/2020
  - Error – On or after 1/1/2021
- When Travel (eHistory.901) is Yes, you must answer either eHistory.902 Recent Local Travel OR eHistory.904 Recent International Travel OR eHistory.905 Recent State Travel OR eHistory.906 Recent City Travel. You must enter an answer or pertinent negative.
- Recent Exposure to Infectious Disease (eHistory.903) is required on all patients. You must enter an answer or a pertinent negative.
  - Warning – 9/1/2020 – 12/31/2020
  - Error – On or after 1/1/2021

More...

- Pt Arrived At Destination Date/Time (eTimes.11) is required on transports
- Destination Patient Transfer of Care Date/Time (eTimes.12) is required on all patient transports

Sepsis

- At least one Temperature (eVitals.24) should be recorded when the narrative contains fever, febrile or sepsis. Record temperature in Celsius or record pertinent negative.
- At least one Temperature (eVitals.24) should be recorded when the Complaint (eSituation.04) contains fever, febrile or sepsis. Record temperature in Celsius or record pertinent negative.

89

Age/Age Units and DOB

- Either Age (ePatient.15) and Age Units (ePatient.16) or DOB (ePatient.17) are required on all patients - Enter date of birth or best approximation for AGE and AGE UNITS.

90

OHCA - ROSC

- Any Return of Spontaneous Circulation (eArrest.12) has Conflicting Values
  - No
  - Yes, At Arrival at the ED
  - Yes, Prior to Arrival at the ED
  - Yes, Sustained for 20 consecutive minutes
- ROSC Time (itArrest.009) is Required if ROSC Present Prior to Arrival at ED
- Any ROSC (eArrest.12) does not indicate sustained ROSC when Sustained ROSC (itArrest.012) is Yes
- Sustained ROSC (itArrest.012) does not indicate Yes when Any ROSC (eArrest.12) says sustained

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91

OHCA

- The "Cardiac Arrest Etiology - Other" field must be documented if the "Cardiac Arrest Etiology" field is equal to "Other"
- The "Arrest Witnessed By" field cannot be equal to "Not Witnessed" when the "Cardiac Arrest" field is equal to "Yes, After EMS Arrival."
- The "Arrest Witnessed By" field cannot have "Not Witnessed" as well as one of the "Witnessed" choices.
- The "Type of Bystander CPR Provided" field must be blank when the "Who Initiated CPR" field is equal to "Responding EMS Personnel".

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92

OHCA

- When the "First Monitored Arrest Rhythm" field (CARES-30 | eArrest.011) is listed as a shockable rhythm, then the "Who First Defibrillated the Patient" (CARES-28 | itArrest.013) must be documented. Not Values will NOT be accepted.
- The "Who First Defibrillated the Patient" field should not be "Not Applicable" or "Responding EMS Personnel" when the "AED Use Prior to EMS Arrival" field is equal to "Yes, with Defibrillation"
- The "Sustained ROSC (20 Consecutive Minutes)" field should not be "Yes, pulse at end of EMS Care (or ED Arrival)" when "End of EMS Cardiac Arrest Event" field is "Expired in the Field"
- Resuscitation Attempted by 911 Responder must be documented when the "Cardiac Arrest" field is equal to "Yes, After EMS Arrival" or "Yes, Prior to EMS Arrival"

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93

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- The "Who Initiated CPR" field must be documented when the "Cardiac Arrest" field is equal to "Yes, After EMS Arrival" or "Yes, Prior to EMS Arrival"
- The "AED Use Prior to EMS Arrival" field must be documented when the "Cardiac Arrest" field is equal to "Yes, After EMS Arrival" or "Yes, Prior to EMS Arrival". Not Values will NOT be accepted.
- The "Who First Applied the AED" field must be documented when the "AED Use Prior to EMS Arrival" field is one of "Yes, Applied without Defibrillation" or "Yes, With Defibrillation"
- The "First Monitored Arrest Rhythm of the Patient" field is required on all arrests.

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94

OHCA

- The "Who First Defibrillated the Patient" field must be documented when the "Cardiac Arrest" field is equal to "Yes, After EMS Arrival" or "Yes, Prior to EMS Arrival"
- The "Arrest Witnessed By" field must be documented when the "Cardiac Arrest" field is equal to "Yes, After EMS Arrival" or "Yes, Prior to EMS Arrival"
- The "Sustained ROSC (20 Consecutive Minutes)" field must be documented when the "Cardiac Arrest" field is equal to "Yes, After EMS Arrival" or "Yes, Prior to EMS Arrival"
- The "CARES First Responder" field must be documented when the "Cardiac Arrest" field is equal to "Yes, After EMS Arrival" or "Yes, Prior to EMS Arrival"
- The "Date/Time of Cardiac Arrest" field must be documented when the "Cardiac Arrest" field is equal to "Yes, After EMS Arrival" or "Yes, Prior to EMS Arrival". Not values will not be accepted.

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95

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- The "Incident Street Address" field must be documented on all cardiac arrests. Not values will not be accepted.
- The "Incident County" field must be documented. Not values will not be accepted.
- The "Incident City" field must be documented on cardiac arrests. Not values will not be accepted.
- The "Incident State" field must be documented on all cardiac arrests. Not values will not be accepted.
- The "Incident Zip Code" field must be documented on cardiac arrests. Not values will NOT be accepted.

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96

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- The "Last Name" field must be documented. Not values will NOT be accepted. Do NOT enter a generic/fake/unknown name. Use the Pertinent Negative.
- The "First Name" field must be documented on all cardiac arrests. Not values will not be accepted. Do not enter a generic/fake/unknown name here - if you do not know the patient's name, enter a Pertinent Negative.
- Either the "Date of Birth" or both the "Age" and "Age Units" fields must be documented on all cardiac arrests. Not values will not be accepted.
- The "Gender" field must be documented on all cardiac arrests. Not values will NOT be accepted.
- The "Destination/Transferred To, Name" field must be documented as well as the "Destination/Transferred To, Code"

97

OHCA

- The "Race" field must be documented on all cardiac arrests. Not Applicable will not be accepted.
- The "Patient Care Report Number" field must be documented on all cardiac arrests.
- When resuscitation attempted by EMS includes CPR or defib, cannot have values that indicate Not Attempted.
- When indicating that Yes to Cardiac Arrest, then the Primary or Secondary Impression must include CV-Cardiac Arrest (ICD-10 code I46.9).

98

Data Element	Definition
Resuscitation Attempted By EMS (eArrest.03)	Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)
Options (Multi-Select)	

Attempted Defibrillation Attempted Ventilation Initiated Chest Compressions	Not Attempted-Considered Futile Not Attempted-DNR Orders Not Attempted-Signs of Circulation

Data Validation (GEMSIS Elite validation rules #499, 2355)	
499	This data element must be answered when the Cardiac Arrest (eArrest.01) is *Yes, Prior to EMS Arrival* or *Yes, After EMS Arrival.*
2355	When answering this question, there cannot be conflicting answers (answers that say resuscitation was attempted and answers that say resuscitation was not attempted).

Data Element		Definition
Arrest Witnessed By (eArrest.04)		Indication of who the cardiac arrest was witnessed by.
Options (Multi-Select)	**Description**	
Not Witnessed	Cardiac arrest is neither seen nor heard by another person. This includes patients found after an unknown period of time.	
Witnessed by Family Member	The arrest was witnessed by a family member.	
Witnessed by Healthcare Provider	The arrest was witnessed by an on-duty healthcare provider.	
Witnessed by Lay Person	The arrest was witnessed by a bystander. Physicians, nurses, or paramedics who witness a cardiac arrest but are not part of the organized rescue team are characterized as bystanders.	
Data Validation (GEMSIS Elite validation rules #2323, 2324, 2339)		
2323	If Cardiac Arrest (eArrest.01) is *Yes, After EMS Arrival*, then *Arrest Witnessed By* (eArrest.04) cannot include *Not Witnessed*.	
2324	Arrest Witnessed By cannot have conflicting choices (can't have *Not Witnessed* and then have one of the *Witnessed* choices).	
2339	This data element must be answered when the Cardiac Arrest (eArrest.01) is *Yes, Prior to EMS Arrival* or *Yes, After EMS Arrival.*	

99

Data Management Policy

Data Management Policy Requirements

- Must address/include
  - ePCR vendor
  - Data Manager contact (This person MUST be in LMS as the Data Manager, with a phone number and email address)
  - Medics must be the ones to complete the ePCRs
  - Medics must complete ePCR before the end of the current shift
  - Medics must comply with all validation rules (before the end of the shift)ePCR data must be submitted to GEMSIS Elite within 24 hours of call completion (based on eTimes.13)
  - Calls must be submitted via NEMSIS V3.4 web services to GEMSIS Elite
  - Agency Data Manager for NEW agencies must check data submissions daily for 2 weeks, and then weekly after that.

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101

Data Management Policy Requirements

- Agency Data Manager for existing agencies must check data submissions weekly
- Agency Data Manager is checking data for:
  - Validity score (calls less than a score of 95 must be corrected and resubmitted to GEMSIS Elite)
  - Thoroughness of narratives (select a random sampling for this)
  - Call volume in GEMSIS Elite matches call volume in the agency's dispatch log
  - Failed Imports (failed imports must be corrected and re-submitted to GEMSIS Elite)

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102

How to ensure your agency is compliant with data submissions

- All responses submitted
- Medics need to address validation rules
- Let us know what other validation rules you need to make it easier on your QA/QI team
- GEMSIS Elite Report Writer
  - Data Validity
  - Data Timeliness

103

GEMSIS Elite PCR – Tools➔ Form Manager – Form 588
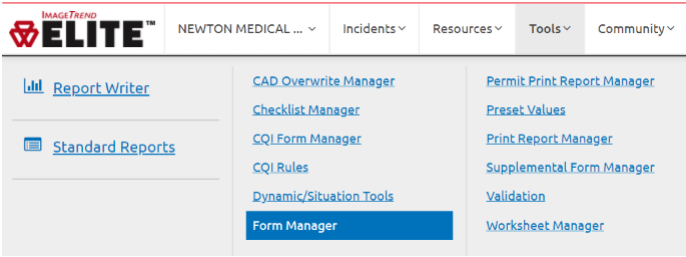
| 588 | Admin - State of Georgia | EMS | GEMSIS PCR - EMS (New for Pilot Testing) |

104

Form 588

- Adaptive – hides sections you don't need
- Perfect for Neonatal Ambulance services
  - o Birth Weight, Birth Time
  - o Gestational Age
  - o Delivery Complications
  - o Mother/Baby Questions
  - o Fontanelle
  - o Tone
  - o Reflexes
- Has all the cardiac arrest questions

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105

106

Have suggestions on validation rules?

- Let us know

107

Increased focus on systems of care

108

POLL

1. If you are a medic, what is your Georgia Medic License Number (be sure to enter the correct number with prefix)
   o Your medic number must be properly formatted to get credit (e.g. A009876)
   o This is NOT your NREMT number
   o If you have multiple people watching the webinar in the same room, you will need to list ALL of their license numbers, separated by a comma (e.g. P001234, E002345, I003456)
2. What EMS Agency do you represent?

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109

Questions

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110