



EMS Focus Webinar FAQ – Using Data to Improve EMS Systems of Care

July 28, 2015

1. Recognizing that we do what we're paid to do, where do you feel EMS reimbursement is headed? Specifically, where will our reimbursement come from? (Direct from CMS or intermediaries.) What will we be paid to do? (Transport, as we have historically been paid to do, or specific performance measures, or some combination.)

No one knows exactly what the future holds for EMS, but the direction that much of healthcare is heading is payment based on performance. Exactly how this affects EMS, such as payment based on transportation, value to the system, or patient and population outcomes, is still unclear. Healthcare is changing at a rapid pace and predicting what the future looks like for EMS is difficult, but it is clear that standardized data collection and performance measures will be a part of it.

2. When do you see hospitals opening up their systems so pre-hospital providers can post their PCR's directly to the patient records? Is there anything in the works on the federal level to speed up that requirement?

NEMSIS is laying the groundwork for EMS data to integrate with other healthcare data, such as hospital electronic medical records (EMRs) and health information exchanges (HIEs). By creating a standardized dataset used by most EMS systems across the nation, building those bridges between EMS records and other record systems is much easier. In fact, the NEMSIS Technical Assistance Center developed Version 3.0 of the data standard to be Health Level 7 (HL7) compliant so the outputs of EMS data are compatible with the inputs of hospital data.

3. Many EMS managers, especially in the fire service, are homegrown and job-trained rather than formally educated in EMS management or public health. Is it possible for NHTSA to work with the U.S. Fire Administration to update our most easily available training on quality management?

The NHTSA Office of EMS works closely with all of its federal partners, including the U.S. Fire Administration and National Fire Academy. The NFA offers several excellent EMS leadership courses and is always evaluating its course offerings and updating its curricula to best meet the diverse needs of the first responder community. We will reach out to the NFA about what courses may be developed in the future to incorporate

data-driven performance improvement. You can contact the NFA's EMS Program Manager, Mike Stern, at Michael.Stern@dhs.gov for more information.

4. I spend the majority of my time working with EMS agencies in the field to educate them on the importance of the issues we have discussed here in order to improve data quality. The realization that I have found in my work is that it is very hard for the EMS data managers to self-educate on all the facets of data. There are all kinds of moving parts which we in this room have gotten used to, but for the QA/QI person in the field (the persons on the front line of data quality) it is hard to become proficient at this without training. Are there any plans to develop a standardized data managers training/course by any of the stakeholders involved?

It is common for QA/QI coordinators to have little or no formal training in data analysis and quality improvement, and that is certainly a concern to all stakeholders in the EMS community. While no standardized training curriculum exists, there are several opportunities to learn about EMS quality management, including courses at the state and local level, in-person and online college-level courses, textbooks, and courses at regional and national conferences. A key component of the EMS Compass initiative is to develop a guidebook for local users to help implement data-driven quality improvement strategies at their agencies. Also, the National EMS Advisory Council recently began discussing a lack of standardized training for EMS data managers, may continue that discussion through the next year and could formulate recommendations to NHTSA.

5. Is data being collected or are there data fields on EMS reports to keep track of the following?

- * Time of initial contact with MCI patient in the field*
- * Time to do initial field triage evaluation and tagging*
- * Time it takes to collect a triaged patient and move them to the secondary (staged) triage area*
- * Initially triaged patient collection error rates*
- * Time from secondary triage area to the appropriate trauma center*

Currently, the NEMSIS version 3.4 data standard allows for the standard collection of time information for initial contact with a patient, time of initial triage, result of triage (color code) and transport and transit times. These are just a few of the 585 possible elements defined in the most current NEMSIS data standard. Collection of data is not required by the Federal government, but it is the responsibility of local or state agencies. We look forward to continuing research on MCIs through the National EMS Database as new version 3 data is collected from around the country.

6. What is the minimum mandatory number of fields all EMS agencies will be expected to submit in v3?

Mandatory fields at the point of care are set by local and/or state authorities. The Federal government does not require the collection of any data, but when states and localities choose to implement the NEMSIS standard, they collect information using up to 585 recognized data elements. Many states also require some custom data elements for system planning purposes.

7. I understand the relationship between structure, process and outcome and all of the ubiquitous CQI tools, but I'm not sure how one would apply the Measure Formula to each of the "Family of Measures." To what (besides the "Outcome") can we apply a score? Any examples come to mind?

We encourage you to review the information at <http://emscompass.org/ems-compass-measures/> for examples of measures and opportunities to comment.

8. Can we currently compare data between agencies and states?

Not today, but the NEMSIS data standard was developed so agencies can eventually look at their data and performance and compare it to similar-sized agencies, state and national level data. We intend to build a system that is designed for agencies to be able to benchmark their own data and performance against similar systems or geographic areas, not to be able to view another specific agency's data.