EMS Core Measures: The National Trend and How You Can Prepare

What’s Trending Now?

Why are we doing this?
- It’s Good -- Triple Aim
- It’s Required -- EMS Act and Regulations

PLAN -- Quality Improvement Plan
DO -- ePCR
- NEMSIS 3 Data, NEMSIS Compliant, HL7
CHECK -- EMS Core Measures and Metrics
ACT – Make System Improvements

Health Information Exchange
- Field to CHIO to Hospital (and Back)

How Does This All Fit Together?

Triple Aim of Health Care

Quality improvement frameworks

IOM’s Six Aims for Improvement

<table>
<thead>
<tr>
<th></th>
<th>Safe</th>
<th>Effective</th>
<th>Patient Centered</th>
<th>Timely</th>
<th>Efficient</th>
<th>Equitable</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Avoiding injuries to patients from the care that is intended to help them</td>
<td>Services based on scientific knowledge to all who could benefit</td>
<td>Care that is respectful of and responsive to individual patient preferences, needs and values.</td>
<td>Reducing waits and harmful delays</td>
<td>Avoiding waste of equipment supplies, ideas, and energy</td>
<td>Care does not vary in quality because of gender, ethnicity, geographic location or income.</td>
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Activities Related to Core Measures

<table>
<thead>
<tr>
<th>EMSA</th>
<th>Local EMS Agencies</th>
<th>EMS Provider Agencies</th>
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</thead>
<tbody>
<tr>
<td>Statewide integration</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Regional assessment</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Plan, implement, evaluate systems</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Quality improvement guidelines</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Data collection &amp; evaluation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Quality improvement program</td>
<td>✓</td>
<td>✓</td>
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</table>

Statutory Authority

<table>
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<tr>
<th>EMSA</th>
<th>Local EMS Agencies</th>
<th>EMS Provider Agencies</th>
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</thead>
<tbody>
<tr>
<td>Statewide integration</td>
<td>HS 1797.1</td>
<td></td>
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<tr>
<td>Regional assessment</td>
<td>HS 1797.102</td>
<td></td>
</tr>
<tr>
<td>Plan, implement, evaluate systems</td>
<td>HS 1797.204</td>
<td></td>
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<tr>
<td>Quality improvement guidelines</td>
<td>HS 1797.174</td>
<td></td>
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<tr>
<td>Data collection &amp; evaluation</td>
<td>HS 1797.103</td>
<td>HS 1797.103</td>
</tr>
<tr>
<td>Quality improvement program</td>
<td>HS 1797.103</td>
<td></td>
</tr>
</tbody>
</table>

Legislative Mandate

Annual report to the Legislature:
- Effectiveness of EMS systems
- Impact on death and disability
(HS 1797.121)

Health Insurance Portability and Accountability Act (HIPAA)

- Emphasis on “Portability”
- Not a barrier to Health Information Exchange
- EMSA and LEMSAs are not covered entities
- EMSA and LEMSAs are public health oversight agencies
- Entitled to receive information

PLAN -- QI Plans Are Required
Quality Improvement Plans

EMSA #166 -- EMS System Quality Improvement Guidelines

Required in CCR, Title 22, Division 9, Chapter 12
- LEMSAs
- EMS Providers
- Base Hospitals and Alternate Base Stations

Local QI Plan Template

EMSAAC QI Coordinators

Emergency Medical Services
Quality Improvement Program (EQIP) Template
http://www.emsa.ca.gov/Media/Default/Word/EMS AACQITemplate.doc

National Emphasis On

Clinical Measures -- Core Measures


Patient Satisfaction -- Press Ganey Survey

QI Indicators

(A) Personnel
(B) Equipment and Supplies
(C) Documentation
(D) Clinical Care and Patient Outcome
(E) Skills Maintenance/Competency
(F) Transportation/Facilities
(G) Public Education and Prevention
(H) Risk Management

State QI Plan Metrics

1. Percentage of LEMSAs submitting approved QI Plans
2. Percentage of EMS Providers, in each LEMSA, with a locally approved QI Plan
3. Percentage of LEMSAs submitting all Core Measures
4. Percentage of LEMSAs submitting NEMSIS 3 Compliant Data directly to CEMSIS

Core Measures as quality improvement tools

Quality improvement is NOT a destination!
Core Measures as quality improvement tools

It's a continuous process…

… with rapid cycles of improvement.

Quality Improvement Frameworks

Donabedian’s Quality of Care Framework
- 1980s
- Conceptualized three quality-of-care dimensions
  - Structure (Attributes of Setting)
  - Process (Good Medical Practices)
  - Outcome (Impact of Care)

Quality Improvement Frameworks

PDCA Cycle
Plan
Do
Check
Act
Plan a change or test how something works
Carry out plan
Look at results
Decide actions for improvement

Quality Improvement Frameworks

Six Sigma
DMAIC model
Define
Measure
Analyze
Improve
Control
Our EMS System needs Standardized Core Measures

Now we have defined measures.

Our EMS System needs Standardized Core Measures

Now we have defined measures.
Our EMS System needs Standardized Core Measures

Now we have defined measures. What about our EMS system data?

What is CEMSIS?

California EMS Information System
3 Parts ….
1. Concept of having a Statewide Data System
2. Data Dictionary – NEMSIS 3
3. Software Platform that we use to collect/analyze data – Now ImageTrend at ICEMA

Data system gaps

From CHCF project, we learned:

Analysis: Core Measure data requirements + CEMSIS dictionary

Analysis: Current CEMSIS data quality

- CEMSIS insufficient to answer priority questions
- Data quality varies greatly across state
- Fragmented adoption and implementation

Additional EMS data system gaps

- ePCR systems
  - LEMSIA level
  - Provider level
- Real-time HIE between hospital and field
- eTracking patients across jurisdictional boundaries
- ePCR device at point-of-service
- EMSI data systems at the LEMSIA level
- NEMSIS 3 compliance
- NEMSIS 3 → HL7 standards
- Bidirectional communication pathways
- Wristband identifiers at patient registration

ePCR
Future of CEMSIS

Vision

Shared Implementation:

| EMSA | LEMSAs | EMS Providers | Hospitals |

NEMSIS 3

New Data Elements Definitions

Not compatible with CEMSIS/NEMSIS 2.2.1

Transformation to V3 will require a separate database

Polling for HealthLevel 7 (HL7) CDA for HIE Compatibility

The Case for NEMSIS 3

NEMSIS is phasing out Version 2

- January 1, 2016: NEMSIS will no longer accept Version 2.2.1 data
- January 1, 2015: NEMSIS will begin accepting Version 3 data

One Standard for Everyone

The entire NEMSIS 3 data dictionary

Provider Organizations

- Local EMS Agencies

EMSA

NEMSIS

The state may require less data than a LEMSA chooses to collect, but not less than what's required for state-level activities and submission to NEMSIS.
The Case for NEMSIS 3

Detail & Clarity

<table>
<thead>
<tr>
<th>NEMSIS 2.2.1</th>
<th>NEMSIS 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Events</td>
<td>Patient Care Events</td>
</tr>
<tr>
<td>Injury/disease event</td>
<td>Injury/disease event</td>
</tr>
<tr>
<td>911 first contact</td>
<td>911 first contact</td>
</tr>
<tr>
<td>EMS dispatch</td>
<td>EMS dispatch</td>
</tr>
<tr>
<td>Arrival on scene</td>
<td>Arrival on scene</td>
</tr>
<tr>
<td>Patient care</td>
<td>Patient care</td>
</tr>
<tr>
<td>Transport</td>
<td>Transport</td>
</tr>
<tr>
<td>Arrival at destination</td>
<td>Arrival at destination</td>
</tr>
<tr>
<td>Inpatient care</td>
<td>Inpatient care</td>
</tr>
<tr>
<td>Sub-acute recovery</td>
<td>Sub-acute recovery</td>
</tr>
</tbody>
</table>

The Case for NEMSIS 3

Enhanced “Structure” Data

<table>
<thead>
<tr>
<th>Structure Data Dictionary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processes</td>
</tr>
<tr>
<td>Hospitals</td>
</tr>
<tr>
<td>Injury/disease event</td>
</tr>
</tbody>
</table>

The Case for NEMSIS 3

One Standard for Everyone

The entire NEMSIS 3 data dictionary

Provider Organizations

- Local EMS Agencies
- EMSA
- NEMSIS

The Case for NEMSIS 3

Health Technology and EMS: ASPR Launches Campaign to Improve Pre-Hospital Care

CHECK – EMS Core Measures

Project Overview

Title
Purpose
Grantor
Time period
California Emergency Medical Services Database Development & Implementation of Core Quality Measures

Project Overview

- Title
- Purpose
- Grantor
- Time period
- California Emergency Medical Services Database Development & Implementation of Core Quality Measures
Project Overview

Title
Purpose
Grantor
Time period

- Increase accuracy of EMS data
- Increase accessibility for public, policy, academic, and research purposes
- Facilitate EMS system evaluation and improvement

California HealthCare Foundation (CHCF)

Project Overview

Title
Purpose
Grantor
Time period

April 1, 2012 – May 31, 2013

What are “Core” Measures?

Standardized performance measures or quality indicators
Used for examining an EMS system or treating an identified patient condition
AKA Quality Indicators or Performance Measures
Used by CMS as measures of quality for hospital inpatient and outpatient care events

Core Measure Benefits

California EMS Core Measures

10 Sets
28 Measures in 2015
For data year 2014
20 Measures in 2014
For Data Years 2012, 2013
20 Measures in 2013
For Data Years (2009), (2010), (2011), (2012)
EMS Core Measures

28 Measures
- Trauma
- Acute Coronary Syndrome/Heart Attack
- Cardiac Arrest
- Stroke
- Respiratory
- Pain Intervention
- Pediatric
- Skill Performance by EMS Providers
- Response and Transport
- Public Education of bystander CPR

Next information due March 31, 2015 -- for 2014 data

ACT – System Changes

System Changes

- State Regulations
- Local Protocol or Policy Changes
- Provider Performance Improvements

** NEED HOSPITAL PATIENT DISPOSITION, DIAGNOSIS, AND OUTCOME!

National Trend towards Metrics and Core Measures

- Use of California Core Measures model is becoming widespread
- HRSA Rural Health Flex Grant Performance Measures Panel
- NASEMSP and NQF Core Measures Project for use in CMS Reimbursement
- Revision of NHTSA and NEMSIS Performance Measures Document

Health Information Exchange (HIE)

Health Information Exchange

What is HIE related to EMS?
- Health Information Exchange allows health care professionals and patients to appropriately access and securely share a patient’s vital medical information electronically.
Three key forms of health information exchange

**Directed Exchange** – ability to send and receive secure information electronically between care providers to support coordinated care

**Query-based Exchange** – ability for providers to find and/or request information on a patient from other providers, often used for unplanned care

**Consumer Mediated Exchange** – ability for patients to aggregate and control the use of their health information among providers

HIE and Meaningful Use

Meaningful use objectives are grouped into five patient-driven domains that relate to health outcomes policy priorities:

- Improve Quality, Safety, Efficiency
- Engage Patients & Families
- Improve Care Coordination
- Improve Public and Population Health
- Ensure Privacy and Security for Personal Health Information

Health Information Exchange is Happening Now

Electronic Exchange of Patient Information—What’s in the Middle??

AND MAGIC HAPPENS!!

Electronic Exchange of Patient Information—What’s in the Middle??

2013 HIE Project Goals

Cal-OHII Grant to EMSA
- August – Dec 2013
- $300,000 Grant

Deliverables
- EMS Readiness Assessment for HIE (Lumetra)
- 3 Local Demonstration Projects
  - Monterey
  - Contra Costa County
  - Inland Counties EMS
- EMS and HIE Conference (Nov 2013)
California HIE Readiness Assessment

### Stages

<table>
<thead>
<tr>
<th>Stage</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>Paper chart based</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Beginning of a computerized data record (CDR), computers may be at point of care</td>
</tr>
<tr>
<td>Stage 3</td>
<td>ePCR entry, computers have replaced the paper chart for “real-time” data entry, clinical documentation and clinical decision support (pre-hospital protocols)</td>
</tr>
<tr>
<td>Stage 4</td>
<td>ePCR transmission to Hospital Dashboard, including EKG, available at the hospital, receiving unidirectional information from the field “real-time”</td>
</tr>
<tr>
<td>Stage 5</td>
<td>HIE capable, Advanced clinical decision support (on-line medical direction) through hospital Dashboard, proactive care management, and structured messaging</td>
</tr>
<tr>
<td>Stage 6</td>
<td>HIE capable, Transfer of data from the ePCR to hospital based EHR</td>
</tr>
<tr>
<td>Stage 7</td>
<td>HIE functional, Bidirectional sharing of data between the ePCR and hospital based EHR, business and clinical intelligence</td>
</tr>
</tbody>
</table>

Approximate Percentage of Agency Providers on ePCR or paper

71% of EMS providers are at Stage 3 or above

2013 HIE Project Outcomes

- Monterey
  - Purchased Hospital Data Exchange software
  - Established test environment
  - Software deployed, live transactions successful between AMR and Natividad Medical Center
  - Peer-to-Peer Connection

- Contra Costa
  - Agency-level data systems analysis using HIE and Six-Sigma
  - Roadmap for EMS data integration with Contra Costa Health System Information Services

- IEEMA
  - Purchased software for deploying real-time hospital dashboards
  - Testing begun
  - Extension of capabilities of ImageTrend to NorCal EMS, North Coast EMS, parts of SSV EMS

Barriers to HIE

- Agencies at various stages of HIE system development
- Myths about HIPAA and liability discourage patient data sharing
- Not everyone’s path to HIE success is the same
- New forms of collaboration across organizational boundaries raise policy questions that must be addressed
Vision of HIE and EMS

EMS Transport Providers and Receiving Hospitals, using Community Health Information Organizations (CHIO) as a hub, working together for “bidirectional” real-time health information exchange. Integrated with LEMSA Data Systems for Quality Improvement.

EMS Data Standards

- EMSA to write regulations
- Use NEMSIS 3.3.4 standards for data
- ePCR and data system must be NEMSIS 3 Compliant
- Transmission with HL7 format (CDA from NEMSIS)
- “Real-Time” information from field to hospital
- Hospitals to participate in connecting with CHIO for Health Information Exchange

HIE Implementation Roadmap for EMS

- Report from ONC in April 2014
- Must consider Emergency Preparedness
- Goal 1
  – Implement Provider ePCR (NEMSIS 3 Compliant)
  – Coordinate with Community HIO
  – Transmission to Hospital Dashboard
  – Incorporation of electronic data into EHR at hospital
- Goal 2
  – Disaster Portal for patient EHR accessibility (PULSE)

Goal 1 -- Developing EMS bidirectional data exchange with hospitals

In this scenario, EMS personnel send data from their electronic patient care record (ePCR) to hospital EDs in “real-time.” The hospitals make limited patient data available to EMS personnel for a query while in the field. Information from the ePCR is assimilated into the hospital EHR. Finally, patient outcome information to support EMS quality improvement objectives is sent from the hospitals to EMS providers. The support of an CHIO that is responsible for mapping and routing the data among EMS providers and hospitals is the critical hub in this example.

Working Assumptions for EMS and HIE

- EMS Providers must have ePCR systems that are NEMSIS 3 Compliant
- Utilize HL7 language with the NEMSIS CDA
- Hospitals must be willing to accept ePCR data into their EHR
- Work with Community Health Information Organizations (HIOs) as the information hub
- Match EMS providers and EMS receiving hospitals
- Need DURSA -- California Data Use and Reciprocal Support Agreement (CalDURSA)
Electronic Exchange of Patient Information—What’s in the Middle??

AND MAGIC HAPPENS!!

The Role of Public, Community Health Information Organizations (CHIO)

Model for Use of Community HIO

Community HIO

Multiple Ambulance Providers

Multiple Receiving Hospitals

Goal 2 -- Creating a Disaster-response medical history portal:
Using Integrating the Healthcare Enterprise (IHE) standards, we are interested in connecting health systems and HIOs to an interoperability broker that can be accessed via a web portal user interface.

During a disaster (the definition of which is agreed upon by participants in advance), the web portal is activated.

Healthcare professionals employed by health systems or participating with HIOs would be able to access patient records through their existing systems, and other allied healthcare professionals, such as emergency medical technicians and paramedics, would be able to access the portal through a URL.
Consumer Mediated Exchange iBlueButton and ICEBlueButton

Next Steps for Data and EMS?
AB 1621 (Lowenthal, Rodriguez)
Under Consideration by CA Legislature
Would Require:
- Regulations to standardize data using National standards ie NEMSIS
- ePCR by Providers
- Data submission to LEMSAs and EMSA

Next Steps for HIE and EMS
- Fund Projects for Data, HIE, and Quality using limited PHHS Block Grant funds ($400,000)
- Seek Funding from ONC
  - Connecting Community HIOs with emergency ambulance providers and receiving Hospitals (Regional Project)
  - Developing a Disaster Portal (PULSE)
- Next HIE and EMS Conference -- Nov 17-19, 2014 in Los Angeles

SAVE THE DATE
-- Next HIE and EMS Conference -- Nov 17-19, 2014 in Los Angeles

-- OPEN YOUR CALENDARS NOW ON YOUR SMARTPHONES!!!!
“The Ask”

“One Patient, One Record”
LEMSAs and Providers continue work on NEMSIS 3 adoption
EMS Providers work to implement ePCR, using NEMSIS 3 data standards and tools
EMS Providers collect and measure Core Measures at the Provider Level
Begin Discussions with local CHIO and Hospitals to Implement HIE

Remember!
Why are we doing this?
– It’s Good -- Triple Aim
– It’s Required -- EMS Act and Regulations
PLAN -- Quality Improvement Plan
DO -- ePCR
– NEMSIS 3 Data, NEMSIS Compliant, HL7
CHECK -- EMS Core Measures and Metrics
ACT – Make System Improvements
Health Information Exchange
– Field to CHIO to Hospital (and Back)

Thank you!
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EMS Core Measures for California
Adam Davis

Discussion Topics
Changes to measures from Year One
Year Two -- Reporting Capabilities
Year Two -- LEMSA Participation
Year Two -- Snapshot of Measure Reporting
Summary Tables
Improvement
Publishing

Clinical Measures Overview (17)
- Trauma - 2
- Acute Coronary Syndrome – 4
- Cardiac Arrest – 3
- Stroke – 3
- Respiratory – 1
- Pediatric – 1
- Pain – 1
- Skills – 2
Changes from Year One

- Adjustments to Table of Contents
- Reference Section – Clear Definitions
- Utstein – ROSC
- Pediatric Patient - <14 years
- Changed “or” to “and” when calculating RTS for severely injured trauma patients
- This will change again next year per CDC Criteria
- Instructions for Running Measures Reports

Reporting Instructions
(Taken from EMSA #166 Appendix E)

Run each core measure exactly as specified on each core measure specification sheet.

If the core measure cannot be run as specified, run the measure based on the intent of the core measure according to the question provided in the description box on the specification sheet.

If a core measure is run based on intent (as described above), the LEMSA must provide the methodology that was used, including all elements and values, to achieve a value for the core measure. This must be provided when submitting the report to EMSA.

Changes in Measures from Year One

- Sampling
- Measure Descriptions Formed as Questions
- Removal of Rationale for Data and References section on each ISS
- “Acute” added where “stroke patient” was mentioned
- “Ground” added where “ambulance” was mentioned
- “911 Response” added to all transportation related measures

Reporting Capabilities

From Year One to Year Two…

…LEMSA participation increased!
25 of 32 (78%) LEMSAs submitted at least one measure for any data year (2009-2012) in Year One

25 of 32 (78%) to...

32 of 33 (97%) of LEMSAs submitting at least one measures for data year 2012 or 2013

Year 1 to Year 2: Improvements

Reporting Capabilities

Increased LEMSA Participation (at least 1 measure reported)

- 25 of 32 in Year One
- 32 of 33 in Year Two

Reporting Challenges

- New Data Systems
  - EMSA – No CEMSIS reports at this time
- Data Collection Methodology
  - Paper vs ePCR
  - Consolidation of records from various systems
- Data Sampling
Reporting Challenges
- Documentation
  - Lack of Core Measures Education
- Hospital Outcome Data
  - Difficult to obtain
  - Reflected in low response rate in CAR 3.4
- Patient Records in Tiered EMS System
  - Multiple records for single patient

Publishing

What Will Be Published?
- CHCF Final Narrative
- Reporting Capabilities
  - Challenges AND Achievements
- Clinical Measures
  - LEMSAs will remain identified
  - Disclaimer
- These two report will be consolidated

Publishing will take place in July, 2014

Core Measures for 2014 data
- Very similar to “Year Two”
- Minimal changes
- Trauma measures changed to reflect CDC Trauma Triage Criteria
  - No more RTS Score
- Reports will be due March 31, 2015

Thank You!
Adam Davis
- Quality Improvement Coordinator

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Phone: (916) 431-3659

CEMSIS TRANSFORMATION
2013
The Move to a Standardized Data Set
July 2013 EMSA signed a contract with Inland Counties Emergency Medical Agency to collect and aggregate EMS and Trauma Data from 33 LEMSA’s in the State of California. The contact included reporting EMS data to NEMSIS.

ICEMA began the following task:
- Reached out to each LEMSA to determine the level of data collection currently in place.
- Began the process of building each LEMSA in the CEMSIS system.
- Added users to each LEMSA for login’s.
- Added providers to each LEMSA.
- Added destinations throughout the state.
- Added all Trauma Hospitals in the State.

The Collection of Data Begins

The Five NOT’s
- Not Available
- Not Applicable
- Not Known
- Not Recorded
- Not Reporting

CEMSIS EMS Setup
- 3215 Destinations
- 33 LEMSA’s - 18 Reporting
- 7645 Users
- 22 Counties doing direct data entry into CEMSIS
- 669 Providers currently in CEMSIS

Calls by Year
- 2011 - 4,935
- 2012 - 252,368
- 2013 - 405,427
- 2014 - 377,467

CEMSIS Trauma
- 2013 Incidents – 49,715
- 16 LEMSA’s Reporting
- 156 Users
On November 4, 2013 EMS Data from the State of California was accepted by NEMSIS as passing the requirements for reporting NEMSIS 2.2.1 data.

**What’s New in NEMSIS 3?**
- There are 578 elements which is 133 additional/new elements over version 2.
- There are 127 Required National Elements in version 3 vs 67 in version 2.
- This increase in elements means States are collecting more data, and there will be better quality data and increased alignment with other healthcare providers and hospital data.

Other components of V3 include:
- Standardized Code Sets (i.e., ICD 10)
- Logic Validation
- Increased automation
- Key performance measures

**What can you do now to prepare?**
- a. Know the CEMSIS transition schedule?
- b. Know when your CEMSIS will be accepting Version 3 data?
- c. When is CEMSIS going to stop accepting the current Version 2 data?
- d. Determine your appropriate implementation tools and timeline?
- e. CEMSIS transition information can be found on the NEMSIS website at http://www.nemsis.org/supportV3/stateProgressReports.

At this site you can access a map, select CA and find the information that you need.
What can you do now to prepare?

a. Know the CEMSIS transition schedule?
- Version 3 testing begins July 15th, 2014

b. Know when your CEMSIS will be accepting Version 3 data?
- CEMSIS will start accepting Version 3 data in Q4 2014
- CEMSIS will stop accepting Version 2 data 12/31/2015

c. Determine your appropriate implementation tools and timeline?
- Work with your Vendor on Version 3 testing and build your timeline based on your vendors target date.

Who will be responsible for NEMSIS V3 implementation?
- Some key players would include:
  - Your ePCR Administrator
  - Clinical expert
    - To provide medical expertise and ensure you are collecting the correct data in the right places
- If your organization’s EMS Data expert is different than your ePCR Administrator, they should be involved as they most likely understand the state reporting requirements.

Usage Value Definition Descriptions

There are 4 types of elements in NEMSIS Version 3 that determine the Usage of each element:
1. Mandatory: These elements are always required and must be filled out in every record and “Not Values” are not allowed.
2. Required: These elements are always required and they do allow “Not Values” to be used.
3. Recommended: These elements are optional elements and allow the use of “Not Values”.
4. Optional: These elements are optional and do not allow for “Not Values”.

NOT Value Definition Descriptions

NEMSIS V3 Overview Document Description of NOT Values

NOT Values have been condensed in Version 3.

1. Not Applicable: The data element is not applicable or pertinent to the EMS event.
2. Not Recorded: The data element is considered applicable to the EMS event, but was left blank. The EMS software should auto-populate it with “Not Recorded”.
3. Not Reporting: The data element may not be collected by the EMS agency or state. This NOT value does not apply to National elements where “Usage = Required”.

CEMSIS is open to begin testing NEMSIS 3 data.

Questions?

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Quality Improvement Program/Plan

Adam Davis

CCR Title 22 Div. 9 Chapter 12

100400. EMS System QI Program

“EMS QI Program means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care.”

What is a QI Program?

- Methods of evaluation
  - Structure
  - Process
  - Outcome
- Goals
  - Identify root causes of problems
  - Reduce or eliminate these causes
  - Take steps to correct the process
  - Recognize excellence in performance and delivery of care

Quality Program Components:

- Section I: Structure
  - Organizational chart
  - QI Team
  - Internal QI Technical Advisory Group
  - Cooperation with all EMS participants
- Section II: Data Collection and Reporting
  - Have system for collection and processing data
  - Reporting to LEMSA
  - Summary reports, dashboards, etc.
  - Ensure the EMS Core Measures are addressed

Quality Program Components:

- Section III: Evaluation of System Indicators
  - Organizational Information:
    - Personnel
    - Equipment and Supplies
    - Documentation
    - Clinical Care and Patient Outcome
    - Skills Maintenance/Competency
    - Public Education and Prevention
    - Risk Management
  - EMS Core Measures for California
  - Presentation of Information – Visuals
  - Structured Decision Making Process

Quality Program Components:

- Section IV: Action to Improve
  - Defined approach to Performance Improvement
    - Example: PDSA, CQI Process
    - Utilization of task force or committee
- Section V: Training and Education
  - Intertwined with Action to Improve Process
  - Goal: Change behavior and knowledge
  - Measure Results of Plan
  - Integrate Change
Quality Program Components: EMS Providers and Base Hospitals

“Develop and implement, in cooperation with other EMS system participants, a provider specific written EMS QI Program…”

- Program in accordance with EMS Systems QI Program Model Guidelines
- Initial Program Submission Provided to LEMSAs
- Approved by LEMSAs
- Updated Annually
- Program reviewed AT LEAST every 5 years

Quality Program Components: LEMSAs

The Health and Safety Code Division 2.5 states: 1797.204 The local EMS agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures.

- Program in accordance with EMS Systems QI Program Model Guidelines
- Initial Program Submission Provided to EMSAs
- Approved by EMSA
- Updated Annually
- Program reviewed AT LEAST every 5 years

Statutory Authority

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REGULATORY AUTHORITY
CCR, Title 22, Division 9, Chapters 4 and 12

Do You Have a Plan?

Has it been…

- Submitted?
- Approved?
- Implemented?

Don’t be afraid of answering “NO” to these questions.

This is an opportunity to “Show us your stuff”!

QI Resources

- Talk to your peers
- Engage LEMSAs
- EMSA Website
  - QI Program Model Guidelines

Thank You!

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- Quality Improvement Coordinator

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