



AZ PIERS  
EMS Registry Users Group  
(EMSRUG)



**Minutes**  
**Monday April 28, 2014 - 9:30 a.m. – 11:30 a.m.**  
**Arizona Dept. of Health Services**  
**150 North 18th Avenue Phoenix AZ 85007**  
**5th Floor – 540A Conference Room**

**AZ PIERS Contacts:**

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**A) Welcome & Introductions**

- 1) Total records in AZ-PIERS & YTD
  - a) System report: 501,651 incidents
  - b) YTD records (1/1/2014 – 4/27/2014)
    - Air: 3509 Ground: 127,211 Total: 130,720

**B) ADOA Surplus & refurbished equipment**

- 1) Steve Perica from ADOA Surplus came to give information on the resources and materials available from ADOA to agencies, and how to access them.
  - a) Agencies that qualify can purchase surplus equipment and supplies at a greatly reduced cost: typically at 10% of retail. For example, equipment for an entire conference room, including projector, screens, conference phone, tables and chairs (like the one in our normal EMSRUG meeting room of 540A) could all be purchased for around the \$500 range.
  - b) To find out if you qualify:  
[http://www.azdoa.gov/agencies/msd/surplus\\_property/eligibility.asp](http://www.azdoa.gov/agencies/msd/surplus_property/eligibility.asp)
  - c) You can access ADOA Surplus at [www.azsurplus.gov](http://www.azsurplus.gov) to find items available and request them. ADOA Surplus also works off of a “want list” (wish list) where items can be requested and then filled as they become available. Steve Perica can be contacted at 602-542-5701 with any questions.
  - d) Items include a large variety of types, such as tough books, lap tops, computers, office furniture, even the use of satellite phones.

**C) Data Access Policies for Base Hospitals**

- 1) Pre-Hospital Coordinators who have Hospital Dashboard for their hospital can view incidents where their hospital is listed as the destination, or where the agency has chosen to fill in the hospital name in the Base Hospital Contacted field.
  - If PHC does not have content rights, this is the end of the privileges as far as viewing agency incident info
  - If PHC does have content rights to an agency, PHC can also access all agency records via report writer
  - Some agencies choose to add their base hospital Pre-Hospital Coordinator to their agency staff list to make QA/QI a bit easier and faster. These Pre-Hospital Coordinators can see all agency cases if they are on the agency staff list.

- 2) Three concerns have been raised:

- a) One issue occurs when some agencies have more than one base hospital, or access is not preferred by the agency.
  - b) The second issue can occur when one agency has multiple base hospitals, and may even have personal work for varying units or agencies where the base hospital might vary within the crew.
  - c) Agencies would prefer that even in the case of a one to one agency to base situation, that the agency be contacted for approval of initial content rights to the Pre-Hospital Coordinator. It may be prudent to have periodic reports generated by the AZ-PIERS EMS data manager and distributed to the specific agency of what personnel are listed in AZ-PIERS as having access to the agency data.
- 3) Discussion: AZ-PIERS EMS data manager will audit all non-staff (not listed in agency staff) users' content rights and solicit the approval of those content rights from each agency. For agencies who have multiple base hospitals, a request will be made to ImageTrend for a script to be developed and run where content rights are assigned by agency and Certification number together – thereby allowing providers who work for multiple agencies who are not associated with one another have only records from the appropriate agency be accessible to the base hospital. We do not know if this is something that can be done, and if not, agencies may need to provide access for QA/QI separately to those cases that are to be reviewed by their base hospital. This project will take some time and an update will be given at the next EMSRUG meeting.

#### **D) Data Consistency**

- 1) Defining Height of Fall for same level falls. Please review the attached document based on AZ-PIERS v3 data dictionary. The current and continued definition of a same level fall height would be 0 feet, and does not include the patient's height as part of the calculation. The list of fall-related 'cause of injury' included is and shows the increase descriptiveness of the fall values, from one in AZ-PIERS v2 NEMESIS2 format to several with increased specificity.
- 2) Lift Assist: With a finalized draft in place, we seek any changes or additions needed by the community to allow for accurate data that can also be queried when requested.
  - a) Several Issues that need addressing were discussed:
    - Not all agencies use the term lift assist or document lift assist
    - Some agencies use lift assist to mean assisting a patient to an upright or previous position (a).
    - Some agencies use lift assist to mean additional assistance (personnel, equipment, or both) to assist in the moving and lifting of a patient whose body weight exceeds certain thresholds (b).
    - How will any solutions we accept be translated to AZ-PIERS version3 (NEMESIS3 format) when ePCR systems transition?
  - b) Solutions and updates to be made:
    - Documentation of lift assists is not something currently mandated or standardized at the EMSRUG/AZ-PIERS level. At this point, agencies can choose how, when, and if to document lift assists.
    - Lift assist (a) and Lift assist (b) are two distinct protocols and not just procedures. They should be able to be documented separately. A new procedure has been created for lift assist (a) in the new guideline.

- Currently addressing this with NEMESIS. As they are two separate procedures, they should have separate codes. If no codes match the basic description, NEMESIS will begin the process of requesting a new SNOMED code to be created.
- Additionally, we have the possibility of adding custom codes in AZ-PIERS to match the needs of EMSRUG users, which can then be mapped to a more general appropriate code in NEMESIS.

### 3) Spinal Motion Restriction

#### a) Add in suggested changes by Dr. Castro-Marin:

- Add Procedures:
  - (a) Spinal Motion Restriction – Vacuum Mattress
  - (b) Spinal Motion Restriction – Scoop Stretcher
  - (c) Spinal Motion Restriction – Other (padding)
- Find a way to document when a piece of equipment is removed.
  - Ex: use a long back board to extricate, but then be able to document removal of the long back board when the patient is placed on a gurney for ambulance transport.
  - Ex: Placed a collar, but then removed it when the patient became combative.

Anne will contact ImageTrend and see what can be done to develop these requested updates.

### 4) Individual Data Quality Reports for each agency: We are trying a new approach and are working on programming that will allow more frequent reports to be generated for each agency.

### 5) Is a narrative necessary/serve a purpose on cancelled calls?

- a) Narratives are required on all calls. The question to EMSRUG was, when a call is listed as Patient Disposition = Cancelled, should a narrative still be required from the standpoint of AZ-PIERS. EMSRUG suggested that a narrative would not be necessary in the case of cancelled calls. The validation rule ID 145 will be updated to reflect this.

## E) NEMESIS 3 update

### 1) General update:

- a) Timelines - Hoping to start accepting Sept. 1<sup>st</sup>, 2014. If we can do it sooner in a quality manor, we will.
- b) Suggested Order of AZ-PIERS v3 transition –
  - Stage 1: State configuration and transition to accept NEMESIS3 format data
  - Stage 2: Agency (but you want to start the configuration process when you can, as long as you can continue to send NEMESIS2 compliant data during that time until State ready to accept NEMESIS3 data).
- c) Vendor estimated NEMESIS3 testing schedule:  
<http://www.nemesis.org/v3/documents/SoftwareCompanyPlanningforv3NEMESISCompliance04-03-2014.pdf>
- d) Vendor status: in-process or completed compliance testing:  
<http://www.nemesis.org/v3/compliantSoftware.html> This link also has a link to the above vendor compliance estimates table as it may be updated periodically.

- e) Make sure to look at the status of your chosen software vendor so your agency has an idea when you may expect to be able to transition to NEMSIS3. We suggest you keep a conversation going with your vendor regarding possible changes in testing status and how much notice they need prior to your planned transition date (ex: our vendor has requested two months prior notice to when a state wants to configure and transition their system).

2) ImageTrend Users update: Field Bridge & Field Bridge Express

a) **FIELD BRIDGE AND FIELD BRIDGE XPRESS CONVERSION**

- Field Bridge and Field Bridge Xpress will be combined into one product on the ImageTrend Elite platform called ImageTrend Elite Field: EMS.
- b) ImageTrend will be coming out with a list of approved tablet type devices that ImageTrend Elite will be optimized to run on
  - c) Printing a PDF is also hardware dependent for the following reasons:
    - ImageTrend Elite can generate a PDF, but your device will need a valid PDF viewer/reader to actually process and display the PDF
    - Printing is also dependent on the device you own (an iPad can only print to an Apple-compatible printer, for example)
    - EKG imports (non-clouded versions) depend on Windows-based SDKs in order to operate, and is not available on non-Windows operating systems such as iOS, Android, Windows Phone or Windows RT.

3) Need a couple volunteers to help with remainder of Suggested List vs. statute/allowed

- a) Request for a couple persons to assist in confirming and completing the current list matching of [Medical Direction Protocols for Emergency Medical Technicians](#) with the [NEMSIS3 Suggested value lists](#)
- b) Anne will send the NEMSIS3 suggested lists and the Medical Direction Protocols to any volunteers to review.

**F) Go Over the EMS 3<sup>rd</sup> Quarter quarterly Report: Trauma**

- 1) Available at: <http://azdhs.gov/bems/documents/data/quality-assurance/14-1-ems.pdf>
  - Several suggestions were made regarding alterations and improvements to the reports.
  - Some Air agencies transport by ground on occasion. We will need to determine how we can differentiate between and air or a ground transport by an air agency, based on the AZ-PIERS data points, or if one needs to be added.

**G) Announcements**

- 1) If you are able to attend the next TEPI (Trauma & EMS Performance Improvement) meeting, we would encourage your to do so. The next TEPI meeting is scheduled for July 17<sup>th</sup>, 2014 at 9:00am at 150 N. 18<sup>th</sup> Ave., Phoenix, AZ 85007 in room 540A. To learn more about TEPI: <http://www.azdhs.gov/bems/advisory/STAB.htm>
- 2) The next EMSRUG meeting will be Monday, July 28<sup>th</sup> 2014 9:30 – 11:30 in 540A

**H) Questions/Requests**

State

eInjury.09 - Height of Fall (feet)			
<b>Definition</b>			
The distance in feet the patient fell, measured from the lowest point of the patient to the ground			
National Element	No	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E10_10	Is Nillable	No
Usage	Optional	Recurrence	0 : 1
<b>Constraints</b>			
<b>Data Type</b>	<b>minInclusive</b>	<b>maxInclusive</b>	
integer	0	10000	
<b>Data Element Comment</b>			
Classify same level falls as 0 feet			

### AZ-PIERS v3 – NEMSIS 3 list

#### Cause of Injury code Description

#### Clarification

Fall on same level from slipping, tripping and stumbling	
Fall while being carried or supported by other persons	
Fall from non-moving wheelchair, nonmotorized scooter and motorized mobility scooter	Clar: Wheelchairs may be motorized or non-motorized.
Fall from bed	
Fall from chair	
Fall from other furniture	
Fall on and from playground equipment	
Fall (on) (from) unspecified stairs and steps	
Fall on and from ladder	
Fall on and from scaffolding	
Fall from, out of or through roof	
Fall from, out of or through window	
Fall from, out of or through building, not otherwise specified	
Fall from tree	Clar: This includes all falls from trees including tree houses and tree stands.
Fall from cliff	
Fall, jump or diving into water	
Other fall from one level to another	
Other slipping, tripping and stumbling and falls	
Fall from or off toilet	
Fall in (into) shower or empty bathtub	