ARIZONA DEPARTMENT OF HEALTH SERVICES
PREPAREDNESS

Bureau Of Emergency Medical Services & Trauma System
150 N. 18th Avenue, Suite 540
Phoenix, Arizona 85007-3248
602-364-3150

Emergency Medical Services Council

Date: September 27, 2018 - **Time**: 10:30 hrs

Location: 150 N. 18th Ave., Conference Room 540A, Phoenix, AZ, 85007

Via computer with call back: azgov.webex.com, meeting code 807 962 417, password EMS2018

Via telephone: dial 240-454-0879, meeting code 807 962 417 (#)

AGENDA

I. Call to Order – Ben Bobrow, MD

II. Roll Call – Shelley Bissell (31 members, 16 required for quorum)

III. Chairman's Report – Ben Bobrow, MD
   a. Attendance report (Attachment III.a.)
   b. Vacancy report
   c. "LifeLinks" - NHTSA EMS High Performance CPR and 911 Telephone CPR Training and Performance Improvement Program

IV. Bureau Report – Terry Mullins
   a. New Bureau Staff: Ben Fisher, MPA, Services Section Chief
   b. AZ-PIERS and HIE update
   c. Rules update
      i. Base Hospital/Administrative Medical Direction
      ii. Required Agents (Drug Box)
   d. CON updates – Aaron Sams
   e. ADOT Highway Mortality Goal Council
      i. PHTLS Training – David Harden
      ii. Highway Mortality Mapping – Ben Fisher
   f. Annual STAB Report
   g. Drug Shortage update
   h. EMS Resiliency, Wellness & Safety Workgroup update – Alyson Welch

V. Standing Committee/Regional Council Reports
   a. Education Standing Committee – Gail Bradley, MD
   b. Protocols, Medications and Devices Standing Committee-Brian Smith, CEP
   c. Trauma and EMS Performance Improvement Standing Committee – Rebecca Haro, NREMT-P
   d. Regional Emergency Medical Services Councils
      i. AEMS – Joe Gibson (Attachment V.d.i.)
      ii. SAEMS – Sara Perotti
      iii. NAEMS – Paul Coe (Attachment V.d.iii.)
      iv. WACEMS – Rod Reed
   e. PACES – Dale Woolridge, MD

VI.   Discussion and Action Items
      a. Discuss, amend, and approve EMS Meeting Minutes from May 24, 2018 (Attachment VI. a.)
      b. Discuss, amend, approve Premiere EMS Agency Standards – (Attachment VI.b.)
      c. Discuss, amend, approve AZ-PIERS/Cactus Data Set (Attachment VI.c.)
      d. Discuss, amend, approve Data Completeness Standard – (Attachment VI.d.)

VII.   Agenda Items to be considered for the next meeting

VIII.   Call to the Public
A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Council may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01(G)

Persons with disabilities may request reasonable accommodations such as a sign language interpreter, by Angie McNamara, angie.mcnamara@azdhs.gov, 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations.

IX.   Summary of Current Events
- September 28 - 29,2018 - Pediatric Care After Resuscitation (PCAR) - Phoenix Children's Hospital, Phoenix, AZ
- October 12, 2018 - Crash and Burn - 14th Annual Burn Care Symposium - The Phoenix/Mesa Hilton, Mesa, AZ
- November 8 - 9, 2018 - 10th Annual Southwest Trauma & Acute Care Symposium - Talking Stick Resort, Scottsdale, AZ
- Arizona Traffic Incident Management (TIM) Training for Emergency Responders – various locations and dates

Visit the Bureau's News & Conferences page for upcoming events:
http://azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#news-conference-home

Visit the Bureau's Training Programs page for upcoming CE opportunities:
http://azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/training/continuing-education.pdf

X.   Next Meeting
January 24, 2019 @ 10:30 hrs at ADHS, 150 N 18th Ave., Conference Rooms 215 A&B, Phoenix, AZ 85007

XI.   Adjournment

Committee Attendance Report

EMS Council

Alberto Gutier — Governor's Office of Highway Safety

Date	Present	Tele	Absent
9/15/2016	☐	☐	☑
1/19/2017	☐	☐	☑
5/18/2017	☐	☐	☑
9/28/2017	☐	☐	☑
1/18/2018	☐	☐	☑
5/24/2018	☐	☐	☑

Bentley Bobrow — Chair/ADHS BEMS Medical Director

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☑	☐	☐
5/18/2017	☑	☐	☐
9/28/2017	☑	☐	☐
1/18/2018	☑	☐	☐
5/24/2018	☑	☐	☐

Bob Ramsey — Ambulance Service Corporation

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☑	☐	☐
5/18/2017	☑	☐	☐
9/28/2017	☑	☐	☐
1/18/2018	☑	☐	☐
5/24/2018	☐	☑	☐

Brian Smith — Emergency Medical Technician

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☑	☐	☐
5/18/2017	☑	☐	☐
9/28/2017	☑	☐	☐
1/18/2018	☑	☐	☐
5/24/2018	☑	☐	☐

Chris Salvino — Trauma Surgeon

Date	Present	Tele	Absent
9/15/2016	☐	☐	☑
1/19/2017	☑	☐	☐
5/18/2017	☐	☑	☐
9/28/2017	☐	☑	☐
1/18/2018	☐	☑	☐
5/24/2018	☐	☐	☑

Dale Woolridge — Public Member

Date	Present	Tele	Absent
9/15/2016	☐	☐	☑
1/19/2017	☐	☑	☐
5/18/2017	☐	☐	☑
9/28/2017	☐	☐	☑
1/18/2018	☐	☑	☐
5/24/2018	☐	☐	☑

Dan Millon — Department of Public Safety

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☑	☐	☐
9/28/2017	☑	☐	☐
1/18/2018	☑	☐	☐
5/24/2018	☐	☐	☑

EMS Council

Daniel Spaite — Emergency Medicine Physician - Southe

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☑	☐	☐
5/18/2017	☐	☑	☐
9/28/2017	☑	☐	☐
1/18/2018	☐	☑	☐
5/24/2018	☑	☐	☐

Glenn Kasprzyk — Public Member/Vice Chair

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☑	☐	☐
5/18/2017	☑	☐	☐
9/28/2017	☐	☐	☑
1/18/2018	☐	☑	☐
5/24/2018	☑	☐	☐

Howard Reed — Ambulance Service Corporation

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☐	☐	☑
5/18/2017	☑	☐	☐
9/28/2017	☑	☐	☐
1/18/2018	☑	☐	☐
5/24/2018	☑	☐	☐

James Hayden — Public Member

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☑	☐	☐
5/18/2017	☑	☐	☐
9/28/2017	☐	☐	☑
1/18/2018	☐	☐	☑
5/24/2018	☑	☐	☐

Jim Dearing — Hospital Administrator (Population > 50

Date	Present	Tele	Absent
9/15/2016	☐	☑	☐
1/19/2017	☐	☑	☐
5/18/2017	☑	☐	☐
9/28/2017	☐	☑	☐
1/18/2018	☐	☑	☐
5/24/2018	☐	☐	☑

Jonathan Maitem — Emergency Medicine Physician - Central

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☑	☐	☐
5/18/2017	☑	☐	☐
9/28/2017	☑	☐	☐
1/18/2018	☐	☐	☑
5/24/2018	☑	☐	☐

Joseph Gibson — Local EMS Coordinating System - Centra

Date	Present	Tele	Absent
9/15/2016	☑	☐	☐
1/19/2017	☑	☐	☐
5/18/2017	☑	☐	☐
9/28/2017	☑	☐	☐
1/18/2018	☑	☐	☐

EMS Council

Joseph Gibson — Local EMS Coordinating System - Centra

Date	Present	Tele	Absent
5/24/2018	✓		

Laura Baker — Three Largest Employers of EMCTs - Tuc

Date	Present	Tele	Absent
9/15/2016	✓		
1/19/2017	✓		
5/18/2017	✓		
9/28/2017	✓		
1/18/2018	✓		
5/24/2018			✓

Michele Preston — Emergency Medicine Physician - Wester

Date	Present	Tele	Absent
9/15/2016		✓	
1/19/2017			✓
9/28/2017		✓	
1/18/2018		✓	
5/24/2018			✓

Nathan Lewis — Public Member

Date	Present	Tele	Absent
9/15/2016	✓		
1/19/2017			✓
5/18/2017		✓	
9/28/2017			✓
1/18/2018			✓
5/24/2018	✓		

Patricia Coryea-Hafk — Registered Nurse Specializing in Emerge

Date	Present	Tele	Absent
9/15/2016		✓	
1/19/2017			✓
5/18/2017		✓	
9/28/2017			✓
1/18/2018		✓	
5/24/2018			✓

Paul Coe — Local EMS Coordinating System - North

Date	Present	Tele	Absent
9/15/2016			
1/19/2017			
5/18/2017			✓
9/28/2017		✓	
1/18/2018		✓	
5/24/2018		✓	

Rebecca Haro — Statewide Fire District Association Repr

Date	Present	Tele	Absent
9/15/2016	✓		
1/19/2017	✓		
5/18/2017	✓		
9/28/2017	✓		
1/18/2018	✓		
5/24/2018	✓		

Rianne Page — Emergency Medicine Physician - Northe

Date	Present	Tele	Absent
9/15/2016	✓		
1/19/2017		✓	
5/18/2017		✓	
9/28/2017	✓		
1/18/2018			✓
5/24/2018		✓	

Robert Costello — Public Member

Date	Present	Tele	Absent
9/15/2016	✓		
1/19/2017		✓	
5/18/2017	✓		
9/28/2017	✓		
1/18/2018			✓
5/24/2018	✓		

Rodney Reed — Local EMS Coordinating System - Weste

Date	Present	Tele	Absent
9/15/2016	✓		
1/19/2017	✓		
5/18/2017	✓		
9/28/2017	✓		
1/18/2018		✓	
5/24/2018		✓	

Sara Perotti — Local EMS Coordinating System - South

Date	Present	Tele	Absent
9/15/2016		✓	
1/19/2017	✓		
5/18/2017		✓	
9/28/2017	✓		
1/18/2018		✓	
5/24/2018	✓		

Tyler Matthews — Public Member

Date	Present	Tele	Absent
9/15/2016			✓
1/19/2017		✓	
5/18/2017		✓	
9/28/2017		✓	
1/18/2018		✓	
5/24/2018			✓

EMS Council Report
Central Arizona Region
June-September 2018
Prepared by Arizona Emergency Medical Systems, Inc. (AEMS)

- Highlights of the AEMS Functional Group meeting held on July 18 included:

  Topical Focus: Andrea Glass, Deputy Chief of Medical Services with Tempe Fire Medical Rescue Department, presented on their community paramedicine program and training on active shooters.

  Central Region Profile: Nicola Crim, Business Manager with Native Air Methods, shared information on the cost of Air Medical.

  Highlights of the AEMS Functional Group meeting held on September 19 included

  Lunch N Learn: Special Agent Phil Bates with the FBI, presented on Weapons of Mass Destruction.

  Topical Focus: Glenn Simpson, Rob Richardson and Brian Rogers with Community Ambulance in Henderson, Nevada presented on the Las Vegas Shooting.

  Central Region Agency/Hospital Profile: Anne Vossbrink, EMS Data Administrator with BEMSTS, presented on the functionality of AZ-Piers.

  The next AEMS Functional Group meeting will be held November 21 at Phoenix College. One meeting highlight will include a presentation on the Opioid Assistance and Referral (OAR) Line and the AZ Poison Control System by Daniel Brooks, MD with Banner Good Samaritan Medical Center.

- AEMS Board meetings were held June 19 and August 15. The June 19 meeting focused on our close-out of the 2017-18 fiscal year and an overview of the 18th Annual EMS Odyssey Conference. During our August 16 meeting, elections were held for AEMS representative vacancies on the State Education and PMD committees. Additionally, we elected a new Board member – James Cunningham – who replaced Terry Mason, RN as Citizen of the AEMS Region. The Board also approved the 2018-19 budget.

  The next AEMS Board of Governors meeting – which is our Annual Meeting - will be held October 17 at the Tempe History Museum.

- We are preparing for AEMS 2019 membership campaign. Our goal for the 2019 campaign is $55,000. Membership dues remain an important part of AEMS base funding and underwrite many of our operational expenses.

- AEMS is in the process of planning the 19th Annual EMS Odyssey Conference which will be held on June 13-14, 2019. Some initial presentation topics to be covered are: behavioral health, pediatric trauma, nuclear disaster, weapons of mass destruction, and active shooters.

- Over the past several months, the Categorization Committee has been updating the Categorization Questionnaire. Final changes will be presented to the AEMS Board of Governors for their approval during the October meeting. Once the changes have been approved, it is anticipated that the Categorization Questionnaire will be made accessible to hospitals so that they may update their profile information.

- AEMS is seeking nominations for our annual Service Awards which will be presented during our Annual Meeting of the Board in October. Service Awards recognize individuals for their outstanding contributions provided to the AEMS organization.

- As part of our financial stewardship, AEMS is in the process of completing an audit of our 2017-18 financial statements.

- We are expanding our presence on social media. Please follow us on Twitter at: https://twitter.com/AEMSOrg and on Facebook at: https://www.facebook.com/azemsorg/

SAEMS

SOUTHEAST ARIZONA EMERGENCY MEDICAL SERVICES COUNCIL
DAN SPAITE, MD; CHAIR   VICE CHAIR CHIEF TOM BRANDHUBER
SARA PEROTTI, ACNP-BC, MSN, APRN, NREMT-P; EXECUTIVE DIRECTOR

SAEMS REPORT TO EMS COUNCIL – September 27th, 2018

SAEMS Regional Council New Representatives:
- Chair PDR Committee: Received nomination for PDR Chair: Will go to vote at upcoming Regional Council meeting.

Committees:
-Medical Directors
   Approved:
   New updates and revisions:
·   Abuse Exploitation Neglect
·   A-E-N SAEMS reporting form
·   Cardiac Receiving Center CRC Triage
·   Hyperthermia SO
·   IO Infusion Protocol
·   SAEMS BLS Transport
·   SAEMS Cardiac Arrest SO
·   SAEMS Unconscious/Unresponsive SO

-Regional Trauma Committee:
- Quarterly activity summaries provided to each agency/hospital-Utilization Review
- Revision of Trauma Triage Guideline/Protocol under review

Scholarships:
- Chuck Kramer Fund Scholarship: Submissions to be reviewed/approved in upcoming meeting

Funding requests:

- No new requests

Education/Events:
- 29th Annual Southwest Regional Trauma Conference: August 2nd & 3rd, 2018- JW Marriott Starr Pass, Tucson, AZ.: Tremendous success. Highest attendance numbers to date.

Meetings:
- Next Regional Council Meeting: October 16th,. Northern Trust Bank, Tucson, AZ
- *2019 calendar for Regional Council meetings, as well as sub councils/sub-committees updated and posted to website

REPORT TO THE STATE EMS COUNCIL

September 2018

Since the last State EMS Council Meeting, NAEMS has held the Conference Committee, the Steering Committee and the NAEMS Council meeting on August 10, 2018.

At its August meeting, NAEMS:

- Reviewed the final 2017-2018 expenditure budget.

- Preparations for the 2019 Pediatric Symposium.

- The Council took up the Northern Region vacancy in the State PMD Committee. There were three candidates and each spoke to the Council. Council members voted and the members recommended Matt Shaw FP-C, CCP-C, CEP. The recommendation is going through the process.

- Brian Smith brought updates on pending rules and regulations for the members.

- The "Way Out West EMS Conference" will hold the conference rate at the Twin Arrows Navajo Casino Resort, October 18-19. Deadline for the conference is 10/10/2018. Call (928) 856-7541 or (855) 946-8946 for reservations.

  Contact Person: Crystal with the Tuba City EMS Office at (928) 283-2531
  Email: wowemsconference@yahoo.com

The next NAEMS meeting will be held on November 2, 2018 in Flagstaff.

W.A.C.E.M.S.
Western Arizona Council of Emergency Medical Services
3463 W. 13th Pl   Yuma, Arizona 85364
(928) 246-4208   (888) 803-1540

WACEMS REPORT TO EMS COUNCIL - September 27, 2018

- Last general meeting was on July 5, 2018 in Pine Lake. Executive board met in August and earlier this month.

- Elections, Mike Caswell (River Medical/AMR) retained as President, Heather Miller (Kingman Regional) retained as Secretary.

- WACEMS held regional HANDTEVY classes on August 1st/2nd in Lake Havasu as a part of the continuing regional HANDTEVY Pediatric Standards project.

- The Western Region is currently accepting applications for the 2018/2019 Provider Assistance program. $80,000 has been budgeted for this regional grant. Applications are due by October 31, 2017, and the Executive Board will rate and prioritize requests to present at the November meeting.

- Next general meeting is scheduled for November 15, 2018 in Yuma.

Sincerely,

Rod Reed

Rod Reed
Executive Director

ARIZONA DEPARTMENT OF HEALTH SERVICES PREPAREDNESS	***Bureau Of Emergency Medical Services & Trauma System*** 150 N. 18th Avenue, Suite 540 Phoenix, Arizona 85007-3248 602-364-3150

Emergency Medical Services Council

Date: May 24, 2018 - **Time**: 10:30 hrs

Location: 150 N. 18th Ave., Conference Room 540A, Phoenix, AZ, 85007

Via computer with call back: azgov.webex.com, meeting code 803 763 254, password EMS2018

Via telephone: dial 240-454-0879, meeting code 803 763 254 (#)

DRAFT MINUTES

I.   <u>Call to Order</u> – Ben Bobrow, MD
- The meeting was called to order at 10:31 hrs.

II.   <u>Roll Call</u> – Shelley Bissell (31 members, 16 required for quorum)
- Quorum was present.

Present		**Absent**
Ben Bobrow, MD	Rebecca Haro	Alberto Gutier
Bob Ramsey*	Rodney Reed*	Tyler Mathews, CEP
Brian Smith, CEP	Sara Perotti, ACNP-BC	Chris Salvino, MD
Joe Gibson	Howard Reed, RN	Dale Woodridge, MD
Paul Coe*	Dan Spaite, MD	Dan Millon
James Hayden	Glenn Kasprzyk	James Dearing, DO
Jon Maitem, DO	Nathan Lewis, RN	Laura Baker
Rianne Page, MD*	Robert Costello	Michele Preston, DO
* Indicates teleconference		Patricia Coryea-Hafkey, RN

III.   <u>Chairman's Report</u> – Ben Bobrow, MD
- a. Attendance report
  - As presented.
- b. Vacancy report
  - Dr. Bobrow reported six vacancies: Pre-hospital Training Program; Non-governmental Employer of Intermediate EMTs; Hospital Administrator for population less than 500,000; Volunteer Medical Rescue Program; Three Largest Employers of EMCTs – AMR; Three Largest Employers of EMCTs – Phoenix Fire. To fill one of those available roles, please apply to the Governor's Office of Boards and Commission.
- c. EMS Resiliency, Wellness & Safety Workgroup update
  - The updated webpage was projected via WebEx: https://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#resilience-home. Dr. Bobrow reported that EMS World is doing an article on this topic and indicated Arizona is the first state to develop a resource like this. There is also an education module being developed for any agency to use. There is a plan for another summit in the fall with a train-the-trainer session. Dr. Bobrow thanked all who collaborated on this effort and indicated a need for help from agencies, regions, and hospitals in distributing the update to providers that this website resource is now available.
  - Ms. Haro shared that Ms. Welch will be presenting on this topic at their Arizona Ambulance Association conference August 22-23 in Prescott.
  - Council members and audience members discussed the problem of EMT suicide, the resistance to asking for help, the trend in national interest in this topic, research challenges, and

what the next steps should be for prevention of EMT suicides.

Dr. Bobrow reported that Arizona is one of the states with a higher rate of EMT suicide. The EMS stakeholders along with the Bureau prepared a proposal last year for SAMSHA to fund, but the funding shifted to the opioid crisis. He invited anyone that knows of another opportunity for funding to please contact him in order to begin to implement the proposal statewide. In the meanwhile, we will go forward with things we can do toward decreasing bias and stigma to try to help promote prevention of suicide.

Mr. Kaspryzk agreed that it is a sensitive subject and difficult to identify. They have looked into the best way to get individuals the help they need and have implemented performing proactive well-checks with EMTs who have been present during certain types of calls. There may be home issues that challenge providers as well. The biggest challenge is that people are afraid to ask for help.

Jeff Case from Phoenix Fire added that they have been addressing this issue for the last five years and FireStrong has been a great resource. There are also a percentage of people needing help just due to going through a life-altering event in their lives that leaves them unable to function well at work.

d. EMS Week
- Dr. Bobrow reported that it is National EMS Week, the Governor issued a proclamation, and Director Christ issued a letter as well in support of EMS. It was also National Trauma Month, and DHS has planned to do some social media posts in conjunction with that.

IV. Bureau Report – Terry Mullins
a. AZ-PIERS and HIE update
- Mr. Mullins introduced Mary Acosta, filling the role of Business Office Manager, and Taylor Pike, filling the role of Arizona CON Application Analyst.

Health Current and the DHS are working on creating an automatic data exchange that will provide agency-preapproved AZ-PIERS EMS data to hospitals and provide outcome data to EMS agencies' AZ-PIERS accounts. A federal grant has been applied for, and we expect to learn the result by fall. Arizona could potentially be one of the first states to have this done. Agencies will need to verify their interest in participation.

b. CON updates – Aaron Sams
- Mr. Sams reported receiving six applications recently for increases in general rate adjustments. There will be an initial application hearing in August for Community Ambulance.

c. EMS Drug Shortage Strategy
- Mr. Mullins reported that the Bureau has been trying to find the best way to support the field providers in dealing with continued drug shortages and acknowledged that the waiver process is time consuming. He added that it is difficult to keep the drug tables up-to-date because they require petitioning for permission to modify rule. He asked for feedback on the idea of removing the drug tables (Tables 5.2, 5.3, 5.4) from rule and putting them in as a guidance document and then inserting language in rule which says "EMS agency managers and medical directors shall ensure that they provide agents for their EMCTs that are consistent with the medication protocols recommended by MDC and approved by the DHS Director."

Members discussed the pros and cons of this idea, how to approach alternative drugs, and noted the PACE (Preferred, Alternative, Contingency, Emergency) concept is on hold pending the proposed action.

There was general support expressed for the idea along with suggestions for alternate wording to allow medical directors to maneuver within the limitations of availability. Members discussed the potential for lower expenses for agencies for the drug box, while acknowledging that the State will still have inspection requirements. There was still a question about how to deal with current shortages of diltiazem, dopamine, and epinephrine.

d. Department-sponsored Education
- Mr. Mullins reported funding has been obtained to support trainings for PHTLS and SBIRT. The dates and times for the free trainings will be shared with the Regional Councils soon. The SBIRT for law enforcement and EMS will be focused in the Northern Region first.

e. Services Section Report - DQA Medication Report – Vatsal Chikani, MPH

- Ms. Chikani presented the report (https://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#data-quality-assurance-reports) noting that it is an Excel file allowing agencies to sort the results.
  f. Services Section Report - DQA Data Completion Report – Vatsal Chikani, MPH
    - Ms. Chikani presented the report showing variables, number of incidents, and percentage documented rate. Mr. Mullins explained that these elements could be included in the PEAP updated standards.
  g. Base Hospital and Administrative Medical Director Rule update
    - Mr. Mullins reported that, after surveying hospital stakeholders on changes needed, an application to amend the rules on base hospitals and medical directors has been sent to the Governor's office. If approved, an invitation will be sent out to participate in that process.

V. Standing Committee Reports
  a. Education Standing Committee – Gail Bradley, MD
    - Dr. Bradley was absent. Dr. Gross, Chair of PMD, reported the joint efforts of working on wound packing and VAD.
  b. Protocols, Medications and Devices Standing Committee-Brian Smith
    - Mr. Smith reported from the draft minutes the activities from the March 15th meeting. After hearing an agency presentation requesting consideration of alternates for EpiPens, the Committee passed motions: to approve addition of EPI 1 ml vials IM for EMTs to Table 5.2; to approve IM STR for EMTs to Table 5.1; to approve updates to the drug profile for ketamine for non-opioid analgesia; and to approve the TTTG for VAD patients. A couple of items will be carried over to the next meeting July 19th: NASEMSO clinical guidelines revisions review and a few more TTTGs.
  c. Trauma and EMS Performance Improvement Standing Committee – Rebecca Haro
    - Ms. Haro reported the activities from the March 15th meeting which included: welcoming new member Dr. Paul Geimer; updates continue for the PEAP revisions; AZ-PIERS bridge status; Alyson updated on the Stop the Bleed program; and the TEPI committee approved adding the role of Law Enforcement Representative with Active Involvement in EMS. Ms. Haro relayed that the Trauma Registry Users Group advised there are big changes for the data dictionary coming out in 2019/2020. The Trauma Program Managers Workshop is scheduled for June 22 in Show Low. Next meeting for TEPI is July 19 at 9:00 a.m.
      Mr. Mullins explained the Bureau is shifting to a supportive role only for the STOP the Bleed programs. The regions are doing a great job with the program, and he doesn't want to slow it down.

VI. Regional Emergency Medical Services Councils
  a. AEMS – Joe Gibson
  - Mr. Gibson reported highlights from the attached report on recent meetings and elections. June 20th is the next AEMS meeting. Great feedback from the Odyssey conference. Red Book is a continuing project.
  b. SAEMS – Sara Perotti,
  - Ms. Perotti reported highlights from the attached report. Since adjusting their meeting schedule, they now have more MD participation, are sending Bureau items to committee for review, and a new PTSD training will be offered from an independent non-profit. Their 29th Annual Regional Trauma Conference is August 2-3 and scholarships to attend are available.
  c. NAEMS – Paul Coe
  - Mr. Coe reported highlights from the attached report which covered two recent meetings: elections occurred, funding allocations were processed, and they have 400-plus people trained with Stop the Bleed. They had good participation for the Pediatric Symposium but will avoid a scheduling conflict in the future. Next meeting is scheduled for August 10.
  d. WACEMS – Rod Reed
  - Mr. Reed reported highlights from their May 10th annual meeting which had elections and bylaw review. Next meeting is July 5 in Pine Lakes. The Regional Handtevy project is underway and agencies are customizing their sites and training soon. Stop the Bleed tools have been shared with trauma centers, and they have been doing a lot of training at schools.

    e. PACES – Tomi St. Mars
- Ms. St. Mars was not present. Dr. Bobrow added that Ms. St. Mars, in addition to running the Office of Injury Prevention, was involved with applying for a federal grant along the primary and secondary prevention of opioids in rural Arizona. The proposal, which coordinated with many different agencies, should have a response back this summer. The opioid data is not improving.

VII.   <u>Discussion and Action Items</u>
    a. Discuss PEAP revised criteria and standards
- Motion to discuss made by Dr. Maitem, seconded by Ms. Haro. Mr. Mullins presented the Bureau's revised proposal for updating the program standards. He asked members to discuss and consider them over a few months and asked for a vote at the upcoming September meeting. He plans to send out a survey in August to collect final remarks. He thanked all the people who have worked on this project.
      The chair called for a vote to move this item forward to the September agenda. With no dissent, **the motion passed** to move this item for a vote at the September meeting.
    b. Discuss, amend, and approve EMS Meeting Minutes from January 18, 2018
- Motion to approve by Ms. Haro, seconded by Mr. Gibson. With no changes requested, the **minutes are approved**.
    c. Discuss, amend, approve EMS Care of the VAD Patient training PowerPoint – Dr. Bradley
- Dr. Bradley was absent. Motion to discuss and approve made by Brian Smith, seconded by Glenn Kasprzyk. Dr. Gross explained the joint workgroup's efforts for the Education piece.
      The Chair called for a vote. With no changes, the **motion passed**.

VIII.   <u>Agenda Items to be considered for the next meeting</u>
- None presented. Please forward items to Dr. Bobrow or Terry Mullins.

IX.   <u>Call to the Public</u>
- Dr. Gemar liked the possible changes to rule for the management of the drug tables. He asked that this topic be added to future EMS Council agendas, if needed.
      Dr. Castro-Marin announced that Dr. Gross is featured in an interview on NAEMSP's podcast and is one of the few triple board-certified doctors in EMS, Pediatric Emergency Medicine, and Emergency Medicine.
      Dr. Spaite announced that they are in the final analysis stage for the EPIC TBI Project.

X.   <u>Summary of Current Events</u>
- July 26 – 27, 2018 – Arizona Rural Health Conference – High Country Conference Center, Flagstaff, AZ
- August 2-3, 2018 – 29th Annual Southwest Regional Trauma Conference, Tucson, AZ

    Visit the Bureau's News & Conferences page for upcoming events:
    http://azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#news-conference-home

    Visit the Bureau's Training Programs page for upcoming CE opportunities:
    http://azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/training/continuing-education.pdf

XI.   <u>Next Meeting</u>
- September 27, 2018 @ 10:30 hrs at ADHS, 150 N 18th Ave., Conference Rooms 215 A&B, Phoenix, AZ 85007

XII.   <u>Adjournment</u> - Ben Bobrow, MD
- The meeting was adjourned at 11:52 hrs.

    Minutes approved by EMS Council _____

BEMSTS Proposed PEAP Recognition Standards
EMS Council Meeting, September 27, 2018

Changes from current standards in **red**

Single recognition level

Required Components
1. An electronic Patient Care Reporting (ePCR) system that submits all incidents and/or patient contacts to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS) meeting **data submission guidelines updated annually**.
2. Attestation of a committed and empowered quality assurance team that reviews 100% of incidents and/or patient contacts associated with:
   - **Possible Opioid Overdose**
   - Cardiac Arrest
   - ST-segment Elevation Myocardial Infarction
   - Stroke
   - Major Trauma
   - Pediatric Resuscitation with Invasive Procedures (**new**)
3. **Achieve a minimum of XX% *PEAP data completion on the six time sensitive illness and injuries identified above that would ONLY be shared with the agency.**
4. Attestation of commitment to use data for optimizing patient care.
   - Including a process or system that uses data from the ePCR system to develop training, education, and policies that enhance patient care. (**additional detail that coincides to changes implemented by NREMT allowing for local component of CE**)
5. **Annually**, agency will update the BEMSTS Automated Online Services portal with an accurate listing of: agency-affiliated EMCT(s), Medical Director(s), EMS Coordinator(s), and other associated personnel. (**new – BEMSTS request**)
6. For CON-holders only: Attestation of policy in compliance with the Safety Transport of Children by EMS interim guidance. (**new – a component required by the National EMS for Children grant program**)

Other components for consideration annually that could be added, revised, made optional, or dropped.
1. Greater than or equal to 50% attendance rate at (either in-person or via remote access):
   - EMS Registry Users Group (EMSRUG) meetings.
   - Trauma, EMS and Performance Improvement (TEPI) Standing Committee meetings.
2. Attestation of willingness to mentor an EMS agency within same region, if requested
   - Mentorship to be defined as providing guidance, insight, and/or technical assistance
   - Mentorship topics to include those for which the Mentor agency holds current BEMSTS recognition sought by the requesting Mentee
3. A Medical Director of record, either Administrative Medical Director or Base Hospital Medical Director that is recognized by the BEMSTS EMS Medical Director Recognition Program.
4. Attestation of any **of the following**: active and ongoing EMS resiliency, wellness, and/or safety program.
5. Attestation of an active and ongoing community outreach, community health, Treat & Refer, community paramedicine, and/or other public health community engagement program.

   * based on annual 12 mo. aggregate scoring

AZPIERS/CACTUS

DATA SET

SEPTEMBER 27TH, 2018

**Epidemiological Data &
Quality Assurance**

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Row	Element Number	Element Name	AZPIERS Data Set	Cactus Data Set
1	eAirway.04	AirwayDevicePlacementConfirmedMethod	X	X
2	eAirway.08	AirwayComplicationsEncountered	X	X
3	eArrest.01	CardiacArrest	X	X
4	eArrest.02	CardiacArrestEtiology	X	X
5	eArrest.03	ResuscitationAttemptedByEMS	X	X
6	eArrest.04	ArrestWitnessedBy	X	X
7	eArrest.05	CPRCareProvidedPriortoEMSArrival	X	X
8	eArrest.06	WhoProvidedCPRPriortoEMSArrival	X	X
9	eArrest.07	AEDUsePriortoEMSArrival	X	X
10	eArrest.09	TypeofCPRProvided	X	X
11	eArrest.11	FirstMonitoredArrestRhythmofthePatient	X	X
12	eArrest.12	AnyReturnofSpontaneousCirculation	X	X
13	eArrest.14	Date/TimeofCardiacArrest	X	X
14	eArrest.16	ReasonCPR/ResuscitationDiscontinued	X	X
15	eArrest.17	CardiacRhythmonArrivalatDestination	X	X
16	eArrest.18	EndofEMSCardiacArrestEvent	X	X
17	eArrest.19	Date/TimeofInitialCPR	X	X
18	eCrew.02	CrewMemberLevel	X	X
19	eDisposition.02	Destination/TransferredTo,Code	X	X
20	eDisposition.21	TypeofDestination	X	X
21	eDisposition.24	DestinationTeamPre-ArrivalAlertorActivation	X	X
22	eDisposition.25	Date/TimeofDestinationPrearrivalAlertorActivation	X	X
23	eExam.01	EstimatedBodyWeightinKilograms	X	X
24	eExam.03	Date/TimeofAssessment	X	X
25	eExam.20	NeurologicalAssessment	X	X
26	eExam.21	Stroke/CVASymptomsResolved	X	X
27	eHistory.06	MedicationAllergies	X	X
28	eHistory.12	CurrentMedications	X	X
29	eHistory.17	Alcohol/DrugUseIndicators	X	X
30	eInjury.01	CauseofInjury	X	X
31	eInjury.02	MechanismofInjury	X	X
32	eInjury.03	TraumaCenterCriteria	X	X
33	eInjury.04	Vehicular,Pedestrian,orOtherInjuryRiskFactor	X	X
34	eInjury.07	UseofOccupantSafetyEquipment	X	X
35	eInjury.08	AirbagDeployment	X	X
36	eMedications.01	Date/TimeMedicationAdministered	X	X
37	eMedications.02	MedicationAdministeredPriortothisUnitsEMSCare	X	X
38	eMedications.03	MedicationGiven	X	X
39	eMedications.04	MedicationAdministeredRoute	X	X
40	eMedications.05	MedicationDosage	X	X
41	eMedications.06	MedicationDosageUnits	X	X
42	eMedications.07	ResponsetoMedication	X	X
43	eNarrative.01	PatientCareReportNarrative	X	X

Row	Element Number	Element Name	AZPIERS Data Set	Cactus Data Set
44	ePatient.02	LastName	X	X
45	ePatient.03	FirstName	X	X
46	ePatient.13	Gender	X	X
47	ePatient.14	Race	X	X
48	ePatient.15	Age	X	X
49	ePatient.16	AgeUnits	X	X
50	ePatient.17	DateofBirth	X	X
51	eProcedures.01	Date/TimeProcedurePerformed	X	X
52	eProcedures.02	ProcedurePerformedPriortothisUnitsEMSCare	X	X
53	eProcedures.03	Procedure	X	X
54	eProcedures.08	ResponsetoProcedure	X	X
55	eRecord.01	PatientCareReportNumber	X	X
56	eRecord.02	SoftwareCreator	X	X
57	eRecord.03	SoftwareName	X	X
58	eRecord.04	SoftwareVersion	X	X
59	eResponse.02	EMSAgencyName	X	X
60	eResponse.03	IncidentNumber	X	X
61	eScene.09	IncidentLocationType	X	X
62	eScene.15	IncidentStreetAddress	X	X
63	eScene.17	IncidentCity	X	X
64	eScene.18	IncidentState	X	X
65	eScene.19	IncidentZIPCode	X	X
66	eScene.21	IncidentCounty	X	X
67	eSituation.02	PossibleInjury	X	X
68	eSituation.09	PrimarySymptom	X	X
69	eSituation.11	ProvidersPrimaryImpression	X	X
70	eSituation.12	ProvidersSecondaryImpressions	X	X
71	eSituation.18	Date/TimeLastKnownWell	X	X
72	eTimes.06	UnitArrivedonSceneDate/Time	X	X
73	eTimes.09	UnitLeftSceneDate/Time	X	X
74	eTimes.11	PatientArrivedatDestinationDate/Time	X	X
75	eTimes.12	DestinationPatientTransferofCareDate/Time	X	X
76	eVitals.01	Date/TimeVitalSignsTaken	X	X
77	eVitals.02	ObtainedPriortothisUnitsEMSCare	X	X
78	eVitals.06	SBP(SystolicBloodPressure)	X	X
79	eVitals.07	DBP(DiastolicBloodPressure)	X	X
80	eVitals.10	HeartRate	X	X
81	eVitals.12	PulseOximetry	X	X
82	eVitals.14	RespiratoryRate	X	X
83	eVitals.15	RespiratoryEffort	X	X
84	eVitals.16	EndTidalCarbonDioxide(ETCO2)	X	X
85	eVitals.18	BloodGlucoseLevel	X	X

Row	Element Number	Element Name	AZPIERS Data Set	Cactus Data Set
86	eVitals.19	GlasgowComaScore-Eye	X	X
87	eVitals.20	GlasgowComaScore-Verbal	X	X
88	eVitals.21	GlasgowComaScore-Motor	X	X
89	eVitals.23	TotalGlasgowComaScore	X	X
90	eVitals.26	LevelofResponsiveness(AVPU)	X	X
91	eVitals.27	PainScaleScore	X	X
92	eVitals.28	PainScaleType	X	X
93	eVitals.29	StrokeScaleScore	X	X
94	eVitals.30	StrokeScaleType	X	X
95	itDisposition.086	What happened to the patient/what was the patient's final disposition for this suspected opioid overdose?	X	X
96	itMedications.030	Was Naloxone/Narcan administered prior to you/your entity's arrival?	X	X
97	itMedications.031	For Naloxone/Narcan administered prior to you/your entity's arrival, who administered it?	X	X
98	itMedications.032	How many doses of Naloxone/Narcan were administered prior to you / your entity's arrival?	X	X
99	itMedications.033	Was Naloxone/Narcan administered by you/your entity?	X	X
100	itMedications.034	How many doses of Naloxone/Narcan did you/your entity administer?	X	X
101	itSituation.020	Reasons for suspected opioid overdose	X	X
102	itStemi.005	Stemi Triage Criteria	X	X
103	eDispatch.01	ComplaintReportedbyDispatch	X	X
104	eDisposition.12	Incident/PatientDisposition	X	X
105	eResponse.01	EMSAgencyNumber	X	X
106	eResponse.05	TypeofServiceRequested	X	X
107	eResponse.07	PrimaryRoleoftheUnit	X	X
108	eResponse.13	EMSVehicle(Unit)Number	X	X
109	eResponse.14	EMSUnitCallSign	X	X
110	eResponse.15	LevelofCareofThisUnit	X	X
111	eResponse.23	ResponseModetoScene	X	X
112	eTimes.03	UnitNotifiedbyDispatchDate/Time	X	X
113	eTimes.13	UnitBackinServiceDate/Time	X	X
114	eDisposition.01	Destination/TransferredTo,Name		X
115	eInjury.06	LocationofPatientinVehicle		X
116	eInjury.09	HeightofFall(feet)		X
117	ePatient.12	SocialSecurityNumber		X
118	eSituation.01	Date/TimeofSymptomOnset		X
119	eVitals.03	CardiacRhythm/Electrocardiography(ECG)		X
120	eVitals.04	ECGType		X
121	eVitals.22	GlasgowComaScore-Qualifier		X

Row	Element Number	Element Name	AZPIERS Data Set	Cactus Data Set
122	itOutcome.023	Community health follow up outcome		X
123	eAirway.01	IndicationsforInvasiveAirway	X	
124	eArrest.08	WhoUsedAEDPriortoEMSArrival	X	
125	eArrest.15	Date/TimeResuscitationDiscontinued	X	
126	eDispatch.02	EMDPerformed	X	
127	eDisposition.05	DestinationState	X	
128	eDisposition.06	DestinationCounty	X	
129	eDisposition.07	DestinationZIPCode	X	
130	eDisposition.16	EMSTransportMethod	X	
131	eDisposition.19	FinalPatientAcuity	X	
132	eDisposition.20	ReasonforChoosingDestination	X	
133	eHistory.01	BarrierstoPatientCare	X	
134	eMedications.10	Role/TypeofPersonAdministeringMedication	X	
135	ePatient.06	PatientsHomeCity	X	
136	ePatient.07	PatientsHomeCounty	X	
137	ePatient.08	PatientsHomeState	X	
138	ePatient.09	PatientsHomeZIPCode	X	
139	ePayment.01	PrimaryMethodofPayment	X	
140	eProcedures.05	NumberofProcedureAttempts	X	
141	eProcedures.06	ProcedureSuccessful	X	
142	eProcedures.10	Role/TypeofPersonPerformingtheProcedure	X	
143	eResponse.04	EMSResponseNumber	X	
144	eResponse.09	TypeofResponseDelay	X	
145	eResponse.10	TypeofSceneDelay	X	
146	eResponse.11	TypeofTransportDelay	X	
147	eResponse.12	TypeofTurn-AroundDelay	X	
148	eScene.01	FirstEMSUnitonScene	X	
149	eScene.06	NumberofPatientsatScene	X	
150	eScene.07	MassCasualtyIncident	X	
151	eScene.08	TriageClassificationforMCIPatient	X	
152	eScene.10	IncidentFacilityCode	X	
153	eSituation.04	Complaint	X	
154	eSituation.05	DurationofComplaint	X	
155	eSituation.06	TimeUnitsofDurationofComplaint	X	
156	eSituation.10	OtherAssociatedSymptoms	X	
157	eTimes.01	PSAPCallDate/Time	X	
158	eTimes.02	DispatchNotifiedDate/Time	X	
159	eTimes.05	UnitEnRouteDate/Time	X	
160	eTimes.07	ArrivedatPatientDate/Time	X	
161	eTimes.08	TransferofEMSPatientCareDate/Time	X	
162	itDisposition.032	Received from Agency ID	X	
163	itDisposition.034	Transferred to Agency ID	X	

BUREAU OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM

CACTUS DATA COMPLETENESS STANDARD

SEPTEMBER 27TH, 2018

Epidemiological Data & Quality Assurance

ARIZONA DEPARTMENT OF HEALTH SERVICES

Core Data Elements (N = 141,970)

Row	Element Number	Element Name	Number of Incidents	Percent Complete	Standard Met
1	eCrew.02	CrewMemberLevel	140,913	96.20%	1
2	eDispatch.01	ComplaintReportedbyDispatch	140,913	99.90%	1
3	eDisposition.01	Destination/TransferredTo,Name	*	*	--
4	eDisposition.02	Destination/TransferredTo,Code	100,675	96.90%	1
5	eDisposition.12	Incident/PatientDisposition	140,913	99.90%	1
6	eDisposition.21	TypeofDestination	100,675	96.20%	1
7	eHistory.06	MedicationAllergies	127,086	55.70%	0
8	eHistory.12	CurrentMedications	*	*	--
9	eMedications.01	Date/TimeMedicationAdministered	82,250	95.70%	1
10	eMedications.02	MedicationAdministeredPriortothisUnitsEMSCare	82,250	99.00%	1
11	eMedications.03	MedicationGiven	*	*	--
12	eMedications.04	MedicationAdministeredRoute	82,250	98.30%	1
13	eMedications.05	MedicationDosage	82,250	99.30%	1
14	eMedications.06	MedicationDosageUnits	82,250	99.50%	1
15	eMedications.07	ResponsetoMedication	82,250	93.10%	1
16	eNarrative.01	PatientCareReportNarrative	140,913	99.90%	1
17	ePatient.02	LastName	140,913	99.90%	1
18	ePatient.03	FirstName	140,913	99.90%	1
19	ePatient.12	SocialSecurityNumber	*	*	--
20	ePatient.13	Gender	140,913	99.80%	1
21	ePatient.14	Race	*	*	--
22	ePatient.15	Age	140,913	99.60%	1
23	ePatient.16	AgeUnits	140,913	99.60%	1
24	ePatient.17	DateofBirth	*	*	--
25	eProcedures.01	Date/TimeProcedurePerformed	199,472	92.70%	1
26	eProcedures.02	ProcedurePerformedPriortothisUnitsEMSCare	199,472	96.40%	1
27	eProcedures.03	Procedure	*	*	--
28	eProcedures.08	ResponsetoProcedure	199,472	55.60%	0
29	eResponse.03	IncidentNumber	141,970	100.00%	1
30	eResponse.05	TypeofServiceRequested	141,970	99.90%	1
31	eResponse.07	PrimaryRoleoftheUnit	141,970	99.90%	1
32	eResponse.13	EMSVehicle(Unit)Number	141,970	99.90%	1
33	eResponse.14	EMSUnitCallSign	141,970	99.90%	1
34	eResponse.15	LevelofCareofThisUnit	141,970	99.90%	1
35	eResponse.23	ResponseModetoScene	141,970	99.90%	1
36	eScene.09	IncidentLocationType	140,913	98.40%	1
37	eScene.15	IncidentStreetAddress	140,913	99.70%	1
38	eScene.17	IncidentCity	140,913	97.40%	1
39	eScene.18	IncidentState	140,913	99.30%	1
40	eScene.19	IncidentZIPCode	140,913	99.80%	1
41	eScene.21	IncidentCounty	140,913	98.40%	1

Row	Element Number	Element Name	Number of Incidents	Percent Complete	Standard Met
42	eSituation.01	Date/TimeofSymptomOnset	*	*	--
43	eSituation.02	PossibleInjury	140,913	99.30%	1
44	eSituation.09	PrimarySymptom	140,913	93.70%	1
45	eSituation.11	ProvidersPrimaryImpression	140,913	96.90%	1
46	eSituation.12	ProvidersSecondaryImpressions	*	*	--
47	eTimes.03	UnitNotifiedbyDispatchDate/Time	141,970	100.00%	1
48	eTimes.06	UnitArrivedonSceneDate/Time	140,913	99.20%	1
49	eTimes.09	UnitLeftSceneDate/Time	100,675	99.60%	1
50	eTimes.11	PatientArrivedatDestinationDate/Time	100,675	99.10%	1
51	eTimes.12	DestinationPatientTransferofCareDate/Time	100,675	90.40%	1
52	eTimes.13	UnitBackinServiceDate/Time	141,970	99.90%	1
53	eVitals.01	Date/TimeVitalSignsTaken	807,170	99.40%	1
54	eVitals.02	ObtainedPriortothisUnitsEMSCare	897,475	94.60%	1
55	eAirway.04	AirwayDevicePlacementConfirmedMethod	3,176	54.60%	0
56	eExam.01	EstimatedBodyWeightinKilograms	140,913	95.80%	1
57	eVitals.06	SBP(SystolicBloodPressure)	136,796	95.90%	1
58	eVitals.07	DBP(DiastolicBloodPressure)	136,796	95.20%	1
59	eVitals.10	HeartRate	136,796	97.30%	1
60	eVitals.12	PulseOximetry	136,796	81.60%	0
61	eVitals.14	RespiratoryRate	136,796	95.40%	1
62	eVitals.15	RespiratoryEffort	136,796	81.20%	0
63	eVitals.19	GlasgowComaScore-Eye	136,796	91.80%	1
64	eVitals.20	GlasgowComaScore-Verbal	136,796	91.80%	1
65	eVitals.21	GlasgowComaScore-Motor	136,796	91.80%	1
66	eVitals.22	GlasgowComaScore-Qualifier	305,583	94.90%	1
67	eVitals.23	TotalGlasgowComaScore	136,796	94.10%	1
68	eVitals.26	LevelofResponsiveness(AVPU)	136,796	52.50%	0
		Percent Met Data Completeness Standard			**85.5% (53/62)**

* = Variables that have not yet been given a data completeness score. Working on a plan to include these elements.

** If percent completion < 90% then Standard met = 0, if percent completion => 90% then Standard met = 1

Time Sensitive Illness and Injury

		Major Trauma (N = 122,940)			
Row	Element Number	Element Name	Number of Incidents	Percent Complete	Standard Met
1	eDisposition.25	Date/TimeofDestinationPrearrivalAlertorActivation	8,925	97.4%	1
2	eInjury.01	CauseofInjury	121,989	92.1%	1
3	eInjury.02	MechanismofInjury	121,989	83.5%	0
4	eInjury.03	TraumaCenterCriteria	121,989	58.1%	0
5	eInjury.04	Vehicular,Pedestrian,orOtherInjuryRiskFactor	121,989	57.8%	0
6	eInjury.06	LocationofPatientinVehicle	19,421	43.6%	0
7	eInjury.07	UseofOccupantSafetyEquipment	20,321	46.5%	0
8	eInjury.08	AirbagDeployment	18,471	43.6%	0
9	eInjury.09	HeightofFall(feet)	*	*	--
10	eHistory.17	Alcohol/DrugUseIndicators	*	*	--
11	eExam.03	Date/TimeofAssessment	*	*	--
12	eExam.20	NeurologicalAssessment	*	*	--
13	eVitals.06	SBP(SystolicBloodPressure)	119,527	97.1%	1
14	eVitals.07	DBP(DiastolicBloodPressure)	119,527	96.7%	1
15	eVitals.10	HeartRate	119,527	97.8%	1
16	eVitals.12	PulseOximetry	119,527	82.9%	0
17	eVitals.14	RespiratoryRate	119,527	95.9%	1
18	eVitals.15	RespiratoryEffort	119,527	81.9%	0
19	eVitals.18	BloodGlucoseLevel	119,527	49.8%	0
20	eVitals.19	GlasgowComaScore-Eye	119,527	91.8%	1
21	eVitals.20	GlasgowComaScore-Verbal	119,527	91.7%	1
22	eVitals.21	GlasgowComaScore-Motor	119,527	91.8%	1
23	eVitals.23	TotalGlasgowComaScore	119,527	94.2%	1
24	eVitals.26	LevelofResponsiveness(AVPU)	119,527	52.5%	0
25	eVitals.27	PainScaleScore	119,527	62.5%	0
26	eVitals.28	PainScaleType	*	*	--
			Percent Met Data Completeness Standard		**47.6% (10/21)**

* = Variables that have not yet been given a data completeness score. Working on a plan to include these elements.

** If percent completion < 90% then Standard met = 0, if percent completion => 90% then Standard met = 1

Suspected Acute Stroke (N = 9,986)

Row	Element Number	Element Name	Number of Incidents	Percent Complete	Standard Met
1	eDisposition.24	DestinationTeamPre-ArrivalAlertorActivation	8,594	92.5%	1
2	eDisposition.25	Date/TimeofDestinationPrearrivalAlertorActivation	2,992	96.1%	1
3	eSituation.18	Date/TimeLastKnownWell	9,958	7.4%	0
4	eSituation.01	Date/TimeofSymptomOnset	*	*	--
5	eVitals.06	SBP(SystolicBloodPressure)	9,921	98.3%	1
6	eVitals.07	DBP(DiastolicBloodPressure)	9,921	98.2%	1
7	eVitals.18	BloodGlucoseLevel	9,921	82.8%	0
8	eExam.03	Date/TimeofAssessment	*	*	--
9	eExam.20	NeurologicalAssessment	*	*	--
10	eVitals.29	StrokeScaleScore	9,921	45.3%	0
11	eVitals.30	StrokeScaleType	38,001	17.5%	0
		Percent Met Data Completeness Standard			**50.0% (4/8)**

* = Variables that have not yet been given a data completeness score. Working on a plan to include these elements.

** If percent completion < 90% then Standard met = 0, if percent completion => 90% then Standard met = 1

Suspected STEMI (N = 3,113)

Row	Element Number	Element Name	Number of Incidents	Percent Complete	Standard Met
1	eDisposition.24	DestinationTeamPre-ArrivalAlertorActivation	2,900	92.4%	1
2	eDisposition.25	Date/TimeofDestinationPrearrivalAlertorActivation	864	96.1%	1
3	eMedications.03	MedicationGiven (Oxygen)	3,082	50.9%	0
4	eMedications.03	MedicationGiven (Asprin)	3,082	45.5%	0
5	eProcedures.03	Procedure (Procedure 12 Lead ECG)	3,082	59.4%	0
6	eVitals.03	CardiacRhythm/Electrocardiography(ECG)	16,951	18.3%	0
7	eVitals.04	ECGType	16,951	17.3%	0
8	eVitals.27	PainScaleScore	*	*	--
9	eVitals.28	PainScaleType	*	*	--
10	itStemi.005	Stemi Triage Criteria	*	*	--
		Percent Met Data Completeness Standard			**28.6% (2/7)**

* = Variables that have not yet been given a data completeness score. Working on a plan to include these elements.

** If percent completion < 90% then Standard met = 0, if percent completion => 90% then Standard met = 1

Out of Hospital Cardiac Arrest (N = 7,448)

Row	Element Number	Element Name	Number of Incidents	Percent Complete	Standard Met
1	eDisposition.24	DestinationTeamPre-ArrivalAlertorActivation	3,592	91.1%	1
2	eDisposition.25	Date/TimeofDestinationPrearrivalAlertorActivation	1,727	96.0%	1
3	eMedications.03	MedicationGiven (Oxygen)	5,604	33.9%	0
4	eMedications.03	MedicationGiven (Epinephrine)	5,604	67.0%	0
5	eProcedures.03	Procedure (CPR Performed)	5,604	42.2%	0
6	eVitals.18	BloodGlucoseLevel	5,606	44.8%	0
7	eVitals.16	EndTidalCarbonDioxide(ETCO2)	5,606	38.3%	0
8	eArrest.01	CardiacArrest	7,395	98.7%	1
9	eArrest.02	CardiacArrestEtiology	7,395	89.5%	0
10	eArrest.03	ResuscitationAttemptedByEMS	7,395	81.5%	0
11	eArrest.04	ArrestWitnessedBy	7,395	87.5%	0
12	eArrest.05	CPRCareProvidedPriortoEMSArrival	7,395	84.5%	0
13	eArrest.06	WhoProvidedCPRPriortoEMSArrival	*	*	--
14	eArrest.07	AEDUsePriortoEMSArrival	7,395	85.5%	0
15	eArrest.09	TypeofCPRProvided	4,426	80.2%	0
16	eArrest.11	FirstMonitoredArrestRhythmofthePatient	7,395	71.0%	0
17	eArrest.12	AnyReturnofSpontaneousCirculation	7,395	94.4%	1
18	eArrest.14	Date/TimeofCardiacArrest	*	*	--
19	eArrest.16	ReasonCPR/ResuscitationDiscontinued	4,426	80.3%	0
20	eArrest.17	CardiacRhythmonArrivalatDestination	3,592	70.1%	0
21	eArrest.18	EndofEMSCardiacArrestEvent	*	*	--
23	eArrest.19	Date/TimeofInitialCPR	4,426	0.0%	0
		Percent Met Data Completeness Standard			**21.1% (4/19)**

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Suspected Opioid Related Deaths and/or Overdose

Row	Element Number	Element Name	Number of Incidents	Percent Complete	Standard Met
1	itDisposition.086	What happened to the patient/what was the patient's final disposition for this suspected opioid overdose?	*	*	--
2	itMedications.030	Was Naloxone/Narcan administered prior to you/your entity's arrival?	*	*	--
3	itMedications.031	For Naloxone/Narcan administered prior to you/your entity's arrival, who administered it?	*	*	--
4	itMedications.032	How many doses of Naloxone/Narcan were administered prior to you / your entity's arrival?	*	*	--
5	itMedications.033	Was Naloxone/Narcan administered by you/your entity?	*	*	--
6	itMedications.034	How many doses of Naloxone/Narcan did you/your entity administer?	*	*	--
7	eHistory.17	Alcohol/DrugUseIndicators	*	*	--
8	itSituation.020	Reasons for suspected opioid overdose	*	*	--
		Percent Met Data Completeness Standard			--

* = Variables that have not yet been given a data completeness score. Working on a plan to include these elements.

** If percent completion < 90% then Standard met = 0, if percent completion => 90% then Standard met = 1