Wisconsin EMS NEMSIS v3.5 Transition

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WISCONSIN DEPARTMENT *of* **HEALTH SERVICES**

Agenda

- NEMSIS Overview
- Wis. Admin. Code ch. DHS 110 review
- eDisposition Updates
- eResponse Updates
- CARES Updates
- Documenting Patient Acuity
- eSituation Updates
- Resources
  - Extended Data Definition
  - Defined Lists

What is NEMSIS?

- The National Emergency Medical Services Information System (NEMSIS) is the national system used to collect, store, and share EMS data from the U.S. States and Territories.

- Develops and maintains a national reporting standard for EMS.

What is NEMSIS?

- Collaborative system to improve prehospital patient care through:
  - ✓ Standardization
  - ✓ Aggregation
  - ✓ Utilization of point care EMS data at the:
    - Local
    - State
    - National Level

Source: https://nemsis.org/what-is-nemsis/

Why Use NEMSIS?

- Provides framework for collecting, storing, and sharing standardized EMS data from States nationwide.

Source: https://nemsis.org/what-is-nemsis/

Why Use NEMSIS?

- The NEMSIS uniform dataset and database help local, state, and national EMS stakeholders in:
  - ✓ Assessing EMS needs and performance
  - ✓ Supporting better strategic planning for the EMS systems
  - ✓ Helping benchmark performance
  - ✓ Determining effectiveness of clinical interventions
  - ✓ Facilitating cost-benefit analysis

Source: https://nemsis.org/what-is-nemsis/

Wis. Admin. Code ch. DHS 110

- Outlines WI EMS data reporting requirements

- "Wisconsin ambulance run data system" or "WARDS" means a web-based reporting system emergency medical service providers use to enter and submit patient care data via the internet

Source: https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20110.04(75)

Wis. Admin. Code § DHS 110.34(8)

"If the emergency medical service provider is an ambulance service provider or non-transporting emergency medical service provider, submit patient care report data electronically to the department through Wisconsin Ambulance Run Data System (WARDS) using direct web-based input to WARDS or uploading patient care report data to WARDS within 7 days of the patient transport. If the emergency medical service provider is an emergency medical responder service provider, submit a patient care report to WARDS only if advanced skills are used in caring for the patient."

Wis. Admin. Code § DHS 110.34(9)

"Comply with the data system guidelines published by the department. The emergency medical service provider shall only utilize third party software that is approved by and compliant with NEMSIS for the current standard specified by the department when submitting/uploading a patient care report to WARDS."

Source: https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20110.34(9)

Wis. Admin. Code § DHS 110.34(9m)

If the emergency medical service provider crosses state boundaries during an emergency response or patient transport, the emergency medical service provider shall submit patient care report data to WARDS if any two of the following apply:

    (a) The emergency medical provider responds from this state.

    (b) The patient is picked up from a location in this state.

    (c) The patient is transported to a hospital or health care facility within this state.

Wis. Admin. Code § DHS 110.34(7)

If the emergency medical services provider is an ambulance service provider, submit a written report to the receiving healthcare facility upon delivering a patient and a complete patient care report within 24 hours of patient delivery. A written report may be a complete patient care report or other documentation approved by the department and accepted by the receiving hospital. A non-transporting emergency medical service provider or emergency medical responder service provider shall provide a written or electronic report to the ambulance service provider at the time of the patient care transfer.
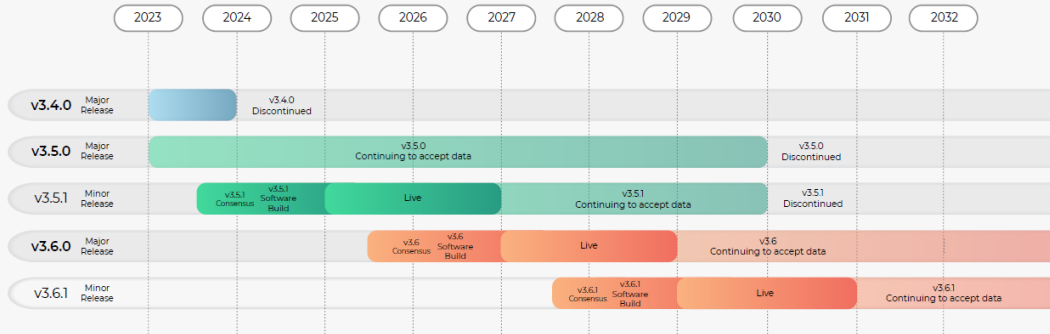
NEMSIS v3.5 Transition Timeline

- v3.4 data will not be accepted by NEMSIS after December 31, 2023.

- Wisconsin EMS agencies will be transitioned incrementally.

- v3.5 submission will be open to all WI EMS agencies by July 2023.

NEMSIS: Future Timelines

Preparing for NEMSIS v3.5

- Contact the following vendors to ensure they are able to collect a v3.5 file:
  - ✓ Billing agencies
  - ✓ External systems (e.g. cardiac monitors, CAD integration accounts, etc.)

- If your vendor is not ready to collect v3.5 data, please contact me ASAP: Elizabeth.Rybczyk@dhs.Wisconsin.gov

Changes in v3.5

- New standard will:
  - ✓ improve accuracy and efficiency of documentation.
  - ✓ enhance health information exchange.
  - ✓ ultimately improve patient care.
- Revised call dispositions
- Harmonization with CARES
- Updated defined lists
- Expanded meanings of pertinent negatives
- Universally Unique Identifier

eDisposition Changes

v3.4

- eDisposition.12:
  Type of disposition
  treatment and/or
  transport of the
  patient by this EMS
  Unit.

v3.5

- eDisposition.27
- eDisposition.28
- eDisposition.29
- eDisposition.30
- eDisposition.31

eDisposition.27— Unit Disposition

- **Definition:** The patient disposition for an EMS event identifying whether patient contact was made.
- **Code List:**
  - Patient contact made
  - Cancelled on scene
  - Cancelled prior to arrival
  - No Patient Contact
  - No Patient Found
  - Non-Patient Incident (Not otherwise Listed)

eDisposition.28— Patient Evaluation/Care

- **Definition:** The patient disposition for an EMS event identifying whether a patient was evaluated and care or services were provided.
- **Code List:**
  - Patient Evaluated and Care Provided
  - Patient Evaluated and Refused Care
  - Patient Evaluated, No Care Required
  - Patient Refused Evaluation/Care
  - Patient Support Services Provided

eDisposition.29— Crew Disposition

- **Definition:** The crew disposition for an EMS event identifying which crew provided primary patient care or whether support services were required.
- **Code List:**
  - Initiated and Continued Primary Care
  - Initiated Primary Care and Transferred to Another EMS Crew
  - Provided Care Supporting Primary EMS Crew
  - Assumed Primary Care from Another EMS Crew
  - Incident Support Services Provided (Including Standby)
  - Back in Service, No Care/Support Services Required
  - Back in Service, Care/Support Services Refused

eDisposition.30 — Transport Disposition

- **Definition:** The transport disposition for an EMS event identifying whether a transport occurred and by which unit.
- **Code List:**
  - Transport by This EMS Unit (This Crew Only)
  - Transport by This EMS Unit, with a Member of Another Crew
  - Transport by Another EMS Unit
  - Transport by Another EMS Unit, with a Member of This Crew
  - Patient Refused Transport
  - Non-Patient Transport (Not Otherwise Listed)
  - No Transport

Level of Care Provided

v3.4

v3.5

eResponse.15:
Level of Care of
This Unit

eDisposition.32: Level
of Care Provided per
Protocol

eResponse.07:
Primary Role of
the Unit

eDisposition.32

- **Definition:** The general level of care provided to this patient as defined per provider level in local EMS protocols or clinical guidelines.
- **Code List:**
  - BLS - All Levels
  - ALS - AEMT/Intermediate
  - ALS – Paramedic
  - Critical Care
  - Integrated Health Care
  - No Care Provided

✓ Records the level of care provided and the transport unit and equipment capability.

✓ **This is not a reflection of the provider levels providing care, but the actual care given.**

Example: If a paramedic provided BLS care, correct response would be "BLS"

eDisposition.21 — Type of Destination
Code List

- ✓ Home
- ✓ Hospital-Emergency Department
- ✓ Hospital-Non-Emergency Department Bed
- ✓ Clinic
- ✓ Morgue/Mortuary
- ✓ Other
- ✓ Other EMS Responder (air)
- ✓ Other EMS Responder (ground)
- ✓ Police/Jail
- ✓ Urgent Care
- ✓ Freestanding Emergency Department

- ✓ Dialysis Center
- ✓ Diagnostic Services
- ✓ Assisted Living Facility
- ✓ Mental Health Facility
- ✓ Nursing Home
- ✓ Other Recurring Care Center
- ✓ Physical Rehabilitation Facility
- ✓ Drug and/or Alcohol Rehabilitation Facility
- ✓ Skilled Nursing Facility

eResponse Changes

- Values updated:
  - ✓ eResponse.05
  - ✓ eResponse.07
  - ✓ eResponse.08

- eResponse.15 removed (replaced with eDisposition.32)

- eResponse.16 — Definition changed to clarify element purpose for (no change in provider experience)

eResponse.05 Code List

New Values

- ✓ Emergency Response (Primary Response Area)
- ✓ Emergency Response (Intercept)
- ✓ Hospital-to-Hospital Transfer
- ✓ Other Routine Medical Transport
- ✓ Emergency Response (Mutual Aid)
- ✓ Public Assistance

eResponse.05 Code List

Updated Descriptions

✓Hospital to Non-Hospital Facility Transfer
✓Non-Hospital Facility to Non-Hospital Facility Transfer
✓Non-Hospital Facility to Hospital Transfer
✓Support Services
✓Non-Patient Care Rescue/Extrication
✓Crew Transport Only
✓Transport of Organs or Body Parts
✓Mortuary Services
✓Mobile Integrated Health Care Encounter
✓Evaluation for Special Referral/Intake Programs

eResponse.07 Code List

New Values

✓ Ground Transport (ALS Equipped)
✓ Ground Transport (BLS Equipped)
✓ Ground Transport (Critical Care Equipped)
✓ Non-Transport-Medical Treatment (ALS Equipped)
✓ Non-Transport-Medical Treatment (BLS Equipped)
✓ Wheel Chair Van/Ambulette
✓ Non-Transport-No Medical Equipment

eResponse.08 Code List

New Values

- ✓ Communication Specialist-Assignment Error
- ✓ No Receiving MD, Bed, Hospital
- ✓ Specialty Team Delay

Updated Descriptions

- ✓ Incomplete Address Information Provided

CARES Updates

NEMSIS and CARES (Cardiac Arrest Registry to Enhance Survival) have coordinated data standards for NEMSIS v3.5.0 so that data elements collected and submitted represent a more complete understanding of out-of-hospital cardiac arrest (OHCA).

Changed elements:
- ✓ eArrest.01
- ✓ eArrest.02
- ✓ eArrest.04

Added elements:
- ✓ eArrest.10
- ✓ eArrest.20
- ✓ eArrest.21
- ✓ eArrest.22
- ✓ eScene.24

Removed elements:
- ✓ ~~eArrest.05~~
- ✓ ~~eArrest.06~~
- ✓ ~~eArrest.08~~

CARES Changed Elements

Element Changed	Summary of Change
eArrest.01	Modification to Code List Values: No and Yes, Prior To or After Any EMS Arrival (includes Transport EMS & Medical First Responders)
eArrest.02	Modification to Code List Values: Exsanguination-Medical (Non-Traumatic)
eArrest.04	Modification to Code List Values: Witnessed by Bystander

CARES Added Elements

Element Added	Summary of Change
eArrest.10	Therapeutic Hypothermia by EMS
eArrest.20	Who First Initiated CPR
eArrest.21	Who First Applied the AED
eArrest.22	Who First Defibrillated the Patient
eScene.24	First Other EMS or Public Safety Agency at Scene to Provide Patient Care

CARES Removed Elements

Element Removed	Summary of Change
eArrest.05 — CPR Care Provided Prior to EMS Arrival	Replaced by eArrest.20
eArrest.06 — Who Provided CPR Prior to EMS Arrival	Replaced by eArrest.20
eArrest.08 — Who Used AED Prior to EMS Arrival	Replaced by eArrest.22

Describing Patient Acuity Before and After EMS Care

eSituation.13 — Initial Patient Acuity

- Critical (Red)
- Emergent (Yellow)
- Lower Acuity (Green)
- Dead without Resuscitation Efforts (Black)
- Non-Acute/Routine

eDisposition.19 — Final Patient Acuity

- Critical (Red)
- Emergent (Yellow)
- Lower Acuity (Green)
- Dead without Resuscitation Efforts (Black)
- Dead with Resuscitative Efforts (Black)
- Non-Acute/Routine

eSituation.19

Definition: Justification for Transfer or Encounter

- The ordering physician or medical provider diagnosis or stated reason for a hospital-to-hospital transfer, other medical transport, or Mobile Integrated Healthcare encounter.

- Free text

- EMS provider primary impression is not the reason that is transfer is ordered and should not be used

eSituation.20 — Reason for Interfacility Transfer/Medical Transport

Code List

- ✓ Cardiac Specialty
- ✓ Convenience Transfer (Patient Request)
- ✓ Diagnostic Testing
- ✓ Dialysis
- ✓ Drug and/or Alcohol Rehabilitation Care
- ✓ Extended Care
- ✓ Maternal/Neonatal
- ✓ Medical Specialty Care (Other, Not Listed)
- ✓ Neurological Specialty Care

- ✓ Palliative/Hospice Care (Home or Facility)
- ✓ Pediatric Specialty Care
- ✓ Psychiatric/Behavioral Care
- ✓ Physical Rehabilitation Care
- ✓ Return to Home/Residence
- ✓ Surgical Specialty Care (Other, Not Listed)
- ✓ Trauma/Orthopedic Specialty Care

eExam

v3.4

- eExam.08 — Chest/Lung Assessment

v3.5

- eExam.22 — Lung Assessment Finding Location
- eExam.23 — Lung Assessment
- eExam.24 — Chest Assessment Finding Location
- eExam.25 — Chest Assessment

Resources

- This presentation only highlights the major changes. Please refer to the following resources for a comprehensive update:
  - ✓ Extended Data Definitions
  - ✓ NEMSIS Defined Lists
  - ✓ NEMSIS v3.5 Revision

Questions

- Please contact WI State Data Manager: Elizabeth.Rybczyk@dhs.Wisconsin.gov for any questions.