

## EMS SYSTEM DEVELOPMENT COMMITTEE MEETING

MINUTES	DATE	TIME	LOCATION
	December 15, 2015	1:00PM	ODPS – Room 134 1970 W. Broad St., Columbus, Ohio 43223

<b>ATTENDEES</b>	<p><u>Members</u>: : Deanna Harris, Chair; Karen Beavers; Jim Davis; Herb de la Porte; Vincent Gildone; Barry Seth</p> <p><u>ODPS-Division of Emergency Medical Services (EMS) Staff</u>: Ellen Owens; Tim Erskine; Sue Morris; Linda Mirarchi.</p> <p><u>Guests</u>: None</p>
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<b>ABSENT</b>	Members: Joel Decker; Geoff Dutton; Mark Resanovich; Bernard Schweter
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### AGENDA TOPICS

<b>TOPIC</b>	<b>Welcome</b>
<b>DISCUSSION</b> (Ms. Harris)	The meeting was called to order at 1:07 PM. Ms. Harris welcomed the members. Introductions of those in attendance were made.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None.		

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<b>TOPIC</b>	<b>Review of Minutes</b>
<b>DISCUSSION</b> (Ms. Harris)	Motion by Mr. Gildone, second by Mrs. Beavers to accept the minutes of the December 15, 2015 meeting. Motion Approved.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None.		

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<b>TOPIC</b>	<b>EMSIRS Annual Report – 2015 Data</b>
<b>DISCUSSION</b> (Tim Erskine)	<p>Mr. Erskine distributed copies of the 2014 EMS Incident Reporting System Annual Report (published in June, 2015 and based on 2014 data). The next report will be published in June, 2016 utilizing the data collected in 2015. Mr. Erskine also distributed NEMSIS Technical Assistance Center Best Practices Spotlight newsletter (Issue 4, November 2015) in which the Ohio Annual Report was recognized as the first formal report published using NEMSIS compliant data.</p> <p>The ability to submit Ohio EMSIRS Data to NEMSIS is currently being reviewed by ODPS legal counsel.</p> <p>Mr. Erskine further reported on the limitations of the data. These include individual department protocols and the accuracy of provider interpretation of diagnostic impressions of a patient. The new data set pares down some areas (i.e. breathing problems) further which will give more options.</p> <p>In the future, the data will be used to look at trending.</p> <p>Mr. Davis suggested the limitations to how the data is validated should be added in the preamble of the report. The steps put in place to ensure data is valid should also be documented.</p> <p>Mr. Davis asked about the possibility of breaking the age groups down further for EMSC. (i.e. on page 17 the age range is 0 to 17. Mr. Erskine indicated they would be breaking the age down further in the next report. It was suggested the report should be sent to the EMSC committee for additional suggestions of reporting needs. There may also be a need to look at geriatrics; i.e. does a geriatric patient on blood thinners cause aspirin not to be given.</p> <p>Mr. Davis also asked about drilling down to look at race as well as male and female. The intent was to show there was no difference in treatment based on race at the trend appears to be nationally. Mr. Erskine indicated they would have to look at the quality of the data; for example,</p>

Cleveland specifically did not include race because they did not want anyone to think minorities were being red-lined. Mr. Davis indicated he could provide a copy of the Columbus Fire Department report looking at disparity of treatment of minorities. No disparity was found; the review was initiated not because they were afraid CFD EMS was not treating patients the same, but rather to document the good work of their personnel.

It was noted that age can be a critical breakdown to look at specifics. For example, the percentage of drug overdoses in 0-17 age group would be very small, however if looked at the age range of 15-17 we might see there is a significant problem in that age group. The need for looking at a specific group (age, race, etc.) would be based on determining there is a genetic or treatment difference for the group.

Mr. Erskine reported the DEMS has created a quarterly report on recent overdose data due to the number of requests for the data. Data is best fitted into other entity reports with more data; such as hospitals incorporating EMSIRS data with hospital data. Mr. Gildone advised they have created a form which is going to the Department of Health for collection of drug overdose data by county and township, to target areas needing assistance.

The Education Committee should be asked to look at the data for possible CE implications.

EMS agencies should be encouraged to benchmark at the local level. The new EMSIRS system will allow a local agency to run a report using the same parameters as used for the state. The Medical Directors should also be targeted to look at benchmarks.

Ms. Harris noted capnography is a Board initiative and suggest it should be included in the report. New fields added for advanced airways might include whether the airway placement was confirmed, by whom, and how. Mr. Erskine indicated the information could be released as a Fact Sheet, rather than waiting for the annual report.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Seek input on report needs from EMSC and explore possible geriatric specific needs. Review data with Education committee for possible continuing education impact. Encourage agencies and medical directors to benchmark. Create Fact Sheet for capnography.	Tim Erskine	

TOPIC	Data Usage Policy
DISCUSSION (Mr. Erskine)	Mr. Erskine provided copies of the Data Release Policy. Mr. Davis suggested C. 2 Determination of confidentiality was a little vague and could depend on the data requested, suggesting an appeal process might be added. Mr. Davis also asked if the policy should be posted to the DEMS webpage. It was determined legal input would be needed on this issue.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Explore possibility of posting policy to DEMS webpage. Consult with DPS legal on adding appeal process when requests cannot be filled based on confidentiality concerns.	Tim Erskine	

TOPIC	Cardiac Arrest Registry to Enhance Survival (C.A.R.E.S.)
DISCUSSION (Ms. Harris)	Ms. Harris presented an overview of C.A.R.E.S. report data. The C.A.R.E.S. CPR Quality Module is a supplemental module that collects detailed CPR quality data, including code summary information such as compression rate, depth and CPR fraction, or "hands on time." It will integrate the code summary data into C.A.R.E.S., allowing for greater access to data for CQI purposes. The goal is to improve professional EMS CPR quality. The cost of participating as a single agency is \$5,000. Ohio could participate for \$15,000 but would also need a fulltime coordinator. Version 3 of EMSIRS will collect everything C.A.R.E.S. requires. Hospital participation would be critical.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

<b>TOPIC</b>	<b>National Data Steering Committee</b>		
<b>DISCUSSION</b> (Mr. Erskine)	Mr. Erskine serves on the steering committee. The committee is developing performance measures and should be done in June, 2016. Approximately 450 suggestions (many overlapping) have been received from the public. Around 210 are being reviewed for relevance and measurability. Standardized formulas will be available for use when pulling data.		
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
As previously noted			
<b>TOPIC</b>	<b>Adjournment</b>		
<b>DISCUSSION</b> (Ms. Harris)	Meeting was adjourned at 3:07 PM.		
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
None			

**Reminder: Members need to submit an application and current CV if they wish to continue to serve on the committee.**

**Next meeting: April 19, 2016 (No February meeting due to EMFTS Board retreat.)**