

# Understanding NEMSiS Version 3 DataSet

## The Data Dictionary

# EMS System Sentinel Questions

- What is our primary focus?
- How do we know that we are fulfilling our mission to the community?
- Do we evaluate if we provide value to our communities?
- Are we making a difference clinically with our current practices and system?
  - Can we objectively prove it?
- Are we using best practices?
  - What are they?
- How do we compare to other similar services?

# MN DPSAC

## Meeting Objectives

- Understand the history of NEMESIS and the value of moving to NEMESIS Version 3.
- Identify the functions of NEMESIS Version 3 that will improve data quality, accuracy, consistency, ...
- Understand the meaning of “Usage” in NEMESIS v3
- Recognize the performance measures identified within Version 3.
- Implementing Version 3
  - Across the United States
  - Transition Timelines

# A Brief History of NEMESIS

1994	- NHTSA develops Uniform Prehospital Dataset Version 1.0
1996	- NHTSA publishes the <i>EMS Agenda for the Future</i>
2000	- NASEMD requested development of NEMESIS
2001	- NHTSA awards a Cooperative Agreement to NAEMSD to develop NEMESIS - NEMESIS Established
2005: September	- NHTSA awards a new Cooperative Agreement to the University of Utah, School of Medicine to establish the NEMESIS Technical Assistance Center → Implement NEMESIS → House the National EMS Database [NEMESIS Registry] on behalf of NHTSA
2006	- NEMESIS v2.2.1 Published - First v2 Data Submission (3 states)
2007 - present	- NHTSA indicates commitment to NEMESIS and integration with Health Information Exchange (HIE)
2011: November	- NEMESIS v3.1.0 Official Release November 2011
2014: August	- HL7 Approval as ANSI Standard Obtained for NEMESIS v3
2014: September	- First Successful v3 Data Submission to NEMESIS v3 Registry

# NEMSiS TAC

- To facilitate the collection of EMS data from States and Territories
- To create the National EMS Database
- To provide national reporting tools
- To identify trends in EMS
- Publish

Electronic Versus Manual Data Processing	Academic Emergency Medicine	Craig D. Newgard, et al.
Defining and Measuring Successful Emergency Care Networks: Research Agenda	Academic Emergency Medicine	Seth W. Glickman, et al.
Out-of-Hospital Endotracheal Intubation	Academic Emergency Medicine	Henry Wang, et al.
If You've Seen One EMS System...	Academic Emergency Medicine	Robert O'Connor MD
Multicenter Validation of the Philadelphia EMS Admission Rule (PEAR) to Predict Hospital Admissions	Academic Emergency Medicine	Zachary F. Meisel MD, et al.
A National Model for Developing, Implementing, and Evaluating Evidence-based Guidelines	Academic Emergency Medicine	Eddy Lang MD, et al.
Electronic Collaboration: Using Technology to Solve Old Problems of Quality Care	Academic Emergency Medicine	Kevin M. Baumlin MD, et al.
A Link to Improve Stroke Patient Care: ...	Academic Emergency Medicine	Greg Mears MD, et al.
Making A Recording & Analysis of Chief Complaint a Priority for Global Emergency Care	Academic Emergency Medicine	Hani Mowafi, Daniel Dworkis, Mark Bisanzo, et al.
Patient Choice in Selection of Hospitals by 911 Emergency Medical Services Providers in Trauma Centers	Academic Emergency Medicine	Craig Newgard, Clay Mann, et al.
Analysis of Ambulance Crash Data	Fire Protection Research Foundation	Casey C. Grant, et al.
Incident Response Data Model	Journal of the Association for Information Systems	Rui Chen, et al.
Out-of-Hospital Airway management in the US	Resuscitation	H. Wang, Mann, Jacobson, Mears, Yearly
A Correction Factor for Estimating Statewide Agricultural Injuries from Ambulance Reports	Annals of Epidemiology	Erika Scott, et al. October 2011
A Correction Factor for Estimating Statewide Agricultural Injuries from Ambulance Reports	Annals of Emergency Medicine	Giulia Earle-Richardson
Rationale, development and Implementation of the Resuscitation Outcomes Consortium Epidemiology and Prehospital Care Study	Resuscitation	Laurie J. Morrison, et al.
Out-of-Hospital Aspirin Administration for Acute Coronary Syndrome in the US	Annals of emergency Medicine	Tataris, Govindarajan, Mercer, Yeh, Sporer
Characteristics of the Pediatric Patient Treated by the Pediatric Emergency Care Applied Research Network	Prehospital Emergency Care	E. Brooke Lerner, et al.
Predicting Ambulance Time of Arrival to the Emergency Department Using Global Positioning System Data	Prehospital Emergency Care	Ross J. Fleischman, Mark Lundquist, Craig Newgard, et al.
Supraglottic Airways: The History and Current State of Prehospital Airway Adjuncts	Prehospital Emergency Care	Daniel Ostermayer, Marianne Gausche-Hill
Longitudinal and Regional Trends in Paramedic Student Exposure to Advanced Airway Placement	Prehospital Emergency Care	B. Westgard, B. Peterson, et al.
An Evaluation of Emergency Medical Services Stroke Protocols and Scene Times	Prehospital Emergency Care	M. Patel, J. Brice, C. Moss, et al.
The Distribution of Survival Times after Injury	World Journal of Surgery	David E. Clark
Injury Research (Theories, Methods, and Approaches)	Book- G Li, SP. Baker Editors	David E. Clark
Diagnosis of Stroke by Emergency Medical Dispatchers and Its Impact on the Prehospital Care	Journal of Stroke and Cerebrovascular Diseases	Adnan Qureshi
Abstracts - 18th World Congress for Disaster and Emergency Medicine / ID3: Medical Support of Euro-2012-Ukrainian Experience	Prehospital and Disaster Medicine, May 2013	Ellen Schenk
National Characteristics of Emergency Medical Services Responses in the United States	Presented at 2012 NAEMSP	Henry Wang, K. Jacobson, NC. Mann, et al.
Abstracts for the 2011 NAEMSP Scientific Assembly	Presented at 2011 NAEMSP	Henry Wang, et al.
Cardiac Arrest, Part 1: Systems of Cardiac Arrest Care		Henry Wang, et al.
Building a PSO "Field of Dreams" for Emergency Medical Services	Patient Safety & Quality Healthcare	Carol Hafley
Minority Trauma Patients tend to cluster at Trauma Centers with worse-than-expected Mortality	Papers of the 133rd ASA Annual Meeting, Annals of Surgery	Adil H. Haider

# NEMSiS

## Version 3 History

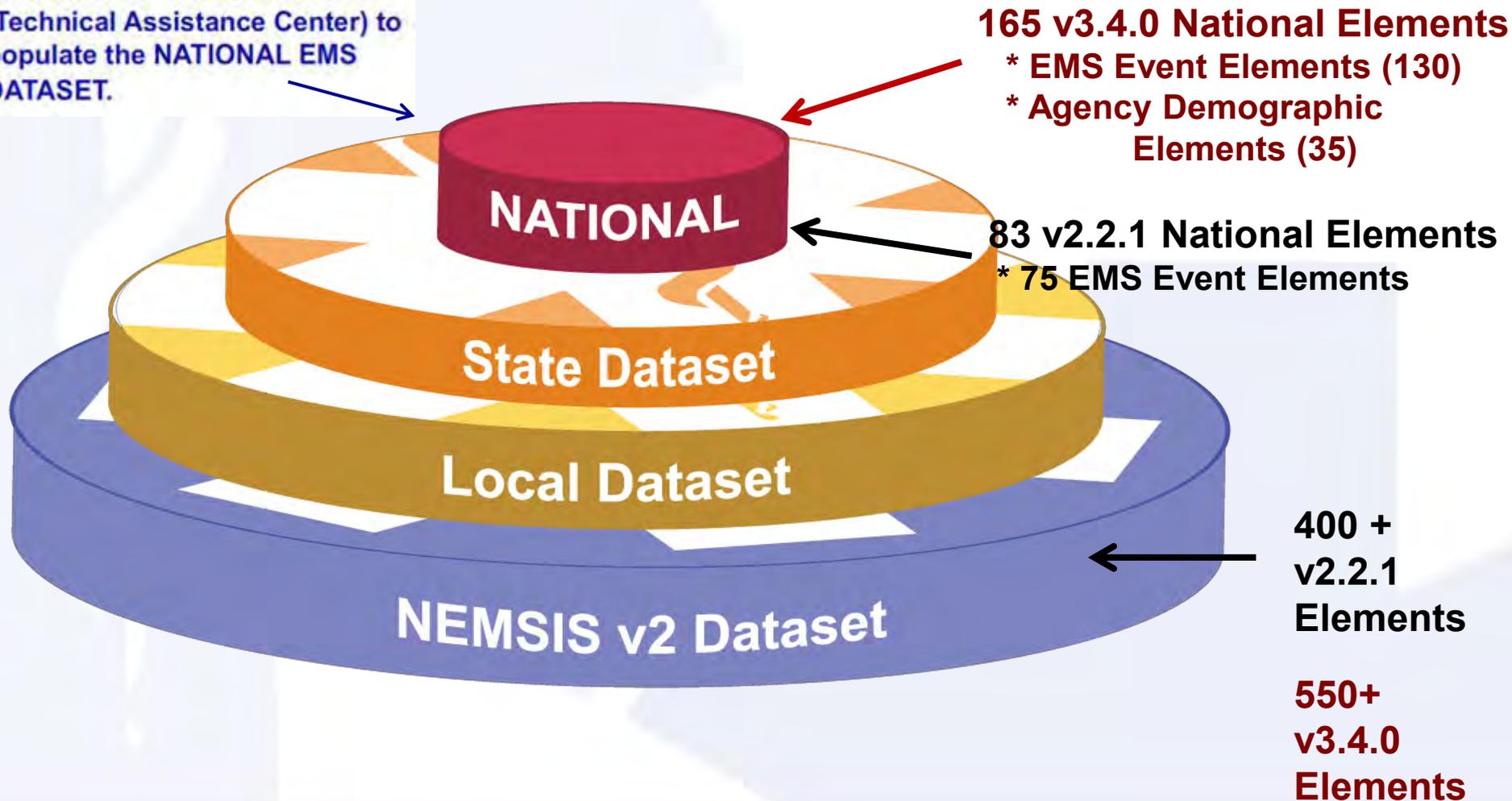
# Why NEMSiS Version 3?

- The NEMSiS Version 2.2.1 dataset was locked down in 2006.
- As States and EMS agencies adopted the v2.2.1 standard it became clear that the dataset did not meet all the needs of EMS – particularly as EMS continues to evolve.
  - Insufficient Data Elements
  - Insufficient Value Choices

# NEMSiS Version 2.2.1 / 3.4.0

## Dataset Levels

The NATIONAL ELEMENTS are transmitted to the NEMSiS TAC (Technical Assistance Center) to populate the NATIONAL EMS DATASET.



# Purpose of NEMSiS Version 3

- The revision process began in 2008
  - Fix existing errors in the v2.2.1 dataset
  - Addition of elements
- Improve Data Quality
  - Improved data structure, tighter XML Business intelligence, Schematron
- Enhance performance assessment
  - Provider performance, protocol adherence

# NEMSiS Version 3: History

- The revision process began in 2008
  - Fix existing errors in the v2.2.1 dataset
  - Addition of elements (e.g., Workforce, Airway, etc.)
  - Facilitate national research (e.g., CDC trauma triage scheme)
- Improve Data Quality
  - At time of entry – (Schematron checks the v3 XML PCR record)
    - Structural rules
    - Business rules
    - Clinical rules
- Data Transfer will be automated
  - “Real Time” - Via Web Services

# NEMSiS Version 3: Additions

- Improved Data Quality
  - Pertinent Negative Documentation
  - Performance Measures

Airway

Cardiac Arrest

Pediatric

Response [Times]

STEMI

Stroke

Trauma

- Prepare for next step (HL7)
  - Synchronization of clinical content

# **NEMSiS**

## **Version 3**

### The Data Dictionary

# NEMSiS Version 3.4.0

- The Data Dictionary is available on the NEMSiS website:
  - PDF
  - Online Web-Based

[http://nemsis.org/media/nemsis\\_v3/release-3.4.0/DataDictionary/PDFHTML/DEMEMS/index.html](http://nemsis.org/media/nemsis_v3/release-3.4.0/DataDictionary/PDFHTML/DEMEMS/index.html)

NEMSiS Data Dictionary  
Version 3.4.0

Overview & Summary  
Sample Element Page

**Dataset Grouping**  
DEMDataset  
EMSDataset

**DEMDataset Sections**  
dAgency  
dConfiguration  
dContact  
dCustomConfiguration  
dCustomResults  
dDevice  
dFacility  
dLocation  
dPersonnel  
dState  
dVehicle

**EMSDataset Sections**  
eAirway  
eArrest  
eCrew



**NEMSiS**  
TECHNICAL ASSISTANCE CENTER

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# NEMSiS

## Data Dictionary

# NHTSA v3.4.0

## Build 150302

# EMS Data Standard

Version Date: March 2, 2015

Funded by  
National Highway Traffic Safety Administration (NHTSA)  
Office of Emergency Medical Services

# Version 3.4.0 Elements

## Difference from v2.2.1 and v3.3.4

- Available on the Overview & Summary page of the data dictionary.

### NEMSIS Version 3 Element Configuration from v2.2.1

NEMSIS NHTSA Uniform PreHospital Dataset	Version 2.2.1	Version 3.3.4	Version 3.4.0
<b>Demographic (Agency) NEMSIS Version 3 Data Elements</b>	<b>110 (26%)</b>	<b>155 (27%)</b>	<b>157</b>
Existing (version 2.2.1)	88 (80%)	87 (56%)	87 (55.5%)
New		68 (44%)	70 (44.5%)
Retired	22 (20%)		
<b>EMS (ePCR) NEMSIS Version 3 Data Elements</b>	<b>315 (74%)</b>	<b>423 (73%)</b>	<b>428</b>
Existing (version 2.2.1)	258 (82%)	260 (61%)	258 (60%)
New		165 (39%)	170 (40%)
Retired	57 (18%)		2
<b>Overall Total NEMSIS Version 3 Data Elements</b>	<b>425</b>	<b>578</b>	<b>585</b>
Existing (version 2.2.1)	346 (81%)	347 (60%)	345 (59%)
New		232 (40%)	240 (41%)
Retired	79 (19%)		2

# Version 3.3.4 Elements

- National = 165
- State = 104
- Optional (Agency Level) = 316

## NEMSIS Version 3 Element Configuration

Total Elements including the Custom Elements: 585

Excluding the 12 Demographic & 12 EMS (ePCR) Custom Elements = 561

<b>Total National Elements</b>	<b>165</b>	<b>Total State Elements</b>	<b>104</b>	<b>Total "Other" Element</b>	<b>316</b>
Mandatory	37	Recommended	83	Excluding the custom elements	292
Required	128	Optional	21	Demographic (Agency) Elements	90
<b>Demographic (Agency) Elements</b>	<b>35</b>	<b>Demographic (Agency) Elements</b>	<b>32</b>	Excluding the custom elements	78
Mandatory	22	Recommended	32	EMS (ePCR) Elements	226
Required	13	Optional	0	Excluding the custom elements	214
<b>EMS (ePCR) Elements</b>	<b>130</b>	<b>EMS (ePCR) Elements</b>	<b>72</b>		
Mandatory	15	Recommended	51		
Required	115	Optional	21		

# NEMSiS Version 3: Changes

- Improved Data Quality
  - Element Usage More Defined
    - Mandatory (National Element)
    - Required (National Element)
    - Recommended (State Consensus Element)
    - Optional (Primarily for use at Local Level)

## NEMSiS Definition of Usage Values:

- Mandatory = Must be completed and does not allow for NOT values
- Required = Must be completed and allows NOT values
- Recommended = Does not need to be completed and allows NOT values
- Optional = Does not need to be completed and does not allow for NOT values

# NEMSiS Version 3: Changes

- Improved Data Quality
  - NOT Values
    - Limited to three, two for “national” elements
    - “Separated” from the value list of elements

Legend		Dataset Level:	<span style="background-color: red; color: white;">N</span> National	<span style="background-color: yellow;">S</span> State	<span style="background-color: purple;">D</span> Deprecated
Usage:		<span style="border: 1px solid black; padding: 0 2px;">M</span>	M = Mandatory, R = Required, E = Recommended, or O = Optional		
Attributes:		<span style="border: 1px solid black; padding: 0 2px;">N</span>	N = Not Values, P = Pertinent Negatives, L = Nillable, and/or C = Correlation ID		
eDispatch					
1 : 1	eDispatch.01 - Complaint Reported by Dispatch	<span style="background-color: red; color: white;">N</span>	<span style="background-color: yellow;">S</span>	<span style="background-color: gray; color: white;">M</span>	
1 : 1	eDispatch.02 - EMD Performed	<span style="background-color: red; color: white;">N</span>	<span style="background-color: yellow;">S</span>	<span style="background-color: gray; color: white;">R</span>	<span style="background-color: yellow;">N, L</span>
0 : 1	eDispatch.03 - EMD Card Number			<span style="background-color: gray; color: white;">O</span>	
0 : 1	eDispatch.04 - Dispatch Center Name or ID			<span style="background-color: gray; color: white;">O</span>	
0 : 1	eDispatch.05 - Dispatch Priority (Patient Acuity)			<span style="background-color: gray; color: white;">O</span>	
0 : 1	eDispatch.06 - Unit Dispatched CAD Record ID			<span style="background-color: gray; color: white;">O</span>	
eDispatch					

# NEMSIS Version 3 - Naming

- New Element Number Naming Convention
  - Clarity
  - Ease of Use and Understanding

For example:

NEMSIS v2.2.1	NEMSIS v3	Element Name
E02_05	EResponse.07	Primary Role of the Unit
E06_11	EPatient.13	Gender
E09_15	ESituation	Provider's Primary Impression
N/A	EArrest.05	CPR Care Provided Prior to EMS Arrival
N/A	EAirway.01	Indications for Invasive Airway

# Addition of Pertinent Negative

eMedications.03

State

National

## eMedications.03 - Medication Given

### Definition

The medication given to the patient

National Element	Yes	Pertinent Negatives (PN)	Yes
State Element	Yes	NOT Values	Yes
Version 2 Element	E18_03	Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

### Associated Performance Measure Initiatives

Airway    Cardiac Arrest    Pediatric    STEMI    Stroke    Trauma

### Attributes

#### NOT Values (NV)

7701001 - Not Applicable                      7701003 - Not Recorded

#### Pertinent Negatives (PN)

8801001 - Contraindication Noted                      8801003 - Denied By Order                      8801007 - Medication Allergy  
 8801009 - Medication Already Taken                      8801019 - Refused                      8801023 - Unable to Complete

### Constraints

Data Type	minLength	maxLength
string	2	7

### Data Element Comment

List of medications based on RxNorm (RXCUI) code.

# V3 Performance Elements

Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma	Total Performance Measures by Element
124	136	109	65	116	109	116	775

Dataset	ElementNumber	ElementName	National	State	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma	Total Performance Measures by Element
EMSDataset	eResponse.24	Additional Response Mode Descriptors	National	State	X	X	X	X	X	X	X	7
EMSDataset	eDispatch.01	Complaint Reported by Dispatch	National	State	X	X	X	X	X	X	X	7
EMSDataset	eDispatch.02	EMD Performed	National	State	X	X	X	X	X	X	X	7
EMSDataset	eDispatch.03	EMD Card Number			X	X	X	X	X	X	X	7
EMSDataset	eDispatch.04	Dispatch Center Name or ID										0
EMSDataset	eDispatch.05	Dispatch Priority (Patient Acuity)										0
EMSDataset	eCrew.01	Crew Member ID		State	X	X	X	X	X	X	X	7
EMSDataset	eCrew.02	Crew Member Level		State	X	X	X	X	X	X	X	7
EMSDataset	eCrew.03	Crew Member Response Role		State	X	X	X	X	X	X	X	7
EMSDataset	eTimes.01	PSAP Call Date/Time	National	State	X	X	X	X	X	X	X	7
EMSDataset	eTimes.02	Dispatch Notified Date/Time										0
EMSDataset	eTimes.03	Unit Notified by Dispatch Date/Time	National	State	X	X	X	X	X	X	X	7
EMSDataset	eTimes.04	Dispatch Acknowledged Date/Time										0
EMSDataset	eTimes.05	Unit En Route Date/Time	National	State	X	X	X	X	X	X	X	7
EMSDataset	eTimes.06	Unit Arrived on Scene Date/Time	National	State	X	X	X	X	X	X	X	7
EMSDataset	eTimes.07	Arrived at Patient Date/Time	National	State	X	X	X	X	X	X	X	7
EMSDataset	eTimes.08	Transfer of EMS Patient Care Date/Time		State	X	X	X		X	X	X	6
EMSDataset	eTimes.09	Unit Left Scene Date/Time	National	State	X	X	X	X	X	X	X	7
EMSDataset	eTimes.10	Arrival at Destination Landing Area Date/Time										0
EMSDataset	eTimes.11	Patient Arrived at Destination Date/Time	National	State	X	X	X	X	X	X	X	7
EMSDataset	eTimes.12	Destination Patient Transfer of Care Date/Time	National	State	X	X	X	X	X	X	X	7
EMSDataset	eTimes.13	Unit Back in Service Date/Time	National	State				X				1
EMSDataset	eTimes.14	Unit Canceled Date/Time		State				X				1
EMSDataset	eTimes.15	Unit Back at Home Location Date/Time						X				1
EMSDataset	eTimes.16	EMS Call Completed Date/Time						X				1

# Version 3 Element Structure

## Legend

Dataset Level: **N** National **S** State **D** Deprecated

Usage: **M** = Mandatory, **R** = Required, **E** = Recommended, or **O** = Optional

Attributes: **N** = Not Values, **P** = Pertinent Negatives, **L** = Nillable, and/or **C** = Correlation ID

## eMedications

1 : M	eMedications.MedicationGroup									C
1 : 1	eMedications.01 - Date/Time Medication Administered	N	S	R				N, L		
1 : 1	eMedications.02 - Medication Administered Prior to this Unit's EMS Care	N	S	R				N, L		
1 : 1	eMedications.03 - Medication Given	N	S	R				N, L, P		
0 : 1	eMedications.04 - Medication Administered Route		S		O					
1 : 1	eMedications.DosageGroup									
1 : 1	eMedications.05 - Medication Dosage	N	S	R				N, L		
1 : 1	eMedications.06 - Medication Dosage Units	N	S	R				N, L		
1 : 1	eMedications.07 - Response to Medication	N	S	R				N, L		
1 : M	eMedications.08 - Medication Complication	N	S	R				N, L		C
0 : 1	eMedications.09 - Medication Crew (Healthcare Professionals) ID		S		E			N, L		
1 : 1	eMedications.10 - Role/Type of Person Administering Medication	N	S	R				N, L		
0 : 1	eMedications.11 - Medication Authorization				O					
0 : 1	eMedications.12 - Medication Authorizing Physician				O					

## eMedications

# NEMSIS Version 3

## EMS Elements

- EMS Activation Information -
- EMS Patient Care Information -

# Vital Signs in V2...in PCR's

## ...Now National Elements in v3 (18)

eVitals.01	Date/Time Vital Signs Taken	E14_01
eVitals.02	Obtained Prior to this Unit's EMS Care	E14_02
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	E14_03
eVitals.06	SBP (Systolic Blood Pressure)	E14_04
eVitals.08	Method of Blood Pressure Measurement	E14_06
eVitals.10	Heart Rate	E14_07
eVitals.12	Pulse Oximetry	E14_09
eVitals.14	Respiratory Rate	E14_11
eVitals.16	Carbon Dioxide (CO2)	E14_13
eVitals.18	Blood Glucose Level	E14_14
eVitals.19	Glasgow Coma Score-Eye	E14_15
eVitals.20	Glasgow Coma Score-Verbal	E14_16
eVitals.21	Glasgow Coma Score-Motor	E14_17
eVitals.22	Glasgow Coma Score-Qualifier	E14_18
eVitals.26	Level of Responsiveness (AVPU)	E14_22
eVitals.27	Pain Score	E14_23
eVitals.29	Stroke Scale Score	E14_24
eVitals.31	Reperfusion Checklist	E14_25

# Cardiac Arrest Elements in v2

## ...Now National Elements in v3 = 9 new, total 13

eArrest					
1:1	eArrest.01 - Cardiac Arrest	N	S	R	N, L
1:1	eArrest.02 - Cardiac Arrest Etiology	N	S	R	N, L
1:M	eArrest.03 - Resuscitation Attempted By EMS	N	S	R	N, L, C
1:M	eArrest.04 - Arrest Witnessed By	N	S	R	N, L, C
1:1	eArrest.05 - CPR Care Provided Prior to EMS Arrival	N	S	R	N, L
0:M	eArrest.06 - Who Provided CPR Prior to EMS Arrival	S	O	C	
1:1	eArrest.07 - AED Use Prior to EMS Arrival	N	S	R	N, L
0:M	eArrest.08 - Who Used AED Prior to EMS Arrival	S	O	C	
1:M	eArrest.09 - Type of CPR Provided	N	S	R	N, L, C
1:1	eArrest.11 - First Monitored Arrest Rhythm of the Patient	N	S	R	N, L
1:M	eArrest.12 - Any Return of Spontaneous Circulation	N	S	R	N, L, C
0:1	eArrest.13 - Neurological Outcome at Hospital Discharge	O			
1:1	eArrest.14 - Date/Time of Cardiac Arrest	N	S	R	N, L
0:1	eArrest.15 - Date/Time Resuscitation Discontinued	S	E	N, L	
1:1	eArrest.16 - Reason CPR/Resuscitation Discontinued	N	S	R	N, L
1:M	eArrest.17 - Cardiac Rhythm on Arrival at Destination	N	S	R	N, L, C
1:1	eArrest.18 - End of EMS Cardiac Arrest Event	N	S	R	N, L
0:1	eArrest.19 - Date/Time of Initial CPR	O			

# V3...New Elements - National

eMedications.10	Role/Type of Person Administering Medication
eProcedures.10	Role/Type of Person Performing the Procedure
eProtocols.02	Protocol Age Category
eResponse.15	Level of Care of This Unit
eResponse.24	Additional Response Mode Descriptors
eScene.01	First EMS Unit on Scene
eScene.08	Triage Classification for MCI Patient
eSituation.13	Initial Patient Acuity
eTimes.12	Destination Patient Transfer of Care Date/Time
eVitals.04	ECG Type
eVitals.05	Method of ECG Interpretation
eVitals.30	Stroke Scale Type

Note: Coloring is varied to show elements within a section

# NEMSIS v3 – Outcome Data

- Improve the transition of care from EMS to Hospital ED staff: Version 3 Dataset -

Additional NEMSIS Version 3 elements that can be sent from the ED or hospital back directly to the EMS Agency or to the State EMS Data Collection System.

<b>NEMSIS v3 Element Number and Name</b>	<b>v3 National Element</b>
eOutcome.03 - External Report ID/Number Type	No
eOutcome.04 - External Report ID/Number	No
eOutcome.05 - Other Report Registry Type	No
eOutcome.06 - Emergency Department Chief Complaint	No
eOutcome.07 - First ED Systolic Blood Pressure	No
eOutcome.08 - Emergency Department Recorded Cause of Injury	No
eOutcome.09 - Emergency Department Procedures	No
eOutcome.10 - Emergency Department Diagnosis	No
eOutcome.11 - Date/Time of Hospital Admission	No
eOutcome.12 - Hospital Procedures	No
eOutcome.13 - Hospital Diagnosis	No
eOutcome.14 - Total ICU Length of Stay	No
eOutcome.15 - Total Ventilator Days	No
eOutcome.16 - Date/Time of Hospital Discharge	No
eOutcome.17 - Outcome at Hospital Discharge	No

# NEMSiS Version 3

National

Demographic Elements

- EMS Agency Information -

# V3...Collected Once/Year

## New National Elements in v3

– EMS Agency Demographic Information –

dAgency.01	EMS Agency Unique State ID
dAgency.05	EMS Agency Service Area State
dAgency.07	EMS Agency Census Tracts
dAgency.08	EMS Agency Service Area ZIP Codes
dAgency.14	EMS Agency Organizational Tax Status
dAgency.26	Fire Department ID Number
dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure
dConfiguration.07	EMS Agency Procedures
dConfiguration.08	EMS Certification Levels Permitted to Administer Each Medication
dConfiguration.09	EMS Agency Medications
dConfiguration.10	EMS Agency Protocols
dConfiguration.11	EMS Agency Specialty Service Capability(ies)
dConfiguration.13	Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area
dConfiguration.15	Patient Monitoring Capability(ies)
dConfiguration.16	Crew Call Sign

# V3...Collected Once/Year

## New National Elements in v3

– State Information for the EMS Agency –

<b>dConfiguration.01</b>	<b>State Associated with the Certification/Licensure Levels</b>
<b>dConfiguration.02</b>	<b>State Certification Licensure Levels</b>
<b>dConfiguration.03</b>	<b>Procedures Permitted by the State</b>
<b>dConfiguration.04</b>	<b>Medications Permitted by the State</b>
<b>dConfiguration.05</b>	<b>Protocols Permitted by the State</b>

# NEMSiS Version 3: Schematron

- Improved Data Quality
  - Business Logic - Via Schematron
    - National Rules - standard for structure and logic
    - Example of friendly text

eArrest.03	Resuscitation Attempted By EMS	Resuscitation Attempted by EMS (eArrest.03) cannot equal "Not Applicable" when Cardiac Arrest (eArrest.01) has a value of "Yes, After EMS Arrival"
eDisposition.17	Transport Mode from Scene	Transport Mode from Scene (eDisposition.17) cannot equal "Not Applicable" when Incident Patient/Disposition (eDisposition.12) equals "Patient Dead at Scene-Resuscitation Attempted (With Transport)".
ePatient.13	Gender	Patient's Gender (ePatient.13) cannot equal "Not Applicable" when Arrived at Patient Date/Time (eTimes.07) has a date/time value.
eScene.06	Number of Patients at Scene	Number of Patients at Scene (eScene.06) cannot equal "Single" when Mass Casualty Incident (eScene.07) is "Yes".
eScene.07	Mass Casualty Incident	Mass Casualty Incident (eScene.07) cannot equal "Yes" when Number of Patients at Scene (eScene.06) is not "Multiple"
eScene.09	Incident Location Type	Incident Location Type (eScene.09) cannot equal "Not Applicable" when Unit Arrived on Scene (eTimes.06) has a date/time value.

# Local Level Elements

- Expanded
- Element

**eResponse.23**

Definition

The indication wh  
immediate respo

Code List

Code	Descripti
2223001	Emergent
2223003	Emergent
2223005	Non-Eme
2223007	Non-Eme

Data Element Con

Information now split  
Descriptors)

eDisposition.12

State
National

**eDisposition.12 - Incident/Patient Disposition**

Definition

Type of disposition treatment and/or transport of the patient by this EMS Unit.

Code List

Code	Description
4212001	Assist, Agency
4212003	Assist, Public
4212005	Assist, Unit
4212007	Canceled (Prior to Arrival At Scene)
4212009	Canceled on Scene (No Patient Contact)
4212011	Canceled on Scene (No Patient Found)
4212013	Patient Dead at Scene-No Resuscitation Attempted (With Transport)
4212015	Patient Dead at Scene-No Resuscitation Attempted (Without Transport)
4212017	Patient Dead at Scene-Resuscitation Attempted (With Transport)
4212019	Patient Dead at Scene-Resuscitation Attempted (Without Transport)
4212021	Patient Evaluated, No Treatment/Transport Required
4212023	Patient Refused Evaluation/Care (With Transport)
4212025	Patient Refused Evaluation/Care (Without Transport)
4212027	Patient Treated, Released (AMA)
4212029	Patient Treated, Released (per protocol)
4212031	Patient Treated, Transferred Care to Another EMS Unit
4212033	Patient Treated, Transported by this EMS Unit
4212035	Patient Treated, Transported by Law Enforcement
4212037	Patient Treated, Transported by Private Vehicle
4212039	Standby-No Services or Support Provided
4212041	Standby-Public Safety, Fire, or EMS Operational Support Provided
4212043	Transport Non-Patient, Organs, etc.

23

# Local Level Elements

- V3 E

eOutcome		
1:1	eOutcome.01 - Emergency Department Disposition	N S R N, L
1:1	eOutcome.02 - Hospital Disposition	N S R N, L
0:M	eOutcome.ExternalDataGroup	C
0:1	eOutcome.03 - External Report ID/Number Type	
0:1	eOutcome.04 - External Report ID/Number	
0:1	eOutcome.05 - Other Report Registry Type	
0:1	eOutcome.06 - Emergency Department Chief Complaint	
0:1	eOutcome.07 - First ED Systolic Blood Pressure	
0:M	eOutcome.08 - Emergency Department Recorded Cause of Injury	
0:M	eOutcome.09 - Emergency Department Procedures	
0:M	eOutcome.10 - Emergency Department Diagnosis	
0:1	eOutcome.11 - Date/Time of Hospital Admission	
0:M	eOutcome.12 - Hospital Procedures	
0:M	eOutcome.13 - Hospital Diagnosis	
0:1	eOutcome.14 - Total ICU Length of Stay	
0:1	eOutcome.15 - Total Ventilator Days	
0:1	eOutcome.16 - Date/Time of Hospital Discharge	
0:1	eOutcome.17 - Outcome at Hospital Discharge	

Level

onse.06

g  
ion

Information will assist in administrative analysis of EMS service delivery, special event coverage, etc.

# National NEMSIS V3...

## Suggested Lists

### Version 3 - Resources

The XSDs and Data Dictionary are available for reference by the EMS community for final development.

Questions regarding these documents can be made to [Karen Jacobson \(Karen.Jacobson@hsc.utah.edu\)](mailto:Karen.Jacobson@hsc.utah.edu) or [Jorge Rojas \(Jorge.Rojas@hsc.utah.edu\)](mailto:Jorge.Rojas@hsc.utah.edu).

#### NEMSIS Suggested Lists

**Use of Suggested Lists for Existing Standards** (updated - October 22, 2013)

**NEMSIS V3 Suggested List – Example EMS Descriptor Position** (Posted - June 5, 2013)

dConfiguration.03	<b><u>Procedures Permitted by the State</u></b>	(Updated - June 07, 2013)	(excel)
dConfiguration.04	<b><u>Medications Permitted by the State</u></b>	(Updated - October 22, 2013)	(excel)
dConfiguration.07	<b><u>EMS Agency Procedures</u></b>	(Updated - June 07, 2013)	(excel)
dConfiguration.09	<b><u>EMS Agency Medications</u></b>	(Updated - October 22, 2013)	(excel)
eInjury.01	<b><u>Cause of Injury</u></b>	(Updated - June 07, 2013)	(excel)
eScene.09	<b><u>Incident Location Type</u></b>	(Updated - October 22, 2013)	(excel)
eMedications.03	<b><u>Medication Given</u></b>	(Updated - October 22, 2013)	(excel)
eSituation.09	<b><u>Primary Symptom</u></b>	(Updated - October 22, 2013)	(excel)
eSituation.10	<b><u>Other Associated Symptoms</u></b>	(Updated - October 22, 2013)	(excel)
eSituation.11	<b><u>Provider's Primary Impression</u></b>	(Updated - June 05, 2013)	(excel)
eSituation.12	<b><u>Provider's Secondary Impressions</u></b>	(Updated - June 05, 2013)	(excel)
eSituation.17	<b><u>Patient Activity</u></b>	(Updated - October 22, 2013)	(excel)
eHistory.07	<b><u>Environmental/Food Allergies</u></b>	(Updated - June 06, 2013)	(excel)
eHistory.08	<b><u>Medical/Surgical History</u></b>	(Updated - October 22, 2013)	*
eHistory.06	<b><u>Medication Allergies</u></b>	(Updated - October 22, 2013)	*
eHistory.12	<b><u>Current Medications</u></b>	(Updated - October 22, 2011)	*
eProcedures.03	<b><u>Procedure</u></b>	(Updated - June 07, 2013)	(excel)
eOutcome.08	<b><u>ED Recorded Cause of Injury</u></b>	(Updated - October 22, 2013)	*

\* The White Papers for these elements are for guidance. The NEMSIS TAC will not be creating suggested lists for these elements because of the large quantity of possible codes. The NEMSIS V3 Suggested List Download Site does have a file for a few of these based on the pattern and recommended restrictions (e.g. ICD-10-CM: PT, HT, and RxNorm: IN, PIN, BN, etc.).

**NEMSIS Version 3 Suggested Lists Download Site** (Updated - January 18, 2012)

Forgot your NEMSIS data center password? Please reference this document for **password reset instructions**.

# Why Suggested Lists?

The use of suggested lists provides us with three important capabilities:

1. An authoritative source of information
2. The ability to use the information in a consistent way
3. The ability to evolve the lists to accommodate changing business needs
4. Free of Duplicates
5. Current through periodic updates
6. Complete, secure, and accurate

# Implementation of the NEMSiS V3 “Suggested Lists”

## Example:

Element eMedications.03 relies on RxNorm to provide code values for medications used in the pre-hospital setting.

RxNorm is a standardized nomenclature for clinical drugs and drug delivery devices.

# Elements that Utilize Suggested Lists

## ICD-10 CM Codes

- eScene.08 – Incident Location Type
- eSituation.09 – Primary Symptom
- eSituation.10 – Other Associated Symptoms
- eSituation.11 – Provider’s Primary Impression
- eSituation.12 – Provider’s Secondary Impression
- eSituation.17 – Patient Activity
- eInjury.01 – Cause of Injury
- eHistory.08 – Medical/Surgical History

# Elements that Utilize Suggested Lists (cont.)

## ICD-10 CM Codes (cont.)

- eOutcome.08 – Emergency Department Recorded Cause of Injury
- eOutcome.10 – Emergency Department Diagnosis
- eOutcome.13 – Hospital Diagnosis

## ICD-10 PCS Codes

- eHistory.08 – Medical/Surgical History
- eOutcome.09 – Emergency Department Procedures
- eOutcome.12 – Hospital Procedures

# Elements that Utilize Suggested Lists (cont.)

## RxNorm Codes (for Medications)

- dConfiguration.04 – Medications Permitted by the State
- dConfiguration.09 – EMS Agency Medications
- eHistory.06 – Medication Allergies
- eHistory.12 – Current Medications
- eMedications.03 – Medication Given

# Elements that Utilize Suggested Lists (cont.)

## SNOMED CT Codes

### - for EMS Procedures

- dConfiguration.03 – Procedures Permitted by the State
- dConfiguration.07 – EMS Agency Procedures

### - for Environmental/Food Allergies

- eHistory.07 – Environmental/Food Allergies

# **NEMSiS**

## **Version 3**

### **...State transition**

# Minnesota Version 3

- Reasons for Version 3.4.0
  - Start with NEMSiS National Elements
  - Consider the State “consensus” elements
  - Expand with “Optional” elements
    - For Example: Stroke:
      - eExam.19 - Mental Status Assessment
      - eExam.20 - Neurological Assessment
      - eExam.21 - Stroke/CVA Symptoms Resolved

# **NEMSiS**

## **Version 3**

### **...the Future**

# **NEMSIS**

## **Version 3**

### **Performance Measures**

### **EMS COMPASS Initiative**

# EMS Compass

- [www.emscompass.org](http://www.emscompass.org)



## About EMS Compass

Home » About EMS Compass

### About This Initiative

Funded by National Highway Traffic Safety Administration (NHTSA) Office of EMS and led by the National Association of State Emergency Medical Services Officials (NASEMSO), the EMS Compass initiative will engage a wide range of EMS stakeholders to develop performance measures that are relevant to EMS agencies, regulators, and patients. The measures will be based on the latest version of the National EMS Information System (NEMSIS) version data and will allow local and state EMS agencies to use their own data meaningfully.

The goal of the EMS Compass initiative is to create a system that enables meaningful assessment of performance of EMS systems at the local, regional, state and national levels.

# EMS Compass

**EMS COMPASS**

Improving Systems of Care Through Meaningful Measures

[About EMS Compass](#)

[About Performance Measures](#)

[EMS Compass Measures](#)

## ▶ About Performance Measures

The ultimate goal of EMS is to provide effective, high-quality healthcare to patients. But without performance measures, EMS providers, executives, and regulators have no way of knowing if they're achieving those goals.

A consistent set of measures will allow EMS caregivers, managers, and government agencies to monitor performance and improve performance to ensure the best care for patients and the best service to the community.

Performance measures are critical for individuals, organizations, and the community—without them it is difficult to recognize:

- ▶ Whether performance is improving or deteriorating
- ▶ If an implemented change has had the intended impact
- ▶ Whether the cost of a program or piece of equipment is worth the expense

In healthcare, the use of performance measures is not new, but their use has expanded tremendously in the last two decades: by hospitals to improve systems of care, by payers to determine reimbursement rates, and by communities to hold healthcare providers accountable. Having validated, patient-centered performance measures created for the EMS community, by the EMS community, is vital to ensuring that EMS is ready for the future healthcare environment.

- ▶ [Using Available EMS Data](#)
- ▶ [How a Performance Measure is Created](#)
- ▶ [FAQ](#)

### History

The evolution of performance measurement in healthcare.

[LEARN MORE](#)

### Resources

Additional information on performance measurement.

[LEARN MORE](#)

# EMS Compass

**EMS COMPASS**  
Improving Systems of Care Through Meaningful Measures

[About EMS Compass](#)   [About Performance Measures](#)   [EMS Compass Measures](#)

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**▶ Stroke Severity Assessment** Status:  
[Public Comment](#)

Domain: Clinical Process/Effectiveness   Clinical Area: Stroke

Description:  
To measure the percentage of stroke patients who had a stroke severity assessment performed by EMS

---

**▶ Blood Glucose (FSBS) for suspected strokes** Status:  
[Public Comment](#)

Domain: Clinical Process/Effectiveness   Clinical Area: Stroke

Description:  
Measure percentage of suspected stroke identified by EMS that have a documented FSBS

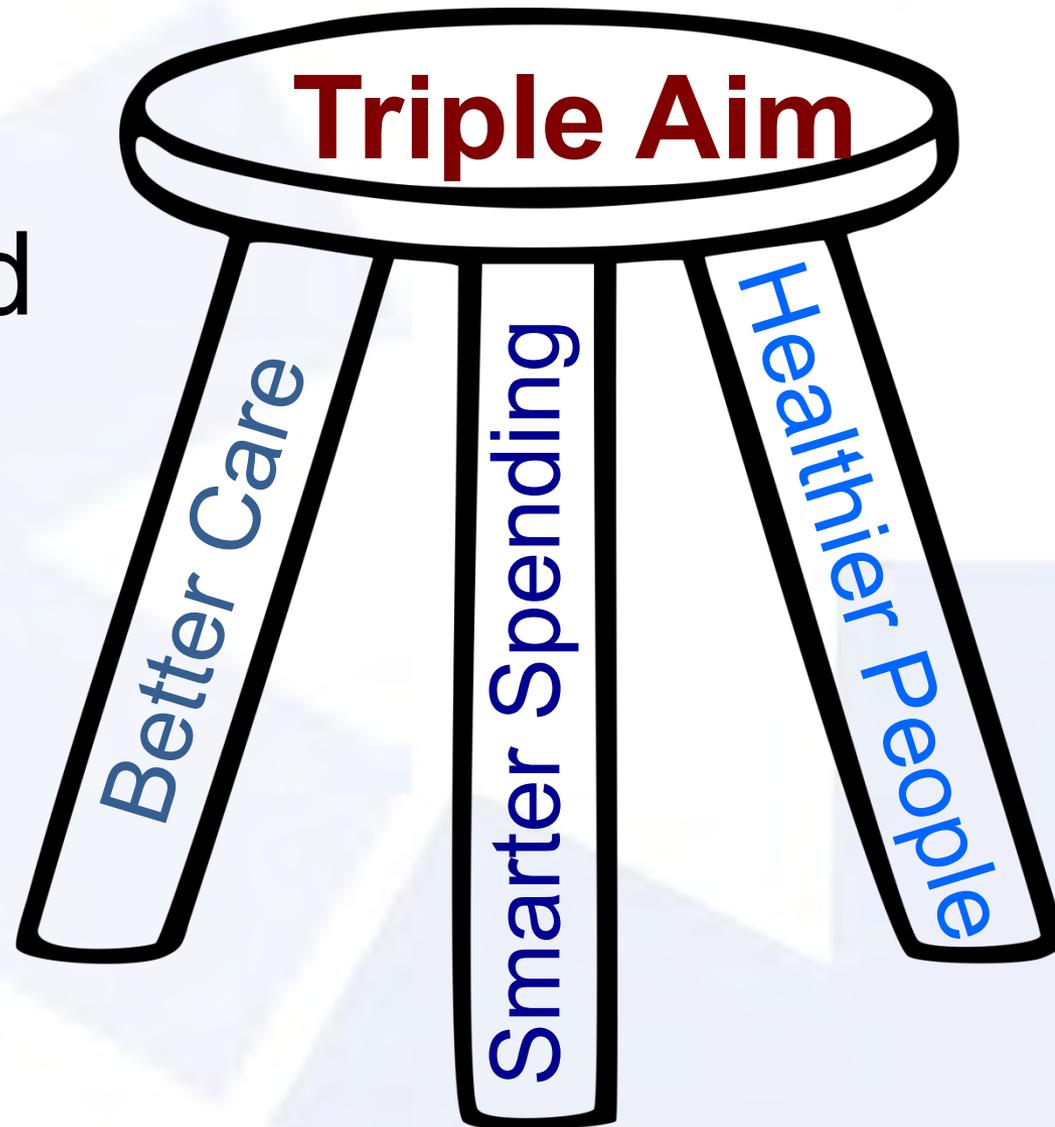
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**▶ Pre-Hospital Notification** Status:  
[Public Comment](#)

Domain: Clinical Process/Effectiveness   Clinical Area: Stroke

Description:  
Measure percentage of EMS transported suspected stroke patients that have pre-notified receiving hospital

Patient  
Centered  
Health  
Systems

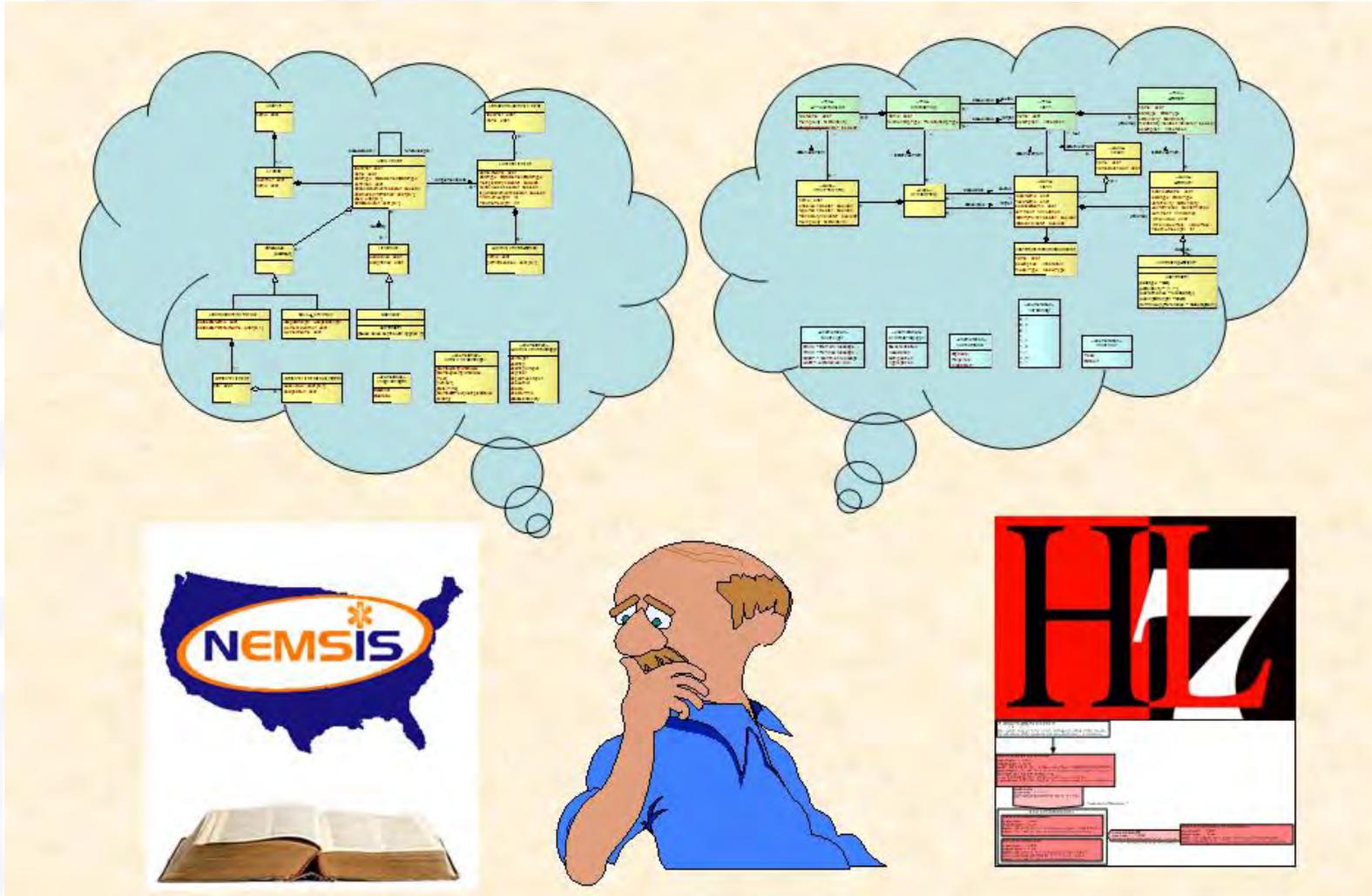


# What Data Will Do

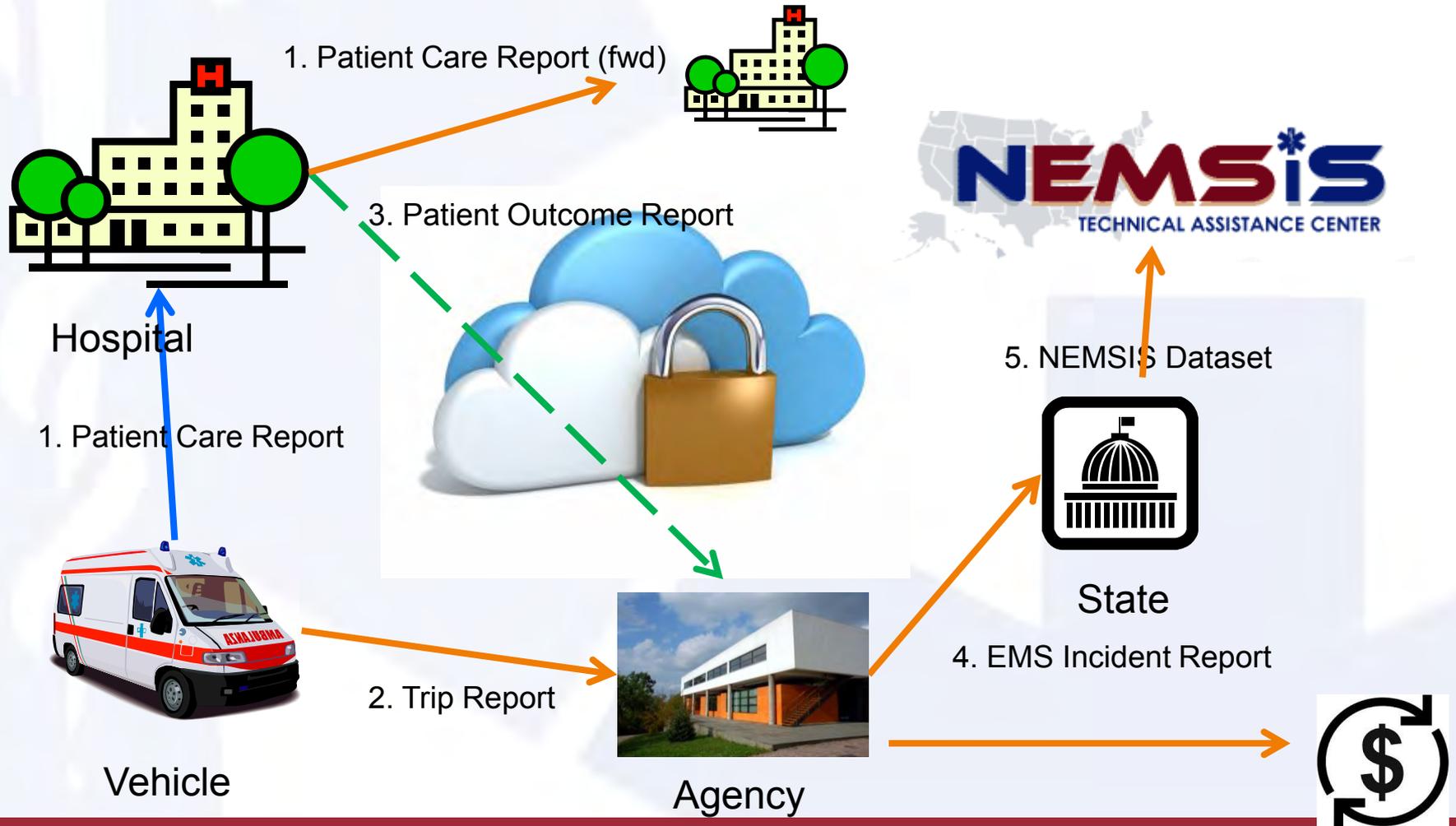
- EMS Agenda for the Future...  
....becomes a

## **Data Driven EMS Agenda for the Future**

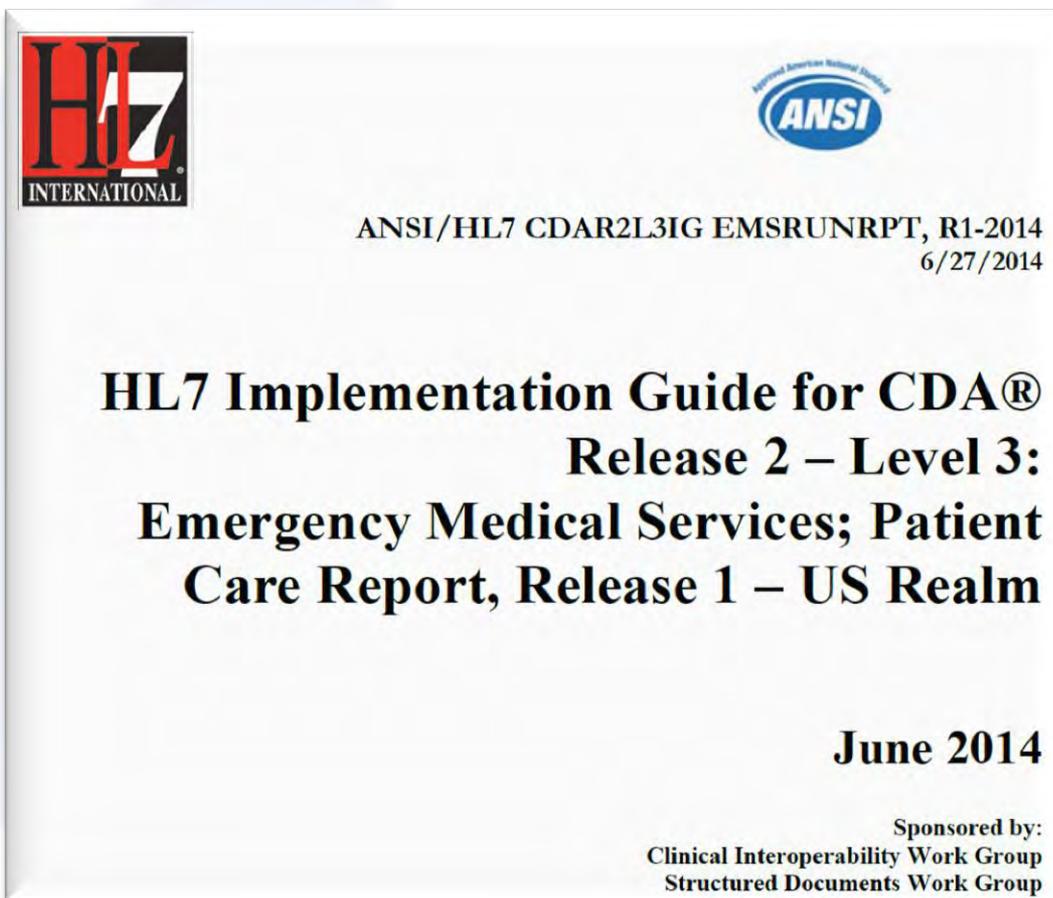
# Movement through HL7



# NEMSIS: ANSI Standard!



# First NEMSiS CDA!



[http://www.hl7.org/implement/standards/product\\_brief.cfm?product\\_id=276](http://www.hl7.org/implement/standards/product_brief.cfm?product_id=276)

# eOutcome CCDA Timeline

## 3.f. External Drivers

The National Highway Traffic Safety Administration (NHTSA) has asked the National EMS Information System (NEMSIS) to provide this asset

## 3.g. Project Objectives / Deliverables / Target Dates

	Target Date
Complete assessment of leverageable C-CDAs assets	May 20, 2015
Develop constrained model of specification	June 1, 2015
Develop guide for ballot	June 30, 2015
Submit guide to ballot	August 2, 2015
Reconcile ballot comments to DSTU	October 10, 2015
Conduct DSTU period	November 2015 to April 2016
Prepare normative ballot	April 2016
Submit guide to ballot	April 2016
Reconcile ballot comments	May 2016
Publish	June 2016

## 3.h. Common Names / Keywords / Aliases

EMS Hospital Outcomes summary

## 3.i. Lineage

NA

## 3.j. Project Requirements

Support the Outcomes section of the NEMSIS standard 3.4, available at <http://www.nemsis.org/v3/downloads/datasetDictionaries.html>

## 3.k. Project Dependencies

None

## 3.l. Project Document Repository Location

[http://wiki.hl7.org/index.php?title=EMS\\_Outcomes\\_project](http://wiki.hl7.org/index.php?title=EMS_Outcomes_project)

# DSTU Training

CDAR2L3\_IG\_EMSSRUNRPT\_DSTUR1\_2012JUL



HL7 Implementation Guide for CDA® Release 2  
 - Level 3: Emergency Medical Services; Patient  
 Care Report, Release 1 (US Realm)

HL7 Draft Standard for Trial Use

July 2012

Publication of this draft standard for trial use and comment has been approved by Health Level Seven International (HL7). This draft standard is not an accredited American National Standard. The comment period for use of this draft standard shall end 12 months from the date of publication. Suggestions for revision should be submitted at <http://www.hl7.org/dstucomments/index.cfm>.

Following this 12 month evaluation period, this draft standard, revised as necessary, will be submitted to a normative ballot in preparation for approval by ANSI as an American National Standard. Implementations of this draft standard shall be viable throughout the normative ballot process and for up to six months after publication of the relevant normative standard.

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HL7 IG for CDA R2 L3 - Emergency Medical Services; Patient Care Report, R1- (US Realm) Page 1  
 Draft Standard for Trial Use July 2012

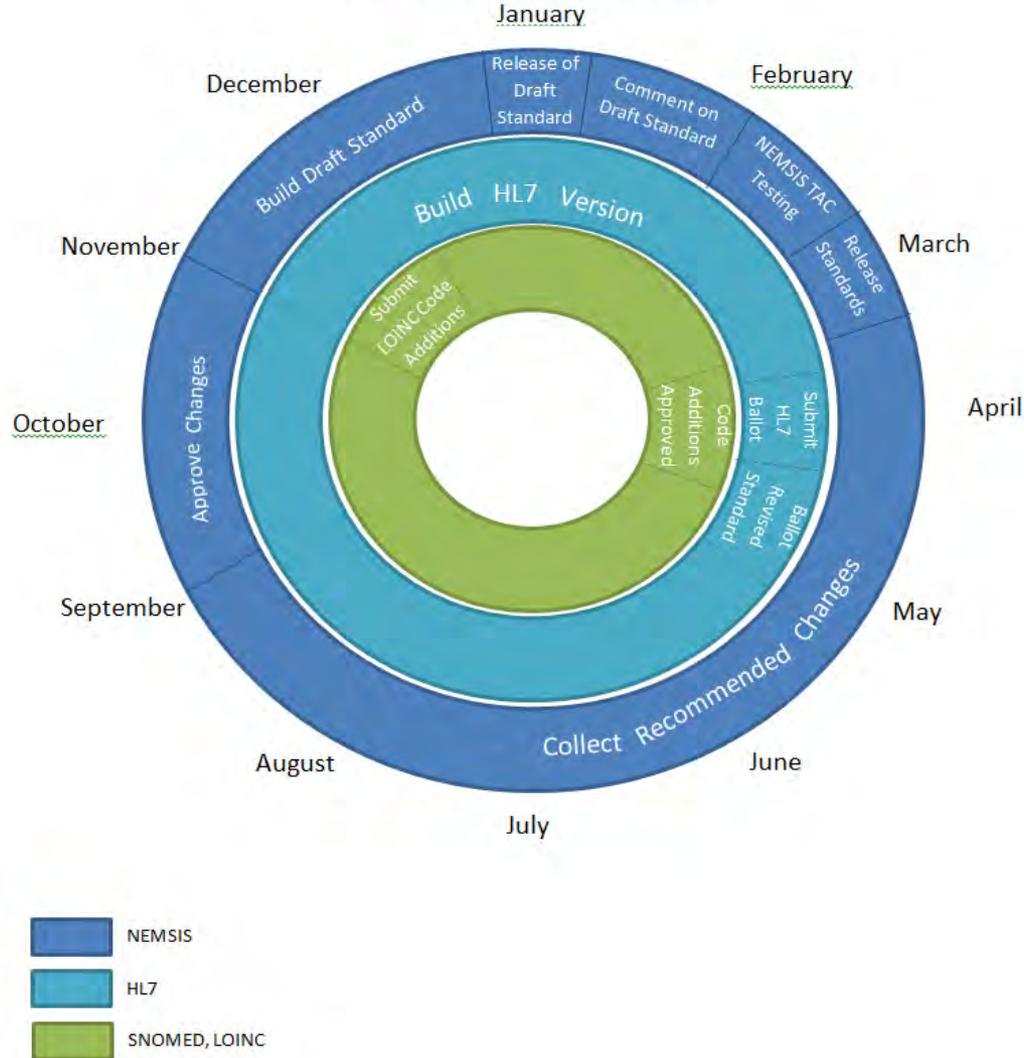
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## HL7 CDA/ DSTU Training Attendees

<u>Name</u>	<u>Organization</u>
Jay Lyle	Ockham LLC
Sarah Ryan	Ockham LLC
Sean Muir	Ockham LLC
David Saylor	Beyond Lucid
Ryan Watkins	ZOLL
Danielle Cote	ZOLL
B.J. Guillot	Intermedix
Jason Shanebrook	Intermedix
Dan MacDonald	Medusa Medical Technologies
Brodie Ferrier	Medusa Medical Technologies
Richard Hale	ESO Solutions
Brandon Martinez	ESO Solutions
Troy Whipple	ImageTrend
Leah Swanson	ImageTrend
David Yoshikawa	EMS PIC
Rene' Nelson	ZOLL
<b>NEMESIS STAFF</b>	
N. Clay Mann	NEMESIS
Jorge Rojas	NEMESIS
Keith Davis	NEMESIS
Su Shaoyu	NEMESIS
Rene Enriquez	NEMESIS

# Revision Process

NEMESIS Development Cycle



# Adding v3 Values/Terms

V3 Nat'l DMC Comments	V3 Procedure SNOMED (Background) Term	V3 SNOMED (New) Code	DMC Suggested Labels with Categories	DMC Suggested Labels with Procedure Name Only
<p><b>ADD THIS TERM TO SNOMED:</b> Request new procedure "Insertion of esophageal tracheal single lumen supraglottic airway" This is for King and any other single Lumen devices on the market now</p>	NEED ADDITION IN SNOMED	Pending Creation	Respiratory: Supraglottic Airway Insertion (Single Lumen)	Supraglottic Airway Insertion (Single Lumen)
<p><b>ADD THIS TERM TO SNOMED:</b> Request new procedure "Intubation using Bougie Device" This is a techniques EMS does and we have specified for LMA and Stoma</p>	NEED ADDITION IN SNOMED	Pending Creation	Respiratory: Intubation (Orotracheal Using Bougie Device)	Intubation (Orotracheal Using Bougie Device)
<p><b>ADD THIS TERM TO SNOMED:</b> Request new procedure " External ventricular defibrillation using automated interpretation device" Other Automatic Defibrillator Procedure seemed to be referring to an AICD specifically</p>	NEED ADDITION IN SNOMED	Pending Creation	Cardiac: Defibrillation (AED)	Defibrillation (AED)
<p><b>ADD THIS TERM TO SNOMED:</b> Request new procedure "Access Existing Venous Catheter" "Venous Catheter Care" was more about the site around the catheter.</p>	NEED ADDITION IN SNOMED	Pending Creation	Vascular: Venous Access via Existing Venous Catheter	Venous Access via Existing Venous Catheter
<p><b>ADD THIS TERM TO SNOMED:</b> Request new procedure "Extrication of Patient" Make child of "moving a patient"</p>	NEED ADDITION IN SNOMED	Pending Creation	Movement: Extrication of Patient	Extrication of Patient
<p><b>ADD THIS TERM TO SNOMED:</b> Request new procedure "Spinal Immobilization Withheld Per Assessment Criteria"</p>	NEED ADDITION IN SNOMED	Pending Creation	Musculoskeletal: Spinal Immobilization Withheld Per Assessment Criteria	Spinal Immobilization Withheld Per Assessment Criteria
<p><b>ADD THIS TERM TO SNOMED:</b> Request new procedure "Patient Movement Using Short Extrication Device". Primarily for KED, but could be a short board, or in stretch, a stairchair</p>	NEED ADDITION IN SNOMED	Pending Creation	Movement: Movement via Extrication Device (Short)	Movement via Extrication Device (Short)
<p><b>ADD THIS TERM TO SNOMED:</b> Request new procedure "Patient Movement Using Full-Length Extrication Device" (Not necessarily immobilization, also for movement) Would apply to Back Boards, Scoop Stretchers, Stokes and other types of devices</p>	NEED ADDITION IN SNOMED	Pending Creation	Movement: Movement via Extrication Device (Full-Length)	Movement via Extrication Device (Full-Length)

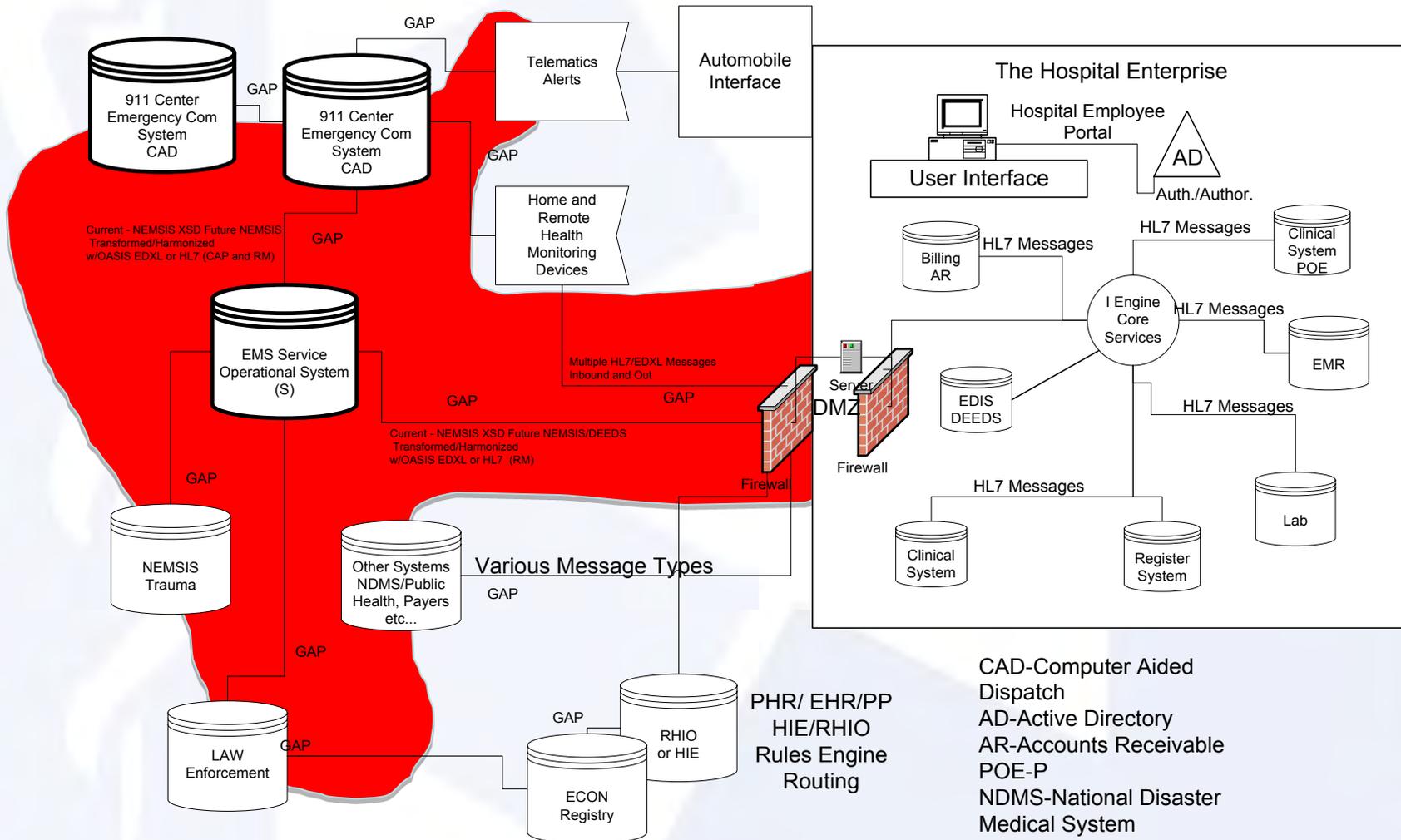
# Barriers to Exchange Implementation

- **ePCR: Field to Hospital- Hospital to Agency**
  - **Slow uptake by varied hospital EMRs**
    - Interest only in consumer requests
  - **Interpretations of HIPAA Privacy Rule**
    - What is a “covered entity”
  - **State privacy rules/interpretation**

# Barriers to Exchange Implementation

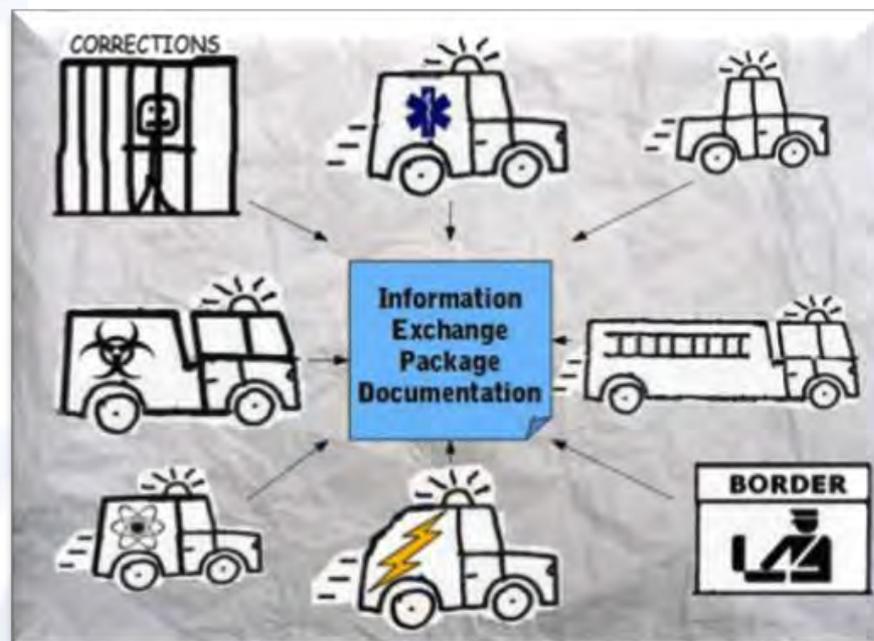
- **NEMSIS with Out-of-Hospital Datasets**
  - Differences among SDOs (Oasis vs. HL7)
    - Harmonization through versioning
  - Absence of national standards
    - Commercial interests
  - Lack of Momentum among Professional Orgs
  - State focus on linkage
    - “Safety in Silos”
  - State privacy rules/interpretation

# Context Diagram-Conceptual Information Flow



# Beyond Health Level 7

- **Harmonization with other Standards**
  - Justice Domain
  - EDXL-TEP
  - NIEM
- **Facilitate Standards**
  - CAD
  - Medical Devices
  - AACN (VEDS)
- **Introduce Modules**
  - Air Medical
  - Critical Care
  - Community Paramedicine & Mobile Integrated Healthcare



# *Preparing for next steps!*

## **HIE and NEMSIS**



# NCHRP 17-57 Update

 **TRANSPORTATION RESEARCH BOARD**

January 12, 2012 OF THE NATIONAL ACADEMIES

Dr. Jonathan D. Rupp  
University of Michigan Transportation Research Institute  
2901 Baxter Road  
Ann Arbor, MI 48109-2150

Subject: NCHRP Proposal  
NCHRP Project 17-57, FY 2012  
*Development of a Comprehensive Approach for Serious Traffic Crash Injury  
Measurement and Reporting Systems*

# 17-57 Findings

- Definition of Severe Injuries
  - Utilize MAIS (+3)
- How to “link” traffic & hospital records?
  - Probabilistic linkage
  - Sampling
- How about seamless exports!
  - NTDS and NEMSIS
  - Health Information Exchange (HIE)

# Advantages of NTDS/NEMSiS

CURRENT PERFORMANCE MEASURES	NEWSiS V3 (Pseudo Injury Severity Measure)	NTDS (True Measure of Injury Severity)
Total Fatalities	Total On-Scene, During Transport Fatalities	Hospital Fatalities
Serious Injuries	Serious Injuries	Serious Injuries
Fatalities/VMT	N/C	N/C
Unrestrained Fatalities	Unrestrained Serious Injuries	Unrestrained Serious Injury
0.08 Fatalities	Alcohol/Drug present Serious Injuries	Alcohol/Drug present Serious Injuries
Speed Related Fatalities	N/C	N/C
Motorcycle Fatalities	Motorcycle Serious Injuries	Motorcycle Serious Injuries
Un-helmeted Fatalities	Un-helmeted Serious Injuries	Un-helmeted Serious Injuries
Youth Fatalities	Youth Serious Injuries	Youth Serious Injuries
Pedestrian Fatalities	Pedestrian Serious Injuries	Pedestrian Serious Injuries
<b>BEHAVIOR MEASURES</b>	<b>BEHAVIOR MEASURES</b>	
Observed Seat Belt Use	N/C	N/C

# **NEMSiS**

## **Version 3**

### **Transition Timeline**

# Updated V3 Transition Schedule – May 2015

Following the 2015 NASEMSO Mid-Year Meeting the decision was made to extend the timelines for transitioning to Version 3.

The NEMESIS TAC will accept EMS activations through 12-31-2016 based on Unit Notified by Dispatch Date for:

- Version 2.2.1 Closure:
- Version 3.3.4 Closure
- Version 3.4.0 remains the most current version

# Updated V3 Transition Schedule – May 2015

	2011	2012	2013	2014	2015	2016	2017	2018
NEMSIS V2	Active	Active	Active	Active	Transition	Transition	Transition	Transition
NEMSIS V3	Available	Available	Available	Available	Available	Available	Available	Available
NEMSIS HL7 Available	Available	Available	Available	Available	Available	Available	Available	Available


 Transition from V2 to V3.

Updated 5-1-2015

# Updated V3 Transition Schedule – May 2015

## NEMSIS TAC list serve Notification May 21, 2015

### NHTSA/NEMSIS TAC Policy Decisions

#### Changes to NEMSIS Version 2 & 3 Timelines and Revision Cycles

NHTSA and the NEMSIS Technical Assistance Center (TAC) appreciate the thoughtful deliberations and recommendations of the NASEMSO Data Managers' Council and the NASEMSO Board of Directors regarding new timelines and revision cycles for the NEMSIS Version 2 and 3 Standards for local, State and national collection of valuable EMS patient care data.

Recognizing that, for a variety of reasons, states and contracted vendors are at different stages of Version 3 implementation, the following policy decisions have been made:

1. The NEMSIS TAC will continue to collect NEMSIS Version 2 data from the States until 12/31/2016;
2. The NEMSIS TAC will continue to collect both NEMSIS Version 3.3.4 and NEMSIS Version 3.4 data from the States until 12/31/2017; however, Version 3.4 will officially become the standard on 1/1/2018;
3. NHTSA and the NEMSIS TAC have agreed that major revisions to the NEMSIS Standard will occur on a four year cycle. The next major revision could be released March, 2018 and would officially become the standard on 1/1/2019.

Some States may be ready to move forward more quickly - which is highly encouraged.

Thank you for your continued commitment to implementation of this standardized EMS patient care data at local, State and national levels.

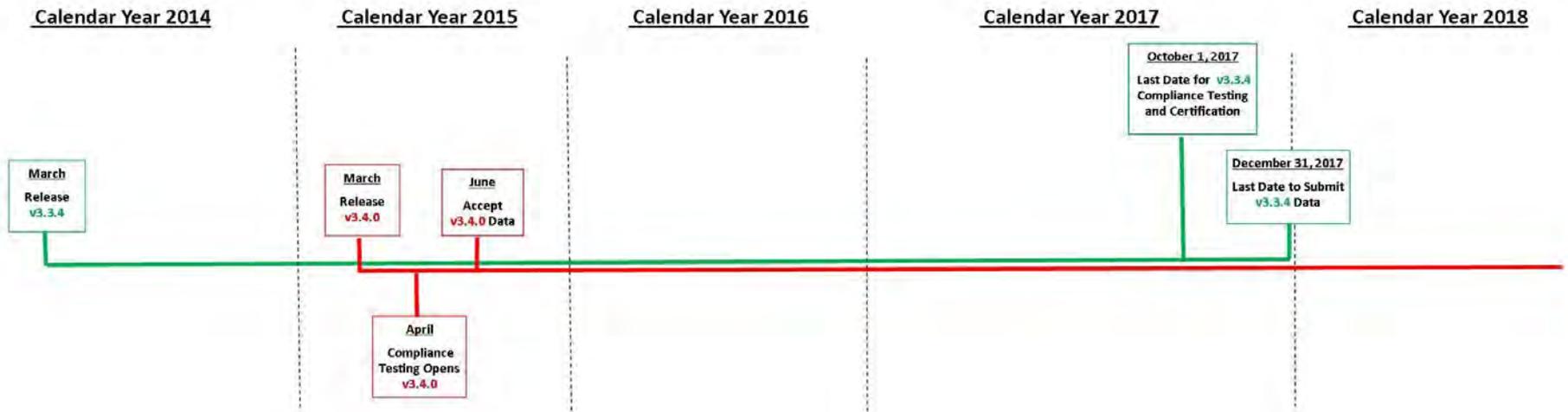
# Updated V3 Transition Schedule – May 2015

NEMSiS TAC list serve Notification May 21, 2015

- Graphic -



NEMSiS TAC Version Timeline



# **NEMSiS**

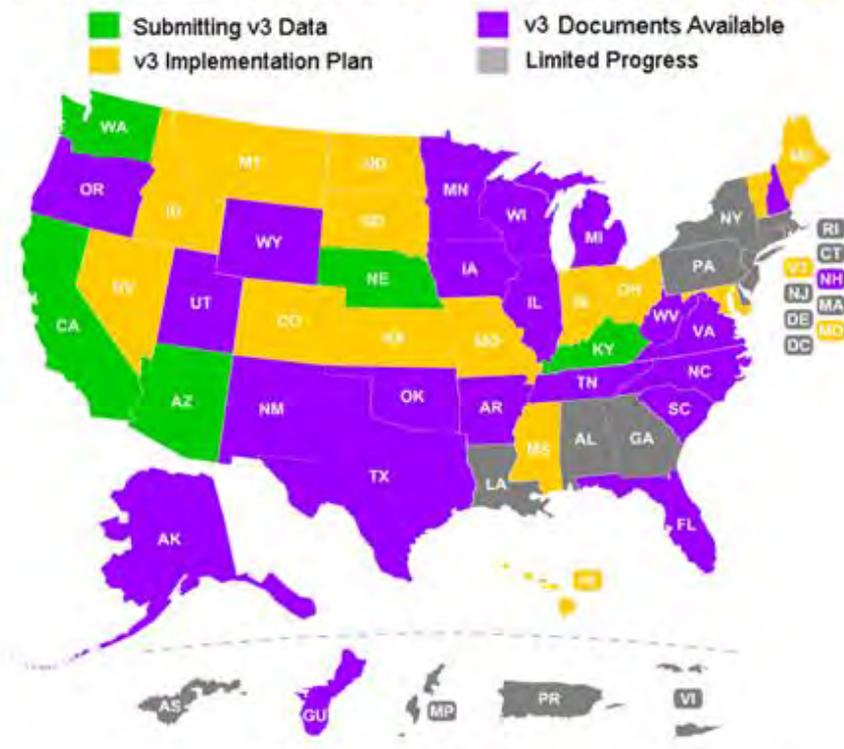
## **Version 3**

### **...Current State transition**

# State & Territory Systems “Live” with V3 ...and Submitting to NEMSiS

1. Arizona
2. California
3. Kentucky
4. Nebraska
5. Washington

State & Territory Version 3 Transition Information  
...and status of Version 3 submission to NEMSiS



As of August 1 2015.

# State & Territory Systems “Live” with V3

1. Michigan
2. Oklahoma
3. Oregon
4. Texas
5. Utah
6. Virginia
7. Wisconsin

# State & Territory Systems with an Identified v3 Timeline

1. Alabama
2. Alaska
3. Arkansas
4. Colorado
5. Florida
6. Hawaii
7. Idaho
8. Illinois
9. Indiana
10. Iowa
11. Kansas
12. Maine
13. Maryland
14. Missouri
15. Montana
16. New Hampshire
17. New Mexico
18. Nevada
19. North Carolina
20. Ohio
21. South Carolina
22. South Dakota
23. Tennessee
24. Vermont
25. West Virginia
26. Wyoming
27. Guam

# State & Territory Systems without a v3 Timeline

1. Connecticut
2. Delaware
3. Georgia
4. Louisiana
5. Massachusetts
6. Minnesota
7. Mississippi
8. New Jersey
9. New York
10. North Dakota
11. Pennsylvania
12. Rhode Island
13. American Samoa
14. District of Columbia
15. Northern Mariana Islands
16. Puerto Rico
17. US Virgin Islands



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[www.nemesis.org](http://www.nemesis.org)