

EMSRB Data Policy Standing Advisory Committee (DPSAC)

2015 Start-Up Meeting
August 10, 2015

Megan Hartigan, Committee Chair

"To protect the public's health and safety through regulation and support of the EMS system."

DPSAC Membership :

- ❖ Megan Hartigan, Committee Chair – Board Member
- ❖ Tom Fennell – Gold Cross Ambulance
- ❖ Patrick Egan – Allina Medical Transportation
- ❖ Brian Carlson – Burnsville Fire/Ambulance
- ❖ Martin Van Buren – Hennepin County EMS (Dave Rogers – Alternate)
- ❖ Clif Geise – North Memorial Ambulance
- ❖ Renee Donnelly – Essential Health EMS – Deer River
- ❖ Dave Waltz – Regions Hospital
- ❖ Tim Held – MDH – Office of Rural Health
- ❖ Kathleen Haney – DPS – Office of Traffic Safety
- ❖ Dr. Manu Madhok – **Children’s Hospital** – Pediatrics (not yet appointed)

Mission Statement :

The purpose of the EMSRB Data Policy Standing Advisory Committee (DPSAC) is to utilize Minnesota State Ambulance Reporting (MNSTAR) data to improve ambulance care to the people of Minnesota. To achieve this goal, the DPSAC will recommend policies and practices to the Board on the collection, use, validity and dissemination of pre-hospital care data collected through MNSTAR within the provisions of applicable law.

Mission Statement Adopted by the Data Policy Standing Advisory Committee on November 14, 2005.

The Board Charge for DPSAC:

- ❖ Have systems and process for licensed ambulance services to submit Patient Care Report (PCR) information to MNSTAR (Minnesota State Ambulance Reporting) in accordance with *NEMESIS (National Emergency Medical Service Information System) version 3* dataset and file formatting by January 1, 2016.
- ❖ Provide recommendation to the Board on timelines for full transition to *NEMESIS version 3* dataset submission by all Minnesota licensed ambulance services.
- ❖ Provide recommendations to the Board on use and dissemination of public data from MNSTAR in accordance with the Minnesota Data Practices Act, Chapter 13 and other applicable laws.
- ❖ Review recommendation to the Board from the [2012 Pre-Hospital Data Workgroup Report](#) and provide information to the Board on the status of the implementation of the recommendations.

2012 Pre-Hospital Data Workgroup:

Purpose Statement: EMSRB should use data for measurable meaningful uses to enhance Emergency Medical Services in Minnesota.

Workgroup Members:

- ❖ Suzanne Gaines (EMSRB)
- ❖ Dr. Paul Satterlee (EMSRB)
- ❖ Mark Schoenbaum (EMSRB)
- ❖ Tim Held (EMSRB Alternate)
- ❖ Aarron Reinert (MAA & Workgroup Chair)
- ❖ Randy Fischer (MAA)
- ❖ Clif Giese (MAA)
- ❖ Tom Fennell (MAA Alternate)

Recommendations from the 2012 Pre-Hospital Data Workgroup:

MNSTAR - Data Elements:

- ❖ The EMSRB should collect data elements and values consistent with the EMSRB data dictionary version 2.2.1
- ❖ The EMSRB should make several revisions to its requirement to change to NEMSIS version 3.0 as of January 1, 2013
 - ❖ The EMSRB should delay implementation of the next national version of NEMSIS (version 3.xx) until one year after the date it has been approved at the national level. The version number approved at the national level should be the version number adopted in Minnesota.
 - ❖ The EMSRB, through DPSAC, should monitor national progress on the availability of vendor systems certified by NEMSIS as compliant with the final NEMSIS approved version. If vendor systems will not be available simultaneously with the effective date of the new NEMSIS standard, EMSRB should consider extending the Minnesota implementation date.
- ❖ The data workgroup recommends that the EMSRB changes submission of trauma system related elements from optional to required. Elements are listed below:
 - E14.4 Systolic Blood Pressure
 - E14.7 Pulse Rate
 - E14.11 Respiratory Rate
 - E14.15 Glasgow Coma Score: Eye
 - E14.16 Glasgow Coma Score: Verbal
 - E14.17 Glasgow Coma Score: Motor

Recommendations from the 2012 Pre-Hospital Data Workgroup:

Interface Features:

The data workgroup recommends that the data collection interface in MNSTAR be changed to allow the user to select to either see all data elements, such as if the user was using MNSTAR as a ePCR system, or select to only see required elements, as if the user was only using MNSTAR to comply with the law.

Recommendations from the 2012 Pre-Hospital Data Workgroup:

How Data is Used:

❖ Release of MNSTAR Data

- The EMSRB should classify ambulance service specific data as private data
- The EMSRB should only release MNSTAR data that is not more specific than regional as defined by the eight EMS regions
- The data workgroup recommends the EMSRB implements DPSAC approved standardized aggregate reports (still requires AG guidance on data classification of these reports, which are more specific than regional)

❖ Quality

- The data workgroup recommends that the Data Policy Standing Advisory Committee (DPSAC) continues, and continues its work on data quality, data integrity, and standardized aggregate reports for ambulance providers
- The data workgroup recommends that the Medical Direction Standing Advisory Committee (MDSAC) begins to use the MNSTAR data as part of its regular work

Recommendations from the 2012 Pre-Hospital Data Workgroup:

DPSAC:

The data workgroup recommends that the membership of DPSAC change to include the following:

Six appointees that are specifically ambulance providers, two of which are appointed by the MAA with the expectation they represent the MAA membership as a whole, not just their specific services

Recommendations from the 2012 Pre-Hospital Data Workgroup:

Administrative – Regulation:

The EMSRB should develop a policy that documents the procedure used to regulate MNSTAR data collection as required by Minnesota Statue 144E.123

Moving Forward – 2015 Data Policy Committee:

- Carry Out the Charge of the Board
- Use the 2012 Pre-Hospital Data Workgroup Recommendations as a Guide
- Ensure Focus on EMS Data is for Improving and Evaluating EMS Statewide



Thank You for Your Willingness to Serve on
this Important EMSRB Advisory Committee!