



Bureau of Emergency Preparedness, EMS and Systems of Care

DATA SUBCOMMITTEE AGENDA

April 13, 2023

1:00 pm – 3:00 pm

[Click here to join the meeting](#)

Or call in (audio only)

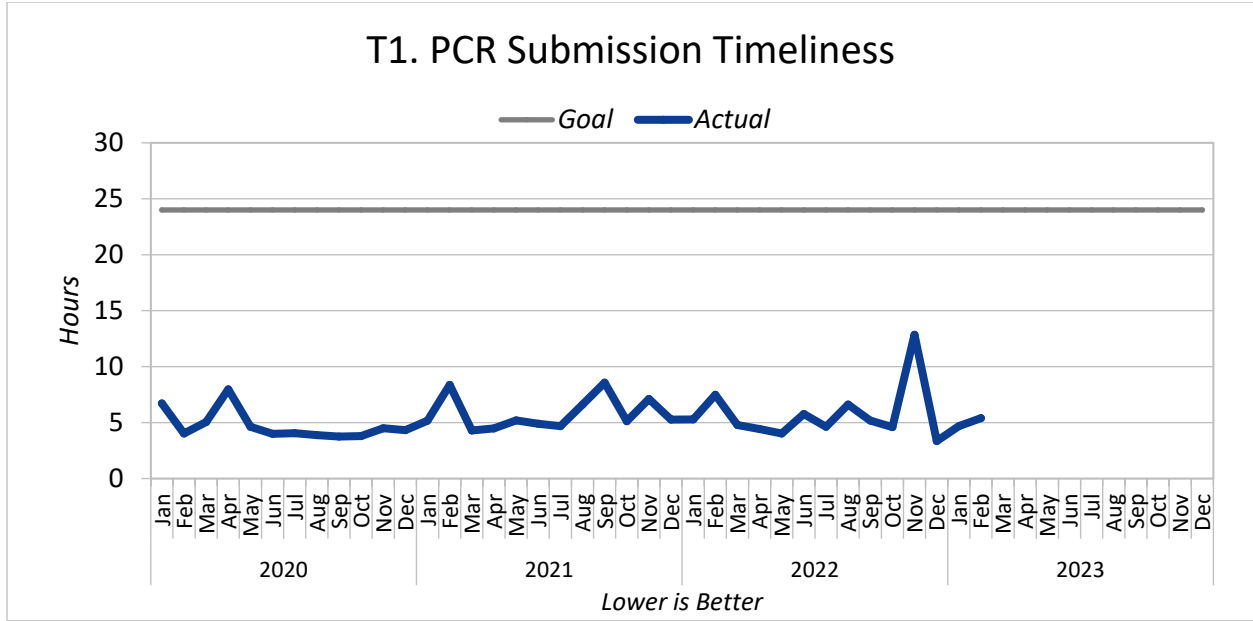
+1 248-509-0316 Phone Conference ID: 876 719 837#

Committee members:

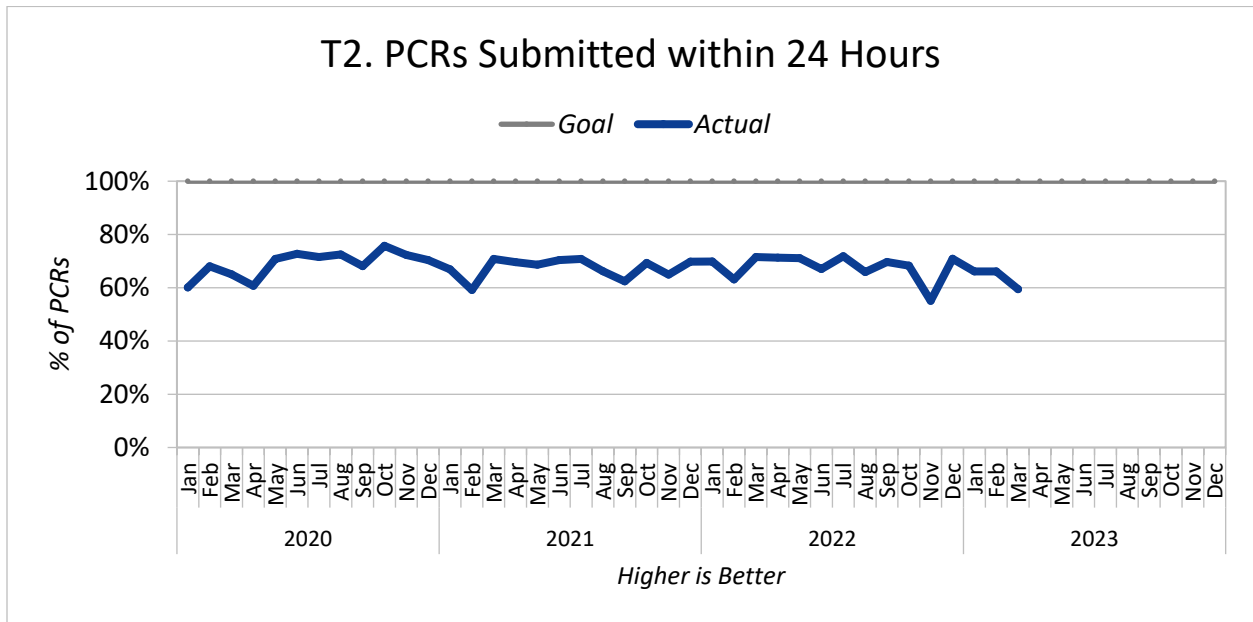
Joe Beatty, Luke Bowen, Jay Cooper, Lance Corey, Kraig Dodge, Damon Gorelick, Bonnie Kincaid, Angela Madden, Steve Myers, Eric Snidersich, Dr. Swor, John Theut, Kevin Wilkinson.

- 1. Call to Order**
- 2. Approval of Agenda and Minutes**
- 3. Old Business**
 - a. Request for Proposal - Sabrina
 - b. Validation / Performance Measures/Data Dashboard – Johnny
 - c. Biospatial Update –Emily and Johnny
 - d. Elite 3.5 Transition – Kevin
 - e. New Data Documentation Tool – Emily Bergquist
 - f. Cross Walk – Emily Baker and John Theut
- 4. New Business**
 - a. Elect New Chair
- 5. Additional Items from Attendees**
- 6. Adjourn**

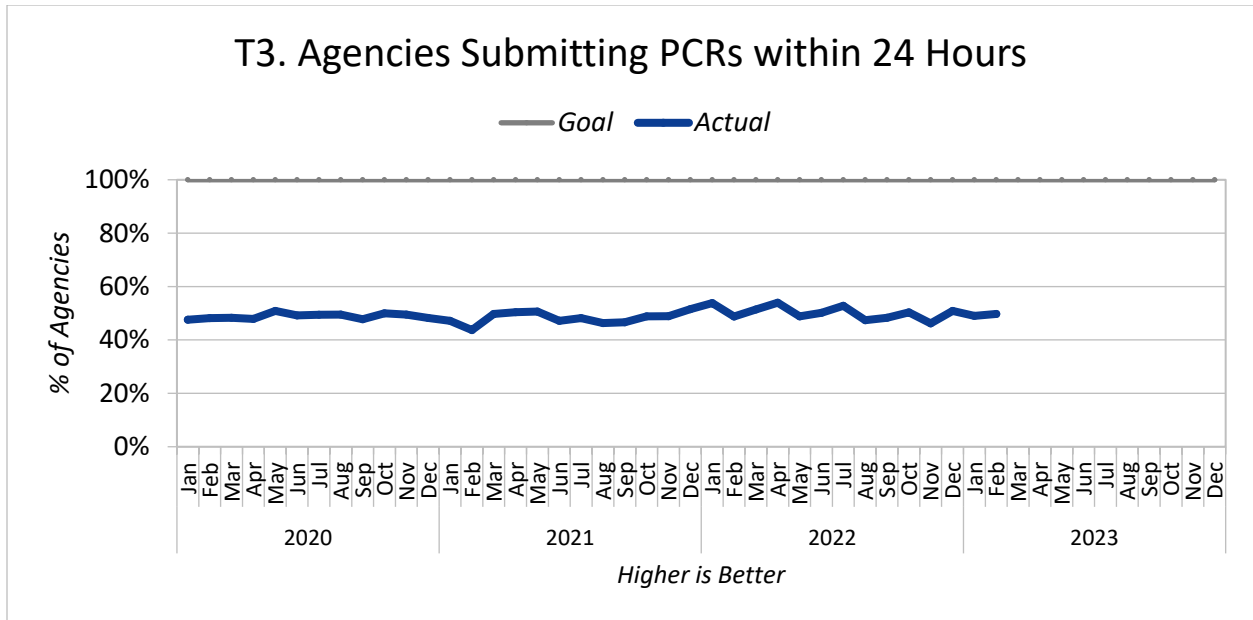
Next Meeting: June 8, 2023, from 1:00 p.m. to 3:00 p.m.



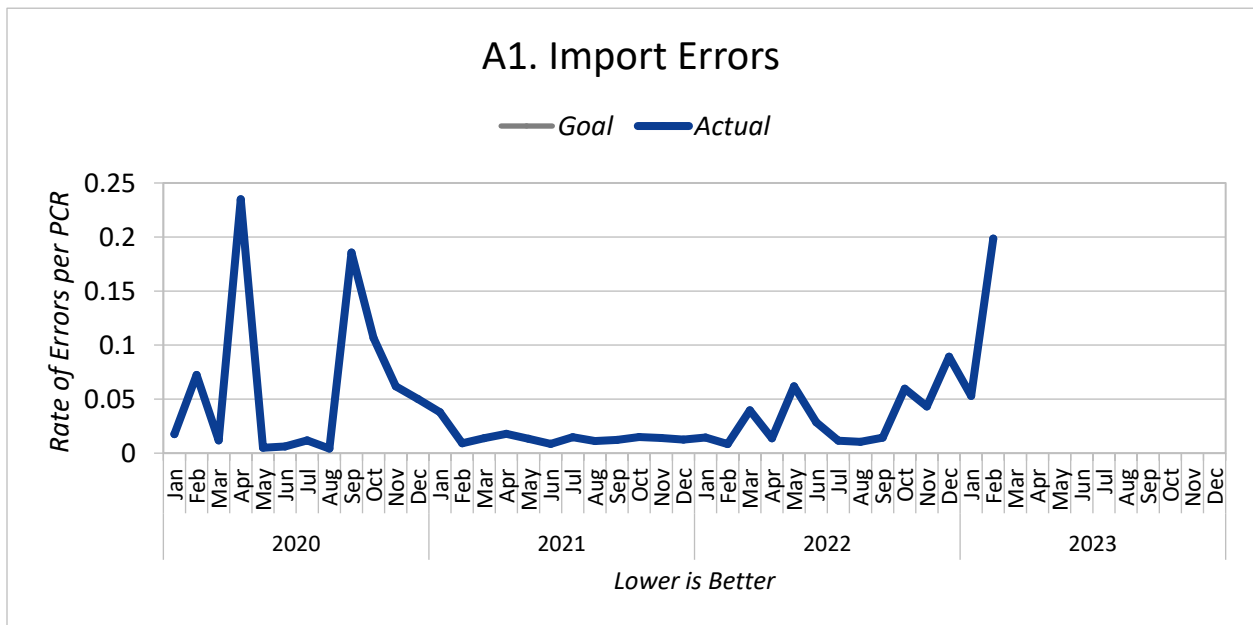
The median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call).



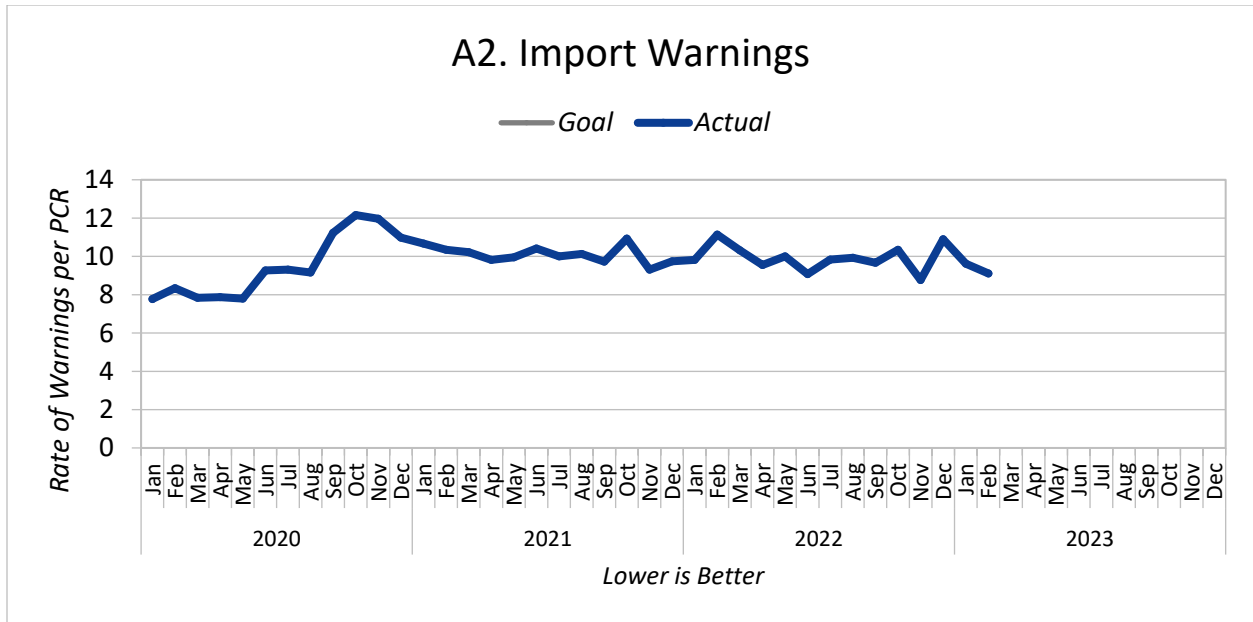
The percentage of NEMSIS version 3 patient care reports received by the state data system within 24 hours from the time the EMS unit was back in service after the call.



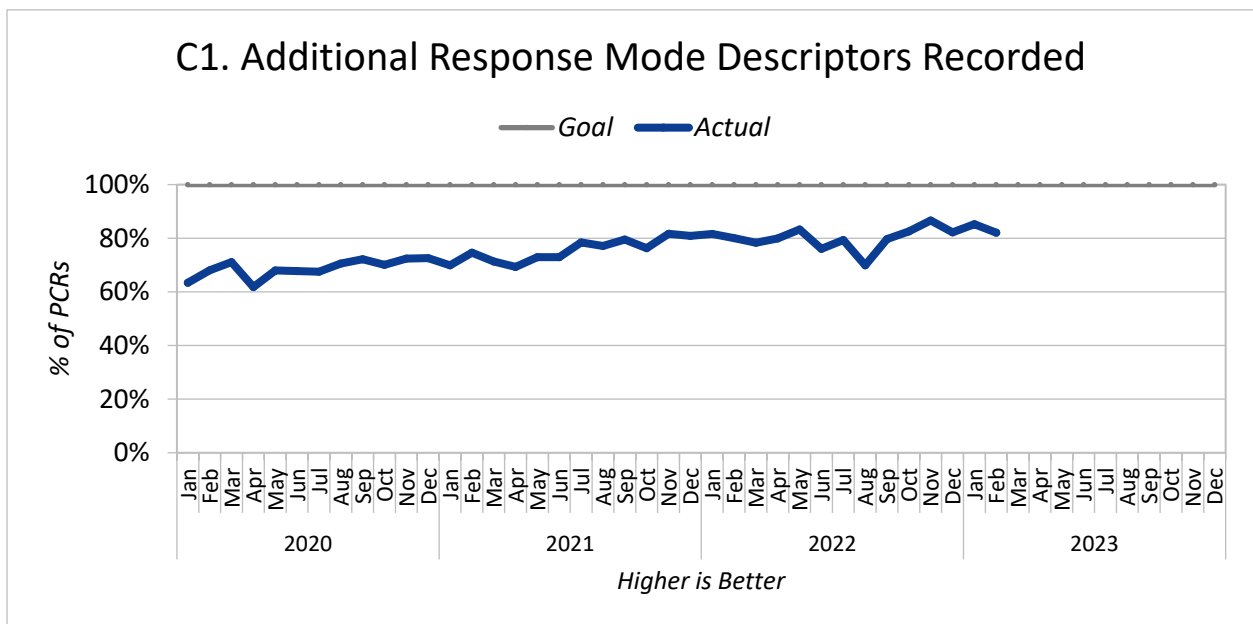
The percentage of agencies where the median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call) is less than 24.



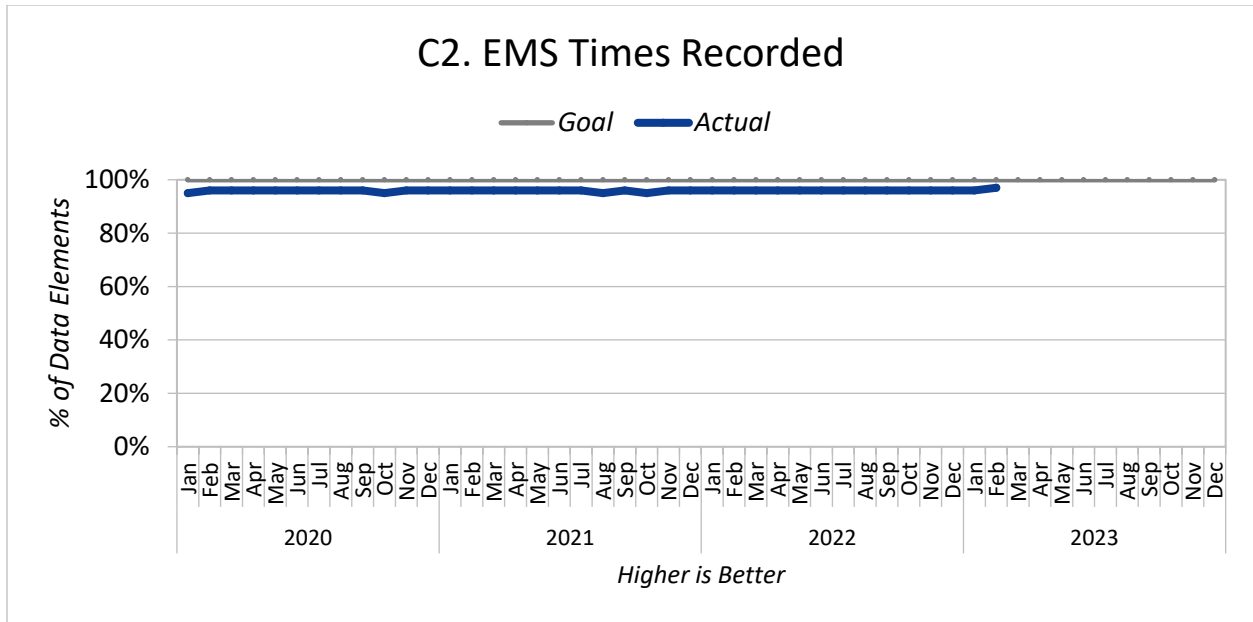
The rate of errors in NEMSIS 3 data submitted to the state EMS data system from other systems.



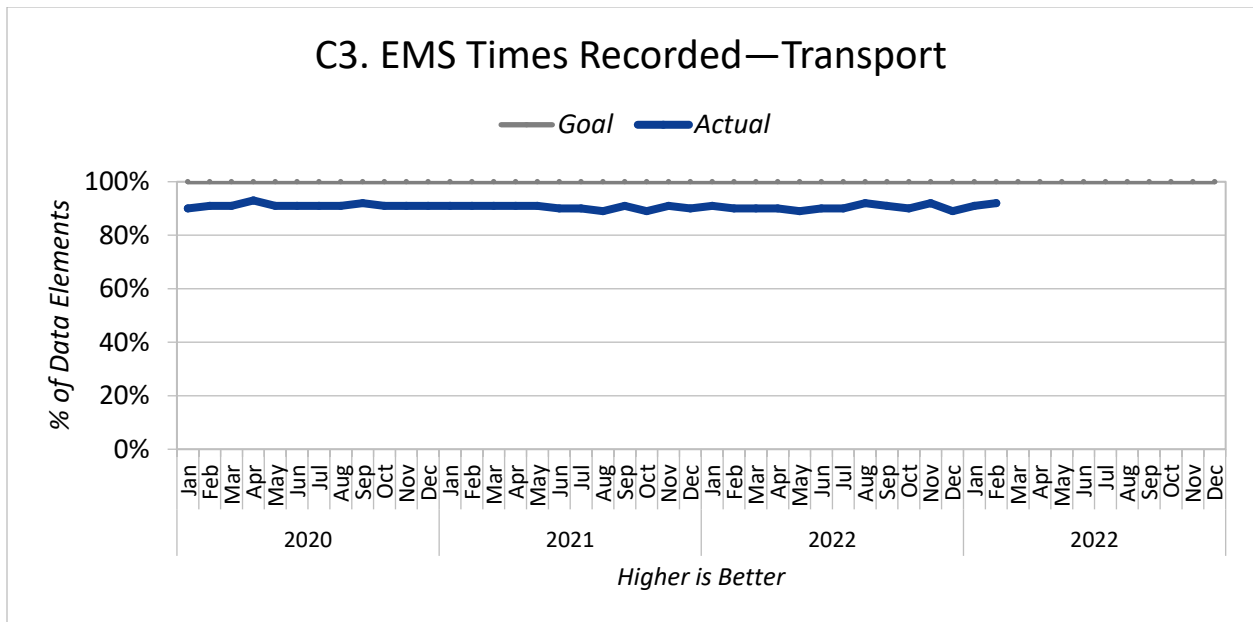
The rate of warnings in NEMSIS 3 data submitted to the state EMS data system from other systems.



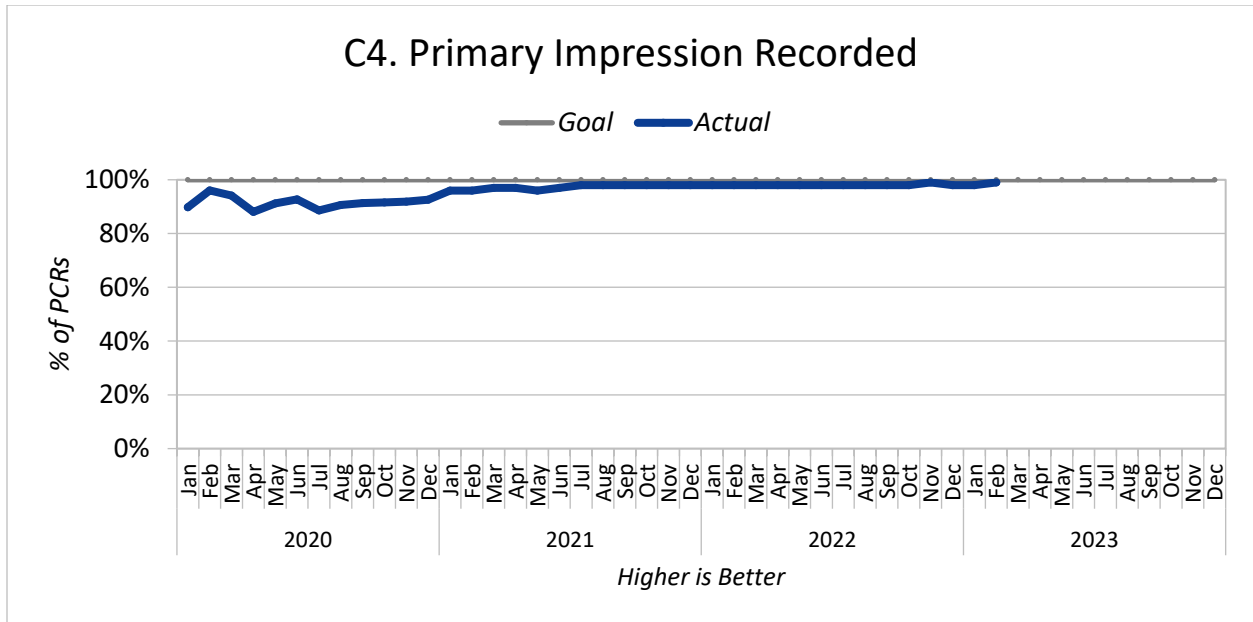
Where there is an incident scene, the percentage of patient care reports where Additional Response Mode Descriptors is recorded with a non-blank value.



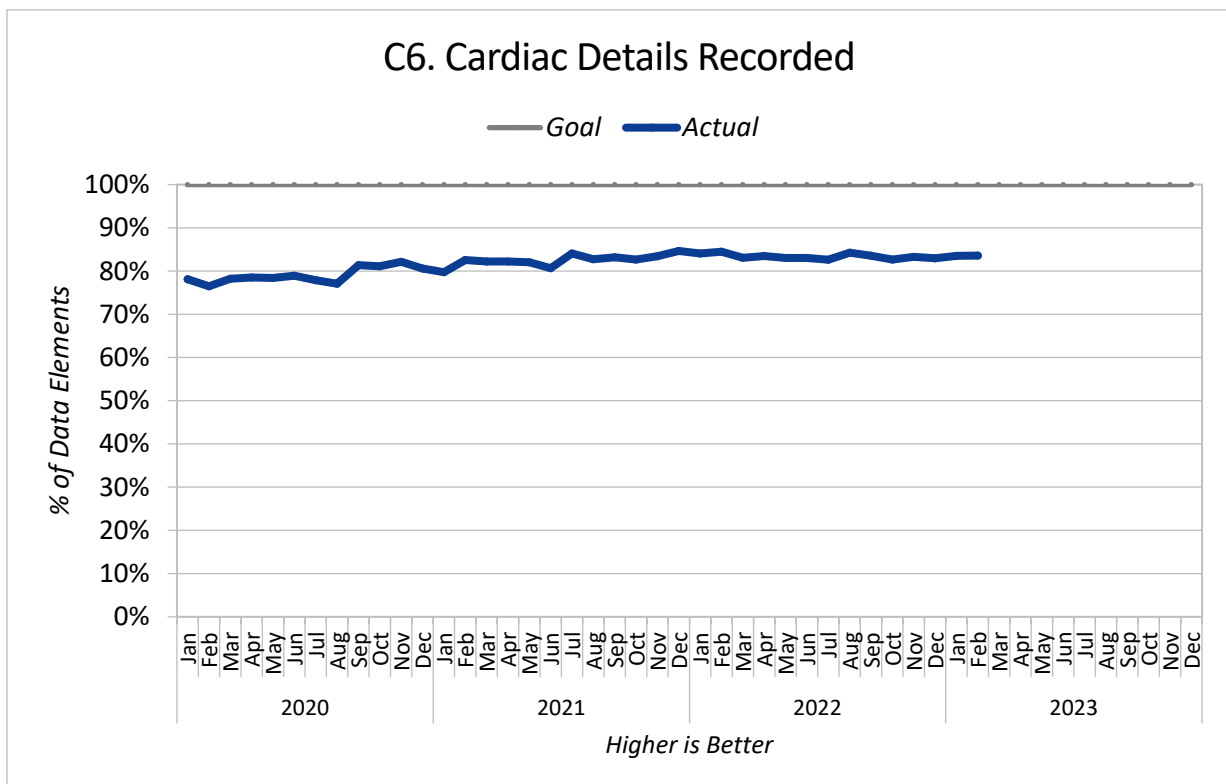
Where a patient is encountered, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



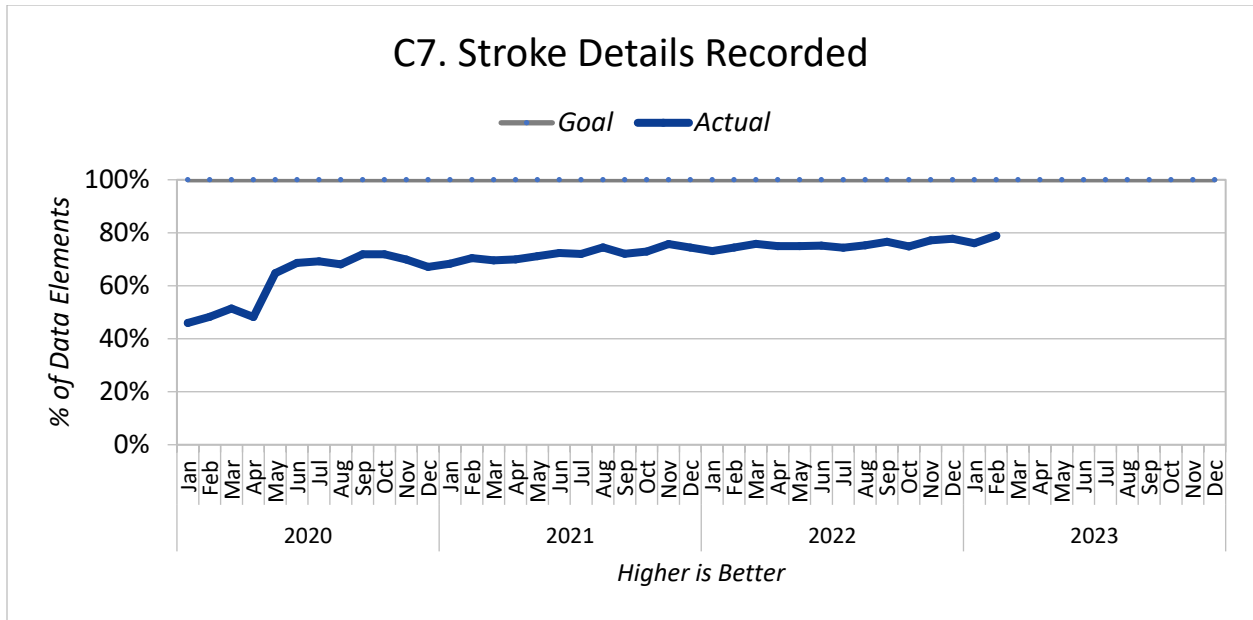
Where a patient is transported by EMS, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



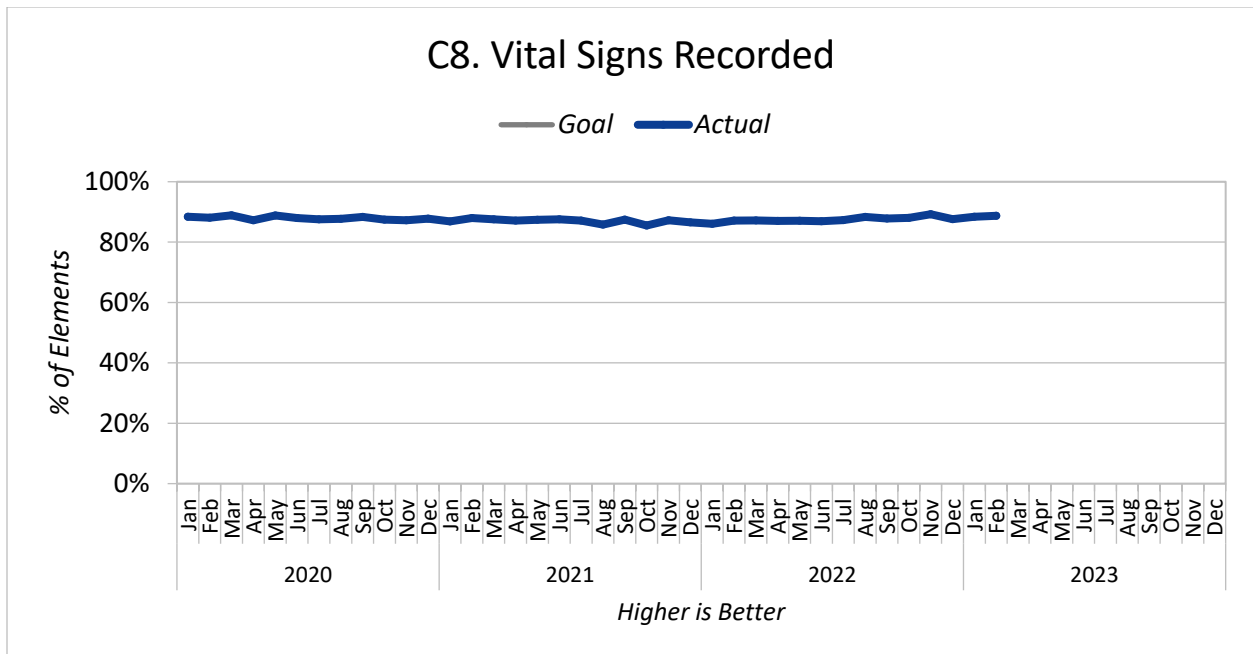
Where a patient is treated, the percentage of NEMSIS 3 patient care reports with a Primary Impression recorded



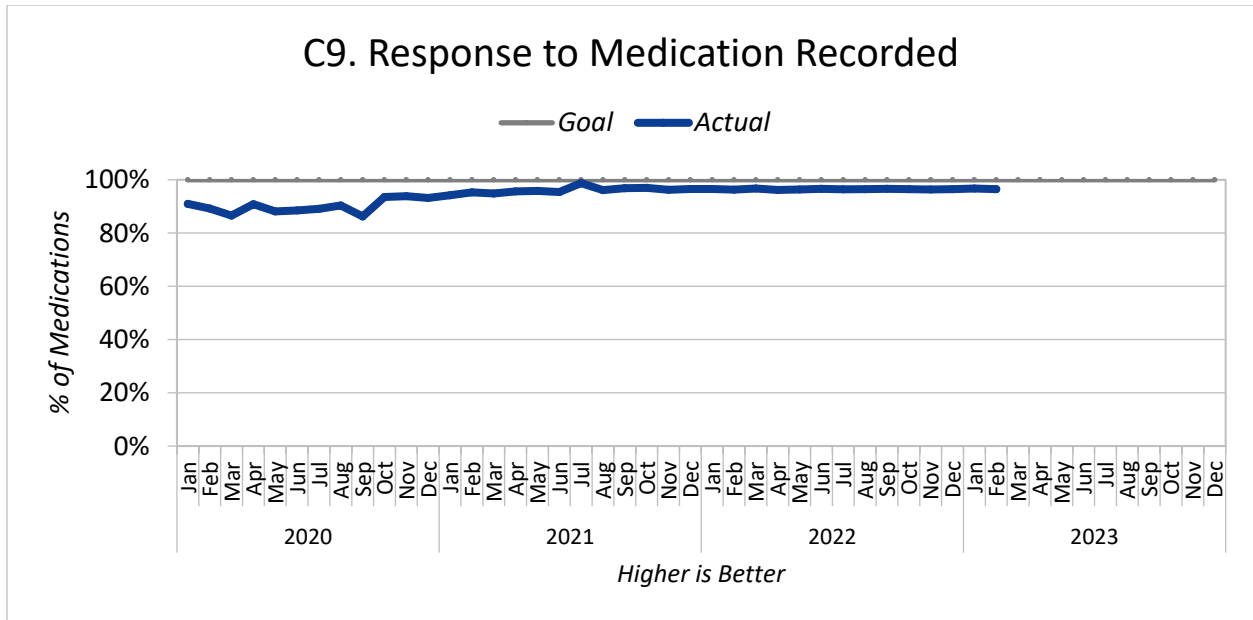
Where there is a cardiac arrest, the average percentage of selected cardiac-related elements with a non-blank value per NEMSIS 3 patient care report.



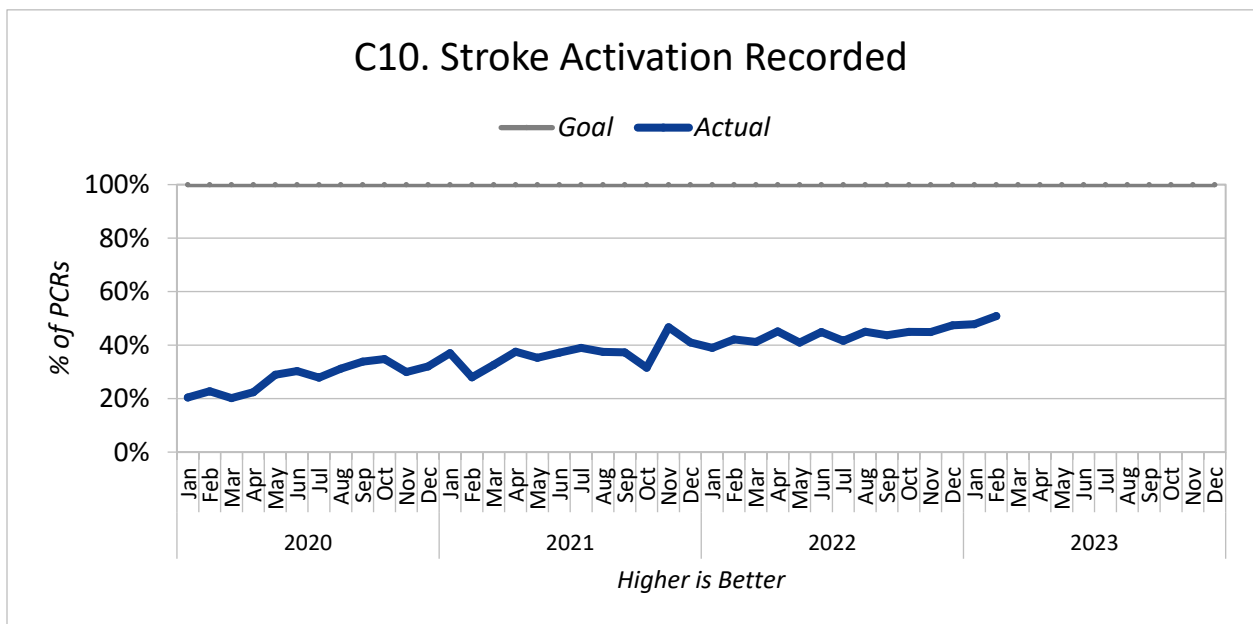
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene), the average percentage of selected stroke-related elements with a non-blank value per NEMSIS 3 patient care report.



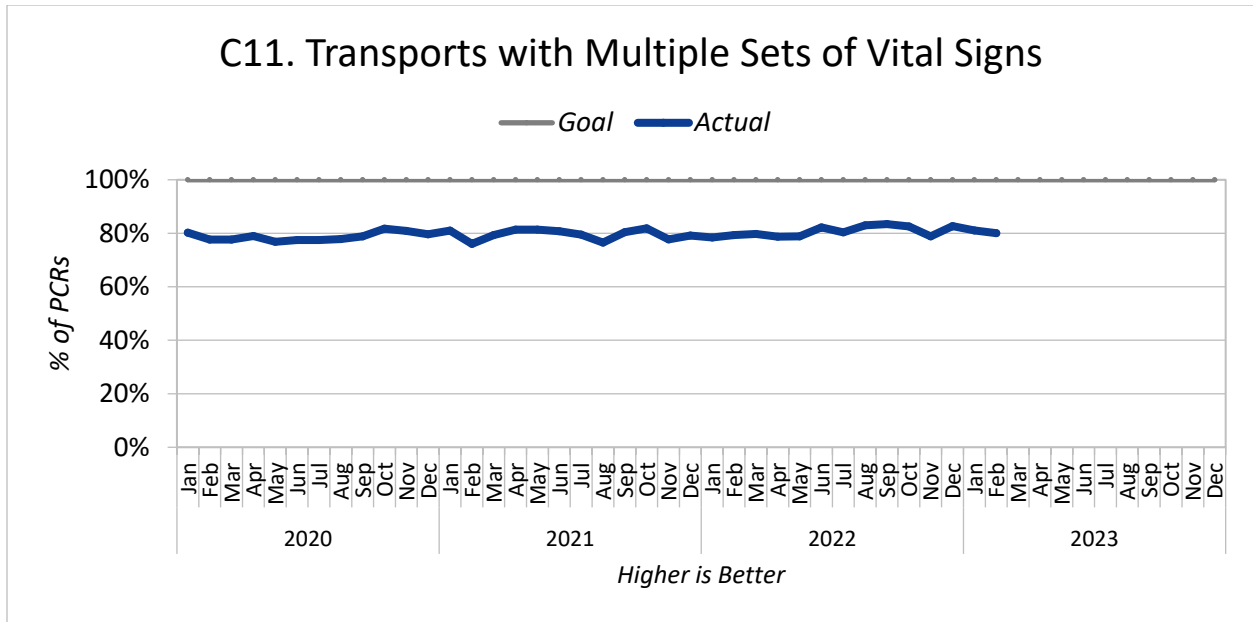
Where a patient is treated, the average percentage of selected vital sign elements with a non-blank value per NEMSIS 3 patient care report.



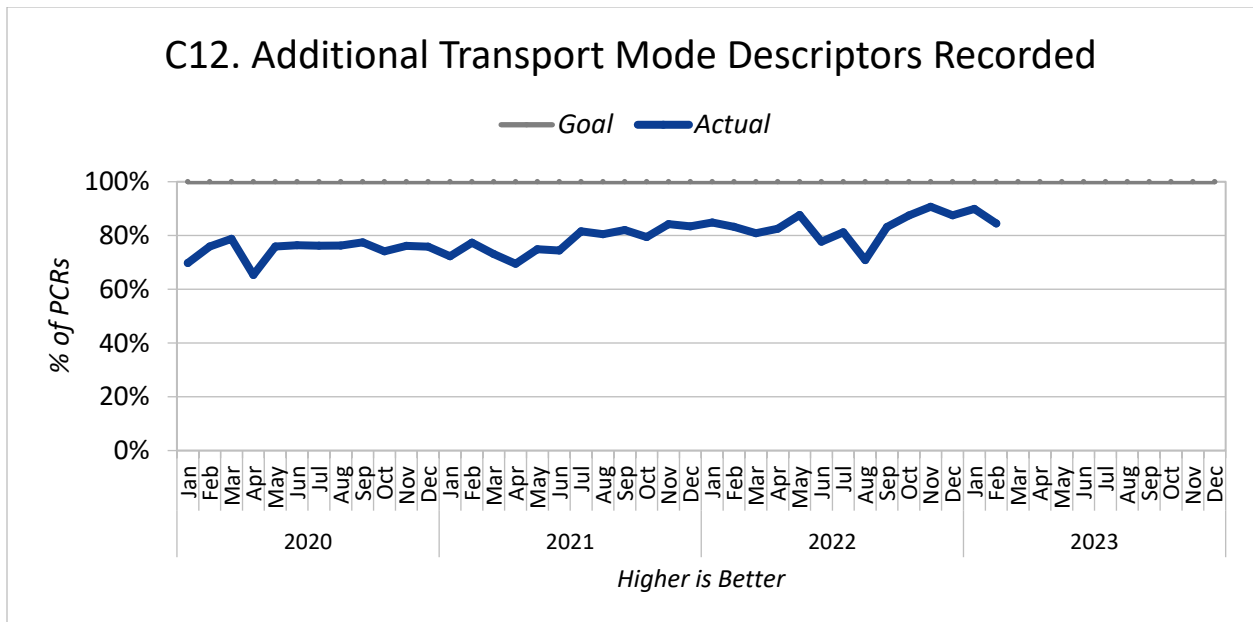
The percentage of medication administrations with Response to Medication recorded



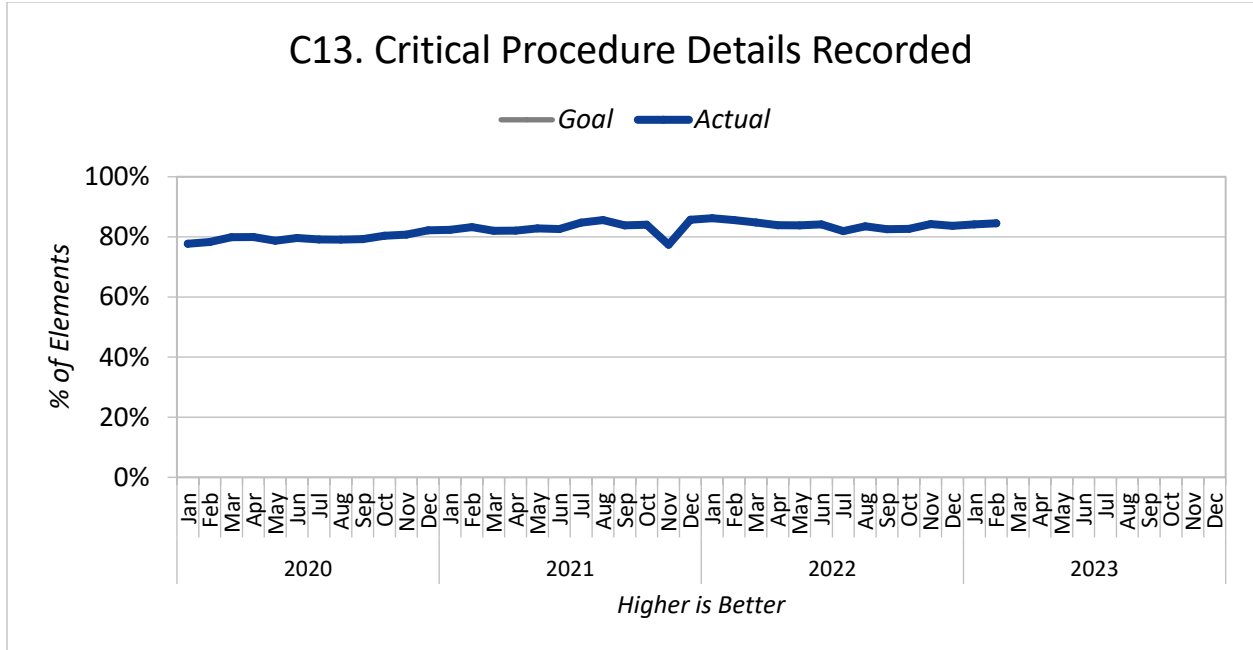
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene) and a patient is treated and transported, the percentage of NEMSIS 3 patient care reports with a destination team stroke pre-arrival alert or activation recorded.



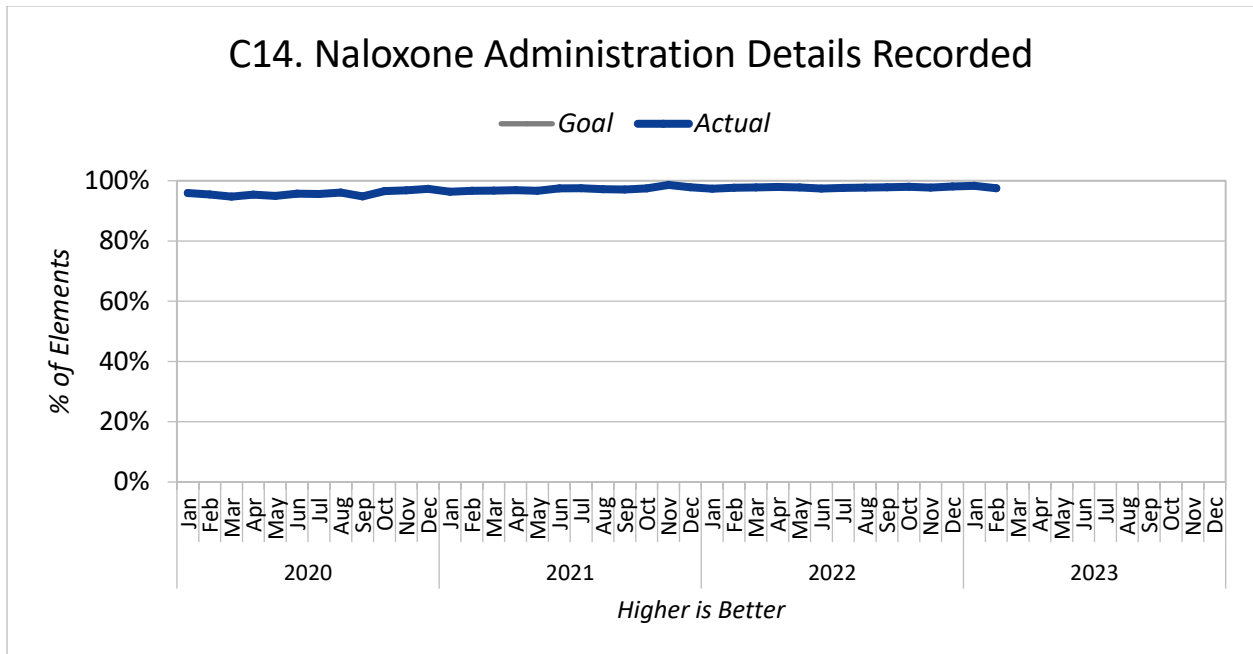
Where a patient is treated and transported, the percentage NEMSIS 3 patient care reports where more than one set of vital signs is recorded.



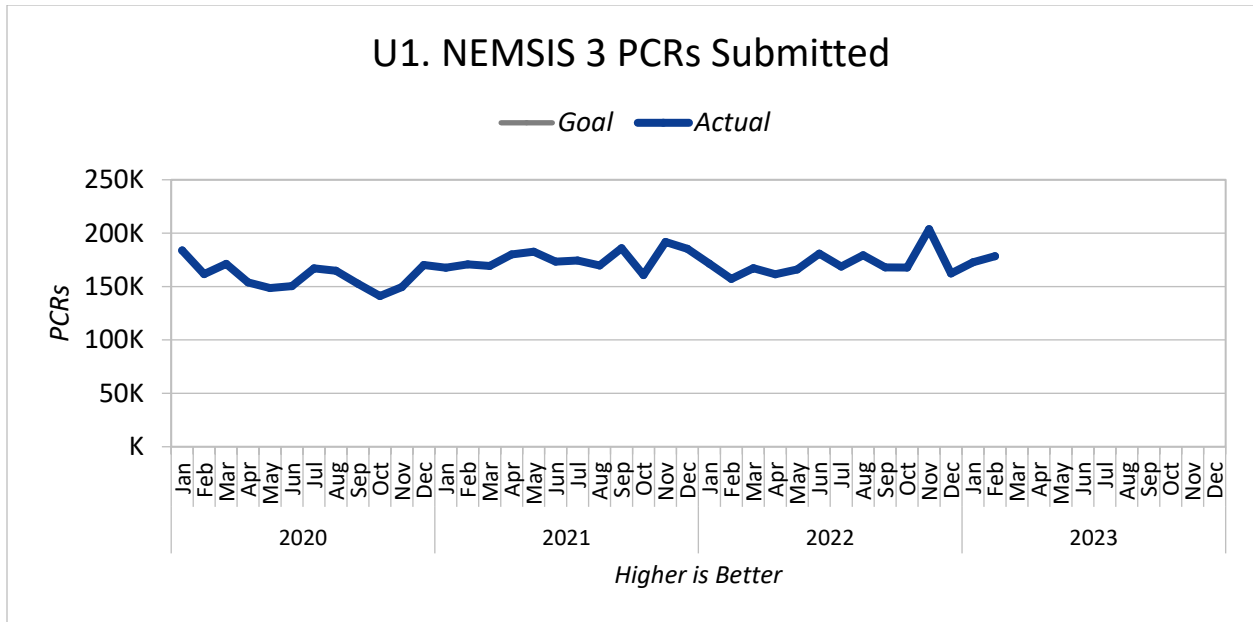
Where a patient is treated and transported, the percentage of patient care reports where Additional Transport Mode Descriptors is recorded with a non-blank value.



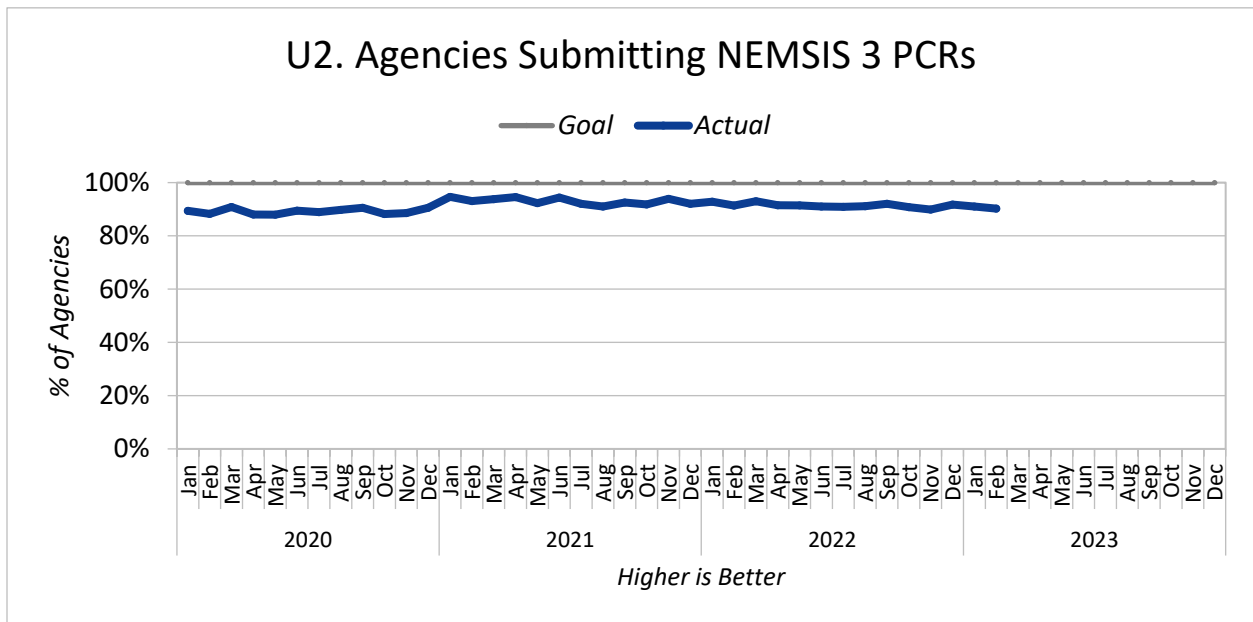
Where a critical procedure is performed, the average percentage of selected procedure-related elements with a non-blank value per procedure performed.



Where naloxone is administered, the average percentage of selected medication-related elements with a non-blank value per naloxone administration.

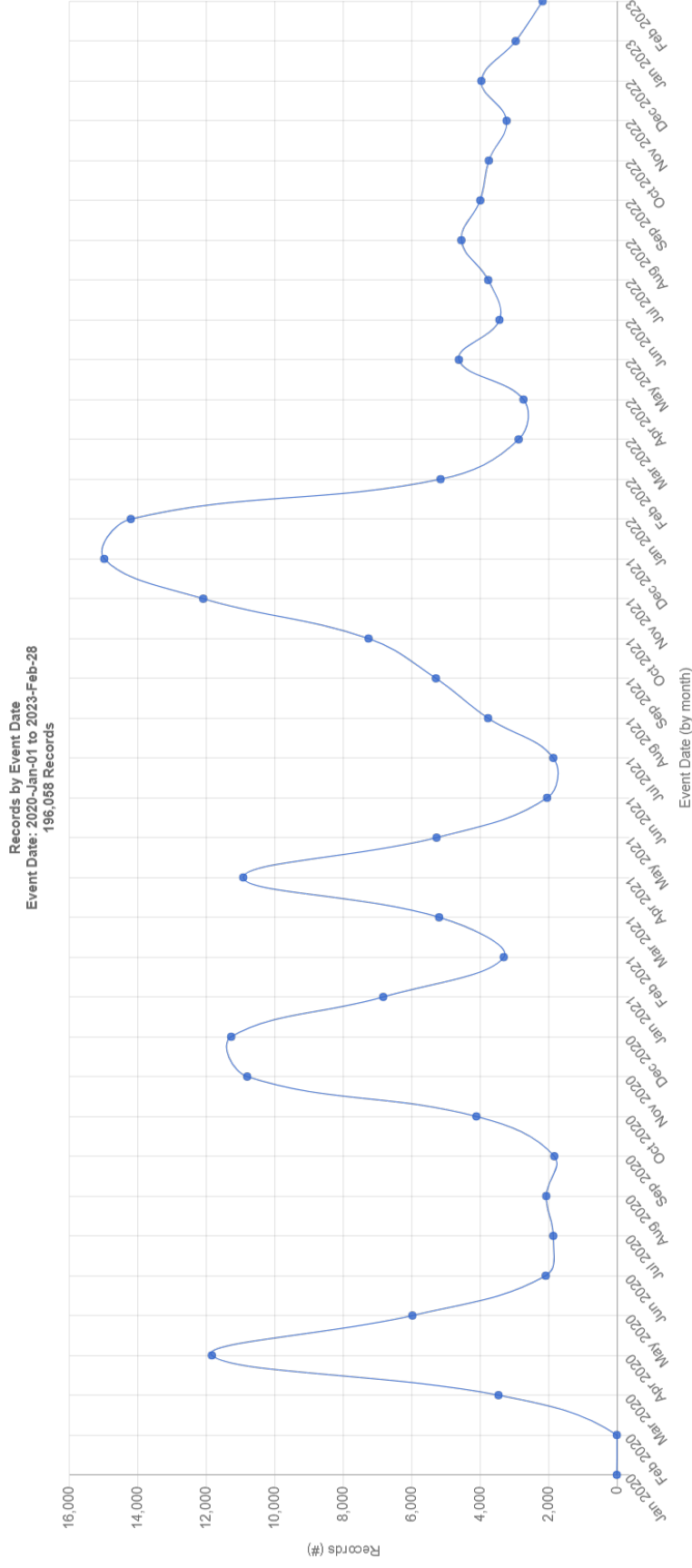


The number of NEMSIS version 3 patient care reports received by the state data system.



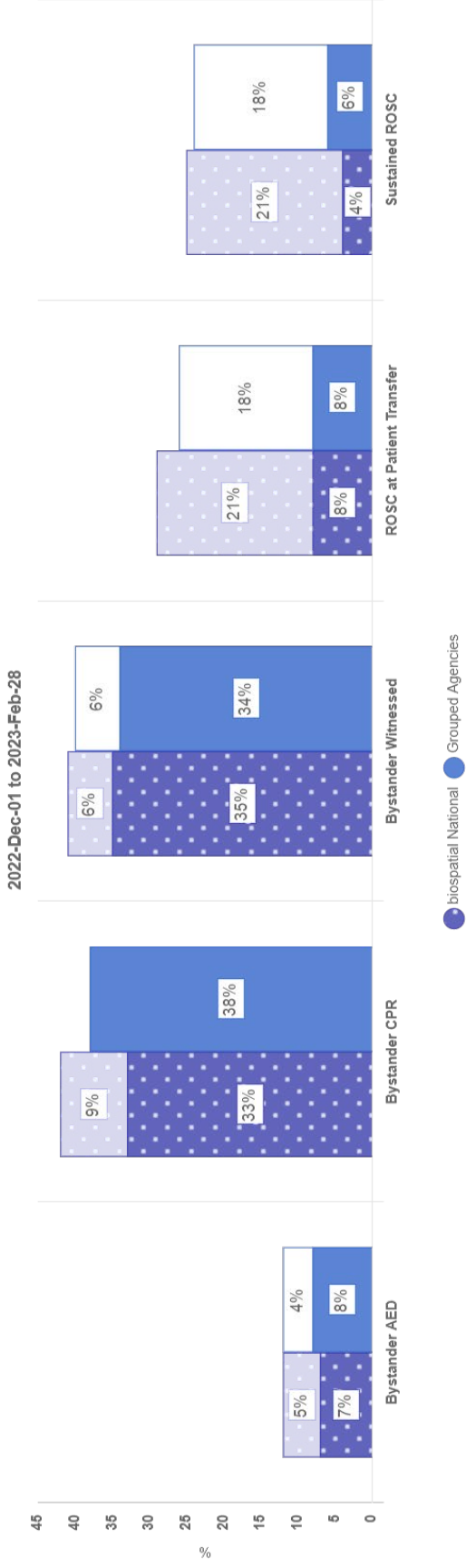
The percentage of agencies submitting NEMSIS version 3 data.

Covid 19 Syndrome



The **COVID-19 syndrome** is designed to capture potential Coronavirus Disease 2019 (COVID-19, also referred to as Wuhan coronavirus or 2019-nCoV) patients. While EMS may not have the capability to diagnose COVID-2019, documentation and detection of possible cases will assist users in surveillance and may initiate follow-up investigation. This syndrome analyzes the record for symptoms of respiratory, gastro-intestinal, or influenza-like illness (fever, cough, shortness of breath, lower respiratory infection, pleural effusion, diarrhea, etc.), as well as indication of travel to an affected geographic region (Asia, China, Europe, Iran, Italy), patient contact with someone who has traveled to one of those regions, or patient contact with someone who may have COVID-19.

Cardiac Arrest Measures



Bystander AED: Percentage of cardiac arrest events occurring prior to EMS arrival for which an automated external defibrillator (AED) was utilized by a bystander. Note this metric can only be computed for NEMESIS v3 data.

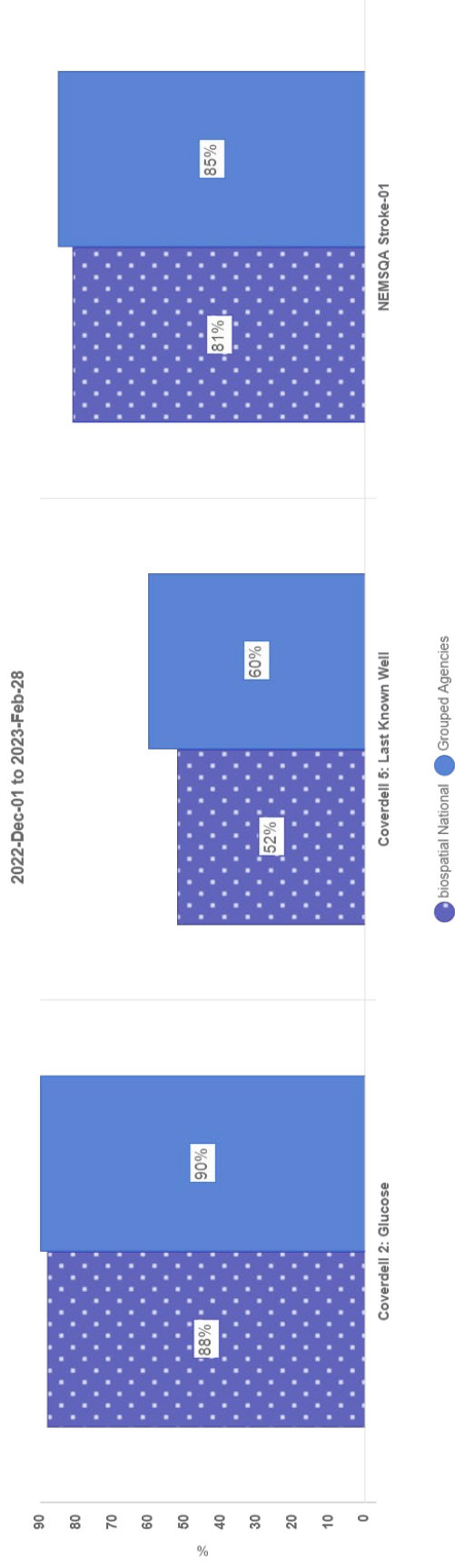
Bystander CPR: Percentage of cardiac arrest events occurring prior to EMS arrival for which cardiopulmonary resuscitation (CPR) was performed by a bystander. Note this metric can only be computed for NEMESIS v3 data.

Bystander Witnesses: Percentage of cardiac arrest events occurring prior to EMS arrival that were witnessed by a bystander.

ROSC at Patient Transfer: Percentage of cardiac arrest events for which return of spontaneous circulation (ROSC) was maintained at the time of patient transfer.

Sustained ROSC: Percentage of cardiac arrest events for which a sustained (≥ 20 minute) return of spontaneous circulation (ROSC) was attained.

Stroke Measures

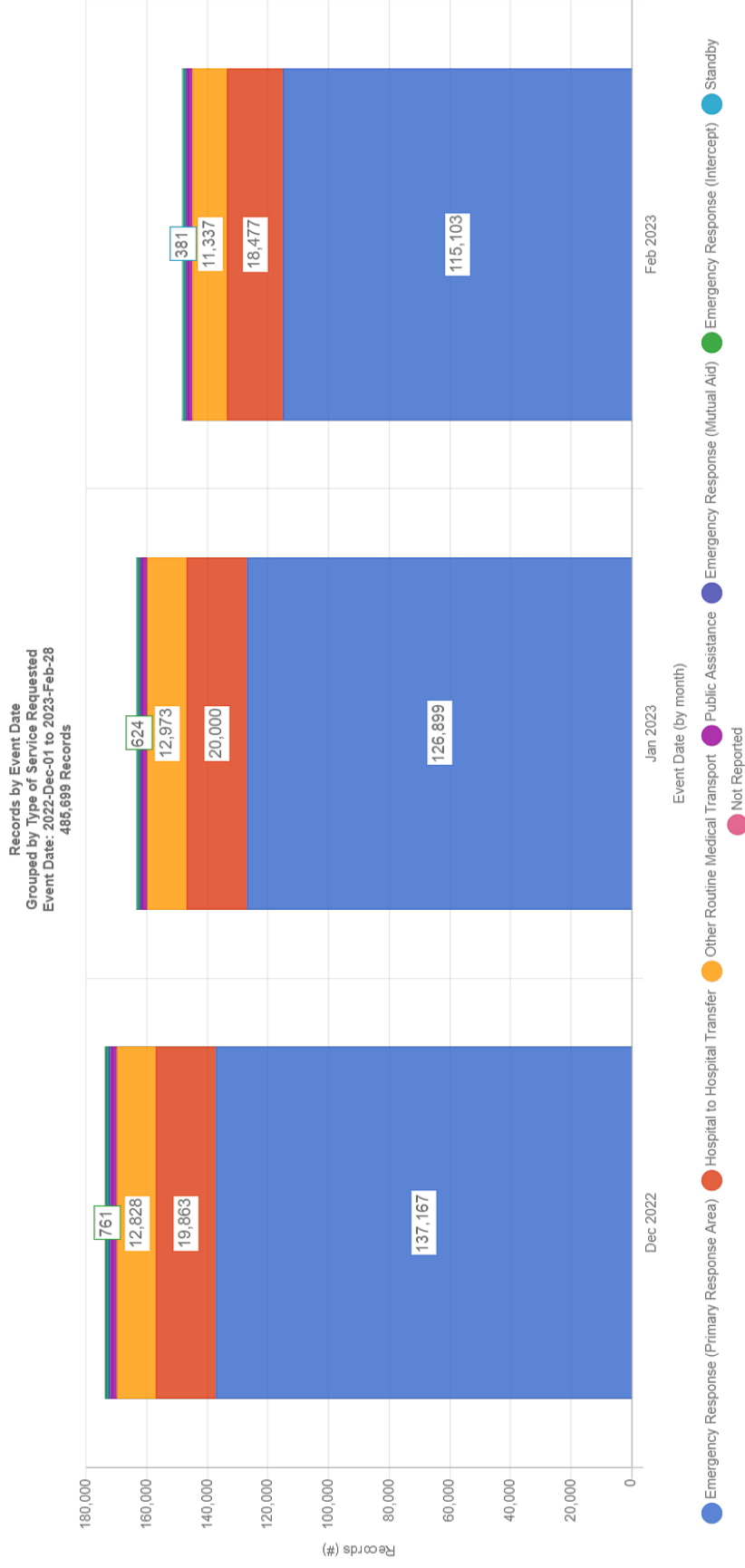


NEMSQA Stroke-01: Percentage of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response.

Coverdell 2: Glucose The purpose of this QPM is to identify assessment of blood glucose as an important pre-hospital intervention in the stroke chain of survival. Hypoglycemia is frequently found in patients with stroke-like symptoms; administering glucose may resolve neurological deficits.

Coverdell 5: Last Known Well The purpose of this QPM is to assess EMS documentation of time last known to be well, without signs and symptoms of acute stroke, at baseline. Note this metric can only be computed for NEMESIS v3 data. NEMESIS v2 stroke records will be “unknown” for this metric.

Event Records



Statewide record count submitted by ALL Michigan EMS Agencies, split by Type of Service Requested.