**NOTE**: To use Track Changes, turn off “protection” by clicking on (pre-MS Word 2007) Tools > Unprotect Document or (MS Word 2007 and higher) Review > Protect Document.

**PSS-Lite/Investigative Projects: Sections surrounded by a BOLD OUTLINE must be completed for approval of "Investigative Projects" (a.k.a PSS-Lite).**

1. Project Name and ID

|  |  |
| --- | --- |
|  |  |
| **Emergency Medical Services (EMS) Hospital Outcomes Report** | Project ID:  |
|

|  |  |
| --- | --- |
| [ ]  | TSC Notification Informative/DSTU to Normative Date :  |

 |  |
|  |
|

|  |  |
| --- | --- |
| [ ]  | Investigative Project Date :  |

 |
|  |

1. Sponsoring Group(s) / Project Team

|  |  |
| --- | --- |
| Primary Sponsor/Work Group (**1 Mandatory**)  | **CIC** |
| Co-sponsor Work Group(s) | Structured Documents |
| Co-Sponsor Group Approval Date | 5/28/15 |
| Indicate the level of involvement that the co-sponsor will have for this project:

|  |  |
| --- | --- |
| [ ]  | Request formal content review prior to ballot |
| [x]  | Request periodic project updates. Specify period:  | Monthly |
| [ ]  | Other Involvement. Specify details here:  |  |

 |
| Co-sponsor Work Group(s) | Emergency Care |
| Co-Sponsor Group Approval Date | 7/16/2015 |
| Indicate the level of involvement that the co-sponsor will have for this project:

|  |  |
| --- | --- |
| [ ]  | Request formal content review prior to ballot |
| [x]  | Request periodic project updates. Specify period:  | Monthly |
| [ ]  | Other Involvement. Specify details here:  |  |

 |
|  |
|  |  |
| **Project Team:** |  |
| Project facilitator (**1** **Mandatory**) | **Jay Lyle** |
| Other interested parties and their roles |  |
| Multi-disciplinary project team (recommended) |  |
|  Modeling facilitator | **Jay Lyle** |
|  Publishing facilitator | **Anita Walden** |
|  Vocabulary facilitator | **Sarah Ryan** |
|  Domain expert rep | Clay Mann |
|  Business requirement analyst |  |
|  Conformance facilitator (for IG projects) |  |
|  Other facilitators (SOA, SAIF) |  |
|  |  |
| Implementers **(2** **Mandatory** for DSTU projects)***FHIR Project Note:*** *The implementer requirement will be handled by the “balloting” project. Therefore work groups do not fill out the above section. However, feel free to list implementers specific to your work group’s resources if you know of any.* |
| 1) send: University of Colorado Health (Zoll, Inc.) |
| 2) receive: Poudre Valley Hospital EMS, Fort Collins, Colorado (EPIC) |
| 3) Presence Saint Francis Hospital(IL)(send)  |
| 4) Village Of Lincolnwood Fire Department (IL) (receive) |
| 5) South Shore Hospital, Boston MA (send) |
| 6) DPH/Office of Emergency Medical Services, MA (receive) |

1. Project Definition
	1. Project Scope

|  |
| --- |
| **We will develop a CDA implementation guide to support hospital reporting of a patient’s outcome information to the EMS agency initially transporting the patient to the hospital. This guide will include elements not specified in the C-CDA discharge summary, and it will provide guidance for associating ED discharge summaries, inpatient discharge summaries, and EMS patient care reports. Its structure will probably align with the C-CDA discharge summary in order to support implementer code reuse, though we may choose not to assert conformance to the specification (tbd), as that document requires sections not germane to EMS agency interests.**  |

* 1. Project Need

|  |
| --- |
| **Patient outcome data is critical to assessing EMS performance. Agencies will benefit from a standardized method of acquiring this data and associating it with EMS records.**  |

* 1. Success Criteria

|  |
| --- |
| **A balloted normative standard** |

* 1. Project Risks

|  |  |
| --- | --- |
| Risk Description:  | **None identified** |
| Impact:  |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Critical | [ ]  Serious | [ ]  Significant | [ ]  Low |

 |
| Likelihood:  |

|  |  |  |
| --- | --- | --- |
| [ ]  High | [ ]  Med | [ ]  Low |

 |
| Risk Type:  |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Requirements | [ ]  Resources | [ ]  Social-Political | [ ]  Technology |

 |
| Risk To HL7:  |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Internal to HL7 |  | [ ]  External to HL7 |  |

 |
| Mitigation Plan:  |  |
|  |

* 1. Security Risks

|  |  |  |  |
| --- | --- | --- | --- |
| Will this project produce executable(s), for example, schemas, transforms, stylesheets, executable program, etc. If so the project must review and document security risks. | [ ]  Yes | [x]  No | [ ]  Unknown |

* 1. External Drivers

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

* 1. Project Objectives / Deliverables / Target Dates

|  |  |
| --- | --- |
|  | **Target Date**  |
| **Complete assessment of leverageable C-CDA assets** | **May 20, 2015** |
| **Develop constrained model of specification** | **June 1, 2015** |
| **Develop guide for DSTU ballot** | **June 30, 2015** |
| **Submit guide to DSTU 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 normative ballot** | **April 2016** |
| **Reconcile normative ballot comments**  | **May 2016** |
| **Publish** | **June 2016** |

* 1. Common Names / Keywords / Aliases

|  |
| --- |
| **EMS Hospital Outcomes summary** |

* 1. Lineage

|  |
| --- |
| **NA** |

* 1. Project Requirements

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

* 1. Project Dependencies

|  |
| --- |
| **None****A question was raised outside this form regarding the identification of UB-04 as a terminology source. We plan to use the UB-04 disposition codes stipulated by CMS, as they are likely to be available (and already designated) to the facility. These codes are also used by C-CDA (**NUBC UB-04 FL17 Patient Status 2.16.840.1.113883.3.88.12.80.33**).** |

* 1. Project Document Repository Location

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

* 1. Backwards Compatibility

[*Click here*](#Backwards_Compatibility_help) *to go to Appendix A for more information regarding this section and FHIR project instructions.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are the items being produced by this project backward compatible? | [x]  Yes | [ ]  No | [ ]  Unknown | [ ]  N/A |
|  |
| For V3, are you using the current data types?  | [ ]  Yes | [x]  No |  |  |
| If you check 'No' please explain the reason:  |
| **As a CDA, this guide will use the datatypes R1. We’re not sure whether the “V3” in this question includes CDA.****This guide will align with the C-CDA Discharge summary to facilitate reuse, but it may not assert conformance (to be determined) because of CCDA requirements not germane to the EMS space.****This guide will align hospital data with the normative EMS Patient Care Report IG.** |

* 1. External Vocabularies

[*Click here*](#External_Vocabularies_help) *to go to Appendix A for more information regarding this section.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will this project include/reference external vocabularies? | [x]  Yes | [ ]  No | [ ]  Unknown | [ ]  N/A |
| SNOMED CT, LOINC, ICD-10 PCS, UB-04 |

1. Products

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| [ ]  | Non Product Project- (Educ. Marketing, Elec. Services, etc.)  |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Domain Information Model (DIM / DMIM) |

 |
|

|  |  |
| --- | --- |
| [ ]  | Arden Syntax |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Documents – Administrative (e.g. SPL) |

 |
|

|  |  |
| --- | --- |
| [ ]  | Clinical Context Object Workgroup (CCOW) |

 |

|  |  |
| --- | --- |
| [x]  | V3 Documents – Clinical (e.g. CDA) |

 |
|

|  |  |
| --- | --- |
| [ ]  | Domain Analysis Model (DAM) |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Documents - Knowledge |

 |
|

|  |  |
| --- | --- |
| [ ]  | Electronic Health Record (EHR) Functional Profile |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Foundation – RIM |

 |
|

|  |  |
| --- | --- |
| [ ]  | Logical Model |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Foundation – Vocab Domains & Value Sets |

 |
|

|  |  |
| --- | --- |
| [ ]  | V2 Messages – Administrative |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Messages - Administrative |

 |
|

|  |  |
| --- | --- |
| [ ]  | V2 Messages - Clinical |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Messages - Clinical |

 |
|

|  |  |
| --- | --- |
| [ ]  | V2 Messages - Departmental |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Messages - Departmental |

 |
|

|  |  |
| --- | --- |
| [ ]  | V2 Messages – Infrastructure |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Messages - Infrastructure |

 |
|

|  |  |
| --- | --- |
| [ ]  | FHIR Resources |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Rules - GELLO |

 |
|

|  |  |
| --- | --- |
| [ ]  | FHIR Profiles |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Services – Java Services (ITS Work Group) |

 |
|

|  |  |
| --- | --- |
| [ ]  | New/Modified/HL7 Policy/Procedure/Process |

 |

|  |  |
| --- | --- |
| [ ]  | V3 Services – Web Services (SOA) |

 |
|

|  |  |
| --- | --- |
| [ ]  | New Product Definition |

 |  |
|

|  |  |
| --- | --- |
| [ ]  | New Product Family  |

 |  |
|  |

1. Project Intent (check all that apply)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| [x]  | Create new standard |
| [ ]  | Revise current standard (**see text box below**) |
| [ ]  | Reaffirmation of a standard |
| [ ] [ ]  | New/Modified HL7 Policy/Procedure/ProcessWithdraw an Informative Document |
| [ ]  | N/A (Project not directly related to an HL7 Standard) |

 |

|  |  |
| --- | --- |
| [ ]  | Supplement to a current standard |
| [ ]  | Implementation Guide (IG) will be created/modified |
|  | Project is adopting/endorsing an externally developed IG: Specify external organization in Sec. 6 below; Externally developed IG is to be (select one): |
| [ ]  | Adopted - OR - [ ]  Endorsed |  | Endorsed |

 |
|  |

* 1. Ballot Type (check all that apply)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| [ ]  | Comment Only |
| [ ]  | Informative |
| [x]  | DSTU to Normative |

 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| [ ]  | Normative (no DSTU) |
| [ ]  | Joint Ballot (with other SDOs or HL7 Work Groups) |
| [ ]  | N/A (project won’t go through ballot) |

 |

 |
|  |
|  |

* 1. Joint Copyright

*Check this box if you will be pursuing a joint copyright. Note that when this box is checked, a Joint Copyright Letter of Agreement must be submitted to the TSC in order for the PSS to receive TSC approval.*

|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
| [x]  | Joint Copyrighted Material will be produced **NB**: Joint letter delivered previously for EMS PCR IG |

 |

1. Project Logistics
	1. External Project Collaboration

|  |
| --- |
| **US National Highway Traffic Safety Administration (NHTSA), via National Emergency Medical Services System (NEMSIS)** |
| For projects that have some of their content already developed: |
| How much content for this project is already developed? | **100% of represented content (0% of CDA adaptation)** |
| Was the content externally developed (Y/N)?  | **Yes: NEMSIS (see Patient Care Report IG for a list of participating professional societies)** |
| Date of external content review by the ARB? | **5/14/15** |
| Is this a hosted (externally funded) project? (not asking for amount just if funded) | [x]  Yes | [ ]  No |

* 1. Realm

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| [ ]  | Universal |

 | [x]  Realm Specific  |
|  | [ ]  Check here if this standard balloted or was previously approved as realm specific standard |
|  | **US**  |

* 1. Project Approval Dates

|  |  |
| --- | --- |
| Affiliate/US Realm Task Force Approval Date (for US Realm Specific Projects) | **2015-05-14** |
| Sponsoring Work Group Approval Date | **2015-05-12** |
| FHIR Project: FHIR Management Group Approval Date | **FMG Approval Date CCYY-MM-DD** |
| Steering Division Approval Date  | **SD Approval Date CCYY-MM-DD** |
|

|  |  |  |
| --- | --- | --- |
| [PBS Metrics and Work Group Health Reviewed](http://gforge.hl7.org/gf/download/docmanfileversion/7241/10172/PBSMetricGuidanceforSDCoChairs2013Final.doc)? (required for SD Approval) | [ ]  Yes | [ ]  No |

 |
| Technical Steering Committee Approval Date | **TSC Approval Date CCYY-MM-DD** |
|

|  |  |  |
| --- | --- | --- |
| TSC has received a Copyright/Distribution Agreement (which contains the verbiage outlined within the SOU), signed by both parties. | [ ]  Yes | [ ]  No |

 |

* 1. Stakeholders / Vendors / Providers

*This section must be completed for projects containing items expected to be ANSI approved, as it is an ANSI requirement for all ballots*

|  |  |  |
| --- | --- | --- |
| **Stakeholders** | **Vendors** | **Providers** |
| [ ]  Clinical and Public Health Laboratories | [ ]  Pharmaceutical | [ ]  Clinical and Public Health Laboratories |
| [ ]  Immunization Registries | [x]  EHR, PHR | [x]  Emergency Services |
| [ ]  Quality Reporting Agencies | [ ]  Equipment  | [ ]  Local and State Departments of Health |
| [ ]  Regulatory Agency | [ ]  Health Care IT | [ ]  Medical Imaging Service |
| [ ]  Standards Development Organizations (SDOs)  | [ ]  Clinical Decision Support Systems | [x]  Healthcare Institutions (hospitals, long term care, home care, mental health) |
| [ ]  Payors  | [ ]  Lab | [ ]  Other (specify in text box below) |
| [x]  Other (specify in text box below) | [ ]  HIS | [ ]  N/A |
| [ ]  N/A | [x]  Other (specify below) |  |
|  | [ ]  N/A |  |
|

|  |
| --- |
| **Stakeholders: EMS agencies, NEMSIS, NHTSA; Vendors: EMS** |

 |

* 1. Synchronization With Other SDOs / Profilers

|  |
| --- |
| Check all SDO / Profilers which your project deliverable(s) are associated with. |
| [ ]  ASC X12 | [ ]  CHA | [ ]  LOINC |
| [ ]  AHIP | [ ]  DICOM | [ ]  NCPDP |
| [ ]  ASTM | [ ]  GS1 | [ ]  NAACCR |
| [ ]  BioPharma Association (SAFE) | [ ]  IEEE | [ ]  Object Management Group (OMG) |
| [ ]  CEN/TC 251 | [ ]  IHE | [ ]  The Health Story Project |
| [ ]  CHCF | [ ]  IHTSDO | [ ]  WEDI |
| [ ]  CLSI | [ ]  ISO | [x]  Other (specify below) |
| There are both content and format reasons why the EMS standard differs from the OASIS EDXL family & TEP. First, TEP is about process management--primarily disaster, it needs to work in peacetime as well--whereas NEMSIS is about patient care. And second, the NEMSIS PCR and discharge summary are clinical documents, whereas the EDXL specs are messages. For these reasons, TEP was deemed not to be an appropriate vehicle for this information. |