

EMS DAM work session

Attendees

	Q1	Q2	Q3	Q4
Jay Lyle	x	x	x	X
Manish Shah	x	x	x	X
Pat Gunter	x	x		X
Brian McCourt	x	x	x	x
Patricia Greim	x			
Salimah Shakir	x	x	x	X
Abdul-Malik Shakir	x	x	x	X
Michael Martin				X
Mark Shafarman				X

Quarter One

Jay presented the *Project Scope Document* and *Project Charter*

Quarter Two

AMS presented the model approach

Quarter Three

AMS presented the behavioral model

1. Manish: sometimes EMS is used to transfer a patient from one provider to another. We need to alter transport definition. And change "pre-hospital" to "extra-hospital."
2. There is no transfer of control at front end of this process: the patient remains under the control of the originating provider until delivery.
3. Manish: The dispatcher is not necessarily a public safety dispatcher; it can be a private agency. Change name to "dispatcher."
4. Jay: Make the performance metrics an input to certification.
5. Manish: In some systems, the dispatcher may identify non urgent cases and transfer to a nurse referral line. The nurse may determine it's more serious than the dispatcher thought and send it back.
6. Manish: The dispatcher may dispatch a taxi or shuttle (rather than scarce EMS resources) for non-urgent cases: these go straight to transport.
7. Manish: Medical control oversight (3.3) is not provided solely through protocol, but also real-time instructions. This is another blue box.
8. Manish : Basic life support crew may determine Advanced required. BLS is now notifier for a new instance, with ALS responding.

Quarter Four

AMS presented the static model

9. AMS: Enumerations are ours; neither NEMESIS nor vocab.
10. AMS: eMDPerformedInd: not boolean. Change to CD.
11. Manish: We need to capture procedure durations for research (not in response times).
12. Pat: Should patient relative be related to billing or to patient? (Open question: what's that relative for? Consent?)
13. AMS: Medicalhistory needs attribute type: change to medical history text.
14. Manish: In patient assessment, some vital signs missing (temperature, respiration rate, pain).
15. Manish: Using pain as assessment question, ensure age-appropriate pain assessment tools.
16. AMS: For medication, include relation to crew member, not just crew identifier.
17. Manish: Patient weight is required, e.g., for medication. Include mechanism for estimation.
18. AMS: Normalize personnel participation in medication / procedure.
19. AMS :Why is e19-11-13 not part of structure? The boundaries look wrong.
20. AMS: Make disposition address an attribute.

Action items

Make Changes identified above; QA model: Salimah

Answer questions # #: Greg

Postpone rewriting definitions until after NEMESIS V3 release: Salimah

Review model for additional issues and provide feedback: participants