This is going to be another rather large communication. So much is going on! We may need to expand this newsletter to cover the various programs that are the responsibility of OEMS. I will try to keep things grouped together for this issue and welcome any/all input from you in the field as to how this monthly communication can be improved to better serve you.

Before I dive into all of that stuff, I would like to touch on something else, just briefly. The staff of OEMS are not robots that perform every function of their jobs perfectly every single time. We are staffed with humans that can sometimes make mistakes. I would even acquiesce that the number of mistakes made by this office in the past have been excessive. However, we learn and grow from these situations. Please be patient and work with us to correct these mistakes. It is not necessarily the fault of the person who made the mistake. In most cases, it is the system that failed. We need to work on improving our systems to prevent mistakes and to correct them when they are identified.

"Many times what we perceive as an error or failure is actually a gift. And eventually we find that lessons learned from that discouraging experience prove to be of great worth."
— Richelle E. Goodrich, *Smile Anyway: Quotes, Verse, & Grumblings for Every Day of the Year*

"It might do me well to trip and fall,
to stumble blindly and to crawl,
for some reason ...
or none at all."
— Shaun Hick

ITEM #1

This item is related to transitioning from the National EMS Information System (NEMSIS) Version 2 to National EMS Information System (NEMSIS) Version 3 in calendar year 2015. While the exact schedule for this move is not set in stone, the proposed schedule is as follows:

1) November 1 2014 - West Virginia NEMSIS version 3 Vendor/Agency document packets will be made publically available. This packets will contain at least:

1. *a. The West Virginia version of the NEMSIS version 3 data dictionary.*
2. *b. The Schematron and "plain English" version of the West Virginia NEMSIS version 3 business rules that must be enforced at the application level.*
3. *c. An explanation and delineation of the West Virginia NEMSIS version 3 business rules that must be enforced by the application that cannot be expressed with Schematron.*
4. *d. The specification for the XML that will be used to transmit West Virginia NEMSIS version 3 data.*
5. *e. An explanation and delineation of the West Virginia NEMSIS version 3 process for Vendor/Agency certification.*

2) February 1 2015 - West Virginia NEMSIS version 3 Vendor/Agency certification begins. Training begins on the State NEMSIS version 3 reporting system for agencies that choose to use this software to report data.

3) May 1 2015 - The transition period to NEMSIS version 3 data begins as West Virginia begins receiving NEMSIS version 3 data from West Virginia NEMSIS version 3 certified Vendor/Agencies and those agencies wishing to use the West Virginia NEMSIS version 3 reporting system. The 6 months transition period begins where West Virginia will allow agencies to transmit run sheet data using either the West Virginia NEMSIS version 2 or West Virginia NEMSIS version 3 standard.

4) November 1 2015 - West Virginia will only accept data that meets the NEMSIS version 3. All Vendors/Agencies must COMPLETE the certification and conversion process by this data.

Please direct all questions to Robert Lee Dozier. Mr. Dozier can be reached by email at Rober.L.Dozier@wv.gov or by phone at 304-558-3956.

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ITEM #2

Starting September 1 2014, the Medical Command centers began transitioning to a new data reporting system. Changes in this system are extensive and include the addition of a Medical Command Run Identification Number.

A requirement of the West Virginia Electronic Patient Care Record (WV EPCR) is that every patient data reporting system authorized for use in West Virginia have the ability to report a unique number for every run were Medical Command involvement occurred. It was originally envisioned that every time an ambulance contacted Medical Command this number would be provided as a part of typical communications and that that number would be recorded on the WV EPCR where appropriate. This number would also be provided by Medical Command to the receiving hospital and would provide a solid method that could be used to link ambulance run to Medical Command record to Hospital patient records for quality measure and tracking of data. By October 1 2014, it is expect that this number and procedure will be implemented across West Virginia.

At this time, EMS Agencies are NOT required to collect or report this number. Agencies that have the ability to expose this data field in their electronic run sheet and choose to begin reporting this number may begin doing so, as a part of their typical upload of WV EPCR run data to WVOEMS. Several EMS Agencies have volunteered to begin piloting the collection and reporting of this number. It is expected that this data field will become mandatory, when Medical Command Contact is a part of the run, with the implementation of the NEMSIS Version 3 standard. The NEMSIS Version 3 standard is expected to be implemented in West Virginia in 2015.

For question and comments please contact Robert Dozier, Data Systems Coordinator West Virginia Office of Emergency Medical Services. Mr. Dozier can be reached by email at Robert.L.Dozier@wv.gov or by phone at 304-558-3956.

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ITEM #3

*Another item of note and quite an accomplishment for the Data Unit is hospitals ability to get run sheets.*64CSR48 subsection 3.2.c states:

"When an ambulance transports a patient to a medical facility's emergency room or department, at a minimum a patient handoff report as specified by OEMS, shall be provided to the facility prior to departing. **Within seventy-two (72) hours of the conclusion of providing EMS services to a patient, the EMS agency shall make a copy of the complete PCR available to the receiving facility, either electronically or written, which shall serve as the official record of the EMS incident.**"

In an attempt to facilitate compliance with this section of 64CSR48, WVOEMS has created, and made available to hospitals, a program that allows hospitals to login into our Electronic Patient Care Record (EPCR) system, view and download EPCR(s) for patient's whose ambulance run ended at their hospital (only).

If you get an email from Mr. Dozier related to missing run sheets, check the spelling of the patient name. The missing report could be a result of the hospital recording of the name and the EMS provider recording of the name not matching. The agencies with missing reports have been very cooperative and the issues have been resolved in a timely manner.

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ITEM #4

Safe Kids Worldwide is a global network of organizations with a mission to prevent unintentional childhood injury, the leading cause of death and disability to children ages 1-19. Founded in 1988 as a program of Children's National Medical Center, Safe Kids Worldwide now has more than 600 coalitions in the U.S. and partners in 27 countries.

Safe Kids coalitions are held to the high standards of the Safe Kids Worldwide injury prevention model: sound research, evidence-based programs, public education/awareness and advocacy for laws and policies that protect children. Safe Kids' coalitions are responsible for implementing multifaceted strategies of public awareness, education, public policy and community activities in ways best suited to solving the problems particular to their states and localities. In devising such approaches, local and state coalitions have an opportunity to shape their own action agendas so as to best fit the unique interests and abilities of their members.

The lead organization Safe Kids WV will oversee the coalition's efforts to raise funds and in-kind contributions to ensure implementation of coalition activities. It is important to note that Safe Kids Worldwide neither underwrites nor provides funding for capacity-building or organizational sustainability, which is the sole responsibility of the lead organization.

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ITEM #5

Be on the look out for information on S.T.A.B.L.E. training that is scheduled. There will be a session on January 21, 2015 at the Bridgeport Conference Center and another session February 10, 2015 at the Huntington Fire Academy. Registration information will be coming soon.

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ITEM #6

I wanted to share this link with you https://www.safecallnow.org/about.html. It is a confidential, comprehensive 24-hour crisis referral service for all public safety employees including law enforcement, first responders, fire, corrections, civilian support staff, and their families nationwide. It is designed as a mechanism to help individuals who are having thoughts of suicide, suffer from dependence or a substance abuse addiction, or simply need help but don't know where to go.

There is a self-assessment available also https://www.safecallnow.org/signs--symptoms---self-assessment.html.

DISCLAIMER: This is not an endorsement of the website, but only a resource/link for informational purposes. It is your individual choice to use or not use the information provided.

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ITEM #7

There has been some confusion related to course listings in CIS. Please see the step by step instructions below on how to access a listing of courses available in CIS.

Log into CIS

Click on the "Education" link on the left side of the page

Click on "Scheduled Courses"

Click the drop down box beside "Course Type" and make your choice

Click the drop down box beside "Course Level" and make your choice

Click the drop down box beside "Delivery Type" and make your choice

Click the drop down box beside "Region" and make your choice

Click the drop down box beside "County" and make your choice

Click "Search"

As always, we appreciate the services you provide to our state. Keep up the good work!