PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

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RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: March 26, 2014

Subject: Commonwealth Data Processing System

VTR#:   0314-02   Committee/Task Force: Information Task Force

☒Recommended Goal   ☐Recommended Policy Change   ☐Other:

Recommendation:

The Department should implement a Commonwealth wide PCR Data, processing, and management system with capabilities to generate standard and adhoc reports.

Rationale [Background]:

The current method for processing PCR data is very cumbersome and labor intensive. This process lends itself to data errors, lost files, or files being missed in upload due to data files being processed by multiple individuals. In addition to the challenge of data processing, the current system does not allow all regional councils ready access to data reports. Uniform regional access to data reporting capabilities would allow EMS Agencies easier access to data for benchmarking purposes. A commonwealth wide PCR data processing and management system would streamline and improve the data collection and reporting process. This would improve the accuracy of the data and allow for more data driven decisions to be made at all levels.

Currently, PCR data is sent to regional councils either directly from the service or from the vendor. Regional councils are required to validate the files, rename the files, and send them to the Bureau of EMS. BEMS staff then validates them again and processes the files into a database only accessible by BEMS staff. At the DOH level, data is sent to the NEMSIS Technical Assistance Center. It would be beneficial to the Commonwealth to implement a more efficient method of processing data and provide for better use of the data for disease surveillance, quality improvement and other clinical and operational decision making.

Some regions utilize 3rd party software which allows them to aggregate data and run reports. Other regions have no such capability, for those regions without the 3rd party software they simply forward the data files to the Bureau of EMS. These regional systems can be costly, some with limited reporting capability and others whose reports have been problematic since switching to the NEMSIS platform. These systems, in many cases, require regions to individually upload services' files which is time consuming and inefficient. Reports may be run from the NEMSIS cube however regional staff is only able to access "public" data and the data elements only include NEMSIS silver data fields.

Medical Review [Concerns]: No concerns were expressed by physician representation on the task force.

Fiscal Concerns:

- This project will be costly. The committee elected to not speak with vendors to discuss potential costs as this could disqualify a vendor from participating in a bidding process. A Commonwealth data processing system would create greater efficiencies, may allow for personnel to be re-assigned to other duties and/or provide for personnel to decrease by attrition.
- At least 5 regional councils are utilizing Intermedix WebCur (formerly MedMedia) at the cost of at least $5,500 annually for a total cost of at least $27,500
- At least 2 regional councils are utilizing software from EMS Datasystems to collect PCR data at a cost of $750 annually for a total cost of $1,500.
- The above costs could be saved in the annual distribution of funds and put toward a Commonwealth wide solution.

Educational Concerns:

No educational concerns exist at the provider or agency level. Additional training will need to be conducted at the regional level to ensure that regional staff members are familiar with the operation and functionality of a new data collection system.

Plan of Implementation:

Goals:
1. Create a data repository for BEMS and regional councils
2. Provide for a reporting mechanism for the DOH, regional councils and possibly EMS agencies
3. Reduce the need for "middleman" software systems at regional council level
4. Create a capacity to facilitate consolidation of data processing
5. Reduce the number of times a single file is "handled".
6. Facilitate mechanism for linkage to other data systems, i.e. trauma systems

Required Capabilities:
- Ability for services or vendors to send files to the application or the EMS Portal.
- Regional councils can process files into database.
- Application will validate files prior to processing.
- Regional councils may run reports for services licensed in their region and calls originating or ending in their region.
- DOH access
- Mechanism to export NEMSIS data for NEMSIS TAC
- Data is secure.

Recommended Capabilities:
- Ability to benchmark reports against other regions' data.
- Service access for data reporting and deidentified benchmarking.

The PEHSC Information Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Information Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey task force discussions.

Board Meeting Comments/Concerns:

Director Gibbons asked for clarification that this VTR was not intended to address the PCR Software used by EMS agencies. The VTR only addresses the data processing software used by Regional Councils and the Bureau of EMS.

Signed: _David James_ Date _3/27/14_
President

For PEHSC Use Only – PA Department of Health Response

Accept:____   Table:____   Modify:____   Reject:____

Comments:

Date of Department Response:_____