

Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Data Policy Standing Advisory Committee
1 p.m., January 10, 2011
Conference Room A, 4th floor
2829 University Ave. S.E., Minneapolis

Members Present

Paul Satterlee, M.D., Chair
James Agenes
Renee Donnelly
Patrick Egan
Tom Fennell
Marty Forseth
Curtis Fraser
Suzanne Gaines
Kathleen Haney
Lee Pyles, M.D.
Aarron Reinert

Members Absent

Sen. Gary Kubly
Darel Radde

Guests

Paul Jansen
Matt Maxell
Kevin Miller
Leslie Seymour
Kim Tast

Staff

Holly Hammann
Melody Nagy
Robert Norlen
Mary Zappetillo

I. Welcome and Introductions

Dr. Satterlee called the meeting to order.

II. Approval of Agenda

December 13, 2010

Mr. Norlen said that this agenda was provided for reference and discussion.

January 10, 2011

Ms. Gaines moved approval of the agenda. Ms. Donnelly seconded. Motion carried.

III. Approval of August 9, 2010 Minutes

December 13, 2010

Mr. Norlen said that these are notes of that meeting that occurred without a quorum so the minutes will not be approved. The notes are for reference and discussion.

Mr. Fennell moved approval of the August 9 minutes. Ms. Donnelly seconded. Motion carried.

IV. Data Policy Committee Appointments

Mr. Norlen said that the Board's IOP states that the terms for appointment to the committee are for a two year period, which would be ending March 2011. He asked that committee members who are not interested in continuing to serve let him know. Then another person could be appointed by the Board Chair. Dr. Satterlee asked for a due date for this information. Mr. Norlen said that this would be open for a month. Members may be reappointed without term limits.

V. EMSRB Versions 3.0 – Public Comment Review

Ms. Gaines said that we had a very good discussion and looked at the documents on-line. She said that we concentrated on the required data elements. She said that the items in red have significant changes. We discussed the comments received to come to our conclusions. She

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discussed the changes proposed. Ms. Gaines said that some of this information will be used to populate the CARES database. Ms. Gaines said that we did not want to create new values, but stay with the national data base elements. Ms. Gaines said that some additional education on how to complete the information may be needed for some data elements. Ms. Gaines asked for comments from the committee members. Dr. Satterlee said that he is comfortable with the decision making of the subcommittee. Mr. Norlen said that the comments received are not the entire data dictionary.

Mr. Fennell said that some people document procedures differently. Ms. Seymour commented that the outcome of the procedure is the success of the procedure. Dr. Satterlee said that you could ask 100 providers and the answers would be different. Mr. Fennell said that there are other questions that relate – that would give a clear picture of the patient status. Dr. Satterlee said that he would agree with the committee’s decision. Mr. Norlen said that there will need to be education on the data dictionary.

Mr. Reinert asked how many individuals commented. Mr. Norlen responded that 5 individuals commented.

Mr. Egan asked if IO would be the documented the same. Mr. Norlen said that IV and IO would be the same.

Dr. Satterlee said that there is attempted procedure, success of the procedure and outcome of the procedure. He said that he does not know if the procedure is defined the same by the persons completing data entry. Ms. Gaines said that this would be improved by education. Ms. Zappetillo said that basic airway is defined in statute. Mr. Norlen said that advanced airway is also defined. Mr. Norlen said that airway management would be a very important element in data collection. These are performance measures to look at.

Ms. Gaines said that we were trying to minimize the number of procedures to count. Do we want to change the language? Mr. Egan suggested using the word “airway placement” – not advanced airway.

Mr. Reinert said that we measure the IV success rate. Dr. Pyles said that the parents would care about the success rate of procedures. Dr. Satterlee said that we want to stay consistent with the national data base. Mr. Norlen said that the national data base is asking for the number of attempts. Dr. Satterlee said that it may be relevant to track this based on the training provided to EMS personnel. Mr. Norlen said that this information is most useful at the local level – not as data for the state. This can determine training needs for the squad. Ms. Gaines suggested that we will strike the word “advanced”.

Dr. Satterlee asked for a motion to accept the data base changes. Mr. Norlen asked that the committee take action on the comments received and move to adopt the 3.0 version as presented today. Mr. Norlen clarified the elements changed.

Ms. Gaines moved to adopt the dictionary as proposed. Ms. Donnelly seconded. Motion carried.

Mr. Norlen said that Mr. Reinert asked for reports on data usage. Mr. Norlen provided two reports that were requested by an ambulance service. Mr. Norlen said that these are excellent examples of reports. Mr. Norlen said that as we look at the non reported elements we are seeing improvement

in the data entry. We have data validity and confidence in the data. Mr. Reinert thanked Mr. Norlen for the reports. He asked to recheck the figures.

Dr. Satterlee asked what the acceptable error rate would be. He asked for comments from the committee. Mr. Norlen referred to the discussion that previously occurred that suggested an error rate of 2 percent. Mr. Norlen said that a previous report listed significantly higher error rates and when we converted to 2.0 the error rate dropped considerably.

Mr. Norlen said that he is working with MDH on data element reporting and MDH may be able to provide additional information at a future meeting. (Especially trauma data.) Mr. Norlen said that we may have outcome data in the near future.

Mr. Norlen said that in this report the ambulance received a call that included treating and transporting a patient. In a perfect world we would not have “not applicable”. He said that the provider impression list may not have the element they are looking for. He said that in version 3.0 these errors may be reduced. Mr. Norlen said we can improve some reporting with auditing of data elements.

VI. Discussion on Proposal to the EMRB – Transition/Implementation of EMSRB Version 3.0

Mr. Norlen said that if the committee will be making a recommendation to the Board to move to the 3.0 data set. Mr. Norlen provided details of the proposed timeline. If the Board accepts the recommendations of the committee there would be an implementation window of _____ to March 2012.

Mr. Norlen said that this is based on NEMSIS being ready to verify software by the second quarter of 2011 and software vendors being able to meet that testing timeline. He said that he feels the software vendors will be ready. If there are problems with the testing then the timeline could change.

Mr. Norlen provided a power point presentation (draft) to be presented to the Board at their January 20 meeting in Duluth. This power point presentation provides the timeline and process that the committee used to come to this recommendation. He asked committee members to review and comment on the presentation. He asked for support from the committee members who will be attending the Board meeting on January 20.

Ms. Gaines moved that as data policy committee has reviewed the NEMSIS Version 3.0 data dictionary ([help I need the language](#))... Mr. Aagenes seconded the motion.

Mr. Fennell said that he would like to wait for approval from the software vendors to have a more firm timeline. He said that he would recommend making this change, but the timeline is not firm. Mr. Fennell said that we do not know what the costs will be because we do not know the extent of the changes.

Ms. Gaines said that she would accept a friendly amendment to her motion to split the motion to recommend approval of 3.0 and extend the timeline. Mr. Aagenes seconded.

Mr. Reinert said that we are proposing to adopt this without knowing the finished product. Mr. Norlen said that the final version of the data dictionary is completed. Mr. Norlen said that any ICD-10 codes will be allowed as a procedure. Mr. Norlen said that to move forward to 3.0 we

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need to look at the provider impression list and how it will be expanded. From a state/national perspective there will be recommendations provided for changes to procedures. Mr. Reinert said that there still seem to be changes being made at the national level. Mr. Norlen said that the HL7 process will be merged at a different time. Mr. Norlen said that in the last month the work is being done at the NEMESIS center. Mr. Norlen said that they continue to review the business logic. He said that the data dictionary is locked down.

Mr. Miller asked if the work is completed. Mr. Norlen said that the required element is ready the drop down information is being developed. Mr. Norlen said that the system must be able to accept any ICD-10 code. There would not be additional cost for a provider to change the values.

Dr. Pyles asked if certification is at the national level. Mr. Norlen said that is a national certification. Dr. Pyles asked if there should be a letter of intent from vendors to assure compliance. Mr. Norlen said that the software requirements are significant. He explained some of the complexity of the setup. He said that there are approximately 100 vendors who are currently compliant with 2.2.1. He said that list will decrease with vendors who are not able to be compliant. (30% of vendors will not be able to be compliant).

Mr. Norlen said that a majority of Minnesota vendors will be first in line for compliance testing. Zoll, Sanso and ImageTrend will be ready to test compliance. ImageTrend has provided information to the committee on their timeline for conversion to 3.0.

Mr. Tast said that the state should provide software for services.

Mr. Reinert said he would recommend that the committee does not vote approval because we are not ready. He asked what is the consequence of waiting. Mr. Reinert said that he again is making a plea to send reports to providers. Then we would build ownership. He said that he is working on 3.0 at a national level and supports it but not until we are ready for the change.

Mr. Norlen said that HL7 is a national health care data base and is ANCI approved. This is a federal initiative to move data from hospital records to HL7 standards. This was an effort to have one standard nationally. Mr. Norlen said that there continues to be a national review of the standard. Mr. Norlen said that he does not feel that there will be significant change because the data dictionary has been approved at the HL7 level. He said that these changes will not affect the changes that we propose. Mr. Fennell said that he would like to wait for the federal seal of approval.

Dr. Pyles said that he has been reviewing HL7. They have been discussing for 6 years on how to report a "consult". He said that they are having trouble with it. Dr. Pyles said that waiting for HL7 will have a negative effect on EMS. We need to move forward. We do not want to adopt a different data set.

Mr. Forseth mentioned that the system enhancements will help him. This is a cost benefit analysis.

Mr. Miller said that we approved a version that was not adopted by the vendors and there was significant objection. Why move to a standard.

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Ms. Gaines said that the motion is to approve 3.0. Dr. Satterlee asked for a vote. A roll call vote was taken. Motion carried. Voting no: Mr. Fennell, Mr. Reinert.

Dr. Satterlee asked for discussion on the timeline. Mr. Egan said that he would recommend lengthening the timeline to 2013. Mr. Frazer asked for input from the vendors on the timeline. Ms. Gaines said that services were asked to discuss this with vendors and get an idea of costs. Ms. Gaines said that North and Hennepin may have problems converting but national vendors have indicated that they will not have problems complying with the timeline. Mr. Forseth asked if extending the timeline will help with budgeting. Mr. Reinert said that Zoll has had some difficulty in making some changes.

Dr. Pyles said that we could recommend to the Board a revised timeline after discussion with the software vendors. Mr. Norlen said that this is marketing for vendors that want to be in compliance quickly. When NEMESIS is ready for testing the vendors will be ready to submit data. The major vendors are working on the changes now.

Mr. Norlen said that the timeline was suggested for March 2012, if we get to September 2011 and see that this timeline will not work we can ask the Board to change this timeline. If the vendors are doing what is expected then the timeline will work.

Mr. Norlen said that 3.0 will improve Minnesota data and care of patients. He said that we need to set a timeline because some people will not do anything until a timeline is set.

Mr. Fennell asked what is happening in other states. Wisconsin does not have people compliant in submitting data. What is the advantage for Minnesota? Mr. Norlen said that there are a number of states that will not be at this level. Mr. Norlen said that in his opinion there are a number of states that will be ready to implement 3.0.

Mr. Task said at North Memorial changing to ImageTrend would cost millions of dollars.

Dr. Satterlee said that the motion is regarding the timeline. Ms. Gaines suggested additional steps be added to the timeline for Board approval. Mr. Egan asked how we decide if the majority of vendors are ready.

Mr. Reinert said that if I learn that this is the timeline that is adopted then I will take steps to meet this timeline both financially and for implementation.

Mr. Fennell suggested to change the language to once 3.0 is approved by NEMESIS. Then the state will set a specific implementation timeline.

There was a motion to accept the timeline as provided in the handout. Mr. Aagenes voted yes, Ms. Donnelly voted yes, Mr. Egan voted no, Mr. Fennell voted no, Mr. Forseth voted no, Mr. Frazer voted no, Ms. Gaines voted yes, Ms. Haney voted yes, Mr. Reinert voted no, Dr. Pyles voted no. Motion fails.

Dr. Pyles moved that the timeline be changed to be upon approval of NEMESIS and then one year after approval. Mr. Reinert seconded. Ms. Gaines said that we froze the dictionary and this proposes a longer transition process. Mr. Norlen said that the dictionary is open. The Board closed the dictionary to assure that services could be compliant with the dictionary at that time.

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We have since developed a trauma system. The proposed changes improve the system in numerous areas. It will cleanup and better evaluate elements. The conversion to 3.0 is to facilitate changes.

Ms. Gaines offered a friendly amendment that we as a committee not accept proposed changes to 2.2.1 until 3.0 is adopted. (The data dictionary is closed until 3.0 is adopted). Dr. Satterlee said that this will affect trauma data submission. Mr. Jansen said that we are asking that vital signs be required. Mr. Reinert asked how many services do not submit vital signs. Mr. Norlen said that a couple of large providers do not submit this information because it is not required.

Mr. Norlen said that we have a grant available from the Department of Public Safety until October 2011. There will be \$50,000 available to services for upgrading to 3.0. Delaying the timeline will affect the grant funding available. We need services to identify their needs and apply for grants.

Dr. Satterlee asked if we tried to make vital signs required. Mr. Norlen said that would only affect services that are not submitting this information now. Mr. Fennell said that it would be costly to build this element. He asked who would not be able to comply. Dr. Pyles asked if this could be provided within the current grant. Ms. Haney said that could happen. Dr. Satterlee asked to speak to the affected providers.

Ms. Gaines offered to withdraw the friendly amendment.

Dr. Satterlee asked for a vote to accept motion by Dr. Pyles without the amendment. Motion carried.

Mr. Fennell moved to keep data dictionary as is until 3.0 overrides the current dictionary. Ms. Gaines seconded. Mr. Aagenes asked how much will it cost for a service to come into compliance. Dr. Pyles asked that the data based be closed except this one element. Dr. Satterlee said that MDH is asking for 10 data items regarding vital signs. Mr. Jansen said that elements are being collected as optional the change would be to make them required. Ms. Gaines suggested we table this discussion and ask for a presentation from MDH.

Mr. Fennell moved that the data base remain closed and staff be asked to do a gap analysis of what the trauma system wants and what is available and what services are not submitting the information needed. Mr. Reinert said we need more information.

Mr. Norlen said that the dictionary is closed. This would be a recommendation for a change to the Board. Mr. Jansen said that this request may be a recommendation for 3.0.

Mr. Norlen said that the dictionary was opened in September 2010 and we made the decision to look at changing to 3.0. We had a public comment period and we will have an implementation period. We do not want to continue to focus on 2.2.1 but we must have an implementation timeframe for 3.0. We need a recommendation to the Board.

Mr. Fennell withdrew his motion.

VII. Other Business

None.

VIII. 2011 Meeting Schedule

Mr. Norlen provided a handout of meeting dates.

IX. Next Scheduled Meeting

Dr. Satterlee asked if we need to meet on February 14? He said that it will depend on Board action. Several members commented that they have a conflict with this meeting date.

Dr. Satterlee said that we need to have a discussion on data reporting. Mr. Norlen said that the committee work plan includes listing accomplishments and providing revisions to what is needed in the workplan. Mr. Norlen said that this is a significant discussion for the committee. Mr. Norlen said that from a staff standpoint what data do we want to report? The update to the MNSTAR system will make the data easier to report.

Dr. Satterlee said that we will meet on Monday, February 14 and the agenda will depend on Board action.

Mr. Norlen said that he will make changes to the power point presentation and he asked for comments from committee members by Friday.

X. Adjourn

Mr. Aagenes moved to adjourn. Mr. Forseth seconded. Motion carried. Meeting adjourned roberat 3:56 p.m.