

Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Data Policy Standing Advisory Committee
1 p.m., May 10, 2010
Conference Room A, 4th floor
2829 University Ave. S.E., Minneapolis

Members Present

James Aagenes
Renee Donnelly
Tom Fennell
Curtis Fraser
Suzanne Gaines
Lee Pyles, M.D.
Darel Radde
Paul Satterlee, M.D.
Keith Zalewski

Members Absent

Brenda Brown, Chair
Kathleen Haney
Sen. Gary Kubly
Aarron Reinert

Guests

Clif Giese
Tim Held
Leslie Seymour

Staff

Melody Nagy
Robert Norlen

I. Welcome and Introductions

Dr. Satterlee called the meeting to order. Ms. Brown is unable to attend today.

II. Approval of Agenda

Mr. Fennell moved approval of the agenda. Mr. Radde seconded. Motion carried.

III. Approval of February 8, 2010 Minutes

Ms. Gaines asked for a correction to the February minutes (page 2 the data dictionary will be open September 2010 not 2011) (presentation to the Board in 2011 not 2012) Ms. Gaines moved approval of the corrected minutes. Mr. Radde seconded. Motion carried.

IV. Staff Report

Data Requests

Mr. Norlen provided a data request report for the committee to review.

Provider Compliance Report

Mr. Norlen said that the compliance report includes information through March 2010. Mr. Radde asked about Allina's numbers. Ms. Gaines asked if this was a correction because additional data was loaded. Mr. Radde said that the monthly averages are doubled. Mr. Zalewski said he would look at the numbers. Mr. Norlen said that he thought this was an error and he will look at the file. Mr. Norlen indicated the average runs per service in the report is being calculated from data submitted July 1, 2008 to June 30, 2009. When Allina made changes in how they are reporting data, the change has impacted the report calculations. This will be corrected when we have a full reporting year under current submission process. Mr. Radde said that there should be red flags in the report that would notify EMS staff of these issues. Mr. Norlen said that this has not been built into the report yet, but we are working on developing this in the SQL reporting.

Mr. Zalewski said he would like a comparison of statewide data for the number of runs so that he can compare it with his services data. Mr. Fennell asked how this would benefit the state. Mr. Zalewski said that it would be useful for him. Mr. Fennell said that if this took significant staff time that staff time would be better used elsewhere. Mr. Zalewski said he would like to see monthly information by e-mail (not just quarterly at meetings). Mr. Frazer said that we have discussed this at MDH and it would require significant staff time to develop aggregate reports. He said that they decided to do a pie chart of aggregate data and display that on their main website. Mr. Norlen said that this is public data and can be requested. Ms. Gaines suggested a regional subtotal and statewide total should be available on the home page of MNSTAR. Mr. Zalewski said that this would be helpful to him. Mr. Giese said that there should be report

on how many runs per day. Mr. Zalewski said that report writer that can provide this information. Mr. Norlen indicated he will continue to work on developing some specific reports related to run totals by state and service.

V. NEMSIS Version 3 Data Dictionary Development – Work Group Update
Work Group Charge

Ms. Gaines said that a report was provided to the committee by e-mail.

Ms. Gaines said that a workgroup was formed and many members here today participated. She thanked members for their efforts.

The charge was to look at current requirements in the state and our proposed changes and the NEMSIS proposed changes. Ms. Gaines said that we do not want to open the data dictionary multiple times. NEMSIS has not finalized their recommendations.

Data Dictionary Comparison Document

Mr. Norlen provided an explanation of the chart. Mr. Norlen thanked the workgroup for their good thoughtful discussion. Ms. Gaines said that the National “yes” will be considered required in Minnesota. There are also some changes that will require some education as they will be different than current requirements.

Mr. Norlen said that Mr. Fennell suggested two things:

- that if the element is included in the National requirements it should be included in Minnesota
- that Minnesota should not modify elements for Minnesota use only

Mr. Norlen said that this is a valid point and we want to be consistent throughout the state and nationally. Mr. Fennell said that we have collected state specific elements for seven years and we have not used this Minnesota only data. He said that it will be easier to upload data and there will be fewer problems to build the database.

Ms. Gaines said that the group discussed that we should not modify the national definitions. Ms. Gaines said that the workgroup will be meeting again.

Mr. Norlen provided an example of something that is being discussed at NEMSIS regarding the element Response Mode to Scene (use of lights and siren). Ms. Gaines said that if they leave the description as confusing as it was presented – then the DPSAC would need to discuss this.

Mr. Fennell moved that the Minnesota elements remain the same as the National elements. Mr. Aagenes seconded. He said that Minnesota should not have separate definitions. Everyone should adopt the new language.

Mr. Radde said some of the current NEMSIS 3.0 definitions could be a problem at his service. Mr. Fennell said that we must train and trust our staff to work with the system to provide good information to Minnesota. Ms. Gaines said Mr. Norlen will be working with NEMSIS on the national level to get clarification on several items. Mr. Norlen said we should also work with the EMSRB Medical Directors Standing Advisory Committee for feedback on data elements collected from NEMSIS version 3.0.

Dr. Pyles arrived at 2 p.m.

Mr. Fennell said that there is a motion on the floor. Mr. Radde asked if the service can make changes to code-descriptors (element values). Mr. Fennell said that it can be changed at a service level but the state standard should remain the same as the national code-descriptors. Mr. Norlen said that this was discussed during review of the version 3.0 data set by the National Data Managers Council. NEMSIS recommends that states can always scale down but not expand the list. If there are things that do not apply in Minnesota they could be eliminated. Ms. Gaines said that should happen at the service level. Mr. Radde said that that would change the statewide data.

Dr. Satterlee said that the motion is to stick to the national data points. Ms. Gaines asked at what point should the Data Policy Committee allow restriction of choice – would that happen at the state level or service level. Mr. Norlen said that Mr. Fennell’s motion is to not to modify the elements or code-descriptors (element values) from the national data set. No Minnesota specific data. Mr. Zalewski said that if we use the same data set as the national elements that should lower the cost for data development.

Mr. Fennell repeated his motion “that DPSAC adopt the data elements, definitions and code-descriptors in the NEMSIS version 3.0 data dictionary without adding any Minnesota specific information or data element requirements. Motion carried. Mr. Radde opposed.

Ms. Gaines moved that DPSAC recommend the questionable items be moved to optional. Mr. Fennell seconded. Motion carried.

Dr. Satterlee said that there is another data base that he will review to see if there is useful information for DPSAC and he will report back to the committee.

Mr. Giese said that he is supportive of having “CARES” (Cardiac Arrest Registry to Enhance Survival) data included in the Minnesota data base. He said that he is hearing that this should be optional. Mr. Norlen said that we want to align with the National data set – we want to find out how these items “align” with “CARES”. We do not want to report to multiple data bases. We need to collect good cardiac arrest information in one data base and share the appropriate information. Mr. Norlen said that the committee will be verifying this information. Ms. Gaines said that Hennepin County will be reviewing the data. Dr. Satterlee said that the state should be the holder of the information and the services would participate in loading information. Mr. Frazer said that much of this was reviewed by the workgroup.

Mr. Fennell said that we discussed which stroke scale would be used and decided to leave this as optional. Ms. Gaines asked if this is logical for Minnesota. Mr. Fennell said that not all services are using a stroke scale, but they should. Mr. Norlen said that there is not a defined stroke scale – there are different versions – which one should be used. If we had statewide patient care protocols/guidelines, items like stroke scale would be defined for all services and the data in a number of the elements would be more consistent statewide. Mr. Norlen said that the data that is collected will be reported to the national data bank – if services are not reporting on this it will sent with be a null value. Dr. Satterlee said that this will be discussed further by physicians. This information is much less accurate at this point – the science is being discussed.

Mr. Norlen said that the state recommended elements are focused on performance measures and linking with hospital outcome data. We need to look at the elements as performance measures. Dr. Pyles said that listing this as optional is valuable for education of medical directors. Mr. Norlen said that we need to do more education – the data will tie back to other things to improve performance of the system to provide better “patient care”.

Work Group Next Steps

Ms. Gaines said that the next step is to present this to the Board and to accept comments from the other providers. Mr. Norlen said that the dictionary will be finalized at the end of the month. The process would be to post this for comments. The data dictionary will be opened in September 2010 and the Board would vote on this at their January meeting. The vendors would have a year to implement changes. Vendors are or should be starting the development of NEMESIS version 3.0 dataset requirements. Mr. Norlen indicated that discussion on the national level expects the number of compliant vendors for version 3.0 will be reduced from version 2.2.1 compliant vendors.

Ms. Gaines said that EMSRB will be looking at the financial impacts of these changes and services would have to look at this also. Ms. Gaines said that she would welcome input from committee members on these discussions. Mr. Norlen said that there are a number of services that use a third party vendor and will need to consider the costs for transition to NEMESIS version 3.0.

VI. MDH Trauma Data Element Requests

Mr. Radde said that trauma system has a data collection workgroup and they are requesting data elements that they would like to be captured by MNSTAR. Mr. Radde said that the Minnesota trauma group is requesting that Minnesota collect these elements for trauma data collection. Mr. Radde said that some of these elements are currently optional. Mr. Held said that the workgroup of STAC is looking at the timeline of the EMSRB for the opening of the data dictionary and the workgroup will be making a formal recommendation to STAC then to the EMSRB. Mr. Radde indicated the information he is providing is for discussion and not for action today – just consideration by the committee. Mr. Fennell asked if this is Minnesota specific recommendations – or is this from a national recommendation. Mr. Held said that this is Minnesota specific. Mr. Norlen clarified that vital sign data elements are optional now and the request is have those elements required.

Mr. Norlen indicated most services are collecting optional information such as vital signs, but since it is optional data in our collection system it does not get reported by all services. However, a large percentage of the services do submit the optional data. This could be easily changed to be required. Mr. Fennell said that services would have a year to make this change.

Mr. Radde said that we do not require prior aid for trauma. Mr. Held said that we want to include information on First Responder care. Mr. Norlen said that these are retired elements in version 3.0 and this information will be reported differently in version 3.0

Dr. Pyles said that we should make a recommendation to include trauma elements. Mr. Fennell said that he disagreed. This needs to be included in the national data base so that we do not make Minnesota specific elements. Mr. Fennell said that the national group should have this discussion at NEMESIS.

Mr. Held said that hospitals that are reporting to the national trauma data bank. This must be reported somewhere and if this can be streamlined that would be good. Mr. Held said that we need to identify major trauma and the data elements that will determine that the patient met major trauma criteria. We need to understand “over” and “under” triage. Vitals are an important piece of data. Mr. Fennell said that you can get at the data with the elements already being collected. Mr. Held agreed, but it may be helpful to change some elements that are currently optional to required so the data is collected and reported more consistently.

Mr. Radde said that we do not define major trauma and minor trauma. Mr. Norlen said that this will probably come out of the use of the ICD-10 codes for provider impressions in the version 3.0 dataset.

We need to look at this further. We can add ICD-10 codes to provider impression. We can add the entire list or scale it down. Recommended ICD-10 code provider impression lists are being developed at the national level. Minnesota will be able to scale that list up or down to meet our needs.

Mr. Fennell asked if we should define major trauma and minor trauma. Mr. Held said that the state definition could be used but it is narrow. Local medical direction can expand this definition. Mr. Held said that there will be a variation in how this is defined and there are pros and cons both ways.

Dr. Satterlee said that this would be decided during the development of the local trauma triage protocols. Mr. Radde read a definition but it is still open to some interpretation. This is subjective. Mr. Held said that this will be determined by hospital data.

Dr. Pyles asked if there can be bypass of the closest facility. Mr. Radde said that is affected by protocol and patient condition. Mr. Radde provided an example of by-passing the closest facility based on patient assessment. Mr. Norlen said that the information must be reported accurately – this is an education piece. Mr. Held said that as of July 1, 2010 there must be protocols in place and this will aid in our determination.

Mr. Frazer and Ms. Seymour and Ms. Donnelly left at 3:20 p.m.

VII. Other Business

Mr. Norlen said that the upgrade to MNSTAR was completed. The software upgrade was fine. The server change was an issue and a new server/firewall was ordered and put in place. There were access problems during this change. The system is operating as expected now.

Mr. Norlen said we now have a testing utility before the file is uploaded and he said that he would encourage services to use this. There is a Users Guide available in MNSTAR.

VIII. Next Meeting

Monday, August 9, 2010, 1 p.m.

IX. Adjourn

Mr. Fennell moved to adjourn. Ms. Gaines seconded. Motion carried.