Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Data Policy Standing Advisory Committee
1 p.m., November 9, 2009
Conference Room A, 4th floor
2829 University Ave. S.E., Minneapolis

Members Present
Renee Donnelly
Curtis Fraser
Suzanne Gaines
Sen. Gary Kubly
Lee Pyles, M.D.
Darel Radde
Paul Satterlee, M.D.
Keith Zalewski

Members Absent
James Aagenes
Brenda Brown
Tom Fennell
Aarron Reinert

Guests
Clif Giese
Tim Held

Staff
Katherine Burke Moore
Melody Nagy
Robert Norlen
Mary Zappetillo

I. Welcome and Introductions
Mr. Norlen welcomed everyone to the meeting and explained that Ms. Brown is not able to be here today. Mr. Norlen asked Dr. Pyles to chair the meeting. Dr. Pyles asked members and guests to introduce themselves.

Mr. Norlen introduced Mary Zappetillo the new Metro EMS Specialists and said she will be a great addition to our staff.

II. Approval of Agenda
There were no changes to the agenda.

III. Approval of Minutes
Mr. Radde moved to approve the minutes. Ms. Donnelly seconded. Motion carried.

IV. Staff Report
Data Requests (tab 1)
Mr. Norlen explained that this is the list of data requests released for 2009 to date. If the data was specific to an ambulance service a copy of the data released is provided to that ambulance service.

Provider Compliance Report
Mr. Norlen said that this report is for data through September 2009. Ms. Gaines stated the report only includes data compliance not completeness or accuracy.

Mr. Radde asked for a report on services that are not submitting data. Mr. Norlen said that Life Link III was testing for compliance. As of October 30 they did not submit data that was compliant – they are having vendor issues and an order for a fine was issued. Mdewakanton Ambulance changed directors and the new director needs to learn how to upload data. Cromwell Ambulance has had issues in submitting data in a timely fashion and will receive a notice of fine non compliance with submission continues.

V. Data Reports – Focused on Trauma
Mr. Norlen provided three additional handouts that focused on trauma data. He compiled the data for two days in March 2009. Mr. Norlen discussed the handouts with committee members. Mr. Norlen commented that the unknown field was a field that was left blank when data is submitted. Mr. Radde suggested that there is a discrepancy of the non-transported/cancelled data with the mode of transport numbers. Dr. Satterlee commented that it is easy to pick the box above or below by accident. Mr. Norlen commented that there were nine reported motorcycle crashes in March. This information could be looked at for data quality/reporting issues. Mr. Norlen commented that there were 13 patients under the age of one. Does that seem high? Dr. Pyles said that these numbers fall within the norm.
Senator Kubly left at 1:35.

Mr. Norlen asked for a recommendation from the committee on the next steps to improve quality reporting. Ms. Donnelly said education for services is needed. Dr. Pyles said reporting to the services on the quality of their data needs to happen. Dr. Pyles suggested working with the regional programs to share this information. Mr. Held asked the process on the provider impression report that was previously given to the committee. Mr. Norlen said that the data was compiled and shared with each ambulance service with a regional average and statewide average provided. The EMS Specialists compiled and shared this information in each of their regions. Mr. Norlen said that this was a very labor intensive project but did provide good results. Mr. Norlen said that if we had a data person available more of this could be accomplished. Mr. Norlen said that if the definitions document was used more by services this would improve data quality. Mr. Giese said that staff training is not concentrated on complete and accurate patient care reports. Staff in the field concentrates on patient care. There is a norm of 4% to 5% data entry error.

Dr. Satterlee said that a data quality improvement program could be developed and provided by the EMS Specialist or provided to the service for their education. Can the reports be simplified for these education purposes?

Mr. Norlen said that we need to start thinking about building some business logic in the system. This will require further discussion.

Mr. Norlen said that ImageTrend is working on a new report writer for the system. The EMSRB will be able to create reports and email them to services on a regular basis. We anticipate release of this early next year. Mr. Giese said that if you give information on one field the data quality improves over all the system.

Mr. Zalewski suggested changing the data validity to screen based on what we want to improve. Dr. Satterlee suggested concentrating on trauma fields and get the word out that the state is reviewing data quality relating to trauma. Mr. Held said that RTACs are being developed and they will concentrate on data quality and very basic reports on pre-hospital data. Mr. Norlen suggested providing the definition of traumatic injury and getting this information out to providers. We need definitions of provider impressions and this must be communicated to services.

Mr. Norlen asked what we want to report to ambulance services. He said that we want to report on trauma fields and we can encourage ambulance services to collect optional items. Dr. Satterlee suggested a full set of vital signs and a definition of traumatic injury. Mr. Radde suggested a definition of injury present – yes/no – then cause of injury. Mr. Giese suggested focusing on lights and siren to determine major trauma. Dr. Satterlee suggested encouraging a complete set of vital signs for lights and siren. Mr. Radde suggested a review of the patient care report to determine the trauma reporting. Dr. Satterlee suggested reporting to individuals at the ambulance services on the completion of MNSTAR forms.

Mr. Norlen said that the EMS Specialists review data in each of their regions and discuss issues with me. Mr. Giese suggested a quiz to individuals. Mr. Norlen said at what point does this committee, or the board, take action on data quality issues – non compliance with accuracy in reporting. This is the next step in compliance.

Ms. Donnelly left at 3:30 p.m.
Mr. Norlen suggested a small workgroup be formed to focus on development of accuracy/completeness reporting. The workgroup would report back to the committee. Mr. Held said that this information needs to be reported to the Board. Give the board an update on the process so far and what is needed in the future. We have good compliance and now we need to concentrate on quality. Develop recommendations for the Board to consider and share this with the regional programs.

Mr. Norlen said that the Board approved the completeness/accuracy criterion that was developed by the Data Policy Committee. Ms. Gaines said that the business logic has been developed. She suggested focusing on cancelled calls. (15 elements versus 60 trauma elements)

Mr. Norlen said that we are continuing to work on a MNSTAR upgrade. We needed to upgrade server software prior to doing the on-line application upgrade.

Dr. Pyles suggested Mr. Norlen report on the data presented today to the Board and published information in the EMSRB Bulletin. Mr. Norlen agreed that he would report on accuracy of data collected for trauma patients and suggest encouragement of collection of vital signs for patients and transport method. A simple report can be developed and distributed to ambulance services. The report would need to be shared with all ambulance staff.

Dr. Satterlee suggested a qualifying quiz for recertification should be considered. This could be an online quiz with a scoring and the answers would be given if the wrong answers are provided (free online education on the importance of data). Dr. Satterlee indicated he would bring this up at the next Board meeting.

VI. **2010 Meeting Schedule**
   Mr. Norlen provided a schedule of meetings for 2010.

VII. **Other Business**
   None.

VIII. **Next Meeting**
   February 8, 2010

IX. **Adjourn**
   Dr. Satterlee moved to adjourn. Mr. Frazer seconded. Meeting adjourned. 3:55 p.m.