

## TRAC Meeting Minutes

*Best Western Vista*

*September 11, 2003*

In Attendance: Ken Mordan, Steve Rich, Ron Hodge, Joe Morris, Bill Ganz, Kay Chicoine, Steve Millard, Sen. Darrington, Ginger Floerchinger-Franks, Leslie Tengelsen, Almita Nunnelee, John Cramer, Chris Gelok, Barbara Freeman, Dana Meyers, Lynette Sharp.

Topic	Comments	Decisions/Outcome
Welcome	Introductions. Senator Darrington attended. Christian Gelok was introduced.	
Minutes Review		Approved with correction of Steve Millard's name on page 4.
Secondary Rule Review	<p><b>Review of rule writing process by Ken Mordan.</b></p> <p>A PARF is created to describe the need and basic content and financial impact of the rule. The PARF goes to the Governor's office for approval and a determination whether the rule should be retroactive. The trauma registry rule is negotiated rule.</p> <p>Information is gathered from affected and interested entities and the rule is written and then published as proposed rule. The proposed rule gets approval from Division administrations. It is reviewed for plain language (concise and readable.) After review by legal, financial, and director offices the rule is sent to the Department of Administration for publication. The bulletin is published the first Wednesday of each month. A 21 day comment period begins after publication. There may or may not be changes to the rule based on the public comments.</p> <p>The rule is then published as pending rule and is reviewed in November by the Board of Health and Welfare. Then the rule is published as pending docket to be reviewed by the next legislative session.</p>	<p>004.01 Changed web address.</p> <p>02. Discussion ICD 9 or 10. Timeline issue.</p> <p>010.06: Different term for data exports.</p> <p>100.01: Keep list.</p> <p>100.04: Strike last sentence.</p> <p>200. See rule edits.</p> <p>200.03 Rework without question mark?</p> <p>700. Spelling correction. More consultation.</p>

	<p><b>Review of each section of the Trauma Registry Draft Rule Document.</b></p> <p><i>004.01. Incorporation by Reference, Idaho Trauma Registry Data Dictionary</i></p> <p>Correct internet address to: <a href="http://idahoems.org">http://idahoems.org</a>.</p> <p><i>004.02. Incorporation by Reference, International Classification of Diseases....</i></p> <p>The pending issuance of ICD-10 was discussed. The expected release is two years from now:</p> <p>Q. Senator Darrington asked whether it was possible to reference the current ICD in use.</p> <p>A. Ken Mordan replied that the Office of Administrative Rules (OAR) state that reference has to be made to exactly what is current. Their rules have specifications that preclude general references when writing rule. Rules could be amended at various points in the process if the ICD-10 document becomes available. Temporary rule could also be initiated if required after the rules are final and effective.</p> <p>Q. Dia Gainor asked hospital representatives how the ICD-10 would be implemented.</p> <p>A. Would select a specific date to make the change.</p> <p><i>006. Confidentiality of Records</i></p> <p>Ken Mordan asked for a committee to discuss confidentiality issues in detail. Some parts of the registry data could be subject to the Department's public records process. This would not apply to the data collected by the hospital. Only the data transferred to the Department of Health and Welfare (DHW) would be affected by the Department's confidentiality rule. This data will be de-identified. Any information in the Department's possession is public record. Use and Disclosure rule will need to be amended to include reference in this rule.</p>	<p>700.03 Legal consultation.</p> <p>750. Refer to statue.</p> <p>800. More work.</p>
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*010.06: Definitions, Exported Data Fields*

Comment that the word “data export” is used to define “exported data fields”. Suggested alternate wording – extraction, dissemination of information. Need to define export. What does dissemination of data mean in 700.02? These terms have two different meanings in each of these sections. In 010.06, exporting data is the transferring event between hospital and registry. In 700.02, dissemination is after the data is warehoused and analyzed by the Department and requested by a user. Ken Mordan will work on clarifying “export data”.

*100.01 Trauma Registry Inclusion Criteria, Patients with ICD 9-CM Diagnosis Codes.*

This section had a strike out for deletion of inclusion criteria. Codes are found in the data dictionary. These criteria have been debated at length by the data dictionary sub-committee. Even though the data dictionary does contain specificity and could be changed without rule changes, the rule has more authority. The committee decided that specifics would be easier to locate in the rule than in the data dictionary. The strike out was removed and the original text retained in the rule.

*100.04 Trauma Registry Inclusion Criteria, Hospital Transfers*

The second sentence “patients will need to have an injury listed in the ICD-9-CM” will be deleted.

*200. De-Identification of Trauma Patient*

Considerable discussion about the definition of de-identification, what specific codes would make the data identifiable, the definition of a record and record linkage. The key objective for the Bureau is to prompt the hospital to keep the trauma band number with the record.

Q. Is this a linkage of trauma record or trauma data elements or linkage of trauma data on all patients related to a single incident?

A. Linkage refers to different data from different sources about the same patient or incident. If the trauma band number is not used by all sources, the linkage is at risk.

	<p>This section was edited to read:</p> <p><b>200. TRAUMA PATIENT DATA.</b>  One number must be assigned to <u>the collection of trauma data elements for each patient</u>, when they are admitted or otherwise arrive at a hospital.</p> <p><b>01. <del>Unique Identifier</del>Linkage Of Trauma Data Elements</b> The number on the trauma <del>identification</del> band placed on patients will be recorded in the trauma registry <del>to function as a unique identifier</del> to facilitate the linkage of records pertaining to the same patient.( )</p> <p><i>200.03. Trauma Patient Data, Who Must Submit Data Elements For the Trauma Registry?</i></p> <p>Title is a question. Change to statement to be consistent with the rest of the rule.</p> <p><i>700.01 Requests for Trauma Registry Data and Data Research, Low Frequency Events</i></p> <p>Q. Is this in conflict with the Use and Disclosure rule?</p> <p>A. No. Use and Disclosure rule can be specific to EMS. This section needs more legal review.</p> <p><i>700.02. Requests for Trauma Registry Data and Data Research, Dissemination Information.</i></p> <p>Need more clarification. There was a request to visit 700.03 “Criteria For Additional Registry Information with legal counsel to be sure the Department has authority to refuse release of some types or formats of data.</p>	
<p>Creative Ideas for Annual Reports to Fund Source Owner and Idaho Legislature</p>	<p>The report to the fund source owner is due the: end of February 2004.  The Legislature report is due the first of January 2004.</p> <p>No specific guidelines for report format and content are available.</p> <p>Suggested report topics:</p>	<p>Draft of report will be circulated to members for comment.</p>

	<ul style="list-style-type: none"> <li>• Activity levels.</li> <li>• Results of sub-committees' work. Data dictionary, Rules draft, Business requirements.</li> <li>• Address issues of funding and delay of rule writing.</li> <li>• Senator Darrington: For legislature: Where we are and where we're going. Address funding in generality. Sunset clause.</li> <li>• What do we reimburse the hospitals?</li> <li>• Awareness and sensitivity of participants workloads, etc.</li> <li>• Level of commitment.</li> <li>• Contributions.</li> <li>• Aggressive assessment of grant sources. Identify potential sources.</li> <li>• Visual presentations of work progress.</li> <li>• Data linkage results between OHS and EMS.</li> <li>• Hospital capacity survey.</li> <li>• Reinforce the objectives and purpose of the TRAC.</li> </ul>	
Data Collection Methodology	John Cramer presented a draft of data collection methods.	<p>Add partner to box 3 &amp; 4 in "Abstraction by column."</p> <p>Bullet entry methods.</p>
Business Requirements Review – Recruitment	<p><b>Presentation</b> by Chris Gelok explaining why a business requirements process is being engaged.</p> <p><i>Business Requirements:</i> What the plan or project has to do. Way to organize everyone's ideas. Assure all goals and functions are captured, organize to protect against gaps and overlaps, provide potential vendors with specific details for the Request for Information, decrease the amount of time spent for design and build phases of the project.</p> <p><i>Types:</i> Parameters (how the product fits into the world); functional (what the project must do); non-functional (characteristics - look, feel, usability, performance); business parameters (what must be developed to support the product (policy, protocol, procedure, training tools).</p>	<p>The subcommittee meetings are half day sessions for four days: Oct 20, 21, 27, 28.</p> <p>Members will submit names of potential participants for working group.</p>

	<p><i>Objectives:</i> Define scope of registry, capture user based needs while still incorporating adjacent systems, create increased specificity for each function, provide platform for the RFI process.</p> <p><b>Discussion:</b></p> <p>A Business Requirements subcommittee group needs to be formed. The group needs to be small but representative of differing levels of participants from physicians, hospital administrators, nurse coordinators, trauma coders, and registrar system users, and output user. Important that the subcommittee members be committed to attending all meetings. Some familiarity with the trauma project objectives is also helpful. Regional representation was also discussed. All expenses of travel will be paid by EMS.</p> <p>It was determined that it would be very difficult for a physician or hospital administrator to commit to the schedule. A two tiered approach consisting of a working group and an oversight review group was suggested. The oversight group will consist of the data dictionary subcommittee and a physician and/or hospital administrator. The oversight group will be by WebX. Chris Gelok asked members to submit the names of potential participants.</p>	
Evaluation of Progress	Distributed by Dana Meyers and Chris Gelok.	
Next Meeting's Agenda Items	<ul style="list-style-type: none"> <li>• Business Requirements Recommendations.</li> <li>• Review draft report to fund source owner and Legislature.</li> <li>• Review rules. Plan for public comment period. Discuss sections that need more consultation. Distribution strategy.</li> <li>• Look at Linkage Results.</li> <li>• Timeline Review and Update.</li> <li>• Effect of rule writing delay on sunset clause.</li> </ul>	Friday, December 12, 2003