TCD: STEMI QA Conference Call Minutes
February 10, 2011

Participants: Steve Marso, Lisa Riggs, Cindy Gillam, Lisa Archer, Linda Dean, Lisa Donnelly, Maureen Falcone, Cindy Feutz, Robin Hamann, Tony Occhipinti, Monica Pfau, John Russell, Jace Smith, Rita Stiles, Jessica Thomas, Cindy Bond, Kaisey Martin, Shirley Gastler, Judy James, Karen Vogal.

Dr. Marso welcomed the group and thanked them for their participation.

Lisa reviewed the strategies to reviewing the data elements

- Prior to the meeting, a document with CMS outpatient, CMS inpatient, NCDR Cath/PIC, and NCDR Action elements was developed and shared with the group.
- Discussion around making sure the data elements was limited in duplication.
- The group agreed reviewing the document and discussing data elements utilizing the above document was the best approach to determining the recommended STEMI data elements.

STEMI DATA ELEMENTS:

- Demographic elements was discussed and agreed upon (see STEMI DATA ELEMENTS document).
    - Pending:
        - Physician Identifiers: The regulations have an alternative pathway for level II STEMI centers that don't reach the PCI volume requirements in the regulations. It was recommended the STEMI registry have the capability to track physician volumes to assist with this requirement. There are concerns/questions regarding how to accomplish this. There needs to be guidance from the Department on how to accomplish this.
        - Payer Source: This is currently optional for the trauma registry. Discussion around the importance of this data element to Pre-Hospital and how to track, i.e. SSN. Need to research HIPAA, to ensure there are not violations. Comment made if the data is required by the state it is covered by HIPAA. Follow-up with the need for in hospital identifiers vs. universal identifiers.
- Risk Factors/Co-Morbidities elements was discussed it was agreed to keep as written but to add heights for BMI calculation.
- Medication elements: The group agreed to use the same elements as NCDR Action.
    - Addition of Lytics
    - Home medications to include cardiac medications only.
    - There was discussion on the process of care within the first twenty-four hours, relative medications at the time of admit and the first 25 hour.
- The group felt like we needed to categorize the medications in to three domains. Medications at the time of admit to first 24 hours, discharge medications and home cardiac medications.
- Diagnosis elements: NCDR Cath/PCI elements looked at, discussion around the need to have different area for admit dx and discharge dx, the group agreed to address the definition in the data dictionary when that work begins.

- There was recommendation to leave Cardiogenic Shock as an element because the TCD Destination Protocol outlines the primary difference between taking a STEMI to a level I vs. a level II is a patient with signs and symptoms of Cardiogenic Shock should be transported to a level I.
- There was discussion around having CAD presentation elements.

Future Meetings

Conference call on March 18, 2011 @ 0900—1000

- Follow-up discussion on patient and physician identifiers, as well as payer source.
- Add the following elements: CAD Presentation, Process/Timing (EKG, lab, timing of tx)

Face to face meeting in Jefferson City: June, 2011 and end-product meeting in Sept or Oct, 2011