Florida Injury Prevention Advisory Council
2009 Action Plan Annual Report
Data Workgroup

February 15, 2010

Data Workgroup Members

- Michelle Akins - Department of Health, State Child Abuse Death Review Committee
- Nancy Carvallo - Agency for Health Care Administration
- Gillian Hotz - University of Miami, Jackson Memorial Hospital
- Michael Lo - Department of Health, Trauma Program Manager
- Joe Nelson - State Emergency Medical Services Medical Director
- Carl Schulman - University of Miami, Jackson Memorial Hospital
- Kyla Shelton - Office of Injury Prevention Liaison

Data Workgroup Strategies - 96% of Activities Completed (22/23)

1I: Obtain and format each data source in the Florida Injury Surveillance System
1J: Analyze injury data sources to complete required data reports and deliverables
1K: Monitor and evaluate opportunities for new or additional surveillance data sources
1L: Disseminate injury data to stakeholders
1M: Provide data consultation and guidance that supports injury prevention efforts of other goal teams

Strategy 1I - 100% COMPLETE

Between July and October, the five data sources in the Florida Injury Surveillance System were retrieved and formatted. The data sources include: Death Certificates, Hospital Discharge Data, Emergency Department Discharge Data, Crash Records, and Medical Examiner Drugs Identified in Deceased Persons Database.

Strategy 1J - 100% COMPLETE

Between March and August, five data reports/deliverables were completed to fulfill various grant requirements and complete various performance improvement measures.

Strategy 1K - 100% COMPLETE

1K(1): All Child Death Review

The Florida Department of Health has submitted a legislative proposal to amend §383.402 (1), F. S to expand the State Child Abuse Death Review Committee's authority related to the review of all child deaths in Florida on behalf of the children of Florida and the State Child Abuse Death Review Committee for the expansion of all child deaths reported to the Florida Abuse Hotline however it was not adopted. The

proposed amendment to the current Florida law would authorize the State Child Abuse Death Review Committee to review all child deaths that were reported to the Florida Abuse Hotline and to review all other child deaths based on the availability of resources. The State Committee has made this recommendation every year in the annual reports which can be located on the web site http://www.flcadr.org.

The amendment would also expand the membership of the State Child Abuse Death Review Committee in response to the broader scope of responsibility to include additional departmental/agency representatives and professional experts. Membership will be expanded to include the Department of Highway Safety, the Department of Health State Epidemiologist, The Office of Adoption and Child Protection, the Department of Juvenile Justice, a representative from the Florida Pediatric Society, a professional, licensed in a mental health field, who is knowledgeable concerning deaths of children, a social worker who is knowledgeable concerning deaths of children, a representative from the Florida Hospital Association, the Registrar for Vital Statistics, a perinatal expert, and a representative from the health insurance industry.

One of Governor Charlie Crist's Healthcare priorities is a commitment to prevention. Identifying the causes of and developing strategies to reduce avoidable child deaths is the essence of prevention. While the State Committee acknowledges concerns that this process is somehow intrusive, that is not the case. No family will be contacted or interviewed as result of this proposal. An All Child Death Review process will place Florida on the path to provide a safe place for children to live, grow and become healthy contributing citizens. The All Child Death Review process will allow the Department of Health and other agencies to develop appropriate strategies to reduce the occurrence of child deaths from preventable situations. Recognizing the current economic limitations, the State Committee proposes that the Governor and Legislature support the expansion of child death review to include allegations of the death of any child due to child abuse reported to the Florida Abuse Hotline Information System.

A priority for the Centers for Disease Control and Prevention (CDC) and the Healthy People 2010 is that a child fatality review team reviews 100% of deaths of children aged 17 years and younger that are due to external causes. Currently, 42 states authorize review of all child deaths in some manner, either mandated or permissive. By monitoring the occurrence of all childhood deaths and performing an appropriate review when deaths occur, child death review teams have a unique ability to gather the detailed information that is necessary for effective injury/disease prevention activities.

1K(2): Medical Examiner's Database: Drugs Identified in Deceased Persons

In October 2009, the Office of Injury Prevention's death certificate record database was reformatted to retain the medical examiner case number to allow for data linkage to the medical examiner's database. In December 2009, an effort was made to link the 2008 data from both databases with the following results:

- 8,556 Medical Examiner Records (All Residents)
- 20,610 Death Certificate Records w/ ME Case Number (Florida Residents)
- 6,839 of the 8,556 ME records (80%) were successfully linked across five common variables: ME District, ME Case Number, Month of Death, Age at Death, and Decedent Sex
- 15 additional records were linked across four common variables: previous five minus Decedent Sex - these records will need to be reviewed individually for accuracy
- 357 additional records were linked across three common variables: previous four minus Age at Death - this linkage produced 11 duplicates thus its accuracy is very questionable - further research required
- 84 additional records were linked across two common variable: ME District and ME Case Number - this linkage produced 14 additional duplicates and requires further research
- Duplicates and errors unknown, even the highest level of linkage left 15% of cases totally unmatched - further research required
- Assuming 100% linkage, the linked dataset would enhance information for ~40% of deaths with an ME record - this number will not reach 100% unless medical examiners begin reporting all deaths
- Most Common Error - mistyped age within the medical examiner record
- Initial linkage included death certificates of Florida residents only thus either ME cases of non-residents should be excluded or non-resident death certificates included - this decision will be made in 2010 by the data workgroup and will naturally affect the current preliminary linkage statistics

1K(3): Miami-Dade County Data Linkage

Terrific progress has been made in the effort to link death certificates with medical examiner records in Miami-Dade County. Preliminary findings suggest that there are inconsistencies between the two data sources and further research is required to describe such discrepancies. Additional linkages with law enforcement records continue to prove difficult though progress is occurring and lessons are being learned.

1K(4): National Violent Death Reporting System

In the spring of 2009, the Centers for Disease Control and Prevention released a funding announcement for the continued development of the national violent death reporting system. Florida, as a state government agency, was eligible to apply. However, Florida does not have existing memorandums of understanding between all

required data partners such as law enforcement agencies and medical examiners. Therefore, a large portion of grant funds and time would need to be dedicated to establishing such partnerships. The funding announcement states that such a use of grant resources is undesirable. Thus, Florida's infrastructure for a violent death reporting system is currently inadequate for a successful NVDRS application. In addition, California, a five-year recipient of NVDRS funding and a large state, has stated that statewide implementation there is impossible for a variety of reasons.

The Data Workgroup discussed these issues at the October 2009 Florida Injury Prevention Advisory Council meeting and offered the following thoughts and recommendations:

1. Under current grant structure and requirements, Florida is unable to implement a statewide violent death reporting system at this time
2. Continue monitoring data linkage efforts in Miami-Dade County
3. Encourage local governments with high violence incidence to implement data linkage efforts for future local-level funding eligibility
4. Discontinue Activity 1K(4)

1K(5): Trauma Registry Data

Next Generation Trauma Registry project

PROJECT STATUS REPORT	WEEK ENDING DATE: 12/31/2009
REPORT PREPARED BY	Carol Waugh

OVERVIEW	The Florida Department of Health (FDOH) Office of Trauma collects patients' medical record data from all verified and provisional Trauma Centers quarterly. Each Trauma Center has its own unique system that collects data in varying formats and then generates files for the statewide Trauma Registry. The current physical structure of the State Trauma Registry database makes it difficult, if not impossible, to access the Trauma Registry data for: (1) Medical research (as permitted under Sec. 395.404 and Chap. 405, F.S.), (1) Evaluation of trauma patient care and trauma center performance via integration of trauma patient data and trauma center site survey information for quality assurance and improvement, and (1) Linking with databases of other providers in the health care system to evaluate trauma system performance and track patient outcomes. The FDOH Office of Trauma is currently conducting Business Analysis and Requirements Gathering to define a proposed solution for creating consistent data formats. This phase will be conducted until December 31, 2009.

MAJOR ACCOMPLISHMENTS FOR THE WEEK	• Demo'ed all Use Cases (Trauma Registry, Site Survey, Web Interface) to Trauma staff for review • Received feedback from review of updates to the Florida State Trauma Registry Manual document • Completing XML and XSD specifications for the trauma Registry data file upload • Completed identification of Site Survey reports
PLANNED ACCOMPLISHMENTS FOR NEXT WEEK	• Complete XML and XSD specifications for the trauma Registry data file upload • Analyze options for file upload with internal Information Technology Integration Broker staff (including error handling and data validation). This may take several weeks to receive options from IB staff. • Finalize review of schema for the data dictionary and obtain signoff • During the next 2 weeks schedule and conduct interviews for the Project Management/Business Analyst position which will work with the Office of Trauma staff to move to the next phase of the project (Development and Implementation) • Continue working on the Business Case that will be presented to the FDOH Tier 2 body at the February 9 meeting. This is a continuation of the current Governance Request expanding the scope to go beyond Analysis and Requirements Gathering to now include the Development and Implementation.

1K(6): Data Integration and Evaluation Team

Due to H1N1 response and other competing priorities, the Division of Emergency Medical Operation's Data Integration Evaluation Team was not very active in 2009. During sporadic meetings, the team focused on solidifying its purpose and educating team members about their respective data sources. To date, no projects have been established. Monthly, 2nd Thursday meetings will resume on January 14, 2010.

1K(7): Emergency Medical Services Tracking and Reporting System (EMSTARS)

There are 109 agencies submitting records through EMSTARS which represents 41% of EMS agencies. An additional 55 agencies have committed to participating. Currently, the participating agencies tend to be small to mid-sized agencies, but larger agencies are working with vendors for future participation. Grant funding is available to agencies for implementation. Over 1.6 million records have been uploaded into the National Emergency Medical Services Information System (NEMSIS). Florida expects to upload ~3,000,000 a year once EMSTARS is fully implemented.

Hardware was purchased and installed for database management and information sharing. The EMSTARS database is expected to be linked to the current Trauma Registry in March 2010. In addition, plans are underway to upgrade the system to EMSTARS 3.0 and eventually EMSTARS HL7 for continued national compliance.

Strategy 1L - 83% COMPLETE (5 of 6 activities)

In 2009, the Office of Injury Prevention shared current injury data presentations at at least eight meetings and fulfilled at least 76 ad-hoc data requests. In addition, 13 injury-specific fact sheets and county-level profiles were developed and published to the office website throughout the year and in record time. Each of the 13 fact sheets contains GIS maps indicating levels of injury burden among rural and non-rural counties.

1L(4): Data Request Form - Incomplete. Due to the H1N1 response and other competing priorities, the office was unable to develop a web-based data request form.

> **Proposed Action**: move activity to 2010 Action Plan, change wording from 'data request' to 'data analysis request' for clarification.

1L(6): Florida CHARTS

In July, the CHARTS team began a process to add non-fatal data to Florida CHARTS. The Office of Injury Prevention supplied the requested indicators, but they have yet to be published. The CHARTS team is working on a number of priorities and though progress it slower than anticipated, there is progress. The office continues to support such priorities when applicable. For example, in 2009, two new health profiles were added to Florida CHARTS; one for maternal and infant health and another for child and adolescent health. The office supplied the requested injury indicators for both populations. In addition, indicators were supplied for future minority health profiles.

Strategy 1M - 100% COMPLETE

In 2009, no formal data requests were received from the other four goal teams. The Data Workgroup decided that a more proactive approach for data support was necessary and will be implemented with the 2010 action plan.