



Advisory Committee Meeting Record
February 11, 2010

Today's Meeting Objectives:

- Workgroup Session

Attendees

Julie Aldrich, *The Ohio State University Medical Center*
 Avni Cirpili, *The Ohio State University Medical Center*
 Rick Dawson, *Franklin County Chiefs Association*
 Kevin Dixon, PhD, *ADAMH Board of Franklin County*
 John Drstvensek, MD, *Mid Ohio Emergency Services*
 Deanna Gingrich, RN, *Lower Lights Christian Health Center*
 Dan Haber, *Battelle*
 Jeff Hoffman, MD, *Pediatric Academic Association*
 Tom Horan, *Columbus Neighborhood Health Center*

Sonja Howard, RN, *Mount Carmel Health System*
 Bruce Jones, DO, *EMP of Franklin County*
 Anne Robinson, *National Alliance on Mental Illness-Franklin Co.*
 Jack Rupp, Jr., *Franklin County Chiefs Association*
 Susan Tilgner, *Franklin County Board of Health*
 Sophia Tolliver, *James Cancer Hospital*
 Chris VanCuyk, *OhioHealth*
 Michelle Vander Stouw, *United Way of Central Ohio*
 Andy Wagner, MD, *The Ohio State University Medical Center*

Collaborative Partners

Nancie Bechtel, *Central Ohio Trauma System*
 Jeff Biehl, *Access HealthColumbus*
 Phil Cass, *Central Ohio Trauma System*
 Jeff Klingler, *Central Ohio Hospital Council*

Guests

Marisa Gard, *Central Ohio Trauma System*
 Bill Mitchin, *Access HealthColumbus consultant*

WELCOME & FRAMING

Nancie Bechtel welcomed everyone to today's advisory committee meeting. She reviewed project purpose & vision, went over today's agenda and asked everyone to introduce themselves around the room.

WORKGROUPS

The collaborative partners provided an overview on their respective workgroup's purpose and responsibilities finalized at the January advisory committee meeting:

	Shared Patient-Centered Principles	Shared Policies & Procedures	Shared Tools	Shared Measures of Evaluation
Purpose	To define patient-centered principles	To define shared policies and procedures	To define shared (technology) tools	To define shared measures of evaluation
Responsibilities	Establish written principles Communicate and educate two audiences: a) professionals who will work on project b) general public who will be patients	Establish written policies that: a) delineate what information is shared b) document system processes c) address patient confidentiality d) include public notification/education	Establish the tool(s) that will enable information sharing across emergency rooms Identify resource requirements to sustain	Establish evaluation plan for: a) readiness of participating organizations (culture and implementation readiness) b) project measures for defining success c) effectiveness of collaborative process d) project archivist on lessons learned

The committee spent the next hour in their workgroups to:

- Discuss learning completed since last session
- Connect with other workgroups
- Identify March objectives
- Update on next steps

Workgroup	Next Steps/March Objectives
<p>Shared Patient-Centered Principles (Version 1.5 can be viewed in Attachment A)</p>	<ul style="list-style-type: none"> • Synthesize and produce Version 1.0 of patient-centered principles for feedback between now and March meeting • Create Version 1.5 of patient-centered principles to share at March meeting for feedback
<p>Shared Policies & Procedures (minutes can be viewed in its entirety in Attachment A)</p>	<ul style="list-style-type: none"> • Categorize and review before the March meeting a list of data elements into: <ul style="list-style-type: none"> ○ information that is essential ○ information that should be included ○ information that would be “nice” to have
<p>Shared Tools (minutes can be viewed in its entirety in Attachment A)</p>	<ul style="list-style-type: none"> • Identify potential vendors • Reach out to other communities and do some learning • Share learning on existing and near-future technologies along with capability of technologies to share information across the four hospital systems • Develop a survey of other entities in phases 2 through 4 on their IT capabilities
<p>Shared Measures of Evaluation (minutes can be viewed in its entirety in Attachment A)</p>	<ul style="list-style-type: none"> • Reach out to Central Ohio Trauma System to learn how EDs currently go about changing their policies & procedures internally • Beyond outreach, ask advisory committee to bring in structure on areas of measurement and build inventory to get a good evaluation plan started • Research measuring collaborative effectiveness and share at March meeting for feedback

CLOSING AND CHECK-OUT

The next Advisory Committee meeting is scheduled for March 11th from 7:30-9:30AM.

The purpose of the meeting is to continue the workgroup session.

Shared Patient-Centered Principles Workgroup

**Patient Centered Care Coordination Principles
Draft v.1.5**

Preamble: Patients have ongoing relationships with multiple health care providers and health institutions that contribute to layers of patient data that can lead to a fragmented and incomplete profile of the patient. Shared patient centered data is used to create a more complete patient profile that supports good decision making on the part of the provider, the patient and their family.

- Patient centered care starts with the assurance that clinical data is made available by the provider of care and then is requested, received and used by subsequent providers (always use the system).
- Patient centered data must be complete, unbiased, accurate, shared and requested in a timely manner.
- Patients and families (within legal guidelines) should be aware that data, and what data, has been shared between provider entities and that the system assures confidentiality of the data.
- Patients and their families (within legal guidelines) are the beneficiaries of this shared data and should be included as partners in decision making at the level they choose.
- Shared data is seen by the provider of care as supporting a whole person orientation where patients are understood to be more than their disease and where they have roles with their families and in the community.
- Patients and their families have values, history and preferences and they must be understood and engaged within the context of their own cultural, racial, language, age, gender, and disability experiences (worldviews).
- The sharing of data should support the coordination and integration of care regardless of the provider. This data supports a learning community around this patient. No one or any one system owns the patient and the data is understood to be the patients. Systems are working together with the patient and always to their benefit.
- Shared data is seen as supporting a safer and higher quality health care system.

Shared Policies & Procedures Workgroup

Purpose: Working collaboratively to define shared policies and procedures for the Central Ohio Care Coordination Project's business plan

Responsibilities:

- Establish written policies and procedures that:
 - Delineate what information is shared and why
 - Document system processes for how and by when data is shared
 - Address patient confidentiality
 - Include public notification/public education aspect
- Establish the list of patient record data elements to be shared among emergency departments
- Establish memorandum of understanding among hospitals to share the information

Collaborative Staff: Nancie Bechtel

Co-Chairs: John Drstvensek, MD
Duane Kusler, RN

Participants: Nancie Bechtel, *Central Ohio Trauma System*
Avni Cirpili, *OSU Harding Hospital*
John Drstvensek, MD, *Ohio Health*
Marisa Gard, *Central Ohio Trauma System*
Sonja Howard, RN, *Mount Carmel Health System*
Bruce Jones, DO, *OhioHealth Doctors*
Sophia Tolliver, *James Cancer Hospital & Solove Research Institute*
Andrew Wagner, MD, *The Ohio State University Medical Center*

Absent: Duane Kusler, RN, *Nationwide Children's Hospital*
Matt Kellar, MD, *Mount Carmel Health System*
Richard Nelson, MD, *The Ohio State University Medical Center*

Shared Policies & Procedures Notes:

- The group had unanswered questions from the previous meeting to discuss:
 1. *Can the Social Security Number be used?*
 2. *Can the information be used by hospitals to conduct Process Improvement (PI) activities?*
 3. *Can the information be used by an ED if a patient calls on the phone with a complaint after the patient has already been seen in the ED?*
 4. *Can the information be pulled up outside of the ED by the floor, an internal medicine staff physician, the cardiology department, etc. if it helps care for the patient?*
 5. *What prevents someone in the ED from looking up a friend or celebrity that was in their own ED and/or that they know was seen in another participating ED?*
 6. *If the attending staff physician inadvertently overlooks some detail on the electronic snapshot while skimming information in the ED, is that an increased liability?*
 7. *Would the system allow remote access by a specialty physician assisting with ED care?*
- The following summarizes key discussion points:
 - Milwaukee does not use Social Security Numbers in their system; they use probabilistic linkage with names and addresses. An added factor is that patients often do not remember SSNs.
 - Work Group members verbalized that Central Ohio should not include SSN numbers as a component.
 - Regarding increased liability if an ED physician overlooks a detail on the electronic snapshot, Work Group members verbalized the need for some permanent snapshot of what the record shows (i.e. a pdf) that is included in the patient's chart/medical record.
 - Prior to the next meeting, Sophia Tolliver will follow up with OSU's legal department, Nancie Bechtel will follow up with Keith Hartsell from OhioHealth, and Sonja Howard will follow up with Mount Carmel's legal department to ascertain the feasibility of this in light of HIPAA.

- Questions in regards to how, when and where the information will be retrieved need to be vetted with a legal expert and defined by this group at future meetings.
 - Physicians present felt that all desired components should be included in the initial round of requirements, to be scaled back only after legal and IT review.
- Psychiatric and sexual assault information should be included to benefit patient care.
 - This may need to be vetted with legal.
- The group discussed the possibility of an “opt-out” mechanism/do not consent form for patients to refuse to share their records among EDs.
 - This in essence defeats the purpose of the system.
 - This would impede usage of the system as docs would first have to check whether a patient opted out
 - This would also complicate overall management of the system as a complex and immediate filter would have to be built in that prevents immediate retrieval
 - In the end, an opt-out option was not endorsed by the Work Group
- How far back to pull patient ED information was discussed.
 - Group members present indicated pulling information from as far back as possible would be best.
- The group discussed the necessity of program oversight to stop employees from viewing patient snapshots. Suggestions made included:
 - Recording who is looking at snapshots and when;
 - Eliminating the ability to access snapshots outside of the ED the patient is currently active in;
 - Allowing different access points and clearance depending on job;
 - Creating an authorization check box (or series of check boxes).
- Group members discussed the possibility of implementing a fingerprint or palm scanner for patients unable to speak for themselves. Their “print” would become part of their medical record.
 - Dr. Jones will follow up on fingerprint and palm scanners for the next meeting.
- Nancie will construct an initial draft of data elements for group members to review before the next meeting, adding “Allergies” to the data elements in addition to previously agreed upon elements. The list will be categorized by information that is essential; info that should be included; and info that would be “nice” to have.
- Group members met with the Shared Tools group with the following questions:
 - Can a snapshot become part of the medical record?
 - Yes, the snapshot can be in PDF format, if legally allowed.
 - Can a finger or palm scanner be used for patients that cannot speak for themselves as a patient identifier?
 - Yes, the technology exists.
 - Can a physician pull the snapshot from another location, such as home?
 - A consulting physician could view the snapshot, from a location outside of the ED, if it is determined legal.
 - How frequently can the snapshot be queried?
 - As frequently as necessary, but the more queries, the more complex the system.
 - Can a security/authorization mechanism such as a check box be in place to ensure only attending medical teams view patient information?
 - It is possible to create a series of questions to “check off” to limit who views the patient snapshot. It is also possible to limit the snapshot viewing to the ED with the active patient only.
- Group members from both the Shared Policies & Procedures and Shared Tools agreed they would need to meet for further discussion at future meetings.

Shared Tools Workgroup

Members: Jeff Klingler, Julie Aldrich, Dan Haber, Jeff Hoffman, MD, Bill Mitchin, Chris VanCuyk,

March Objectives:

- Finalize list of potential vendors and make contact to schedule initial vendor interviews;
- Learn from other communities which are in development stages of an ED linking initiative (i.e. Austin, D.C., Hawaii);
- Share learning across the 4 hospital systems about their existing and near-future technologies along with capability of technologies to share information (i.e. ability to share images and how long back digital images are stored);
- Develop a survey of other entities in phases 2 thru 4 on their IT capabilities.

NOTES/QUESTIONS from discussion:

How will data accessed from system be stored for auditing purposes?

How is auditing handled in other communities?

Workgroup feels that a snap shot needs to be retrieved from the system and stored locally at each facility.

Will physicians be able to access data from outside the ED?

In Milwaukee, data was accessed only in ED;

If policy work group wishes to pursue, then legal questions need to be asked/

Patient identifiers: Can a palm print/finger print be used to ID patients instead of address, sex, SS#?

If so, does every site have this capability?

Initial thoughts on system requirements:

At least 2 questions should be asked to ensure person accessing data is authorized:

Is this patient in your system?

Do you have authorization to access this information?

Evaluation Workgroup Plan (updated 2/10/10)

Purpose: Working collaboratively to define shared measures of evaluation for the Central Ohio Care Coordination Project's business plan
Members: Jeff Biehl, Michelle Vander Stouw, Rick Dawson

A. Readiness of participating organizations - culture and implementation readiness

Deliverables:

- Continuous: inform Project Collaborative on observations regarding barriers and assets as the project advances
- Inform Implementation Planning: written assessment of barriers and assets

Evaluation Questions	Evaluation Objective	March Objectives
For each ED: <ul style="list-style-type: none"> • What is the current approach for implementing policy changes? • What are common barriers when implementing change? • Who needs to be involved? • How much time is needed? 	Evaluation will inform implementation and training plans	Rick & Jeff to meet with COTS to learn from their experience with policy implementation across EDs
What will be the impact on productivity and financial performance as shared care coordination policies and tools are implemented?	Evaluation will inform the strategic business plan	n/a

B. Project Measurements – detailed plan for defining success and measuring progress (with a focus on Phase 1 but with the full project vision in mind)

Deliverable: written measurement plan to be included in the Strategic Business Plan

Evaluation Questions	Evaluation Objective	March Objectives
What are the process measures? What are the output measures? What are the outcome measures?	Measure progress in key areas over time.	Inventory ideas from the advisory committee. Request time at advisory committee meeting to: <ul style="list-style-type: none"> • 10 minutes to generate post-it ideas towards beginning of meeting • While others conduct their business, we will group ideas into themes • 10 minutes to share themes with the group and ask what is missing Request measures from Milwaukee Request measures from other ED/Hospital improvement projects.
What is an effective way to share results with: <ul style="list-style-type: none"> • Participating organizations • Project collaborative • Funding organizations • General public 	Clarity on communication to different audiences based on their common and unique needs.	n/a

C. Evaluation of the Collaborative Process and its Effectiveness

Deliverables:

- Continuous: inform Project Collaborative on areas of strength and need for improvement
- Publish evaluation of our Collaborative process to share lessons learned with others

Evaluation Questions	Evaluation Objective	March Objectives
What are the measurements for evaluating the effectiveness of our collaborative process: <ul style="list-style-type: none"> - Collaborative partners - Advisory committee - Workgroups - Participating organizations - General public 	Gathering and sharing our collaborative learning will contribute to current and future efforts – both here and in other communities	Research methods for measuring collaborative processes. Inventory ideas from the advisory committee. Request time at advisory committee meeting to: <ul style="list-style-type: none"> • 10 minutes to bring in learning from others and ask: what is missing; what is most important?