

**Mid-Atlantic VSG
Data Manager Meeting Minutes
September 2, 2015**

I. Welcome and Attendance

Data Manager	Facility	Attendance
Kathie Allen	Abington Memorial	Absent
Kim Alfaro	Abington Memorial	Attended
Karin Jonczak	Abington Memorial	Absent
Deborah Murphy	Abington Memorial	Absent
Cindy Dmitchik	Beebe Healthcare	Absent
Elizabeth Richardson	Beebe Healthcare	Absent
Kathryn Hundley	Beebe Healthcare	Absent
Maria Albert	Christiana Care Health System	Attended
Amy Pajula	Christiana Care Health System	Attended
Jonelle O'Shea	Cooper University Hospital	Attended
David Carey (Facilitator)	Geisinger Health System	Attended
Kathy Levan (Regional Lead)	Geisinger Health System	Attended
Pamela Orshaw	Guthrie Clinic	Absent
Angie Young	Guthrie Clinic	Absent
Brittany Miller	Guthrie Clinic	Attended
Pat Gortych	Overlook Medical Center	Attended
Margaret Mellow	Overlook Medical Center	Absent
Tess Hollingsworth	Penn State Milton S Hershey	Absent
Kim Paolini	Reading Hospital and Medical Center	Absent
Lisa Baro	Reading Hospital and Medical Center	Attended
Thomas Wojda	St. Lukes Hospital & Health Network	Absent
Jennifer Lai	University of Pennsylvania	Absent

II. Meeting Expectations

- A. Meeting will be held quarterly
- B. Ability to meet as needed for Special Projects
- C. Information from the Quarterly Regional Data Manager Lead Meeting will be conveyed during these meetings
- D. Regional Lead will convey any questions or concerns from these meetings at the Quarterly Regional Data Manager Lead Meeting
- E. Minutes from this meeting will be kept by the Regional Lead and a copy forwarded to Carrie Bosela SVSPSO for review, in the event clarification is required on any of the agenda items discussed.

III. Discussion Items from 1st Quarterly Regional Data Mgr. Lead Meeting held June 23rd 2015

- A. Annual Meeting of Data Managers and Abstractors - Those in attendance were interested in the Webcast as well as possible CEUs for Nurses attending. Should someone choose to solely attend the Data Mgr. Meeting at the Annual SVS Conference a registration fee was not opposed. However, if staying for entire conference, would not be agreeable to an additional fee to attend this meeting (feel this would need to be absorbed into fees normally occurred in attending the entire conference).
- B. Data Manager Regional Quality Improvement Project- Tabled for future discussion
- C. Regional Lead Presentation at Bi-Annual Meeting – Would be synopsis of quarterly meeting discussions as well as the current status of any special projects within our region.

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- D. Data Definitions - All in attendance are in agreement of the need for standardized definitions in conjunction with other registries, as well as source listings.
- E. FAQs - Hard to search. Need for uniformity and consistency. All in attendance have experienced receiving inconsistent answers from Pathways Support when they have posed the same question more than once.
- F. Registry- Uniform frustration with registry as a whole. Do not feel that all participants should be required to obtain special project data on a case if their facility is not participating in that special project. Perhaps a separate tab for those facilities participating could be added to their module. This would allow non-participating facilities to continue with-out additional burden.

IV. Long Term Follow-Up

- A. Completion Rate- Some facilities are experiencing difficulties in completing the required follow-up for the following reasons:
 - a. Multiple Modules with large volumes of cases. Concentration is focused on qualifying cases being entered. Follow ups are then completed as time allows because staffing is limited.
 - b. Often times this registry is not the sole position the abstractor holds within the facility.
 - c. Some facilities are entertaining the idea of switching to other registries where long term follow-up is not a requirement.
 - d. Facilities experiencing scenarios where a patient was seen just shy of 9 months or several days over 21 months (patients cancelling and rescheduling) and as it was out of the 9 to 21 month window, the visit did not count as complete. Do not feel facilities should be penalized for such scheduling events. Suggest the registry provides a 60 day grace period on each end of the 9 to 21 month window for these types of instances and instead it will be 7 to 23 months window!

V. General Discussion

- A. Same Day Readmission - Currently if you have a patient that was readmitted the same day as discharge, the follow-up form will not allow you to use that discharge date as the follow up admission date, thus that data point is incorrect. This was brought to the attention of M2S by a facility approximately 1 year ago without correction of that data point on the LTFU forms with any of the recent upgrades to the system.
- B. Future topics for discussion could include data points per module, regional information, potential QI projects, Webinar by M2S on analytic and reporting engine.

VI. Topics to be taken to Quarterly Regional Data Manager Lead Meeting

- A. Expand the 9 to 21 Month Follow-up Window - Suggest the registry provides a 60 day grace period on each end of the 9 to 21 follow-up month window for these types of instances and instead it will be 7 to 23 months window!
- B. Do Not Require Special Project Data Entry to Non-participating Hospitals - Do not feel that all participants should be required to obtain special project data on a case if their facility is not participating in that special project. Perhaps a separate tab for those facilities participating could be added to their module. This would allow non-participating facilities to continue with-out additional burden, reduce their work collection/entry and allow for more follow-up work.
- C. Same Day Readmission - Currently if you have a patient that was readmitted the same day as discharge, the follow-up form will not allow you to use that discharge date as the follow up admission date, thus that data point is incorrect.

VII. Next Meeting is Wednesday December 2, 2015 at 1:30 pm via phone conference.

9/3/2015