



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND  
2050 WORTH ROAD, SUITE 10  
FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO  
ATTENTION OF

MCHS-IS

9 April 2001

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD  
Success Team (DQFAST)

1. The DQFAST met in Room 107, Patient Administration Systems  
and Biostatistics Activity (PASBA) Conference Room,  
building 126, at 0900 on 3 April 2001.

a. Members Present:

COL Halvorson, Team Leader, PASBA  
LTC Starcher, PASBA  
MAJ Burzynski, OTSG, Information Management Division  
MAJ Wesloh, PASBA  
Ms. Mandell, PASBA  
Ms. Robinson, PASBA  
Mr. James, PASBA

b. Members Absent:

COL Phurrough, HP&S  
COL Kimes, Quality Management  
LTC Dolter, Outcomes Management  
Ms. Leaders, TRICARE Division  
Ms. Cyr, PA&E  
Ms. Bacon, AMPO  
Mr. Padilla, Resource Management  
Mr. Jensen, Resource Management  
AcofS Personnel Representative

c. Others Present:

COL Reineck, representing COL Phurrough, HP&S  
MAJ Ruiz, HP&S  
MAJ Griffith, representing Mr. Jensen, RM  
CPT Prechtel, MEDCOM  
Ms. Hughes, Intern

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Mr. Cardenas, representing Ms. Bacon, AMPO  
Ms. Enloe, PASBA  
Mr. Thompson, Internal Review

2. Opening Remarks. There were no opening remarks.

3. Old Business.

a. Approval of Minutes. The March minutes were approved with minor grammatical changes and these content changes:

(1) On page 5, paragraph b, subparagraphs 1 through 9, the nine EXSUM issues should have been identified as Great Plains Regional Medical Command's (GPRMC's) issues not Fort Hood's.

(2) On page 8, paragraph b, subparagraph 13, the first sentence of the decision should have stated "... suspense dates have been revised...".

b. DQFAST Revised Charter. The charter is currently in review at the Office of The Surgeon General and pending MG Sculley's signature.

c. Data Quality Management Control Program (DQMCP). Currently we are still awaiting March 2001 responses from GPRMC, Korea, and Wuerzburg.

(1) Closed Issues. There were 19 issues addressed and closed from previously submitted EXSUM's, [enclosure 1](#), pages 15 through 33.

(2) Open Issues. For the month of March, Fort Carson submitted an EXSUM that was inadvertently overlooked. Their issues have been addressed in writing, based upon the responses given to previous EXSUM's.

(a) Fort Carson, issue 1, [enclosure 2](#)-The DQMCP Review List is too generic. **Decision: The checklist was created in response to the lack of an audit trail. The intent was not to make the list so specific that other areas of operation would**

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not be looked at from a data quality perspective. A written response was provided on the 20th of March.

(b) Fort Carson, issue 2, enclosure 2-Frequency for submitting Commander's Statement. **Decision:** In response to a Department of Defense (DoD) Inspector General and General Accounting Office audit the frequency of this report was established as monthly instead of quarterly. A written response was provided on the 20th of March.

(c) Fort Carson, issue 3, enclosure 2-Separate review lists for freestanding facilities. **Decision:** The medical treatment facility (MTF) commander is technically responsible for health care provided on the installation. Even though there may be no direct control over the troop medical clinics or clinics on the installation, they do have technical supervision and should oversee those activities' data quality initiatives. A written response was provided on the 20th of March.

(d) Fort Carson, issue 4, enclosure 2-Defense Enrollment Eligibility Reporting System (DEERS) eligibility checks. **Decision:** The Health Affairs requirement is for a 100 percent DEERS eligibility check. Most facilities conduct the DEERS check at the pharmacy. This appears to be the most efficient and convenient method for the beneficiaries. Some facilities have a separate window to do only the DEERS check. Each facility must decide what is the best method for them to accomplish this requirement. The DQFAST requested the pharmacy consultant provide an activity success story to share with other facilities that are having difficulties meeting this requirement. A DoD Pharmacy Board of Directors meeting will be held 11 April. This item is on the agenda and a report will be provided prior to the next meeting. A written response was provided on the 20th of March.

(e) Fort Carson, issue 5, enclosure 2-Worldwide Workload Report (WWR) dates. **Decision:** The current DOD instructions state that the WWR should be run on the 5th of each month with a suspense of the 10th of each month to transmit the data to PASBA. There is no Army standard stating the WWR be run on the 10th of

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each month. The DQFAST recommends running the WWR by the 5th of each month and transmitting the data to PASBA by the 10th of each month. A written response was provided on the 20th of March.

(f) Fort Carson, issues 6 through 9, enclosure 2- All of these basically address the same issue of Data Quality Control Mechanisms. **Decision:** The system and output questions referred to are the Standard Inpatient Data Record (SIDR) from the Inpatient Medical Record Module, the Laboratory Module, and the Expense Assignment System (EAS). Clarification was requested on paragraphs B.4. and C.19, procedures and controls to override error files and file-checking-edits routines. Edit override is a supervisory key and the checklist is simply asking if you have a process in place that only permits supervisory personnel to bypass data validation/edits. In the checklist question you are being asked to make corrections and have a method in place to ensure corrections are being made and forwarded, i.e., an audit log. All of these questions are primarily attempting to determine if audit and control procedures are in place and followed. A written response was provided on the 20th of March.

(g) Fort Carson, issue 10, enclosure 2-Clarification of staff training requirements. This issue was previously presented. The committee discussed various activities within the MTF and processes on how they should address staff training requirements. The Nosology Section of PASBA has provided training that addresses coding. **Decision:** The PASBA has established an Army Coding Listserver to address coding questions from the field sites. Individuals within each facility that are identified as subject matter experts should conduct training within their areas of expertise. An example offered was how each facility's medical review process identifies and addresses medical record deficiencies. A written response was provided on the 20th of March. Supplemental guidance will be provided by PASBA.

(h) Tripler Army Medical Center (TAMC), issue 3, enclosure 3-Outpatient records sampling size and frequency. **Decision:** The TRICARE Management Activity (TMA) will be contacted to discuss the possibility of quarterly frequency instead of monthly. The PASBA will prepare information on

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statistical sampling. The pros and cons on the impact of a monthly versus quarterly frequency will also be addressed.

(i) TAMC, issue 4, enclosure 3-End of Day Process is inconsistent when DQMC Review List is compared with Commander's Statement. **Decision:** The committee agrees there are some inconsistencies between the Commander's Statement and the checklist. The DQFAST recommends that if there is different answers for both questions that the questions be answered as appropriate to your facility. The TMA is in the midst of a revision of the Commander's Statement and checklist so there may be further changes in the near future. The committee will continue to dialogue with TMA on this issue.

(j) GPRMC, issue 3, enclosure 1, page 13-DEERS eligibility check. **Decision:** The Health Affairs requirement is for a 100 percent DEERS eligibility check. Most facilities conduct the DEERS check at the pharmacy. This appears to be the most efficient and convenient method for the beneficiaries. Some facilities have a separate window to do only the DEERS check. Each facility must decide what is the best method for them to accomplish this requirement. The DQFAST requested the pharmacy consultant provide an activity success story to share with other facilities that are having difficulties meeting this requirement. A DoD Pharmacy Board of Directors meeting will be held 11 April. This item is on the agenda and a report will be provided prior to the next meeting. A written response was provided on the 20th of March.

(k) GPRMC, issue 8, enclosure 1, page 14-Clarification of staff training requirements. This issue was previously presented. The committee discussed various activities within the MTF and processes on how they should address staff training requirements. The Nosology Section of PASBA has provided training that addresses coding. **Decision:** The PASBA has established an Army Coding Listserver to address coding questions from the field sites. Individuals within each facility that are identified as subject matter experts should conduct training within their areas of expertise. An example offered was how each facility's medical review process identifies and addresses medical record deficiencies. A written

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**response was provided on the 20th of March. Supplemental guidance will be provided by PASBA.**

c. DQFAST Metrics (exceptions only). No major changes to the metrics. The Medical Expense and Performance Reporting System (MEPRS) data is running behind, due to the changeover from EAS III to EAS IV. Timelines as previous reflected in March's DQFAST minutes still apply for MEPRS data submission. Some sites are still having hardware and/or software issues with the implementation of the EAS IV software.

d. Data Quality in the Balkans.

(1) The PASBA has received one box of medical record cover sheets from the 67th Combat Support Hospital and are expecting four more boxes. Records that have been received were coded at Landstuhl. Except for some minor changes, the records look good.

(2) Within the next couple of months, there will probably be some changes in how the Patient Accounting & Reporting Realtime Tracking System (PARRTS) is used and transmitted. Work is underway to combine the functionality of PARRTS Central and PARRTS Mobile into a single web-based interface that will be supported by a Microsoft Structured Query Language database in a Windows environment. In addition, PASBA is in the process of requesting a system change request to ensure the Geographic Location field in the Composite Health Care System (CHCS) is a required field for Disease, Injury and Battle Casualty patients. This information will then be used in developing a CHCS ad hoc report to capture information on patients with a Geographic Location code from Bosnia (Kosovo when they receive CHCS in 2001), or any other Army contingency operation of mass casualty situation. The CHCS patient data will be extracted using an ad hoc report and will be transmitted to PASBA as a batch file via the network. Data will automatically populate the database.

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4. New Business.

a. Due to the timeframes for submission of DQMCP input, the committee addressed changing the DQFAST committee meeting date to the second Tuesday of each month. The committee agreed to change the meeting to the second Tuesday of each month.

b. The PASBA is currently working to get the restricted part of their website up and running. This will allow The Surgeon General's Trip Book, along with other sensitive information to be posted to the web.

c. The PASBA will start presenting trend lines associated with the DQMCP EXSUM's to the committee.

d. The TMA is inquiring about capturing SIDRs on a daily basis. This subject was initially brought up in the Tri-Service Workgroup for Data Feeds and Edits meeting. This has never been done before. Whether or not this presents major problems remains to be seen. The Tri-Service Workgroup for Data Feeds and Edits committee will be addressing this.

e. The TMA has also rejected the proposal for a system change request submitted by the Army for the WWR. The WWR will remain as is and the facilities will still need to use their work-arounds.

f. The Data Quality Conference has openings available for the 12-14 June class. The course addresses a broad range of data quality areas and the practical impact data quality has on activities. Individuals interested are encouraged to submit request for attendance.

g. The question was asked on what impact, if any, Defense Medical Human Resource System has on PASBA? Currently there is no known impact on PASBA.

5. Deferred issues. The next committee meeting will address concerns pertaining to coding guidance issued by Lead Agents that appear to be contradictory to Army guidance.

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6. The meeting adjourned at 0950. The next meeting is  
scheduled for 0900, 8 May 2001, PASBA Conference Room.

/s/

3 Encls

1. DQMC Issue Status
2. Dec EXSUM, Fort Carson
3. Mar EXSUM, PRMC

JAMES A. HALVORSON  
COL, MS  
DQFAST Team Leader

DISTRIBUTION:

1-Each Committee Member