



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

13 March 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 6 March 2001.

a. Members Present:

COL Halvorson, Team Leader, PASBA
LTC Dolter, Outcomes Management
LTC Starcher, PASBA
Ms. Robinson, PASBA
Ms. Bacon, AMPO
Ms. Leaders, TRICARE Division
Ms. Mandell, PASBA
Mr. James, PASBA
Mr. Jensen, Resource Management

b. Members Absent:

COL Kimes, Quality Management
COL Phurrough, HP&S
MAJ Wesloh, PASBA
MAJ Burzynski, OTSG, Information Management Division
Ms. Cyr, PA&E
Mr. Johnson, Resource Management
ACofS Personnel Representative

c. Others Present:

COL Reineck, representing COL Phurrough, HP&S
MAJ Ruiz, HP&S
Ms. Jordan, representing Mr. Johnson, RM
Mr. Strobel, representing MAJ Burzynski, OTSG, IM

MCHS-IS

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

Ms. Enloe, PASBA
Mr. Thompson, Internal Review
Mr. Fannin, Internal Review

2. Opening Remarks. Team Leader COL Halvorson stated that a significant portion of today's meeting would be spent addressing the Data Quality Management Control Program (DQMCP). LTG Peake expects the committee to respond back to the medical treatment facilities (MTFs) that submitted Executive Summaries (EXSUMs). Additionally, the minutes will specifically reflect the committee's guidance to the facilities.

3. Old Business.

a. Approval of Minutes. The January and February minutes were approved.

b. DQFAST Revised Charter. The revised charter was approved as written. The new charter will focus more on the DQMCP and create a sub-working group for data quality managers. The charter will be sent forward to MG Sculley for his signature, [enclosure 1](#).

c. Data Quality Management Control Program. MAJ Wesloh is the Army's point of contact (POC) for this data quality initiative. The charter was changed to establish a channel for data quality issues from the field to be addressed by a multidisciplinary committee. This change should create a more dynamic arena for addressing data quality. This committee will summarize the field sites data quality concerns and prepare a summarized report of concerns and recommendations to The Surgeon General (TSG).

4. New Business.

a. December DQMCP EXSUMS Issues.

(1) Tripler Army Medical Center (TAMC), issue 1, enclosure 2. Requests resolution of Department of Defense (DOD) Worldwide Workload Report (WWR) suspense date of the 5th of each month versus the Army WWR suspense date of the 10th of each month. 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

MCHS-IS

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

month to transmit the data to PASBA. There never was an Army standard stating the WWR be run on the 10th of each month, this is a misunderstanding on the facilities part. **(Decision: Run the WWR by the 5th of each month and transmit the data to PASBA by the 10th of each month.)**

(2) TAMC, issue 2, enclosure 2. Requests resolution of DOD Medical Expense Performance Reporting System (MEPRS) 30 day suspense versus Army MEPRS 45 day suspense reporting requirement. The TAMC Information Management (IM) Division, which generated this concern, was contacted for more information. However, after researching they were not able to produce a document that referenced the 30 day suspense. **(Decision: DOD 6010.13-M, Chapter 4 references 45 days as the requirement for reporting.)**

(3) Fort Polk, issue 1, enclosure 3. The MEPRS tables for FY 2001 were not loaded. Historically, this has been a concern for MEPRS when transitioning to a new fiscal year. This is due to a time lag in getting the software release package from the Expense Assignment System (EAS) Project Office at TRICARE Management Activity (TMA), containing the annual fiscal year table updates to the field and loaded on the MTF's EAS boxes. By the end of January, all sites had loaded the new tables, except Fort Huachuca who loaded the release on 6 February. Fort Polk loaded their tables on 4 January and transmitted their October data on 23 January. **(Decision: Resolved. All sites are now using FY 2001 MEPRS tables.)**

(4) Fort Polk, issue 2, enclosure 3. Regarding coding compliance and outpatient records accountability. Work is in progress to refine outpatient records sampling technique. Fort Polk is also addressing improvements to coding and record retrieval. Ms. Mandell of PASBA, has created an Army Coding Listserver to address coding questions from field sites. Outpatient record review is a requirement but there is no specific Joint Commission on Accreditation of Healthcare Organization (JCAHO) guidance that states what a statistically valid sample should be. **(Decision: No requirement for statistically valid sampling for process measures.)**

MCHS-IS

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

(5) Fort Polk, issue 3, enclosure 3. Requests the monthly sampling of medical records be changed to a quarterly requirement. There is some confusion in the field on this requirement. The JCAHO requirement is for a quarterly total record review. Although operationally, it is more feasible to conduct monthly partial record reviews, which would consist of a smaller number of total records. **(Decision: The DQMCP Guidelines, dated 9 February 2001, addresses requirement for monthly sampling, enclosure 4.)**

(6) Fort Drum, issue 1, enclosure 5. The DQMCP list is too generic. The checklist was created in response to a lack of an audit trail when DOD Inspector General and General Accounting Office audited the Military Health System. The intent was not to make the list so specific that other areas of operation would not be looked at from a data quality perspective. The Surgeon General does not want the checklist to become a yes or no response but a meaningful process with specific data, statistics, and trend lines. **(Decision: Although the DQMCP requirements are directed by the TMA, supplemental guidance will be issued when such questions and concerns arise. Each activity Commander and data quality manager will receive an answer on any DQMCP EXSUM their facility presents.)**

(7) Fort Drum, issue 2, enclosure 5. The KG ADS hardware problems were limiting access to report functions. They were having server problems. The facility generated a trouble ticket and as of 16 February the problem was corrected. **(Decision: Hardware problem resolved.)**

(8) Fort Drum, issue 3, enclosure 5. Requirements for 100 percent accuracy on data quality is unrealistic. The target for data quality should always be 100 percent. It is appreciated that maintaining 100 percent possession of outpatient medical records, for data quality review, within the MTF is nearly impossible. **(Decision: Every effort should be made to strive for 100 percent accuracy.)**

(9) Fort Drum success story, enclosure 5. This was the first facility to implement the outpatient reconciliation guidance by synchronizing the Composite Health Care System

MCHS-IS

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

(CHCS), MEPRS, and the WWR. They established their Data Quality Committee in June 2000. The Deputy Commander for Administration and the Deputy Commander for Clinical Services are members of this committee. The committee reviews areas that range from the Ambulatory Data System (ADS) compliance, Defense Enrollment Eligibility Reporting System (DEERS) reconciliation, to KG ADS audit results. The facility believes that communication and teamwork has been the key to their success. **(Decision: The DQFAST commends the facility for its focused efforts towards 100 percent accuracy.)**

b. January DQMCP EXSUM Issues.

(1) Fort Hood, issue 1, enclosure 6. Nonavailability of MEPRS tables and the reconciled financial data conversions from EAS III to EAS IV. Historically this has been a concern for MEPRS when transitioning to a new fiscal year. This is due to the time lag in getting the software release package containing the annual fiscal year table updates to the field and loaded on the MTF's EAS boxes in a timely manner. By the end of January, all sites had loaded new tables. Fort Hood loaded the tables on 4 January and transmitted their data on 21 February. **(Decision: Resolved. All sites are now using FY 2001 MEPRS tables.)**

(2) Fort Hood, issue 2, enclosure 6. Discrepancy between TMA and the Army standard for the WWR submission. 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 never was an Army standard stating the WWR be run on the 10th of each month, this is a misunderstanding on the facilities part. **(Decision: Run the WWR by the 5th of each month and trasmit the data to PASBA by the 10th of each month.**

(3) Fort Hood, issue 3, enclosure 6. Performing DEERS eligibility checks at the pharmacy windows. The 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. **(Decision: Health Affairs**

MCHS-IS

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

policy is for a 100 percent DEERS eligibility check. Request from the pharmacy consultant an activity success story.)

(4) Fort Hood, issue 4, enclosure 6. Requests separating the DQMCP reporting for stand-alone clinics and troop medical clinics.) The MTF commander is responsible for all subordinate activities. The MTF commanders are certifying that they are aware of the data quality standards for all activities under their command. **(Decision: Current policy states that the MTF commander certifies for all clinics, both within the MTF and outlying.)**

(5) Fort Hood, issue 5, enclosure 6. Request reducing random sampling of outpatient encounters to quarterly rather than monthly as prescribed by JCAHO standards. There is some confusion in the field on this requirement. The JACHO requirement is for a quarterly total record review. Although operationally, it is more feasible to conduct monthly partial record reviews, which would consist of a smaller number of total records. **(Decision: The DQMCP Guidelines, dated 9 February 2001, addresses requirement for monthly sampling, enclosure 4.)**

(6) Fort Hood, issue 6, enclosure 6. Standardize the month from which data is being validated, change to actual date month. There are ongoing discussions about changing the validation month to make DQMCP input more current. Such a change will have all data elements coming out of the same month. **(Decision: Until TMA changes the reporting timeframe requirements, they stand as written.)**

(7) Fort Hood, issue 7, enclosure 6. Requests changing questions on the commander's statement from yes or no to a compliance rate. On the commander's statement there are eight questions, three of those are specifically yes or no questions. There was much discussion on what would be a more appropriate response. However, TSG's guidance policy states that questions be answered yes or no. This issue can be reviewed at a future time. **(Decision: The current requirement on the completion of the commander's statement will not change.)**

MCHS-IS

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

(8) Fort Hood, issue 8, enclosure 6. Requests clarification on the training requirements for information management, as described in paragraph d.4 of the review list. There was discussion on what would qualify as acceptable education activities. Currently there are several options being reviewed that would provide training on coding. **(Decision: The committee will issue supplemental guidance addressing this issue.)**

(9) Fort Hood, issue 9, enclosure 6. The CHCS does not recognize the termination date entered in the private insurance carrier screen, nor does it allow manual update from insured to non-insured status. The committee needs to identify a POC for CHCS related issues. There was a question whether this is a global user issue or specific to this site. **(Decision: The Office of The Surgeon General CHCS consultant, Mr. Al Kayatta, recommends that the site log a call with TMSSC and they can provide information if the system/functionality is operating as designed. If so, any change to the baseline would require a system change request that would need to be submitted by the responsible site to the IM Directorate.)**

(10) Fort Polk, issue 4, enclosure 7. Request changing monthly random sampling requirements, in checklist C.11, C.12, C.16 to a quarterly requirement. There is some confusion in the field on this requirement. The JCAHO requirement is for a quarterly total record review. Although operationally, it is more feasible to conduct monthly partial record reviews, which would consist of a smaller number of total records. **(Decision: The DQMCP Guidelines, dated 9 February 2001, addresses requirement for monthly sampling, enclosure 4.)**

(11) William Beaumont Army Medical Center (WBAMC), issue #1, enclosure 8. The outcome of monthly inpatient coding is noted as "No" because the updated tables and codes had not been received from MEDCOM. **(Decision: Committee determined no decision was required on this issue but appreciates the facilities clarification.)**

(12) WBAMC, issue 2, enclosure 8. Data validation and reconciliation for EAS/MEPRS is indicated as a negative because the MEPRS office was instructed not to perform any validation or reconciliation with EAS/MEPRS III until

MCHS-IS

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

training is conducted for EAS/MEPRS IV. Committee verified this statement with the MEDCOM MEPRS representative. **(Decision: Committee determined no decision was required on this issue but appreciates the facilities clarification.)**

(13) Fort Stewart, issue 1, enclosure 9. Request revised reporting timeframes for EAS/MEPRS data to conform with suspense dates established by the Army MEPRS office. **(Decision: FY 01 Army MEPRS suspense dates have been, refer to previous supplemental guidance with regards to ADS and MEPRS data. See DQMCP Guidelines, Annex B, dated 9 February 2001, enclosure 4).**

c. DQFAST Metrics (exceptions). Ms. Bacon of MEDCOM MEPRS stated that all sites, triservice wide, are required to transmit their FY 01 data to the EAS IV Repository. However, due to several issues already discussed, sites are transmitting to both MEQ III and EAS IV Repository. Therefore, prior to executing the metrics, she recommended that PASBA access both MEQ III and EAS IV Repository for retrieval of MEPRS data. However, the EAS IV Repository will not be operational until 12 March.

d. Data Quality Management Control Review List Impact of Noncompliance. Enclosure 10 is an explanation of possible implications if the items in the data quality statement, signed by the MTF commander, are not performed.

e. Data Quality in the Balkans. There is a concern that we aren't capturing all patient data from Kosovo and Bosnia. Kosovo has not been capturing outpatient ambulatory data because they do not have ADS yet. One unit, the 67th Combat Support Hospital (CSH), is missing over 360 Standard Inpatient Data Records. The 67th CSH retired the records in question. It is just a matter of locating them. The PASBA is working to try and recapture this data. The PASBA and the U.S. Army Medical Department Center and School have established a training program for units being deployed. This training is provided to personnel prior to their deployment. The course focuses on record completion, transmitting record data and other related areas. The training appears to be having a positive effect. There have been no major problems since the training was implemented.

MCHS-IS

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

5. New Issues.

a. A question was asked about why workload being done at battalion aid stations (BASs) is not captured. A member commented that Fort Hood had conducted a study in the past and determined that approximately 60 percent of the medical care rendered to soldiers was not being captured. This was care provided through the BASs. It was also mentioned that neither ADS nor CHCS was designed to capture workload below the fixed facility level. Although CHCS can capture non-count workload, which is what care provided by the BAS would be. It was also stated that the WWR does not reflect non-count workload.

b. Colonel Halvorson will address data quality at the next Senior Leadership Conference. The presentation will be presented to all attendees at this conference.

6. Deferred issues. None.

7. The meeting adjourned at 1050. The next meeting is scheduled for 0900, 3 April 2001, PASBA Conference Room.

/s/

10 Encls

1. New Charter
2. Dec EXSUM, TAMC
3. Dec EXSUM, Fort Polk
4. DQMCP Guidelines,
9 February 2001
5. Dec EXSUM, Fort Drum
6. Jan EXSUM, Fort Hood
7. Jan EXSUM, Fort Polk
8. Jan EXSUM, WBAMC
9. Jan EXSUM, Fort Stewart
10. DQMCP Impact List

JAMES A. HALVORSON
COL, MS
DQFAST Team Leader