NC Traffic Records Coordinating Committee Meeting Minutes
Thursday November 8, 2007
Conference Room at the EMS-PIC office at 100 Market Street in Southern Village Chapel Hill NC

Present: Sharon Schiro, Chad Lohmeier, Cindy Raisor, Melissa Black, Don Nail, Brian Mayhew, John Stokes, Janet Greene, Joe Geigle, Carol Martell, Jun Wu, Hardee Cox, Amy Ising, Ethel Keen, Bill Hunter, and Eric Rodgman.

9:14 am Eric welcomed everyone to the meeting. Everyone identified who he/she was, what agency, and what data system was involved.

9:20 am John brought the committee up to date on the second year's funding from the NHTSA 408 Data Improvement proposal from North Carolina.   John noted that NC was awarded $700K. John added that there was about $130K left over from last year's funding which was not used. It can be rolled over and used this up coming year. Brian noted that the original proposal had recommendations on how money should be spent. Brian reminded the committee that the key voting members need to re-visit these recommendations and re-evaluate them. The next NC TRCC meeting is scheduled for Thursday December 13, 2007. If all possible, this meeting should address this re-evaluation and identify the data improvement projects that most need to be supplemented. Eric will send out an email checking to see if this could be our next meeting so this important task can be addressed and started. John reminded the committee that it will be very important for the upcoming improvement tasks to meet the national standards and provide solid benchmarks as noted in the comments on our last strategic plan and recommendations.

9:27 am Chad Lohmeier began his overview presentation on the NC Medical Outcomes Data System. Chad provided all the attendees with a folder with information on all the proposed medical databases and systems that would soon be tied together n their comprehensive vision / plan. Chad briefly touched on each component system in his chart: PreMIS (ambulance), Trauma, Stroke, RACE (cardiac), Hospital Discharge, ME, and DETECT (ED). Their goal is to have all of these cross-linked by the end of 2008. One question posed was whether these data were xml usable. Chad noted that they are. Bill asked if the Hospital Discharge data were for select hospitals – Chad noted they were from all NC hospitals. The use of word "direct" link applied to the linking in house as opposed to between agencies. The RACE (Rapid Access Cardiovascular Emergencies) data was in collaboration with Duke Hospital.

The SMARTT (State Medical Asset Resource Tracking Tool) was for keeping up with hospital beds, paramedics, medical resources for possible disasters, etc.

CIS (Credential Information System) was designed to keep up with regulations for medical providers (their educational backgrounds, etc.), ambulance registrations, and EMS agencies.

SERVNC is an advanced registry for Emergency Responders in the case of a disaster.   This worked with the other key state in the region (GA, FL, VA, TN, MS).

The Toolkits doc is a comprehensive overview of their data warehouse, the variables, and descriptions of select variables in NC. See long handout for details.

See www.emspic.org   for more info.

Another system is the AgGIS (?) which tracks farm related incidents and events.

PreMIS contains EMS evaluations and info on every EMS call. Thee weakness here is that it does not have e-codes and must be matched to other data using probabilistic matching techniques. The earlier effort to use matching armbands for Ids didn't work and was very expensive.

9:52 am Amy described the NC DETECT system. A recent state mandate required that all hospitals report medical information within 24 hours. Since that state mandate, 105 of the 111 hospitals are actively on board. Please note that, tough all these hospitals are on-line, you must note the start-up dates –many are different. Amy noted that some text fields are tricky to search / use because of misspellings, etc. If you have any desire to access these data,

you need to contact Lana Deyneka at lana.deyneka@ncmail.net to make your request. The data is stored in SQL and can easily be exported to SAS (for example). Other key contacts include Dr. Anna Waller (who was invited to this meeting, but could not attend) and Debbie Travers who has helped develop software tools to use the data. Amy reminded the committee that there is NO direct connection between the EMS run data and the hospital data. Cindy Raisor noted that the data system is in the right place and open to opportunities to be used in injury research. Chad added that collaborations have been positive after trying to get all the parties together for a number of years.

10:07 am Dr. Sharon Schiro, who recently joined both the NC Department of Public Health as an Injury Surveillance consultant and the Injury and Violence Prevention Program as an Assistant Professor in the UNC Department of Surgery, began describing the data and systems she now represents. From the injury surveillance perspective, Sharon described the NC Death Certificate data, the ED data, and the Hospital Discharge data. Sharon noted that these data systems have been around a awhile, but that the ED data and the hospital discharge data are much better starting in 2005. From the violence prevention perspective, Sharon has access to a Violent Death data system where the information comes from LE event reports, the ME data, and local data giving that data information on victim relationships important to the event.

That led to a discussion about motor vehicle crashes which were identified as crashes caused by heart attacks, suicide attempts, and even assault situations which are truly different then the usual crashes. Ethel noted that unusual cases are not deleted, but may be excluded from total crash fatalities if they were other types of deaths. Another problem arises because NC counts a fatality if the person dies within 12 months while FARS uses 30 days. Ethel noted that there isn't a really good for LE officers to know if a person from a crash dies 9 months later. The ME office may or may not alert the officer from a crash occurring many months prior.

Bill wanted to know if there were any efforts to validate the completion rate of crash reports – any way one could verify that LE sends in all their crash reports? Bill wanted to know if there are missing pedestrian and/or bicyclist crashes?

Brian noted that 2007 is on track to be a very bad year for crash fatalities - -it may even reach 1700 for the first time in many years. John noted that MC deaths are playing a big part of this recent tragic trend. Brian added that there are3 major factors related to the increase in fatalities: 1) alcohol, 2) speed, and 3) seat belt use. Another question concerns the idea that a small number of the driving population is responsible for a large number of the serious and fatal crashes?

10:28 am Hardee Cox gave a short overview of how NC compiles their estimated Vehicle Hundred Million Miles Traveled (VMT) numbers for each county and for the state. This important calculation is used to calculate crash rates, injury rates, and death rates in NC. Hardee noted that there has been a very steady 2-3% growth rate in VMT for many years. Good news is that they use lots of volume counts from many roads across NC. The bad news is that sometimes these counts are not updated often enough to be accurate.

Brian asked if there were any current projects using any of the medical data linked to the NC crash data? Chad & Cindy noted that there weren't any active projects doing this (yet). Some researchers have wanted to look at ATV and ambulance crashes in more detail. Sharon noted there has been recent interest in looking at the bed of pickup truck related injuries and fatalities in Cleveland County.

10:44 am New issue on the scene: speed cameras have been slowly stopped because the money collected has to go to the schools in NC – court ruling. Many cities in NC have stopped using these red light cameras because of this decision. The accessibility, timeliness, and accuracy of data has largely been addressed.

For the PreMIS and NC Trauma Registry data, Chad noted that the state will have 100% of these data this year. Cindy added that there office has collaborated with the Duke Endowment. This endowment provided a 2 million dollar contribution and about 59 EMS agencies applied for some money to help them. Cindy noted that NC has finally agreed to provide monetary support through the NC state budget. That made a big difference in knowing that the monies to support these systems were going to be stable. In addition, the state mandate for submitting medical data within 24 hours really motivated the hospitals, etc. The amount of data submitted jumped dramatically.

Brian and Eric thanked everyone for their presence and participation. Thanked our presenters and hosts: Chad, Cindy, Melissa, Amy, and Sharon.

11:00 am The meeting was adjourned.

Respectfully submitted – NC TRCC Co-chair Eric Rodgman.

Important upcoming dates / deadlines:

December 13, 2007 -- next NC TRCC meeting -- more on that soon as details are set.

For information on the NC TRCC, see the web site: http://www.hsrc.unc.edu/nctrcc/