

Data Speak!

Tri-Analytics, Inc.

Data Driven Solutions for Improving Outcomes
Collecting Better Data, Developing Better Information, Achieving Better Outcomes



The New Face of Data

Sepsis is a serious US health problem. 1995 data found that more than 750,000 patients have severe sepsis, i.e., sepsis with at least one organ failure. The mortality rate among such patients is nearly 30% and the total associated hospital cost was \$17 billion. Data from the Centers for Disease Control suggest that the sepsis related mortality is increasing.

The National Institute of General Medical Sciences, one of the National Institutes of Health (NIH), recently announced four years of support for the Project IMPACT (PI) based study of *Genetic Predisposition to Severe Sepsis*. The goal of GenPSS is to determine whether there are associations between developing and/or dying from sepsis and genetic markers called SNPs (single nucleotide polymorphisms). These markers, which can be identified through DNA recovered from discarded blood or respiratory secretions, have already been associated with predisposition and outcome through studies of small populations in Europe and Asia. The purpose of the project is to see if those associations “hold up” in the larger and more diverse population represented by the PI database, managed by Tri-Analytics, Inc. (TAI). GenPSS is coordinated by SCCM members Timothy Buchman, Ph.D., M.D. and Barbara Zehnauer, Ph.D., of the Washington University School of Medicine. Dr. Buchman

has chaired the PI Advisory Committee for the past several years.

“Project IMPACT is the best possible vehicle for studying predisposition to, and outcome from, sepsis,” says Dr. Buchman, “because the patient care and the clinical data are of such uniformly high quality. Recruitment of PI sites and their patients will be critical to the success of the project.”

A key feature of the project that was so attractive to the NIH was the use of discarded and fully anonymized specimens. According to Dr. Buchman, “This project could not be conducted without the PI central database. Data are stripped of all data elements that could possibly identify a particular patient or participating unit before the data are transmitted to the investigators. For example, the dates of admission and of discharge will be replaced by the quarter of the year in which the admission began, along with the length of stay. It will be impossible for any of the study investigators to know the source of any particular specimen or clinical record.”

A number of PI units are participating in this study and have already submitted specimens and the corresponding patient records. Participating units are provided with training and specimen collection materials and mailers. The specimens include discarded blood or respiratory secretions spotted onto a filter paper. It takes only a few minutes to collect a specimen and place it in the prepaid mailer. “It’s important that we compensate the data collectors for this extra effort,” says Dr.

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Our Commitment to Quality

Tri-Analytics, Inc. is committed to providing medical and other specialties within the healthcare industry worldwide with the highest quality centralized clinical data management and reporting, software solutions, and supporting research. With over 20 years of experience, our goals are always to provide the information and analysis that enable caregivers optimize patient outcomes and minimize cost of care.

If you have a question or feel that our products or services do not meet the goal stated above, please phone us immediately at 800-706-0337 or email wcopies@trianalytics.com. We are committed to focusing on our customers’ needs and satisfaction, and we value your suggestions for improvement.

Wayne Copes, Ph.D.
President
Tri-Analytics, Inc.

Upcoming Training Sessions

Project IMPACT Live Web Training

3 day Basic Training Sessions are offered monthly, 2 - 4 PM ET.
1/2 day Advanced Training Sessions are offered monthly, 2 - 5 PM ET.
Visit the PI web site for dates and info: www.projectimpactcu.cc. To register, contact Kimm Streit at 714-938-3885, fax: 714-938-3882, email: kimm@projectimpactcu.cc.

NRCPR

Live Web Training

NRCPR offers two distinct 2-hour live web training sessions each month in addition to the complimentary training CD:

- I. Advanced Features focuses on administrative functions, transfer issues, managing multiple facilities and data entry personnel, and hands-on clinical practice scenarios.
- II. Reports Interpretation focuses on how to interpret your comparative quarterly NRCPR participant reports and make appropriate changes in your facility based on the data presented in the reports.

The cost for each training session is \$199 and space is limited, so register today at www.nrcpr.org! Call 888-820-3282, fax: 410-838-1148, or email: info@nrcpr.org for more info.

Collector Trauma/EMS

Digital Innovation conducts training sessions for all Collector Trauma and EMS Registry software.

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The New Face of Data

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Buchman, "so the NIH has generously allowed us to pay participants for each specimen collected from a septic patient." Once a specimen and a corresponding PI record showing that the patient was septic are received by the investigators, the participating unit is credited. There is no penalty for submitting specimens from patients who are not septic.

Key to the study is the guarantee of absolute anonymity. "The investigators have only a specimen and a stripped clinical record. The PI central site knows which records correspond to valid specimens and can tell us how much money to send to each site, but the investigators will never know which specimen or which record came from a particular site. This double anonymization made it possible for the NIH to approve testing without written consent" said Dr. Buchman. "Of course, we want to provide all of the information and approvals to the local human studies committee to make sure they know and approve of the stringent protections that are being provided to human subjects."

PI offers the study a chance for rapid success. "According to our biostatistician, the ideal would be to accumulate specimens and records from about 4,000 septic patients" says Dr. Buchman. TAI analyst, Maureen Stark, verifies that at least 4,000 such patients' data are submitted to the central site each year. Dr. Buchman hopes to enlist many units and many patients. "We know that not every patient can be captured, and not every unit will choose to participate. But the sooner we can accumulate the data, the sooner we can report our findings back to Project IMPACT and provide participants with new information about these very sick patients."

TAI looks forward to working with Dr. Buchman and the GenPSS staff and to the exciting findings that could result from the study. The method for anonymously gathering and linking genetic and clinical data, which has been carefully scrutinized and approved, may be very useful to other investigators as well. For more information about this study, visit www.projectimpactcu.cc or call 410-838-1275 .

Get to Know Us!

Get the inside scoop on TAI employees — read on...



Data Manager/ Analyst Larry Bain

Larry has worked for Tri-Analytics, Inc. since 1988 as a Data Manager and Analyst. Previous

projects included data systems for the states of Pennsylvania and Washington, for the District of Columbia, and for the American College of Foot & Ankle Surgeons, as well as auditing vendor software for compliance with data registry specifications for the American College of Cardiology and the Society of Thoracic Surgeons. He is currently involved with SSV, PI, NRCPR, and ongoing TAI research projects.

Larry and his wife, Joan, together have 6 children and 2 grandchildren. Larry enjoys golfing, walking, reading, and music. He has sung with the *His Harvesters* gospel quartet for 30 years. .

TAI Project Updates

National Registry of CardioPulmonary Resuscitation

On 1 January 2002, the NRCPR was pleased to welcome Canadian hospitals to participate. The main objective of this study is to collect high quality resuscitation data that will provide international comparative data for improving patient care and outcomes. For the past two years, the NRCPR has been focusing on in-hospital events within the United States. The registry currently has over 230 participating US facilities that have submitted over 15,000 events. At the end of two years, we hope to have similar representation from Canadian facilities.

This year, we also plan to begin offering the NRCPR to facilities throughout the international community. In order to properly address international issues (language, data integrity, data set, operational definitions, legal, etc.), we will be introducing NRCPR to one country at a time. If you are interested in receiving updates on our efforts within your country, please fill out the "More Info" form on the NRCPR web site and we will be sure to keep you informed.

Project IMPACT: the Critical Care Data System

Users Group Meeting

PI's 6th Annual Users Group Meeting at San Diego in conjunction with SCCM's Critical Care Congress was a huge success. Many PI participants attended the pre-congress training and user group meeting. Training sessions covered a wide variety of topics, including: using the built-in reporting system, understanding quarterly comparative reports, CQI using PI, analyzing PI via ODBC, and data entry of coding lists. The user group meeting included presentations from a number of PI participants on how they've utilized PI to improve outcomes, better utilize resources, reduce costs, etc. For more details, visit PI's web site, www.projectimpacticu.cc, or email info@projectimpacticu.cc.

PICCM

At a July 2000 PI strategic planning session, the increased awareness of the importance of critical care was discussed. The planning group concluded that Project IMPACT needed to be more nimble to effectively compete in such a high energy, quickly changing environment. The group recommended that a for-profit company be established outside of SCCM to successfully fulfill the PI mission. That recommendation was approved by the SCCM. This December, Project IMPACT CCM, Inc. (PICCM) became a registered Corporation. The new company protects SCCM's not-for-profit status and gives PI the ability to make business decisions and react to market forces in a more responsive way than is possible in

SCCM's volunteer and highly structured committee environment. As the name implies, PICCM will retain its close ties with and influence from SCCM.

Though PICCM's strategic plan is still being refined, it includes the completion of the Version 3 data system and the development of Project IMPACT "modules." Each module will focus on a specific aspect of ICU patient care, outcomes, or unit practices, and will necessarily have a substantially reduced data collection burden from the comprehensive description of ICU care provided by Version 3.

To keep up with the progress of PICCM, visit PI's web site, www.projectimpacticu.cc.

Sierra Sacramento Valley EMS Agency

Independent reviews were done in October 2001 to determine the extent to which data reported for qualifying patients match those in patient medical records. An experienced trauma coordinator, program director, and registrar visited 3 Sierra-Sacramento Valley EMS Agency (SSV-EMSA) trauma centers. Medical records were available for a sample of SSV-EMSA records that were randomly selected by TAI at the central database. Audit findings have been documented and provided to each trauma center and to the SSV-EMSA. In addition, each center's results were discussed by the reviewer and representatives of the center, SSV-EMSA, and TAI in December 2001. It was agreed by all at those meetings that the SSV-EMSA trauma registry data elements, operational definitions, and patient inclusion/exclusion criteria should be updated in the very near future.

TAI completed its 16th report to the SSV-EMSA on January 31, 2002. There are now 7 California trauma centers participating in the system. TAI manages the central trauma database for SSV-EMSA and provides confidential reports every 4 months to the participating trauma centers that describe their patients, give outcome evaluation results, and support CQI programs. In addition, TAI provides SSV-EMSA with a report summarizing data from all participants. . .

Dear Tech Nerd

I just took over as data coordinator. Do I start a new database?



Before starting a new database, check with the central site to see if your facility has already submitted data. If so, you should not start a new database even if you need to install the software on a different computer. You need to find the existing database and copy it to the new computer or shared network drive and have your software point to the existing database. Then, open the existing database (instead of starting a new one) and continue from where the previous data collection efforts ceased.

It is imperative to the integrity of the central registry that you **do not start a new database if you've already submitted data.** The support staff will be glad to help you locate the existing database (or re-populate your database from the central registry) and get you started.

If you have any questions, contact your project support team. . .

If you have a question for the Tech Nerd, send it to us at:

23 E. Ellendale St., Ste A
Bel Air, MD 21014
Fax: 410-838-1148
newsletter@trianalytics.com

Credits

Editor-in-Chief

Saron D. Mack

Contributing Writers

Larry Bain, Ted Bemb, Scott Carey, Andy Copes, Wayne Copes, Saron Mack

Proofreaders

Barbara Rosolowski, Ben Spice

What's New?



When to Stop CPR?

“When to Stop CPR?” is a question often asked, and it was asked again at AHA’s Scientific Sessions 2001 in San Diego. The NRCPR’s Scientific Advisory Board prepared an abstract to see if the NRCPR database could help support an answer to this question. Dr. Vinay Nadkarni presented this abstract on-line and Dr. Mary Ann Peberdy presented this abstract in a poster session. For more on this interesting abstract, visit the NRCPR web site’s “News & Info” section.

At Sessions, Data Manager Scott Carey and Project Manager Ted Bomb demonstrated the NRCPR software and participant reports to a number of attendees from all over the world. They also walked through a presentation that described participant profiles, NRCPR abstracts and data highlights.

TAI Web Site Gets a Makeover

After months of behind the scenes activity, Tri-Analytics, Inc. unveiled a completely new web site at www.trianalytics.com. The new web site features intuitive navigation, full site map, built-in site search, and contact forms to help make your visit a pleasant experience. Log onto our web site today and check us out! .

TAI Tidbits

Data Mining — going after unknown gems of information in the collected data you have or creating a new question based on your data. Have you gone data mining lately? .

If you are interested in finding out more about how our data management and consulting services can help you achieve better outcomes, give us a call at 800-706-0337, or email info@trianalytics.com.

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23 East Ellendale Street, Suite A
Bel Air, MD 21014, USA



TRI-ANALYTICS, INC.