Project Contacts and Collaborations

- **Project Coordinators**
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- **Inpatient Hospitalization Data Steward**
  - Kathleen Jones-Vessey, State Center for Health Statistics Section (kathleen.jones-vessey@dhhs.nc.gov)

- **Emergency Department (ED) Visit Data Stewards**
  - Lana Deyneka, Communicable Disease Branch (Epidemiology Section) (lana.deyneka@dhhs.nc.gov)
  - Amy Ising, Carolina Center for Health Informatics in Department of Emergency Medicine, University of North Carolina at Chapel Hill (ising@ad.unc.edu)

Summary of Steps

- **Notified asthma, carbon monoxide poisoning, heart attack, and heat-related illness metadata failed 07/11/2014**
  - Changed metadata records from “failed” to “saved”
  - Added information to completeness report field of failed metadata for ED data sets to include clarifications
    - Clarified that visit date is date when patients are registered in ED
    - Clarified that ED visit data do not include inpatient visits
  - Re-submitted ED metadata and approved 07/17/2014
  - Advised to change out-of-state exclusion variable to 1(Yes, excluded) since inpatient visit data did not include any out-of-state records
    - Re-submitted inpatient metadata 07/17/2014 and approved 07/21/2014

- **Successfully uploaded Nationally Consistent Data Measures for ED and inpatient hospitalization data feed file to the Environmental Public Health Tracking Network’s (EPHTN) production gateway 08/11/2014**

- **Submitted signed amended data-use agreement (DUA) to ED visit data steward 08/22/2014 to extend termination date to five years after DUA effective date for CDC**

- **Notified 08/27/2014 that data submissions through the EPHTN’s gateway during week of August 11 to 15, 2014 were valid for all health outcomes for both inpatient and ED hospitalization admission data**

**Other**
• Project Coordinator (NB) participated in CDC tracking grantee meeting August 18 to 20, 2014

Lessons Learned

• Our ED data custodian provided us with data in aggregate form and included all of the variables from the Data Dictionary. However, the ED-NCDM tool was asking for primary diagnosis and E-code variables, which we did not have.
  o We were informed by another state that our ED data custodian formatted the raw hospital data to finish Step 1 of the Program and we did not need primary or E-Codes in the format that we were provided the data. So, we could skip Step 1 and instead begin with Step 2.

Recommendations for Improvement

• Had trouble opening the DIVE tool from the command prompt to validate the XML schema. After the command java –jar “DIVE.jar” was entered in the command prompt, the DIVE tool did not open.
  o Recommendation: It would be helpful if IT is instructed in states to ensure their Java versions are updated or the appropriate mapping to Java is performed.

• We generated the XML files for the ED data submission, but the DIVE tool found errors in the XML file even though we followed all of the Data Dictionary’ parameters. We were informed that the element names in the schemas are case sensitive. Our variable was formatted as “AGEGROUP” when it needed to be “AgeGroup”. Our data passed the DIVE tool once the capitalization of the variable names and the order of the Month and Year variables were changed.
  o Recommendation: It would be helpful if the Data Dictionary could be updated to reflect the correct capitalization of the variable names and the correct order of the variables.

• As mentioned in the “Lessons Learned” section above, we mistakenly requested aggregate ED data, rather than case-level data. This caused confusion and difficulty when trying to use the ED-NCDM tool.
  o Recommendation: Clearly state that the data stewards should provide case-level ED data so states can use the ED-NCDM tool.