NVDRS Best Practices Regarding ME/Cs

- Contract awarded by CDC to NAME, Sept 2013
- NAME ad hoc data Committee did the project
- Draft Best Practices Guide due by Sept 2014

Randy Hanzlick, MD
Chair, NAME ad hoc Data Committee
Presented at NAME Annual Meeting, September, 2014

"Best Practices"

- Don't panic!
- We had to call them that because of the contract
- They only apply to NVDRS states and programs
- They are not about forensic pathology practice

NOTE: Best Practices are established goals for optimal performance. The ability to meet Best Practices varies because of variations in funding, personnel, other support, and perhaps even statutes, regulations, or polices. Best Practices should not be used as a practice standard nor should they be used as an alleged standard of performance in court or other legal proceedings.

National Violent Death Reporting System | NVDRS | Violence Prevention | Injury Center | CDC - Windows Internet Explorer

http://www.cdc.gov/violencePrevention/NVDRS/index.html

File   Edit   View   Favorites   Tools   Help

X   Convert   ▼   Select

WebHome ForensicScience ...   Suggested Sites ▼   Web Slice Gallery ▼   Customize Links(1)   Free Hotmail   AutopsyPhotos   Scene Photos   X-Rays

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National Violent Death Reporting System

The National Violent Death Reporting System (NVDRS) provides states and communities with a clearer understanding of violent deaths to guide local decisions about efforts to prevent violence and helps them track progress over time.

Tragically, more than 38,000 people died by suicide in the United States in 2010.[1] Homicide claimed another 16,000 people. We know these numbers can be lowered since violence is preventable.

Surveillance Data from 18 States

To stop violent deaths, we must first understand all the facts. Created in 2002, the NVDRS is a surveillance system that pulls together data on violent deaths in 18 states (see map below), including information about homicides, such as homicides perpetrated by a intimate partner (e.g., boyfriend, girlfriend, wife, husband), child maltreatment (or child abuse) fatalities, suicides, deaths where individuals are killed by law enforcement in the line of duty, unintentional firearm injury deaths, and deaths of undetermined intent.

Linking Data to Save Lives
Linking information about the "who, when, where and how" from data on violent deaths will provide insights about "why" they occurred. Frontline investigators, including homicide detectives, coroners, crime lab investigators and medical examiners, collect valuable information about violent deaths. But these data are often not combined in a systematic manner to provide a complete picture.

NVDRS collects facts from four major sources about the same incident, and pools information into a usable, anonymous database. An incident can include one victim or multiple victims. The four major data sources are:

- Death certificates;
- Coroner/medical examiner reports;
- Law enforcement reports; and
- Crime laboratories.

The facts that are collected about violent deaths include:

- Circumstances related to suicide such as depression and major life stresses like relationship or financial problems;
- The relationship between the perpetrator and the victim – for example, if they know each other;
- Other crimes, such as robbery, committed along with homicide;
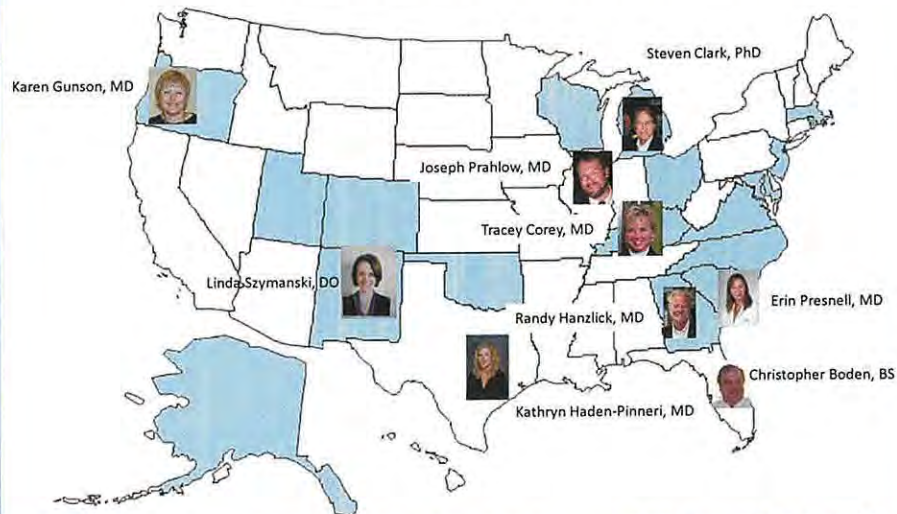- Multiple homicides, or homicide followed by suicide.

Deliverables

- Present a Progress Report at the NVDRS reverse site visit in Atlanta, February 2014
- Present information to the NAME Board of Directors and general membership, September 2014
- Provide CDC with copies of presentations or educational materials developed during the project
- Provide a draft best practices guide to CDC, September 2014 **This Week**

NAME ad hoc Data Committee Members

Steven Clark, PhD

Karen Gunson, MD

Joseph Prahlow, MD

Tracey Corey, MD

Linda Szymanski, DO

Randy Hanzlick, MD

Erin Presnell, MD

Christopher Boden, BS

Kathryn Haden-Pinneri, MD

In NVDRS State (6): Gunson (OR), Hanzlick (GA), Corey (KY), Szymanski (NM), Presnell (SC), Clark (M)
Not in NVDRS State (3): Prahlow (IN), Boden (FL), Haden-Pinneri (TX)

$ for NAME

- Disclosure: Committee members could receive a modest honorarium for their work
- NAME will receive ~$40,000 in revenue from this project
- Participants could decline the honorarium or donate some or all to NAME Foundation

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Early Activities

- Requested Comments from each State PI/PM
- Requested Comments from a FP in each state
  Comments were grouped into:
  - Strengths
  - Weaknesses
  - Suggestions for Improvement
- Reviewed NVDRS Coding Guide
- Reviewed various NVDRS-related Reports of data and system strengths and needs
- Prepared concise list of ME/C data elements for collection by ME/C offices

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Later Activities

- Began preparing draft document
- Generally applicable goals: Not state-specific
- On-line suggestions offered by committee
- Conference call to discuss
- Multiple edits over months
- Final editing July 2014
- To NAME Board in late July 2014

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National Violent Death Reporting System (NVDRS) Best Practices in Medicolegal Data Collection

Prepared by the National Association of Medical Examiners ad hoc Data Committee
September, 2014

This project was undertaken via CDC Contract Number 200-2013-M-57609 awarded to the National Association of Medical Examiners on September 30, 2013.

The conclusions, recommendations, and opinions expressed in this document are those of the authors and do not necessarily reflect the position of the Centers for Disease Control and Prevention.

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NVDRS Best Practices Involving Medical Examiner/Coroner Data   Page 1

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General Themes of Document

- Funding for ME/C database improvement
- Include ME/Cs in grants
- Minimize manual data abstraction
- Maximize electronic importing
- Make data expectations realistic
- Improve timeliness of data provision
- Run VDRS program from within the ME/C office
- Improve communication

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General Layout

Best Practices Sections Regarding:
- Medical Examiners/Coroners (17)
- Data Issues (9)
- Funding and Support (3)
- Communication and Cooperation (4)
- Within-State program management (4)
- NVDRS Policy and Procedure (12)

Total of 49 Suggested Best Practices

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Example

Best Practice

MEC1. Be aware of the NVDRS program and its goals.

Rationale/Justification

Even if a medical examiner or coroner system is not participating in a state violent death reporting system, the number of participating jurisdictions in a given state and the number of states having such systems will probably increase. Knowledge of the system is important to planning for the future.

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17 Best Practices for ME/Cs

- Be aware of NVDRS program and goals
- Be aware of state VDRS staffing details
- Be aware of data elements desired by NVDRS
- Understand the types of death of interest
- Be involved with the state VDRS system
- Develop electronic case management system
- Be able to export data to the VDRS system
- Read reports prepared by VDRS programs
- Designate an office liaison to VDRS program

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ME/C Best Practices (cont'd)

- Recognize importance of ME/C data
- Insist on funding/support for participation
- Make database consistent with BP guidelines
- Make ME/C data available within 6 months
- Report data to VDRS at least quarterly
- Follow NAME's Manner of Death Guide
- Have public health worker in the ME/C office
- Have chance to be de facto VDRS agent, if desired
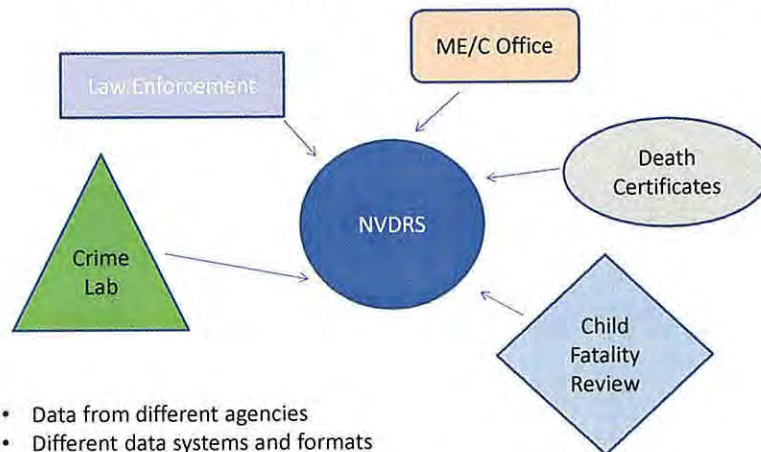
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Minimum Requirements
- 41 total data fields
- 37 simple text fields
- 4 narrative text fields

Database can be more extensive if desired

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The Big Data Import Dilemma

- Data from different agencies
- Different data systems and formats
- Hardcopy v electronic information
- Unreasonable to expect all data electronically in NVDRS format
- This is why abstractors are needed

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The Big Data Import Dilemma

Question	Data Item Name	Codes
History of suicidal thoughts	CME/LE_SuicideThoughtHistory	0 or 1
History of suicide attempts	CME/LE_SuicideAttemptHistory	0 or 1
Suicide Intent Disclosed	CME/LE_SuicideIntentDisclosed	0 or 1
Disclosed to whom	CME/LE_DisclosedIntentToWhom	1-9 options
Left a suicide note	CME/LE_SuicideNote	0 or 1

If field names in current ME/C database differ from these:
  a) Need to modify field names in ME/C database, or
  b) Need to write conversion programs, or
  c) Let the data abstractor worry about it and do coding

If answers in current ME/C database differ from these:
  a) Need to modify answers in ME/C database, or
  b) Need to write conversion programs, or
  c) Let the data abstractor worry about it and do coding

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The Big Data Import Dilemma

Individual answer method

1) History of suicidal thoughts /plans:
2) History of suicide attempts:
3) Recent disclosed suicidal thoughts:
4) Suicide Intent Disclosed :
5) Disclosed to whom:
6) Left a suicide note :
Plus 20 other specific questions

- Easier to import electronically
- Requires more detailed database
- Abstractor may still need to code

Narrative answer method

The decedent has expressed suicidal thoughts and plans to his spouse on multiple occasions and attempted suicide two years ago by drug overdose. He left a five page handwritten suicide note addressed to his children.

- Simpler database structure
- Abstractor must extract and code

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The Bottom Line

- Store as much data electronically as possible in databases and/or documents
- Provide as much data as possible to the VDRS in electronic format

This allows the abstractor to:
  a) Avoid fumbling through paper records
  b) Work from a distance, if needed
  c) Apply the appropriate data codes

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What's Next?

- Who Knows?
- The DRAFT is in CDC's hands
- They probably won't like some of it
- It likely will be edited and revised
- So, let's wait to see what happens next!

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