

<p>1. Can we get the data in our custom fields reports? This is a lot of time and work and we want to use the data internally. It is great stuff that can benefit our local efforts as well as benefiting POSSE project.</p>	<p>The current plan is to submit the first six months of data (September through February) to the American College of Surgeons for analysis. We need the Agreement Adenda signed. As those data will not all be entered until the end of May, we hope to have the analysis this summer. As soon as data are available, they will be shared.</p>
<p>2. Can you clarify/confirm that we are to include post op prescriptions that were written from other providers including the chronic pain prescribers.</p>	<p>Please include all discharge prescriptions. Opioid naïve and patients receiving opioids preoperatively will be analyzed separately.</p>
<p>3. It's troubling that the definitions keep changing. This is not a long term data collection process like NSQIP and from the previous calls and meetings I would be suspicious of the information collected. Can you please address this concern and elaborate on the goals of the data collection.</p>	<p>Please consider the first 4 to 6 months as a "pilot." We still need the Custom Fields adjusted with respect to MMEs. However, we anticipate that these preliminary data will be very helpful in a) demonstrating that POSSE hospitals can gather these data and b) justify future grants which should provide more support for participating POSSE NSQIP hospitals.</p>
<p>4. Can we document just the MME's and not the drug name?</p>	<p>Please continue to enter the drug name along with the MME's as this will allow for more data use and not restrict future research opportunities. For example, we could potential measure specific drug ordering practices.</p>
<p>5. Is there any way to incorporate the New Jersey patients? We are losing a large patient population for the center city hospitals.</p>	<p>We can discuss with the Pennsylvania PDMP administrators.</p>