CPSC-IAG-99-1175

INTERAGENCY AGREEMENT BETWEEN THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC) AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

This document sets forth the terms of agreement for services, supplies, and/or material between the Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

I. DESCRIPTION OF SERVICES

A. The purpose of this agreement is to provide support to the Consumer Product Safety Commission (CPSC) for the pilot test of the short version of the International Classification of External Cause of Injuries (ICECI) using the National Electronic Injury Surveillance System (NEISS). The short ICECI is intended as an injury surveillance instrument for use in hospital emergency departments (ED) and has data elements on patient demographics, mechanism and intent of injury, type of activity when injured, work-relatedness, locale of injury incident, safety equipment use, consumer product(s) involved, and a brief narrative describing the injury circumstances. Financial support to CPSC for conducting the pilot test of this instrument will help determine this surveillance tool's potential use as a cost-effective means for external-cause-of-injury coding in hospital EDs. Knowledge gained from this pilot study will be helpful in determining the best method for coding external cause of injury data in the event that NEISS is expanded to collect data on all types and causes of injuries treated in US hospital EDs.

B. The short ICECI is being designed to be compatible, as much as possible, with the International Statistical Classification of Diseases (ICD-10) and Clinical Modification (ICD-10-CM) external-cause-of-injury coding systems and with the full ICECI. It could be a practical and cost-effective alternative for external-cause-of-injury coding for international, national (NEISS and the National Hospital Ambulatory Medical Care Survey) and state-based ED surveillance systems. Most of the data elements have been derived or are compatible with injury-related data elements and code sets in Data Elements for Emergency Department Systems, version 1.0. The pilot test will also allow CDC and its working partners to learn more about these standards.

C. CPSC staff, in collaboration with CDC staff, will conduct a training session at CPSC headquarters for 6-8 NEISS coders representing NEISS hospitals of different size and in different urban and rural settings. The training will include orientation of coding guidelines and rules for use of the short ICECI to code a test set of case scenarios and to code data from medical records for selected set of injury-related ED cases treated at their respective NEISS hospitals.

D. CPSC will provide oversight of data collection during the pilot study and make arrangements to pay each coder, or their hospitals, to (1) code approximately 100 test case-scenarios, to be furnished by CDC and (2) select approximately 200 injury-related ED cases in a manner to represent a wide variety of external causes of injury and injury circumstances (consumer product-related and otherwise) and then code injury-related data from their ED records in accordance with the short ICECI coding system. The data for this pilot test will be entered on a standardized data collection forms provided by CDC. This work by the coders will be accomplished in addition to their normal NEISS data collection activities.

E. During the pilot study, CPSC will mail, weekly, copies of the completed data collection forms to CDC for data entry, editing and processing.

F. After completing the pilot study, each NEISS coder will be asked to complete a questionnaire regarding a history of previous injury coding experience and training, ease-of-use of the data collection form, clarity of coding rules and guidelines, appropriateness of instruction and training material, time required for coding cases, any problems that were encountered, and recommendations for improvement.

G. CDC, in collaboration with CPSC, will prepare a summary report on the findings of the pilot test of the short ICECI. Statistical analysis will be performed by CDC and then work with CPSC to summarize the findings in terms of completeness, clarity, validity, consistency, inter- and intra-coder reliability, and estimated time and costs associated with using the short ICECI to capture data.

H. The outcome of this pilot test will be instrumental in determining the feasibility of using the short ICECI as a cost-effective tool for capturing injury-related data in ED surveillance systems. A summary report, prepared by CDC in collaboration with CPSC, will include the pilot test results and recommendations about the potential usefulness of the short ICECI as an instrument for data collection in US hospital EDs. Modifications will be proposed to improve its usefulness for national and state ED surveillance systems.

II DURATION OF AGREEMENT

This agreement is approved from the date of signature for both agencies through February 28, 2000.

III ESTIMATED COSTS

For administrative costs, training, abstracting medical records, and coding, and other services as described above. Funding for this interagency agreement will be put into a contract. The estimated cost is not to exceed $27,000.00 and is broken down in the following manner:

Administrative Costs	$ 13,500
Training	$ 1,600
Abstracting	$ 1,400
Coding	$10,000
Other	$ 500
Total	**$ 27,000**

IV FUNDING

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph V).

V. ACCOUNTING AND BILLING INFORMATION

Funds for this project for 1999 in the amount not to exceed $ 27,000 will be transferred to CPSC via OPAC using the following account data:

	From	To
Agency	CDC	CPSC
Agency Symbol	75-09-0421	4610000010
Appropriation	7590943	99 2 591 11179 25.25
CAN	99211971	NEW CODE: 99 EXOB-PS 4310.00 9911179 252105
Object Class	25.39	
Amount	$ 27,000	$ 27,000
EIN No	58-6051157	52-0978750

When billing CDC through the OPAC system, CPSC will reference agreement number 99FED05427.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provide to the address below:

CDC, FMO
Attn: OPAC Desk
1600 Clifton Road, MS D-06
Atlanta, GA 30333

VI. EQUIPMENT

There is no equipment to be covered under this agreement.

VII. TRAVEL

No travel costs are associated with this Interagency Agreement.

VIII. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy, or statute.

IX. PROGRAM CONTACTS

CDC: J. Lee Annest, Ph.D.
NCIPC, OSP (K59)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3714
(770) 488-4804

CPSC: Eileen Kessler
CPSC
4330 East West Highway. Rm 604D
Bethesda, MD 20814-4408
(301) 504-0539 x1246

X. BUDGET CONTACTS

CDC: Diana Curtis
NCIPC/OD (F36)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-1369

CPSC: Robert J. Frost
Contracting Officer, CPSC
4330 East West Highway, Rm 517
Bethesda, MD 20814-4408
(301) 504-0444

XI MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

XII AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.

XIII APPROVALS

For NCIPC:

Mark L. Rosenberg, M.D., M.P.P.
Director, National Center for Injury
Prevention and Control

Date: 8/31/99

For CPSC:

Robert J. Frost
Contracting Officer
Consumer Product Safety Comm.

Date: 8/31/99

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AUG. 31. 1999 9:23AM CDC/NCIPC/OFMO No. 1401 P. 07/0