The Trauma Registry Data Committee Meeting was held at the Mississippi State Department of Health, Cobb Auditorium, and it started at 10:00 am.

Committee Members Present:

Betty Cox	Jimmy McManus
Bobby Knight	Gerald Nottenkamper
Amber Kyle	Naomi Sigman
Heather Kyle	Gloria Smalley
Monica McCullum	Courtney Stevens
Carrie McFarland	

Committee Members Absent:

Steve Lesley	Marsha Smith
Susan Perrigin	Linda Swann
Cherri Rickels	

Other Attendees and Guests:

Elaine Coleman	Vicky Moody
Aleta Guthrie	Kesha Prystupa
Cindy Himmel	Lakeisha Smith
Norman Miller	

I. Call to Order

   The meeting was called to order by Carrie McFarland, Chairperson at 10:00 am.

II. Approval of Minutes from Previous Meeting

   Minutes from the meeting on February 15, 2011 were reviewed and approved with no changes.

III. Old Business

   A. QA/ Data Integrity

   Delay in data transfer to the state. The state is moving the data in phases. All will be submitted by June 6th. Everyone was advised of the recommendation made at the User Group Meeting, to run the QA report at the hospital before sending the data to the state.

   The state is now going through a data cleansing phase to prepare data for web publishing by level and regions for Fiscal Year 2010. Committee members asked that the data be reviewed by the Committee before it is published.

   The new update has additional blue fields. Provider name should not transmit. Carrie will check because the blue fields should represent mandatory fields.

All were advised that ReportWriter may give unknown token errors. Carrie stated opening and saving the report, query and/or gather should correct the problem.

B. Collector Software
    1. Update
        We have started a current list of items for the next update, 2012.
    2. Interfaces
        USA's and the MED's interfaces will be modified to include the most recent updates changes.

C. NTDB Submissions
    If the hospital did not submit by the deadline, May 13th, the data can still be submitted but will not be included in the annual report. However, the facility can still get their benchmark reports, sometime in September.

D. Pre-Hospital Screen- EMS Run Form- Add box for "Per Regional Protocol"
    This was previously discussed but no decision was made. Committee requested this be taken to the EMS Advisory Committee. The wording may need to be adjusted. Amber will follow up and report at next committee meeting.
    Recommendation: Field should be whether or not we have the information at the point of care.

    How will each hospital determine if the run record is being left?   This will be tabled until a task force is developed.

    Recommendation: Make a recommendation to EMSAC and MTAC that the Registry Committee and EMS Committee meet to solve the issue with the run record.

E. GCS- verbiage from NTDB (numerical value vs. narrative)
    Motion: Amber motioned and Naomi seconded that the 3rd bullet on page 57 of NTBD be accepted and listed in our data dictionary.
    "If a patient does not have a numeric GCS recorded, but with documentation related to their level of consciousness such as "AAOx3," "awake alert and oriented," or "patient with normal mental status," interpret this as GCS of 15 IF there is not other contraindicating documentation. Add this verbiage to the QRC as well.

F. VAP (ventilator associated pneumonia) and other "complications"
    Where do we document this in the registry? NonTrauma Dx, Comorbidities or QA? It is currently under Non trauma diagnosis in the registry. We will get feedback from the PI Committee if they feel it should be captured somewhere else and make adjustments based on their recommendations. Gerald recommended that we all get on the same page as a committee, make the changes, and then educate the registrars state wide. Carrie recommended that it be discussed at the MATA meeting that each region requires their hospitals to have a desktop manual with a copy (hard or electronic) at the region due to registry turnover. Carrie will find out the NTDB mapping for our CV4 fields. Kesha recommended establishing a QRC for codes that state the required list of complications.

Motion: Gerald to get a list of complications they want to evaluate from the PI Committee. Carrie will export the complications list from the registry to present to the PI committee. Gerald will report the feed back from the PI committee to the Data committee for a decision to be made.

G. TriCode and AIS 2005

The State will have the funding in their Budget starting July, 2011 to update both of these for 2012. It was recommended that we have quarterly training for Level IVs to receive updated information on AIS. Also recommended that AAAM come back once a year.

H. Data Dictionary Format Revision (N/A & Unknown picklist choices)

Committee began revising the data dictionary to include more detailed descriptions where appropriate.

IV. New Business

A. MTAC/ Rules & Regs/Functionality

Norm Miller: MEMSIS and the Registry will soon come together. Rhapsody will be used to transfer the file from MEMSIS to the mailbox; however, the problem is Image Trend and DI developed their processes where the file will fail if certain data points are missing. This is being fixed. 95% of MEMSIS data that was missing was documented as "N/A" or "Unknown". Normally 1 year of data is checked. EMS will be required to complete all run records in order for file to transfer.

There will be filters by trauma/MOI to send to the server mailbox. Users will then use the registry to query their patients and upload the file to the registry.

Currently the MEMSIS data is not quality data.

Questions:
Who is monitoring the compliance of EMS? Donna Smith is the MEMSIS registrar. Norm stated there was an issue with privacy but that issue has been resolved.

Should the EMS advisory council recommend a MEMSIS data committee? Norm agreed.

Is there a time frame that EMS has to submit a run record? They have 24 hours to submit a report, 3 days to complete for MEMSIS. Daniel Farrish has been hired as the EMS compliance officer.

Will there be disciplinary action if these issues continue? Norm feels that forming a data committee may help because MEMSIS does not have any one to give them direction and advice.

Norm explained that EMS data for transfer patients has no linkage of the data in MEMSIS.

Question- Gerald Nottenkamper
What happens if EMS does not follow regulations? Bureau of EMS can fine the EMS agencies and tie it to their licenses. The Trauma Care Trust Fund money can also be withheld. After being held for a certain amount of time, the money goes back to the state. Ultimately, the facility can be shut down.

MEMSIS has a minimal data set. Will the State have a minimal data set for EMS? The state has not defined the data set so meeting the National requirement now is acceptable.

Three meetings: May 8th - State PI committee / May 9th - EMSAC/MTAC.

Lynn Broomfield will be leaving the state and the Level IV program will be turned over to Lydia Berry and Ashley Adcox.

B. EMS Advisory Committee (EMS Field Triage)
In the regulations, the definition of Alpha in Box 1, 2 on CDC guidelines. Amber is requesting a revamp of the Pediatric guidelines for Alpha on the Field Triage. Bravo definition in box 3, 4 based on MOI. Definition of Immediately and Promptly means for Physician response for Alpha pts based on hospital level. Defined in the regulations, Level I physicians will be required to be present within 15 minutes rather than 30 minutes.

The destination guidelines belong to the regions and not the state. Split based on evidence.

C. PI Committee Update
Gerald stated the Committee is still trying to decide on PI issues they want to collect. Carrie is providing a number of data reports to the PI committee.

D. Registry Enhancements
1. Add "Mode of Transfer" field for patients transferred out
Tracking how injured patients are being transferred.
Motion: Add mode of transfer next to d/c to and the option will open for Trauma and burn center and other hospital
Consensus to add
2. Add "UMC PED" ambulance to Agency picklist
Consensus to add
3. Add "Hospice Care" to Discharge to picklist
Consensus to add
4. Add "BMI" field to ED Arrival screen
Consensus: To add next to height on ED screen. There will be an auto-populated field that will need to be created to calculate the BMI.
5. Add Xeroform Dressings and Silver Bases Antimicrobial Dressings to Burn Treatment picklist
Consensus to add

6. Add "D5 Lactated Ringers" to Treatment Fluid Interventions picklist
    Consensus: To make a customized field for this data element at the facility.

E. Batch Printing/ Quick Reports
    Request was that the Quick reports be added back to the Registry instead of the ReportWriter. In addition,
    - Add page breaks
    - Add medical record number on report
    - Add patient identifier/trauma # on each page of report
    - Default compression on all reports

    Carrie stated the reason the report was added to the ReportWriter is because we added more information and it was too much to print on the existing quick report. She will revisit with DI to put back in the registry but it may have to be a trade off of including less information. The existing data facsimile reports I & II will be combined into one report.

F. Monica stated that the run report building block does not work for her. It does for DI. The population queries shut down the system. Don't use until DI resolves.

G. Naomi stated when she selects gun shot and fall, it opens us vehile type. No others were having this problem. It might be an isolated incident.

V. Comments/ Other Discussion

VI. Next Meeting
    Next Trauma Registry Data Committee Meeting will be held Tuesday, August 16, 2011 at MSDH in the Osborne Auditorium at 10:00.

VII. Adjourned
    With no further business, the Trauma Registry Data Committee Meeting was adjourned at 1:59 pm.

Monica McCullum
Recorder