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	Carrie McFarland	Naomi Sigman
Bobbie Knight	Jimmy McManus	Gloria Smalley
Amber Kyle	Gerald Nottenkamper	Marsha Smith
Heather Kyle Shields	Susan Perrigin	Courtney Stevens

Committee Members Absent:

Steve Lesley	Cherri Rickels
Monica McCullum	Linda Swann

Others Present:

Elaine Coleman	Linda Horne	Delilah Porter
Aleta Guthrie	Norm Miller	Kesha Prystupa

I. Call to Order

The meeting was called to order by Carrie McFarland, Chairperson at 10:05 am.

II. Approval of Minutes from Previous Meeting

It was motioned by Gerald and seconded by Gloria that the minutes from the meeting on November 15, 2011 be approved. Motion carried.

**All records from 2011 should be closed and sent to state by March 31, 2012.

III. Old Business

A. Data Validity and QA Processes

- Data quality is improving. Carrie would like to provide some education. Will not be done at User Group Meeting. This will be separate training 4-6 hours. Will cover data entry and data dictionary with a question and answer session. Will be done some time around April.
- In the Central Region, they bring their QA responses and discuss them. The state really appreciates this and encourages other regions to do this as well. This will help provide the best quality data possible.   Please contact Kesha Prystupa KAPrystupa@umc.edu if you need details.
- A few fields have been added due to web publishing. Hopefully, within the next 6 months we will be able to deploy. They would like to put 2 years worth of data on the web. They are trying to cleanse the 2009 data. They are working on the E code right now for programming. Please test when it is posted.
- Fields to Check List: Cause of Injury/Vehicle type discussion. The vehicle type should be listed for whatever the patient was in. Add further text to clarify. Carrie will check to see if a file for this report can be created and sent to everybody.

B.   Collector Software

1.   2011 Fall Update

The fall has passed and no update. Monica has been testing. Jimmy will be testing the region download. This will move from QA to production after Monica finishes. It should take about 2 weeks.

2.   MEMSIS Interface

- DOH still working towards this goal. Will be working Friday with the two vendors.

- Norm: MEMSIS- we have had a lot of trouble with it.   Problems with the IT environment- servers. They are 3-4 updates behind. Decision has been made to return it to vendor. Will be working on it off site. The MEMSIS connection will be worked out between the vendors. The DOH hopes it will be done quickly. They have to decide what they want back from the trauma system information. They also have to decide where the "mailbox" will preside. Will never be an automatic system, will be a manual system.   The MEMSIS committee has not met yet. Some people use third party software so a translation will have to be made. The DOH IT personnel will be taken out of it. More response when the check is being held. There has been discussion, no decision, doing the same thing with the Trauma Registry. The DOH will not back off on commitment to hospitals. The reporting systems will not change. The Rhapsody pipelines will have to be used, no VPN. The state will get mirror images.   If DI host it, we would have to decide how often a "data dump" would be given. Carrie would like to have it available as soon as possible. They will do what we request. The live production would be at their site. MEMSIS has different required fields than Trauma. Name and DOB are not even required with MEMSIS.   The DOH (Norman) will get a list of MEMSIS required fields. MEMSIS will have a check box for trauma vs. medical.

3.   Spring 2012 Update and System Enhancements

Refer to the handout. We have the best registry in the country. It is very clear when you attend conferences.

- EMS role will be removed from Pre-hospital scene transport providers. (#1)

- EMS Report Available (#2-#5) - add checkbox for when it was available.   Per Norman- until the run sheet is electronic, unfortunately, you will probably not get it. The group agreed that the ED care is provided based upon the verbal EMS report, not the written report left. We need to hold EMS accountable but how??? We care because we have to put data into registry but what we should care about is that the patient is being cared for. EMS should take responsibility and provide a run sheet. This has to go through

the region level. The State can fine them or the Region can withhold their money. Do not change anything in registry. Define this in the data dictionary.

- Run #, Crash Agency #, Dispatch # (#6) - We will keep crash agency number because one day we hope to interface. Naomi reported that this group might need two numbers. Keep run number because this is the number that we use.
- Sedated, Intubated, Paralytic Agents, Respiration Assisted (#7-#11) - on prehospital tab. Change to additional after initial.
- Pediatric Trauma Score-   This is on multiple screens. The group (#12) would like for this to auto-calculate.
- Sedated/Intubated, Paralytic Agents, Respirations Assisted: (#13-#16) Add additional vital label when more added.
- Enroute to hospital needs to be removed from procedures/treatments tab. There is a spot for this under pre hospital. (#17)
- Remove results from procedure tab. (#18)
- Referring Facility: Change order of medication/procedure to match others. (#19)
- Down grade option on ED tab will be left. (#20)
- Carrie will have DI change the age on pediatric trauma score to 15 and under. (#21-#22)
- Referring Facility Treatment- Result: to be removed. (#23)
- Layout referring facility transport/treatments screen like the prehospital screen. No information would be deleted. Carrie to bring back example of how it would look prior to any changes being made. (#24)
- Referring Facility, Inter facility Transport tab will be moved to the end so it will flow better. Transport 2 will not be removed. (#25-#27)
- Trauma Response: (#28) Leave partial/full because of report writer. Everybody should still use Alpha/Bravo. Carrie to speak with DI to see if anything else is involved other than a label change.
- Second Upgrade Downgrade to: (#29) Nothing to be changed.
- ED Initial Vitals (#30): Remove mask.
- Tox screen results (#31): This will be whatever your lab results say.
- Trauma Team Response Times: Will not allow negative times. (#32). Much discussion about this.
- Rehab Arrival Date (#33). Auto populate with hospital discharge date.
- Post ED Disposition: (#34): This is related to NTDB. If death in ED then they are not admitted to hospital. We have to correct the mapping.
- Return/admission within last 72 hours of initial evaluation: (#35) **Any box that you check yes (hourly neuro checks, return admit

within 72 hours, hourly vital signs, unplanned return to OR) - have these auto map to your QA screen. Does not mean you have to track. The state does receive system and ACS filters but not user defined. (#36-#38).

- Injury: (#39). Norman passed out handout request (from Gloria) for change in the Trauma Registry Inclusion/Exclusion Criteria. What is considered a same height fall? Wheel chair, bed, commode…. Lengthy discussion. Vote was to leave the way it is. (10 voted to leave, 2 voted to change). We follow the Ecode guidelines.
  - Gloria- Second proposed change to exclude patient with primary diagnosis code of 910-924. UMC does put these patients into the registry but it is not as timely as the sicker patients. No change to be made (11- 1 vote). Detailed discussion.
- Referring Facility, Treatment: (#40): Layout the same as ED.
- Referring Facility, Procedure: (#41): Layout the same as ED.
- Outcome (Rehab Center), Rehab Center Name: (#42): Everything should be blue but the QA tracking.
- Open Discussion: What e code would you use with a kid playing baseball and sliding into base/ground with broken ankle? May select other…. Carrie will add a check when "other" is selected the system will force the registrar to complete the detail section.

C. Web Query System: This was discussed earlier. See above.

D. Data Dictionary Revision: A copy is included. Please take home and review prior to next meeting. This will be sent out soon.

IV. New Business

A. NTDB Submissions: Will be posted on web when available. Usually in May. The DOH will have webinars on April 20th and April 23rd-(probably 10am Central). Carrie will send out a notice. This will be a refresher. Allocate 2 hours. Please really encourage everybody to run the "validator" when you are entering your patient information. This will save a lot of time for you before you submit to NTDB. Each year, you will have to update your profile, even if there are no changes.

B. Trauma System Programmatic Update:
- Minor issues. We are having a number of inspections. The inspectors used will look at the registry. One note, in a recent inspection - The registry was corrupt. The registrar lost her job. Lack of supervision and a lack of interest. It was very suspicious. There is an active bill to do away with some point of sale fees (motorcycle and ATV, not watercraft). This will equal about a million dollars a year. Also, they want to add more fees to speeding tickets. Will not take from our money but will make the public angry. It names the "trauma care trust fund" in part of the

bill- Senate bill 2385- this is good. Free standing ERs, there is one in the house and senate; it is not good for trauma because it will delay care of patient. These "free standing ERs" will have to dial "911" to transfer their patients. The public has to be educated that the purpose of the trauma system is to provide the best care for the patient and not for the convenience of the family.

- Check out the website. A handout was passed out by Norman that included a statement that is currently present on our website regarding the fact that hospitals can put patients into registry that are not required by state. The committee would like this statement to be removed.
- Amber asked- are we just concerned about getting our money from our patients or are we concerned about injury prevention? We should have bills for injury prevention out there.
- Stemi and stroke- there is no current legislation out there but we know they are working behind the scenes to secure funds.
- Gloria reported that the SETCR had generated a report and passed to legislature asking to keep the report in mind when funding trauma. Norman reported that there is a trauma "fact sheet" present on the website.   We also compared with CDC. Death rate in MS has definitely decreased. Mechanism of injury looked at as well. DUI laws/enforcement, better made cars also playing a role in decreasing death. Amber asked what mechanism we are seeing a decrease in deaths in. The fact sheet is only 3 pages. More details can be given upon request.   Legislatures are definitely interested in Stemi because they all feel like they will have a heart attack one day.

C. MTAC/Rules & Regs/Functionality Update: Amber reported the new guidelines take effect March 1st, 2012. New format. MTAC will meet on the 22nd. Mid level providers and their credentialing will be looked at along with the trauma registrars and amount of patients they can enter. An E & D chart is being worked on as well.

D. EMS Advisory Committee Update: On the National Field Triage Guidelines, published 1/2012, the GCS has been changed from <=14 to <=13. This is a major change. New guidelines recently announced by the CDC. The fourth box is a pain. Data was reported by UMC to Norman. UMC would like for new guidelines to be two pages, adult on one side with peds on the other.   Expect to see some changes on this. UMC had ideas for good changes that were based on good data that was collected.   Users group meeting dates, board of directors for region, MTAC meetings are all on the website.

E. PI Committee Update: Gerald. State PI has been working for past year to decide what we wanted to look at and getting data from registry. At last meeting, we decided that we wanted to make some changes to what we looked at from a state level that could have a great impact. Hopefully, the indicators will be looked at from the region level. ED to OR/bravo, VS, and airway management deleted. Dr. Oliver and Dr. Porter are the new chairs of this committee.

    F.   Records per Registrar: Recommendations will be made soon. We expect the number of records per registrar to decrease. There is a lot of data that has to be entered on these patients. The green book currently recommends 750-1000.

    G.   Fall 2012 Update: Will be looked at later. We have not received the 2011 update yet.

V.   Comments/ Other Discussion
    A.   Upcoming Meetings/Conferences: Handouts included in packet discussed.

    B.   Other: Amber and Selena have talked about creating a trauma program manager program. Carrie would like to also have a trauma registrar program put together as well. A group will be formed.

VI.   Next Trauma Registry Data Committee Meeting will be held Tuesday, May 22, 2012 MSDH in the Osborne Auditorium at 10:00.

VII.   Adjourned at 1324.

Recorder

Courtney Stevens