



MISSISSIPPI STATE DEPARTMENT OF HEALTH

TRAUMA REGISTRY SUBCOMMITTEE Minutes

February 19, 2013
10:00 a.m. – 2:00 p.m.
Osborne Auditorium

Committee Members Present:

Ginger Alford	Heather Kyle	Jimmy McManus	Gloria Smalley
Betty Cox	Steve Lesley	Gerald Nottenkamper	Lisa N. Wilson
Bobbie Knight	Monica McCullum	Sherrri Rickels	

Committee Members Absent:

Heather Holmes	Stephanie Langston	Courtney Stevens
Amber Kyle	Susan Perrigin	Kathryn Stewart

Other Attendees and Guests:

Amie Cowart	Faye McCall	Norman Miller	Monica Springer
Aleta Guthrie	Carrie McFarland	Patrick Quave	

Review & Acceptance of Minutes from Previous Meeting

- **Minutes approved**
- **Training**

Discussion of 3 day training for new registrars. Question posed: Does the registrars need to attend all 3 days of training? Rules and Regs states that all new registrars will need to attend the initial training. The issue is that the Level IV facility does not utilize reporting. The issue for Administrators is the cost of the training, travel etc. By defining each training day, this will help determine the costs.
- **Motion:** Committee recommendation is the initial training will be defined as Day 1 and 2 of the three day training (Mississippi Trauma Registry CV4 & Report Writer Training) and Day 3 is optional.
- Committee recommendation is that the region and hospital will police the training of their registrars. The State will refer to this when renewing the facility recertification every 3 years to be sure that all hospitals are following the Rules and Regs. Propose: All registrars attend the initial training of CV4 Data Entry and day 1 of ReportWriter within 6 months of hire. The third day (Advanced Report Writer) is optional, but highly recommended for Level I-III facilities to attend within a year.
- The State travels to the hospitals as needed to complete training for new staff if needed before the scheduled quarterly training at the State.

Data Validity & QA Process

- Registrar competency & data validation tool development
Kathryn has resigned due to illness in her family. This is not mandatory but we want the tool to be available. Heather and Carrie will work together on this and will present at the next meeting.
- MSDH Data Validity & QA Reports
Report comparison 2011 vs. 2012.
Handouts-Missing Values Report
Heather asked Gerald our PI Committee representative if he would please bring feedback to the Registry Subcommittee from PI regarding this data. Gerald questioned if the Questionable value report is all trauma patients vs PI committee reports that look at only Alpha.
- **Committee recommended.** The population for ED LOS be changed to Alphas/ED LOS>130mins. All others remain the same.

Collector Software

- Updates & system enhancements
 - 2013 updates
Handout: Trauma Registry System Enhancements/Modifications
Page 1-3(Items 1-74) is not included in the current update.
Page 4-6(Items 1-68) will be included in the update. A version is in test now for pages 4-6 thru DI's Website Registry Anywhere. There were only two logins available for the testing period. There is some additional testing to be done once it is moved to the State's environment. No facilities are testing at this time. Expected to have testing completed in March. A few of the modifications were reviewed. Each member was asked to look over the modifications and if there are questions or if something needs changing please contact Carrie.
 - MEMSIS interface
Heather and Dr. Miller attended an Image Trend demonstration of Trauma Registry software with Image Trend. They were impressed with reporting and how user friendly it appears to be. Long-term goal - it will be a good idea for all the systems (EMS, trauma, stemi and stroke) to use ideally the same vendor. DI is currently going to host for the state. Once the application is moved to DI, they will resume developing the interface. There is currently no target date.
 - Monica agreed to revise the medication listing for the Hospitals and EMS providers. The medication does not match what EMS protocols currently state they are able to give.
 - **Dataset Evaluation & Standardization**
 - MVA vs. MVC: To insure standardization, should this be changed within our Registry. The fields will be reviewed by Ginger and data presented at the next committee meeting.
 - NTDB/CV4Dataset Analysis handout:
Heather questioned what is the purpose of listing the patient's street address and the telephone number in the registry? Is it necessary for it to be a data point? Carrie explained the address is useful for the TBI/SCI data.
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Carrie recommended that the committee reevaluate our dataset and formulate minimum data fields that should be standard.

Monica volunteered.

Everything is mapped from CV4 to NTDB except for:

Page 1: Item #6 - Alternate Home Residence

Page 7: Item #56 - Supplemental oxygen is covered in the current pending update.

Page 8: Item #62 - GCS Assessment Qualifiers

Page 9: Item #68 Signs of life: NTBD will map this.

Committee Updates

- EMS Advisory Committee
 - MTAC
 - Burn Committee has been approved as a subcommittee.
 - Mr. Oliver will head the trust fund distribution.

Question: Should inter-facility transfers be trauma activations?

RE: EMS Activation on inter-facility patients: As per decision of MTAC (MS Trauma Advisory Council), EMS is not required nor encouraged to activate trauma teams during inter-facility transfers. The Consolidated Trauma Activation Criteria & Destination Guidelines are intended for use by EMS as a field trauma triage decision scheme. As hospital B (receiving facility) has accepted the patient from hospital A (transferring facility), with concurrent understanding of the patient's condition, it is unnecessary for EMS to initiate trauma team activation during transfer; if the patient deteriorates en route, EMS is obligated to update hospital B as to the patient's current condition with hospital B initiating any necessary internal notification to staff as per the receiving hospital's discretion. At the discretion of the EMS crew, it is appropriate for EMS to communicate the level of trauma team activation met upon the patient's initial presentation to hospital A.

- PI Subcommittee

PI trying to finalize the standard reports. Trying to retrieve a level of data that we think will give valid information. PI committee seems to be making a difference based on the reports requested. Once we have the final versions, the formats will be sent out to the Registry Subcommittee and all hospitals.

Gerald went to FL for an educational visit. In that state they define a population for PI and track some indicators. Our state has already defined a population for survey. (Deaths, TRISS 0.5<>, transfers and peds admission). Would like to know if the Registry Subcommittee would like to make a recommendation to the PI Committee to set -Standard PI Indicators at a hospital level.

He felt that prior to the survey, it would be beneficial to host a class on how to present PI. This would be geared toward Program Managers and consultants could be brought in to assist. Gerald will present these recommendations to the PI committee today and asked Carrie to poll the survey peers (Judy/Selena) to determine which hospitals had nice survey presentations. Heather recommended that Gerald utilize the Survey

Monkey and create a survey to send out to get data to present to the PI committee.

Trauma Registrar Staffing & Training, Rule 1.4.3

- MTAC approval of initial & annual training rule
 - Opportunities for fulfilling annual education
NEW Rule and Regs: 4 hours of continuing registrar education
Continuing education will include the training, updates, user group meeting, registry meeting, and attendance at regional quarterly meeting. However, it needs to be registry specific. The list will be compiled to be presented to MTAC (meets 4/17) to be posted on the website post approval. Ginger will lead this task. It will be emailed within 4wks to be reviewed and approved.
Committee Recommend: The Regions will be in charge of keeping up with the continuing education of their registrars.
 - PI report to demonstrate improved data validity/quality
Heather discussed with Carrie. Using the QA reports already established by the State to demonstrate this.
 - Staffing language - were there to be staffing minimum standard define in the regulations? Directions of the committee will be evaluating data points, making sure they are purposeful.
 - Non-Compliance rule
This is already established in the Rule/Regs that will be utilized.

Registry Inclusion Criteria

- NTBD data submission call for data will open February 25, 2013. Everyone is encouraged to review the reports that are produced by the NTBD after our data is submitted.
 1. Review of ICD9: NTDB excludes 910-924.9
 2. Inclusion of DOA: Nationwide-67% is included. We will continue to include.
 3. LOS: State criteria is 3 days. We are in the lowest bracket. Our definition does not match NTDB which the standard is in hours.
Motion: Recommendation taken to MTAC to review the inclusion criteria 3 or more calendar days?

User Needs & Desires

- Standardized report development
Gerald discussed standardized report for PI. Carrie stated once PI reports are finalized, format will be sent to all and also included in future update. Kathryn at LeBonheur suggestions:
 1. Add to Cause of Injury: Child abuse/SNAT
Committee vote: NO
 2. Add to ED Treatment:
 - a. Orthopedic Interventions: Reduction of Dislocation and TLSO Brace
Committee vote: YES
 - b. Fluid Interventions: I.O.(Intraosseous)
Committee vote: YES
 3. Add to Medication: Ketamine

Committee recommend: Review of entire list of medication and make recommendation for medications. Monica will lead this task.

4. Add to Burn Treatment:

Mepilex AG, Awbat, Therabond,
Xeroform(will be added in the current pending update)

Committee recommend: Heather Holmes, Burn representative is to review the burn request from Kathryn to be sure that we are adding all that is needed.

- Open discussion
 - Hand outs-TQIP data

- **Upcoming Meetings & Conferences**

Next Meeting: May 21, 2013 – Adjournment