



TRAUMA REGISTRY SUBCOMMITTEE Minutes

May 21, 2013
10:00 a.m. – 2:00 p.m.
Osborne Auditorium

Committee Members Present:

Ginger Alford	Stephanie Langston	Susan Perrigin	Lisa N. Wilson
Betty Cox	Monica McCullum	Gerri Rowe	
Amber Kyle	Jimmy McManus	Gloria Smalley	
Heather Kyle	Gerald Nottenkamper	Courtney Stevens	

Committee Members Absent:

Bobbie Knight	Steve Lesley	Cherri Rickels
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Attendance Requirement: Must be present 75% of the time and may send designee 50% of the time. Designee must be knowledgeable of the system. **Blue: compliant, Red: Non-compliant.**

Other Attendees and Guests:

Amie Cowart	Carrie McFarland	Norman Miller	Judy Page
Pam Graves	Christy McGregor	Stacie Moore	Monica Springer
Faye McCall	Carol Miller	Linda O'Quinn	Kim Wright

- **Review & Acceptance of Minutes from Previous Meeting**
 - Minutes approved as written.

- **Data Validity and QA Process**
 - Registrar competency and data validation tool development
Handout: Data Validation Tool Samples
Tool can be used on a sampling of charts each month using up to five fields to validate. Suggestion made not to use diagnosis codes due to variation of opinions.
 - MSDH Data Validity and QA Reports
Handout: MS Trauma Registry Sample Data Quality Improvement
Handout: Quality Assurance Reports March 2013
Carrie provided 2010-2012 data to show that Data quality has improved significantly since the start of Quality Assurance in 2009.

- **Collector Software**

- Updates and system enhancements

Handouts: *Trauma Registry System Enhancements/Modifications* All "yes" in column two, items 1-68 will be included in the next update.

- 2013 Updates

DI will host the Trauma application for the MSDH. P.O. will be available within next 2 wks, then the process of moving system offsite to DI should take 6-8 weeks. The user will no longer need to use the VPN to submit data. Once we finish testing, move to QA and app passes, we'll be ready to deploy app. Region will then be able to download from the Central Repository. The email of the file serves as a backup because we were having some issues with the region download. DI will be responsible for the connection for the region. Norm Miller polled the Region Administrators present as to whether they would like to have the file automatically sent or individually pull at their convenience? The Administrators will make a decision and send responses to Carrie.

- MEMSIS Interface

No additional information to present. Once DI hosts the State application, the development of the interface will resume.

- **Dataset Evaluation and Standardization**

- Medication List

Handout: *Medication List by Provider*

Monica presented data from information she obtained from the State website for Ambulances and the standard medication list they have, Air Care and Baptist Life Flight. Column B, highlighted in gray are in the Registry but no one uses those medicines. All highlighted medications were commonly used by all providers but not in the Registry. Column G meds were submitted by users to be added to the Prehospital section.

Norm commented that MDQTA is moving away from specific/exact drugs to classifications of drugs and felt it may be cumbersome to add a mass list.

- **Motion:** Amber Kyle motioned, Lisa Wilson seconded that we add all medications not highlighted on the list. Motion carried.
- **Motion:** Ginger Alford motioned, Amber Kyle seconded that we remove those medications in the registry not being utilized. Motion carried.

- Minimum Data fields standard

Handouts: *Collector CV4 Fields*

Carrie stated the State is working on a document to determine the number of times each field in the registry is actually being used/valued but we have something in the interim you can look at that will give you a very good idea.

Monica presented fields from the Registry showing how many fields at

minimum could be populated based on various scenarios - the type of patient entered, i.e. Patient from the scene, Discharge home, Admission, Referring facility, Direct Admit and Death, defaults. No motion made. A minimum dataset standard was not set based on this data. Purpose was to show that data is not being captured in over 600 fields.

MTAC needs to be sure to see this report. Even with minimum set, there is a lot of data we enter. Pending updated registrar staffing standards to be released in Resources for Optimal Care of the Injured Patient 2013, this committee will continue to request minimum staffing requirement regulation from MTAC.

- **MVA vs. MVC**

Ginger reviewed data from several sources. There was no consistency throughout.

- **Recommendation:** Remain MVA in our system due to ICD9, DMV codes. However, if any publications are done, use the MVC language because it's the accepted professional language in publications.

- **Registry Inclusion criteria**

- Origin of MS Inclusion Criteria

Carrie was not able to find any official documentation to support origin of MS criteria but information from former EMS director stated they worked closely with the ACS and surveyed other states, as well as looked at population in Mississippi.

- **NTDB Inclusion Criteria**

Handout: *Inclusion criteria for NTDB and MS comparison.*

- ICD-9 inclusion Criteria
- Isolated Hip Fracture inclusion criteria by age
- Inter-facility Transfers-All Vs. EMS transport (mode of transfer)
Discussion of whether a patient coming by POV is truly a transfer. The mode of transport should not determine if a patient is a transfer if the transfer is initiated between facilities (formal transfer).
- LOS admission inclusion criteria
MS registry is not in line with NTDB on admissions. The State currently looks at 3 calendar days vs. 72hrs at NTDB.
 - **Motion:** Gerald motion, Amber seconded that committee make a recommendation to MTAC to amend the 3 day criteria to read all hospital Trauma Admissions as NTDB does. Motion carried. The Registry formed a task force to discuss the impact of making this change. Gerald will lead the task force. Task force members: Susan Perrigin, Jimmy McManus, Gloria Smalley, Stephanie Langston and Amber Kyle. Task Force will review the LOS, exclusion of 910-924.9, interfacility transfers, isolated hip fractures by age. Will report at next meeting.

Trauma Registrar Staffing and Training

- Continuing Education Listing
There must be evidence of participation for the registrars. The information will be submitted to the appropriate regions. Must be Trauma Registry specific education.
 - Training options suggested: DI training at State level, Regional training, DI Go-to-meeting, DI online training, Trauma Registry User Group Training/Meeting.
 - Verification process - State to review all participation data during the application process for recertification and Regions review also.
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• Committee Updates

- MTAC and EMS Advisory Committee
 - MTAC –has established three Task Forces - Trauma Care Trust Fund Distribution and Air EMS Activation Criteria are still in progress, developing and looking at data to report back to MTAC. Partial Capability is looking into standardizing minimal policy requirements for trauma centers and how partial capability is evaluated.
 - Trauma Care System completed another PEER review. Basically no findings. Completed every 3 months. Review will validate \$40 million is not enough to run trauma system. Will have another review after that. They are looking at travel expenses by individual per fiscal year.
- PI Subcommittee
Gerald provided update: Reviewed the criteria and it is set for the PI data. Carrie will send out the updated list of these items to all Registry sub-committee members. The 4th Quarter reports have been sent out. Next meeting is June 27, 2013. The chair person has not been finalized. Mr. Oliver is currently the interim chairperson.

• Collector Data -County and State of Injury

Susan Perrigin reported that the State sent out a report with this data to be reviewed. The facilities were asked to review, correct and resubmit. On further review of the data, she determined that the majority was POV. This was one of the discussions at MTAC. Susan stated Dr. Miller informed her that the instruction was given by MTAC to default the patient's address in the county or state of injury field. Question was presented to the committee on how to complete and validate the data? Carrie stated this field will be on the monthly QA reports. Committee did not agree to default the address of the patient as injury location.

Recommendation: Jimmy will take issue to the State PI committee. Carrie will run a report to provide % of data missing injury location for Jimmy to report.

- **NTDB Participation for Trauma Center Re-Designation**

Carrie reported preliminary count is 75%-80% of our facilities submitted to NTDB this year. Will submit a final report to Committee by Friday.

Question: Should submission to the NTDB be a part of our State Verification? After discussion recommendation:

Motion: Recommendation that all designated trauma centers should be mandated to submit to the NTDB from their facility. The non-designated centers will not be required but strongly recommended to submit. The Rule/Regs Committee will address this recommendation.

- **User Needs & Desires**

- Burn Treatment listing update
Geri Rowe, new Rep for the Burn center will review the burn information in the Registry and will report back at the next meeting if any items need to be added.
- Online User Group
Carrie stated they are in the process of setting up a MS Google Group to mirror the NTDB Google group. Suggested name is MS Trauma Registry Google Group. Committee agreed with name.
- Open Discussion
1st request: Allow the Provider team to activate if the Trauma Response is N/A. Recommendation from DI to default a field in the Provider screen so that the tab will open up on all patients not just Alpha and Bravo response. Committee agrees with this recommendation from DI.
2nd request: Remove the auto population of the "discharge from facility" from the Patient Tracking in Collector. Committee agrees to have removed.
3rd request: Create a pick-list for ER treatments same as Pre-hospital with times added. Tabled until next meeting.
4th request: Remove all Treatments and Medications from the Referring Facility Tab. Tabled until next meeting.
5th request: Add zip code 35570-Hamilton county, Barnesville, city. Carrie to add to list for update.
6th request: Add Pre-hospital agency: Med Stat Air, Delta Air One. Carrie to add to list for update.

- **Upcoming Meetings & Conferences**

- TOPIC course hosted by Central TCR 5/29.
- MS Broadcast will discuss Trauma Care in MS on Southern Remedies on May 23, 2013, 7:30 pm.
- Gerald recommended that each Region look at hosting AAAM course. Jimmy will take the recommendation to MATA.

Next Meeting: August 20, 2013 – Adjournment