The Trauma Registry Users’ Group Meeting was held at the Mississippi Hospital Association (MHA) from 10 a.m. – 2 p.m.

Attendees:

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Region</th>
<th>Facility</th>
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<tbody>
<tr>
<td>Alliston</td>
<td>Beth</td>
<td>Central</td>
<td>River Oaks Hospital</td>
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<tr>
<td>Benton</td>
<td>Kathy</td>
<td>Central</td>
<td>UMC</td>
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<td>Kathleen</td>
<td>Delta</td>
<td>Le Bonheur Children’s Hospital</td>
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<td>Burnham</td>
<td>Sharon</td>
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<td>Simpson General Hospital</td>
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<td>Calhoun</td>
<td>Jon</td>
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<td>Chambers</td>
<td>Bradie</td>
<td>Central</td>
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<td>Coleman</td>
<td>Debbie</td>
<td>Central</td>
<td>River Region Health System</td>
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<td>Foley</td>
<td>Renea</td>
<td>Central</td>
<td>Winston Medical Center</td>
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<tr>
<td>Fulcher</td>
<td>Kristi</td>
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<td>Graves</td>
<td>Pam</td>
<td>Central</td>
<td>St. Dominic Hospital</td>
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<td>Melinda</td>
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<td>Angie</td>
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<td>Holmes</td>
<td>Amy</td>
<td>Delta</td>
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<td>Johnson</td>
<td>Virginia</td>
<td>Delta</td>
<td>Northwest Ms Regional Medical Ctr.</td>
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<td>Knight</td>
<td>Bobbie</td>
<td>Southeast</td>
<td>South Central Regional Medical Ctr.</td>
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<td>Lafayette</td>
<td>Mindy</td>
<td>Delta</td>
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<td>Sandra</td>
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<td>McChriston-</td>
<td>Rosalind</td>
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<td>McManus</td>
<td>Jimmy</td>
<td>Southwest</td>
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<td>Moody</td>
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<td>Central</td>
<td>Baptist Medical Center-Leake</td>
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<td>Richards</td>
<td>Ben</td>
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<tr>
<td>Rielley</td>
<td>Terri</td>
<td>Central</td>
<td>Hardy Wilson</td>
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<tr>
<td>Rowe</td>
<td>Geri</td>
<td>Central</td>
<td>J.M. Still Burn Center</td>
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<tr>
<td>Rucker</td>
<td>Tony</td>
<td>Central</td>
<td>Montfort Jones Memorial Regional Medical Center</td>
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Sanderson Belinda North Gilmore Memorial Regional Medical Ctr.
Smalley Gloria Southeast Southeast Trauma Care Region
Smith Barbara Central Central Mississippi Medical Center
Stevens Courtney Central UMC
Stewart Kathryn Delta Le Bonheur Children’s Hospital
Westberry Stacey Central J.M. Still Burn Center
Wilson Landon Central Crossgates River Oaks
Horne Linda State MSDH
Jacobs Elois State MSDH
Jefferson Alice State MSDH
Johnson Teletha State MSDH
McFarland Carrie State MSDH

I. Welcome
Alice Jefferson, Registry Support, welcomed and thanked everyone for attending the sessions.

II. Introductions
Everyone introduced themselves.

III. Registry Training – Gathers and Coded Variables
Shane Vienneau presented a webinar on Creating Gathers and Defining Coded Variables. Objectives were to:
   A. Create a Single-level Gather.
   B. Use the Gather Subtotals Feature.
   C. Describe the Function of a Coded Variable.
   D. Create a Coded Variable for Use Within a Data Table Report.

See handouts for more detail on training content.

IV. Trauma Programmatic, System, Registry Updates
A. Programmatic
1. Dr. Norm Miller stated there have been no changes in Rules and Regs this year pending the distribution of the ACS Resources for Optimal Care of the Injured Patient (Orange Book). Draft of Orange Book has been distributed. Rules and Rules will meet in June and reassess our system policies and procedures based on the Orange Book recommendations.

The registrar is a vital and integral part of the trauma team. It is important that the trauma registrar, program manager and medical director work closely together on an ongoing basis. One change applicable to the registrar is that 1 FTE employee dedicated to the registry must be available to process the data capturing of the NTDS data set for each 500-750 admitted patients annually. This is based on the NTDB dataset of 92 fields and does not include the additional duties required for data validation, quality and reporting. Dr. Miller
stated the State tells the hospital administrators what has to be done based on the Rules and Regs, not how to do it.

2. Mississippi Trauma Advisory Committee (MTAC) approved the Trauma Registry Subcommittee recommendation for changes to the Inclusion Criteria, effective April 17, 2014:

All state designated patients must have a primary diagnosis of ICD-9 diagnosis code 800-959.9. Only burn patients with an ICD-9 Code of 940-949 qualify for inclusion into the trauma registry.

Plus any one of the following:
- Trauma Team Activation (Alpha/Bravo).
- Transferred between acute care facilities (in or out) by EMS (Ground or Air).
- Admission to the hospital for any length of time to any area. (This excludes patients that go to the OR from ED and are discharged home from PACU).
- Died.
- Any trauma patient brought to your facility by Air Ambulance.
- Triaged (per State Trauma Destination Guidelines) to a trauma hospital by EMS regardless of severity. (Documentation on the EMS Patient Care Report (PCR) must reflect that the patient was brought to your facility for a needed resource.

The following primary ICD-9 diagnosis codes are excluded and should NOT be included in the trauma registry:
- ICD9Code 905-909 (Late effects of injuries)
- ICD9Code 930-939 (Foreign bodies)
- Extremities and/or hip fractures from same height fall in patients over the age of 70.

All Trauma Registry handouts/resources have been revised to reflect the changes.

B. System

1. TCTF distribution $10.6 million has been distributed. This includes the $600k stipend for Level IV hospitals. Trauma System is the most transparent in the agency. Ex: All disbursements to each hospital are posted on the website.

2. State Trauma Plan, 2014 Trauma Fact Sheet, updated Frequently Asked Questions (regulation interpretations) and updated Trauma Calendar are posted on the Trauma Website as well.

3. Dr. Miller stated that the Department is going through the Public Health Accreditation process.
4. Mississippi is moving to a Systems of Care approach – currently Trauma, Burn, STEMI and Stroke.

5. Additional sub-committees of Mississippi Trauma Advisory Committee (MTAC):
   - Burn (chaired by Mark Galtelli) met May 19 and first priority is to review and determine burn inclusion criteria.
   - Finance (chaired by Dr. Hugh Gamble) have not met yet.
   - Education and Injury Prevention (chaired by William Bassett who resigned at MTAC, April 17) have not met yet.

6. The pilot project for overtriage (looking at GCS motor < 4 instead of total GCS) has been placed on hold. The two regions who initially agreed to pilot decided not to due to training issues.

C. Registry Updates
   1. All hospitals have been updated and submitted data post update.
   2. Region Remote Refresh is currently in testing and should be ready for deployment by June 2014. Hospitals should continue to email their files to the Region until notified otherwise.
   3. NTDB submission deadline is June 2, midnight EST. Make sure the NTDB Validator is run on all patients prior to closing the record to avoid a large volume that need correcting when the file is prepared for submission. Give DI a call for assistance. Ensure your hospital’s profile is updated this year even if there are no changes because you won’t be able to submit data until that is done, as well as the Business Associate Agreement is completed.

4. Handouts provided
   - Resources for Optimal Care of the Injured Patient (Orange Book 2014, Table of Contents and Chapter 15 – Trauma Registry).
   - Inclusion Criteria – record must fall within the 800-959.9 code range and meet one of the other six criteria to be included in registry.
   - Data Submission Due Dates - Please submit data prior to the 6th and remember to email the file to your region.
   - List of fields to check before closing/sending record to state.
   - Quality Assurance reports – Data Submissions (please verify counts are correct), Missing Values, Missing Values conti., Questionable Values, Injury Severity Score Summary. (please run and make corrections prior to submitting data using the QA report formats.)
   - QA Response Form - re-check records listed on the QA reports and return completed QA response form to the State. Copy your region.
   - Trauma Registrars’ Guide 2014.
   - User Group Flyer.
   - Contact Lists – Regional Administrators, Trauma Registry Subcommittee and State Trauma Program.
V. Upcoming Meetings/Conferences/Workshops
   B. Trauma Registry Subcommittee Meeting, MSDH – May 20, 2014
   C. 2nd Annual East Central MS Trauma Care Region Trauma & Emergency Medicine Symposium. May 8-9, 2014, Preconference: May 6-7, 2014
   D. MS Coastal Region 13th Annual Trauma Symposium: May 14-15, 2014

VI. ICD10- Coding Webinar on Head Injury was not held due to technical difficulty.

VII. Next Meeting
   The next meeting will be July 22, 2014. With no further business, the meeting was adjourned at 2:00 pm.