

Trauma Registry Users' Group Meeting Minutes
July 24, 2013

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

Attendees:

- I. Welcome
Carrie McFarland, *State Trauma Registrar*, welcomed and thanked everyone for attending the sessions.
- II. Introductions
Everyone introduced themselves.
- III. Trauma Programmatic and System Updates
 - A. Trauma system regulations, Chapter 1, page 26, Rule 1.4.3 added the requirement for trauma registrar initial and recurring training. Initial will consist of State sponsored 2-day training and 4 hours annual training. Highly recommend day 3 for Levels I-III hospitals for initial training. Chapter 6, page 97, Rule 6.1.9 changed response time for neurosurgeons from 60 minutes to 30 minutes.
 - B. Rules & Regs Subcommittee will recommend to Mississippi Trauma Advisory Committee (MTAC) the adoption of air transport guidelines.
 - C. Designation/Re-designation application is online and functioning.

D. Handouts provided

- Appendix B – Consolidated Trauma Activation Criteria and Destination Guidelines, all participants are encouraged to review the guidelines.
- Interpretive Guideline for Non–Compliance of Required Trauma Data Submission
- Registry Update Summary - see V. below for details.
- Inclusion Criteria - must be in ICD9 code range and meet 1 of 7 other criteria
- Data Submission Due Dates - Please submit data prior to the 6th.
- Query Formats for the QA Reports
- QA Response Form - re-check records listed on the QA reports and return complete QA response form. Also submit corrected data via VPN.
- Quick Reference Cards - Trauma Registry, Coding, ReportWriter
- NTDB Change Log 2014
- NTDB Data Dictionary for 2014 Submissions – MS had 90% of hospitals submit. Those who did not were Level IVs. Follow up done to see if State can provide assistance to ensure submissions next year.
- User Group Flyer
- State PI reports formats
- State PI Committee Members
- Regional Administrators contact list
- Trauma Registry Subcommittee contact list

IV. Registry Update – 2013 – currently in TEST phase

MENU CHANGES

Facility Menu, Added the Following:

- Arkansas Children's Hosp Burn Center
- Children's Hospital of New Orleans
- Rapides Regional Medical Center - Alexandria, LA
- Our Lady of the Lake - Baton Rouge, LA
- Methodist University Hospital - Memphis, TN
- St. Francis Hospital - Memphis, TN
- Christus St. Frances Cagrini - Alexandria, LA
- Eliza Coffee Memorial Hospital - Florence, AL
- Lafayette General Hospital - Lafayette, LA
- Mobile Infirmary
- Shepherd's Rehab Center

Facility Menu, Regions

- Regions will no longer display in the Facility drop downs.

Facility Menu, Updated Descriptions for the Following:

- ID 237 to Anderson Regional Medical Center-North
- ID 249 to Anderson Regional Medical Center-South
- ID 187 to Baptist Medical Center –Leake
- ID 230 to Pioneer Community Hospital–Aberdeen
- ID 321 to Pioneer Community Hospital–Newton

- ID 169 to Patient's Choice—Claiborne County
- ID 276 to Patient's Choice—Humphreys County
- ID 243 to Madison River Oaks Medical Center
- ID 1990 to Holmes County Hospital and Clinics
- ID 970 to Any Facility Not Coded
- ID 963 to Springhill Mobile Alabama

EMS Agency Menu, Added the Following:

- ID 1740 - Children's Transport UMMC
- ID 1063 - Neonatal Transport
- ID 9988 - Livingston Fire and Rescue
- ID 11993 - LifeCare-Noxubee
- ID 11994 - Lebonheur Pedi-Flite (Air)
- ID 11995 - Lebonheur Pedi-Flite (Ground)
- ID 11996 - LifeCare-Dekalb
- ID 11997 - Rural Metro EMS

Injury Cause of Injury

- Added Other

Diagnosis Comorbidities

- Added NTDB branch to the Comorbidities menu.

Outcome Impediments to Discharge

- change description: Non-Availability of Rehab Facility to Non-Availability of Rehab Facility at Facility

Procedure Location

- Removed Enroute to referring facility

Outcome Discharged To

- Added Hospice Care

Burn Information/Treatment

- Added Xeroform Dressings and Silver Bases Antimicrobial Dressings

ED Trauma Response

- Updated labels to Bravo/Partial and Alpha/Full

Prehospital Medication

- Removed: Dramamine/Dimenhydrinate, Glucose Paste, Methergine, Pitocin, Reglan, Tetracaine

ED Medication

- Added TDAP vaccination

ED Treatment

- Added D5 Lactated Ringers

QA System Filters

- Added NTDB branch.

Scene Transport Role

- Removed non-transport

DATASET CHANGES

ED / Arrival Admissions

- Added BMI

Injury

- Added Cause of Injury If Other
- Added Activity Code fields (Primary and Secondary)

ED / Initial Vitals

- Added Supplemental Oxygen field.

Ref Fac/Referring Facility Info

- Added Referring Facility Level

Outcome/Discharge To

- Added Discharged To Transport Mode

QA/QA Tracking

- If Prehospital field was made a menu field.

Referring Facility/Procedures/Medications

- Removed Treatment Results field

Procedures

- Removed the Results field.

Outcome/Rehab Center

- Add Rehab Center Name Specify

LOGIC CHANGES

DEFAULT LOGIC

Ref Fac/Referring Facility Info

- Referring Facility Level will default based on mapping document provided by state.

Outcome/Rehab Center

- Auto populate Rehab Admit Date with Hospital Discharge Date

SKIPS/ENABLING LOGIC

All PTS Fields

- Change enabling logic on PTS, enable PTS when patient is < or = 15.

Outcome/Discharge To

- Enable Discharged To Transport Mode when Discharged To is equal to Burn Center, Other Hospital, Trauma Center

Injury

- Cause of Injury If Other field enabled when Injury Cause is equal to Other.

ED/Arrival Admission

- If ED Disposition is equal to Jail, Admitting Physician and Admitting Service fields should be skipped

Outcome/If Death

- If Request Granted is equal to No, the Organ Donation fields need to be enabled.

Outcome/Rehab Center

- Rehab Center Name Specify is enabled when Rehab Center is equal to 970, Any Facility Not Coded.

DATA CHECKS

All Date Fields

- Added checks to all date fields, so future dates cannot be entered.

Demographic

- Updated required check on zip code. N/A is no longer allowed. Field cannot be blank or equal to N/A.
- Removed blank required check on Alias fields.
- Added check, Facility Arrival Date/Time should be after Injury Date/Time.
- Added check, Arrival Date/Time cannot be prior to Date of Birth.

Injury

- Cause of Injury If Other field is required if Injury Cause is equal to Other.
- Injury Activity Codes are required.

Ref Fac/Referring Facility Info

- New required field check Referring Facility Level cannot be blank

ED/Arrival Admission

- New check ED LOS cannot be greater than 360 minutes.

ED/Initial Vitals

- New required field check. Supplemental Oxygen cannot be blank.

ED/Treatment

- Added check, ED Treatment Date/Time cannot be prior to ED Arrival Date/Time.
- Added check, ED Radiology Date/Time cannot be prior to ED Arrival Date/Time.

Outcome/Discharge To

- Discharged To Transport Mode is required when Discharged To is equal to Burn Center, Other Hospital, Trauma Center

Providers/Trauma Team

- New date sequence check. Responded date/time cannot be prior to Called date/time.
- New data sequence check. Arrived date/time cannot be prior to Responded date/time

Diagnosis

- Updated ICD9 code check. Cannot be blank, unknown, or N/A.

Burn Lund and Browder

- Add checks on each body area. Each body area has a max associated with it. If the values that the user enters exceed that max, the user should receive a warning. Right now, the Total BSA 2nd and 3rd will only calculate when there are 0's in each of the areas above. The Total BSA 2nd and 3rd should calculate when any of the areas above are filled out. So you don't need to have zeros in every field. Just anytime there is data in any of the fields that are used to calculate Total BSA 2nd and 3rd, it should calculate. remove any required field checks that are currently on any field on this screen

CALCULATION

ED Arrival / Admission

- BMI is calculated. It will always be skipped since it is a calculated field.

- V. QA Reporting/Data Validation
- A. Please check our submission report. Let us know traumasupport@msdh.state.ms.us if there are any discrepancies so we can resolve.
 - B. Make sure the data is VALID. Resubmit corrections via the VPN and always copy your Region.
 - C. Complete the QA Response form once you have checked records and submit to State Office. Always copy your Region.
 - D. Areas to Double Check
 1. Ensure record meets inclusion criteria – see Quick Reference Card for details.
 2. ISS field must have a value - see Scoring Quick Reference Sheet for details.
 3. Ensure all dates/times are entered correctly, including ED to Radiology, OR, ICU, etc. and Trauma Team called, responded, arrived times.
 4. Was this a Transfer Patient? field should be Yes only if the patient was transferred IN to your facility.
 5. POV/Walkin should always be Yes or No.
 6. Arrival Mode should always be valued (Ambulance, Helicopter, Police, Fixed Wing) even if you don't know the name of the provider.
 7. Prehosp section should be skipped on all Transfer In patients. Their prehosp info should be entered in the Referring Facility section.
 8. If patient transferred to higher level of care, ED Disposition field should be Transferred to Acute Care and Outcome/Discharged to field should be Burn or Trauma Center.

- VI. Registry Issues/Suggestions
 - A. Add Fall from Bed to Cause of Injury picklist.
 - B. Add Golf cart to Vehicle Type picklist.
 - C. Add Separation from Golf cart to Cause of Injury picklist.
 - D. Change GCS to reflect PEDS values when age <=15

- VII. Upcoming Meetings/Conferences/Workshops
 - A. Collector CV4/ReportWriter Training – August 7-9, 2013
 - B. Trauma Registry Sub Committee Meeting, MSDH – August 27,2013
 - C. Our Lady of the Lake Regional Medical Center, Baton Rouge, La – Trauma Symposium – September 6, 2013
 - D. AAAM AIS Coding Course – December 16 -17, 2013

- VIII. Next Meeting

The next meeting will be October 23, 2013. With no further business, the meeting was adjourned at 2:00 pm.