

**Mississippi State Department of Health
Trauma Registry Users' Group Meeting Minutes
July 20, 2011**

The Trauma Registry Users' Group meeting was held at the Mississippi Hospital Association (MHA) starting at 10:00 am.

Meeting Attendees:

Carla Alderson	Rosalind Harper	Robin Montalbano
Tracy Beasley	Cindy Himmel	Martha Oestreicher
Marjolyn Brock	Linda Horne	Delilah Porter
Debbie Coleman	Brenda Jayroe	Kesha Prystupa
Elaine Coleman	Bobbie Knight	Naomi Sigman
Amie Cowart	Sandy Long	Linda Swann
Betty Cox	Kim McDaniel	Meree White
Pam Graves	Carrie McFarland	Lisa Wilson (USA)
Aleta Guthrie	Norm Miller	Teresa Windham

- I. Welcome
Carrie McFarland, *State Registrar* at the MS State Department of Health welcomed everyone and expressed thanks for all attending the meeting.
- II. Introductions
 - A. Carrie asked everyone to introduce themselves.
 - B. She also encouraged everyone to utilize the resources present by reaching out to people outside of their facilities and regions if needed.
- III. Trauma System Programmatic Updates
 - A. Dr. Norm Miller, *Trauma System Administrator* at the MS State Department of Health thanked all for the work contributed to Trauma. He discussed how each facility, no matter the level, plays a vital role in the Trauma System.
 - B. Dr. Miller stated we have two applicants to become Level IV's in the system. They are John C. Stennis in DeKalb and Pearl River County in Poplerville. Simpson General is now designated as a level 4.
 - C. The new applications as of today are on the website - Level I hospitals, Level II and III hospitals have a single application and Level IV hospitals. The Level IV applications have been distributed to the Level IV hospitals. Pre-assessment forms are due to the Region by 8/5 and to the State by 9/1.
 - D. Trauma Care Trust Fund (TCTF) money has been running well now since the distributions. Two distributions were made this winter, one in December and January. The pay or play money collected was used to make the second distribution in January. Also, we made a distribution in May. The TCTF is funded with monies from traffic fines, license plate fees, atvs, motorcycles and boat fees.
 - E. We are in the process of designating J.M. Still-Brandon as a Burn Center, and have contracted with ABA (America Burn Association) to conduct the inspection and verification process. Once designated, JM Still Brandon can participate in the Trauma Care Trust Fund distribution process.

The state is going to help the facilities in collaboration with J.M. Still-Brandon, J.M. Still in Augusta, as well as the USA Burn Center to work out transfer agreements. Every hospital, every trauma center, has to have transfer agreements with other trauma centers and specialty centers which includes Burn Centers and Pediatrics. Some regions have developed a Regional transfer agreement for all hospitals within that region. It would be much easier if the State could facilitate a single agreement between the Burn Centers and the entire Trauma System.

- F. State Trauma Activation Criteria and Destination Guidelines were distributed. It is a modified version of the CDC Field Triage Decision Scheme. EMS uses this guideline to determine where to take the patient and inform the facility they are in route. The quicker an activation is called, the better it is for the patient.
- G. The accuracy of the registry equals money to a hospital. It is important that the right codes are entered in the registry because the system generates an ISS score and that determines the amount of funding the levels I, II & III hospitals receive. The variable amount from the trust fund is based on the number of patients and the severity of the injuries. Having no data is almost as bad as having bad data because without good data we can't do appropriate analysis. Dr. Miller reiterated that we really need the hospitals help with the data. We have to show the Legislature by using our data that we are improving from year to year.
- H. We have added a new system of care, STEMI(ST Elevation Myocardial Infarction). It is a specific kind of heart-attack. It is really no different than the Trauma system; we have to get the patient to the right place the first time. There are 19 STEMI centers in the state and 16 are designated as Trauma Centers. The STEMI system has been approved by the Department of Health. Currently it is being reviewed by CMS for designation. Target date of implementation is October, 2011. It is a voluntary system and is using data hosted by the American College of Cardiology Association.
- I. A Stroke System will also be going live in the near future. Currently there are only 5 Stroke Centers in the state.
- J. The Secretary of State Office has required that all State Agencies reformat their regulations to meet an Administrative Procedure Act that was written in 2006. There will be no changes to content, only format.
- K. We currently have three levels of pediatric centers in the state: Primary, Secondary and Tertiary. Primary pediatrics is like a level IV trauma center. Secondary is a designated pediatrics capability trauma center. Tertiary is a true pediatrics trauma center. With the new pediatrics regulations, it allows stand alone pediatrics facilities to be designated as a tertiary pediatric facility.

IV. Trauma System Registry Discussion

- A. Elaine Coleman, *Trauma Registry Support* at the MS State Department of Health discussed the Trauma Data Submissions and relevant information/dates with the users.
 - Data Submissions for March, April and May
 - Data Submissions Due Dates
 - Monthly QA Reports and Responses
 - List of Fields to Check before Closing/Sending a Record to the State
 - Quick Reference Card

- B. Carrie discussed other important information about data entry/quality including:
 - Making sure all dates/times are accurate because these fields are used to derive values for other fields. Ex: response times, ED, ICU and OR LOS.
 - Only use N/A if it is a valid value for a field. Ex: N/A is not valid for Race or Gender. If pt fell down stairs, then N/A is valid for vehicle type.

- C. Users were also given the following handouts:
 - Decision Trees (MVC, Falls, Burns)
 - Trauma Scoring Quick Reference Sheet

- V. Registry Demo(s)
 - A. Carrie discussed the State PI reports formats and users were given the print screens of all components used to generate those reports (report, queries, gathers). Reports will be done quarterly and submitted to the regions. The regions will distribute to their respective facilities.
 - B. Registry demonstrations were done to show users how to create some of the PI reports and their components.

- VI. Webinar
 - A. "Head Injury Coding Master Class Part. 1: What A Headache" was viewed by the group.
 - B. Users were given handouts: Medical Gross Anatomy-Brain Structure and the Head Injury Decision Tree.

- VII. Next Meeting

The next meeting is scheduled for October 19, 2011.

- VIII. Adjourned

With no further business, the Users' Group Meeting was adjourned at 2:05pm.