Trauma Registry Users' Group Meeting Minutes
October 16, 2014

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

Attendees:

Last name	First name	Region	Facility
Adams	Kim	Central	Claiborne County Hospital
Dorsey	Gina	Central	River Oaks Hospital
Graves	Pam	Central	St. Dominic Hospital
Hall	Angie	Central	Madison River Oaks Medical Center
Holmes	Amy	Delta	Delta Regional
Knight	Bobbi	Southeast	South Central Regional Medical Center
Knight	Mack	Southeast	Wesley Medical Center
Mathis	Sandra	Costal	Memorial Hospital at Gulfport
Murphy	Monica	Delta	Greenwood Leflore Hospital
Parker	Ellen	Delta	Methodist Health Care Olive Branch Hospital
Richards	Ben	Central	Central Mississippi Medical Center
Smalley	Gloria	Southeast	Southeast Regional Administrator
Smith	Barbara	Central	Central Mississippi Medical Center
Terrell	Janet	E. Central	Anderson Regional Medical Center
White	Cori	Delta	Greenwood Leflore Hospital
Windham	Teresa	Delta	Baptist Medical Hospital - Desoto
Horne	Linda	State	MSDH
James	Sharmelitta	State	MSDH
Johnson	Teletha	State	MSDH
McFarland	Carrie	State	MSDH
McLaurin	Linda	State	MSDH
Morgan	Cedric	State	MSDH
Stancil	Calvin	State	MSDH

I. Welcome
    Teletha Johnson, MSDH Trauma Support, welcomed and thanked all for attending the sessions.

II. DI Report Writer Training – Combining the Core Concepts
    Shane Vienneau presented a webinar on Core Concepts of the Report Writer.
    Course objectives were to:
    A. Identify which DI Report Writer Tools are needed to fulfill a data request.
    B. Create the necessary DI Report Writer vocabulary needed to fulfill a data request.
    See DI RW training handouts for more details on training content.

III. Introductions
    Everyone introduced themselves.

IV. Trauma System, Programmatic, Registry Updates
    - Programmatic Updates
        - Carrie McFarland discussed the structure change of EMS and Trauma. A new bureau, the Bureau of Acute Care Systems (BACS), has been created, and Heather Muzzi is the Bureau Director, effective October 15, 2014. Trauma now falls under the BACS and not the BEMS. Dr. Miller will still work with the BACS as an independent contractor.
        - A complete rewrite of the Rules and Regulations will take place within the near future based on the American College of Surgeons' "Orange Book".
        - Data Set Work Group will meet on Monday, October 20, 2014 to discuss the changes of fields required in the registry. The chair for this group is Shyann Shirley. If you have any input, please feel free to email your input to traumasupport@msdh.state.ms.us or any member of the Trauma Registry Sub-Committee.
        - Performance Improvement – changes are being made to replace the original PI to those issues found in the inspections that require a corrective action plan. Gloria Smalley gave an update from the last PI Subcommittee meeting. Dr. Christine Carter is the chair and welcomes your input.
        - Burn Committee- Criteria for the burn inclusion criteria will be resubmitted at the MTAC meeting on October 22, 2014. Ms. Smalley stated that they are trying to include burns that are less than 5%. A detailed discussion took place on this topic.
    - System Enhancements/Modifications
        - The 2015 Trauma Registry System Enhancements/Modifications - Hopefully all enhancements will be in effect by January 2015.
        - Enhancement List
            - ✓ A notes section will be added on the pre-hospital screen.
            - ✓ Triage Rationale will match State Activation Destination Guidelines.
            - ✓ Inclusion Criteria will be added as drop down/quick box if the Include in Central Site Submission is "Y."

- ✓ Pediatric Trauma Score (PTS) will be revised to coincide with National Standards.
  - Region Remote Refresh – Facilities should continue to email their region data submission files until notified by State to do otherwise. Regions will download one file of data to import instead of individual hospital files.
  - Dashboard – Reports were developed on previous state PI indicators and will be available with visual representation using charts and graphs.
  - NEMSIS Viewer
    - ✓ NEMSIS Viewer by Digital Innovations. Proposed solution will be an interface that queries the EMS system for patients delivered to a particular hospital. Once record is identified, user must select upload and system will auto populate the Pre-hospital section of the Registry.

V.   Open Discussion/Handouts Discussed
  - Carrie McFarland stressed the importance of becoming a member of the MS Google Group to receive important information, updates and discussions. If you are not a member of the MS Google Group, please email traumasupport@msdh.state.ms.us.
  - Programmatic Audit and Financial Review Manual for Trauma Care Regions – The department will conduct yearly programmatic audits of the trauma care regions and financial reviews of the Regions, Trauma Centers, Burn Centers and EMS providers which have received fund distribution. A sampling of no less than 10% of the total Trauma Registry records for the fiscal year will be reviewed, with an error rate not to exceed 2%. If it exceeds 2%, the audit will be increased to 25% of the registry records with an error rate not to exceed 5%. Any error rate over 5% will require 100% audit, possible suspension of fund distribution and the initiation of a Corrective Action Plan to resolve the errors.
  - Heather Muzzi, Director of Acute Care Systems at MSDH, introduced herself.
  - Inclusion Criteria Algorithm was discussed. A brief explanation of each criteria was given.
  - Primary Injury – The primary injury should be the most severe injury.
  - Burn Center- If you select 'transfer to Burn Center', please make sure that you select a BURN CENTER. Ex: Transfer to Burn Center in Jackson, MS, you would select J.M. Still not CMMC.
  - All of Mississippi's hospitals are coded with a state license number. 'Any MS Hospital Not Coded' should NOT be used unless the hospital is positively NOT listed.
  - Discrepancies – Before submitting your records please check, check, and recheck! Be logical.
  - Transfer by EMS is the only way to classify as a transfer. A patient being taken to another facility by POV IS NOT considered a transfer.
  - Monica Murphy with Greenwood LeFlore stated that they get a lot of transfers from Parchman by ambulance. Is this considered a "true" transfer? If it's not an acute care facility, it is not considered a transferring facility. Carrie McFarland will check on the type of facility Parchman is considered to determine what needs to be done.

- Trauma Registry Sub-Committee worked on a list of courses that count as credit for continuing education hours for registrars but have not published the finalized list. It will be presented again at the next TRSC meeting.
- Carrie McFarland went through the screens in the Registry. Ms. Smalley asked about the Triage Rationale. Carrie McFarland stated the values for this field will change in the update to reflect the state activation criteria and destination guidelines. There was a detailed discussion in reference to this topic.
- Inclusion Criteria – It was revised effective April 17, 2014 for all future entries in the State Trauma Registry. The inclusion criteria are:
  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.
- Trauma Registry Users' Group Flyer – Tentative locations need to be confirmed. Once confirmed a color copy will be distributed.
- Contact Lists – Regional Administrators, Mississippi Trauma Registry Subcommittee, MS State Performance Improvement Committee and State Trauma Program. All facilities should notify the State and Region of any changes in contact information at their respective hospitals.

VI.   Upcoming Meetings/Conference/Workshops
- Beginner's Class – will be held tomorrow, October 17, 2014
- Collector CV4 and Report Writer Training, November 5-7, 2014
- ATCN, UMMC Conference Center - October 31- November 1, 2014

VII.   ICD-10-PCS Training – Overview for Trauma
Nathan McWilliams, MPA, RHIA Director of Technology/Trauma Registry presented a webinar on ICD-10-PCS.
Objectives were to:
   A. Define ICD-10-PCS
   B. Identify the difference between ICD-9-CM and ICD-10-pcs
   C. PCS Organization
See ICD-10-PCS training handouts for more details on training content.

VIII.   Next Meeting
         The next meeting will be January 21, 2015. With no further business, the meeting was
         adjourned at 2:10 pm.