

# TRAUMA REGISTRY SUBCOMMITTEE

# **Minutes**

November 13, 2012 10:00 a.m. – 2:00 p.m. UMC Conference Center-Jackson Medical Mall

## **Committee Members Present:**

Ginger Alford Stephanie Langston Susan Perrigin Lisa Wilson

Betty Cox Monica McCullum Gloria Smalley
Bobbie Knight Jimmy McManus Courtney Stevens
Heather Kyle Gerald Nottenkamper Kathryn Stewart

#### **Committee Members Absent:**

Heather Holmes Steve Lesley (Guest) Naomi Sigma

Amber Kyle Cherri Rickels

#### **Other Attendees and Guests:**

Sandra Bland Aleta Guthrie Faye McCall Patrick Quave (MCTCR rep.)

Amie Cowart Carrie McFarland Judy Page

## Review & Acceptance of Minutes from the Previous Meeting

Discussion: The attendance policy was clarified regarding % of attendance and sending designees. Conference call is an acceptable alternative.

Meeting minutes were reviewed and approved.

### Committee Membership

Welcome new members.

New members were welcomed.

# Review of membership changes

Added to the committee

Chair of State ENA Institute for Quality, Safety & Injury Prevention Rep – Ginger Alford

PI Committee Rep - Gerald Nottenkamper

Tertiary Pediatric Rep - Kathryn Stewart

Medical Research Rep - Lisa Wilson

### Other changes

Steve Lesley changed to a guest member.

Stephanie Langston replaced Marsha Smith as Level IV Rep.

Visionary statement was briefly discussed.

## • Data Validity & QA Process

## Registrar competency and data validation tool development

Higher volume center needed to take lead role in developing a tool to use statewide. Handouts - Anderson Regional Medical Center (Trauma registrar competency Assessment) and State (Data Validation) tools

Kathryn Stewart @ LeBonhner will lead project and send out emails requesting additional people to work on the team.

# Registrar staffing and training- MS TCS Regulation

The Rule/Regs only states the facility has to have sufficient staff. The Green Book "Resource for Optimal Care of the Injured Care of the Trauma Patient 2006" recommends 1 FTE per 750-1000 records. It is being revised to the Orange Book but release date is unknown. Once the new book is released, the committee will revisit and make a recommendation to MTAC regarding staffing based on new guidelines as step two. When making the recommendation, be sure to factor in the amount of data points entered into the registry (Registry vs NTDB).

The Committee agrees that there needs to be a recommendation sent to MTAC. The recommendation is that all new registrars attend the three day training within the first six months. If the hospitals cannot afford the cost, the region will help cover the cost. The committee will make a recommendation for training policy as step one at the Rule/Regs meeting on December 11<sup>th</sup>.

It was motioned and properly seconded that the recommendation to MTAC be "all new registrars must attend the three day training within the first six months of hire." Motion carried. **Heather will present recommendation on December 11.** 

Online training is available at DI. Carrie will check to see if they have interactive online training available.

Should the non participating facilities be required to do the same training for quality data entry? Per Judy there are 11 non-participating. Jimmy recommended that this requirement be added to the hospital licensure requirement when it goes to Rules/Reg.

# MSDH Data Validity and QA Reports

# Align ED LOS on Questionable Values Report with State PI Indicators

Discussion: Handouts: Data Submission, Missing Values, Questionable Values, ISS Summary. The State will call the hospital Administrator to report the status of delinquent data if the data is not submitted by the  $6^{th}$  of the month. The facilities receive 3 reminders to submit data. The administrator will be called on the  $7^{th}$  of the month. If no data received, the delinquent letter is mailed on the  $15^{th}$ .

Regions have issue getting files from the hospitals. Carrie will check for possibility of both files being sent during transfer process in the DI software update.

The goal is still for the regions to download from the central site. Once this is fully functioning, emailing data to the regions will be eliminated.

Questionable values report: PI committee reports are based on EDLOS 130 mins. The **ED LOS** of **90** minutes will be changed to **130** minutes on the Questionable values report to coincide with the PI reports.

Request was made to sort all the QA reports by Regions, then hospital.

### Collector Software

Update & System Enhancements/Modification Handouts

Discussion: DI will host for MS. The quote has been submitted and the contract is being developed. Once approved, a CP1 will be submitted and PO procured to move the Central Site from MSDH to DI.

o Winter 2012 update

Discussion: The items labeled "yes" (37-117) will be in the fall update. The items labeled "no" are not currently included but some might possibly be added (1-36,118-142).

It was motioned and properly seconded to remove Item#65, 70 and 71: Reference for Regional Protocol. Motioned carried.

MEMSIS interface

Discussion: Once DI hosts our data, the interface with MEMSIS will be developed.

## Web Query System

Handout: MSTAHRS

Discussion: The current data posted is 2009 and 2010. 2011 data is being validated and will be posted soon. Feedback has been positive. Encouraged all to use site for Trauma data

statistics.

### NTDB Submissions

Discussion: Hospitals are submitting themselves now. You can still submit and will receive feedback but you will not receive a benchmark report. MS has greatly improved in submitting to NTDB. DI is very helpful if you need their help to submit. Make sure you run the NTDB validator on each record.

#### Dataset Evaluation & Standardization

Committee was given a draft analysis of the Mississippi CV4 and NTDB 2013 datasets for review. Data dictionaries for each dataset were also provided. Analysis document will be finalized and discussed at next meeting.

## Committee Updates

o EMS Advisory Committee

Discussion: EMS disbursement module is being revised.

MTAC/Rules & Regs/Functionality

Will meet on Dec 11.

#### o PI Committee

Discussion: Gerald: Why do we have the option to select "Other" or "Acute Care" in the ED Disposition? The report was run for PI Committee on Transfers. In what instance is "Other" being used? The example given was a patient diagnosed with acute Psychosis that is transferred to a Rehab type recovery center. There are instances where it would be "Other" and not a true trauma transfer.

Recommendation: The option "Other" would remain in the registry.

Carrie: The report for the PI committee will be standardized once committee finalizes.

Susan recommends that the reports for Trauma Site Survey be standardized for all hospitals.

Discussion: 4 new level IV hospitals. Trauma care system is working per Dr. Porter Next distribution will be \$10 million.

# NTBD Benchmarking Reports

Discussion: Please go to the website and download the report for your hospital.

### User Needs & Desires

Standardize report Development

If you have a standardized report that you feel the State would benefit. Please submit.

- Transfer out mode enable monitoring of helicopter utilization
   Field is on the enhancement list to be added.
  - Cause of Injury; Fall NFS vs. other.

Recommendation submitted to add other options for Fall because Fall, NFS is not accurate when the type fall is known.

Committee decision: Motion denied: Alternative is to use Fall, NFS and complete the Cause of Injury Specify field with the details.

Injury Type Option for Burn:

Recommendation submitted from the burn committee to add Burn-Blunt, Burn-Penetrating, Burn-Both.

Committee decision: Motion denied: Alternative is to run report on Primary and secondary ecode to collect this information.

Inclusion criteria:

The Consolidated Trauma Activation Criteria and Destination Guidelines were approved by the Board of Health and will be effective 12/1. **Carrie will see if the Prehosp-Triage**Rationale in the Registry can be revised in the Winter update to reflect these guidelines.

Out of State Patients

The out of state patients can still be entered into the registry until further notice.

# Upcoming Meetings & Conferences

Next Collector training is 11/28-30/2012.

2013 User Group Flyer distributed with schedule for BOH, MTAC, Trauma Registry Sub Committee and Users' Group meetings, as well as Collector training.

Susan: North region will host a Symposium – with a Cadaver lab and Disaster Zone. Limit 300 entrees. February 7-9, 2013.

## Open Discussion

Agenda for next meeting: The origination of the Trauma Inclusion Criteria for the state to see if we are currently in line with guidelines. Recommend a review of the trauma data against the 7 state inclusion criteria. Start with the number from ED to home.

Next Meeting: February 19, 2013. Meeting adjourned at 2:09 p.m.