

Trauma Registry Subcommittee

MEMBERS PRESENT: Jimmy McManus; Donna Grisham, Cherri Rickels, Diane Furtick, Gloria Smalley, Janet Terrell, Brandye Vance, Bobbie Knight, Monica McCullum, Gerald Nottenkamper, Aleta Guthrie, Stephanie Langston,

MEMBERS ABSENT: David Bonner; Amber Kyle; Courtney Stevens; Kathryn Stewart; Gail Thomas; Stacey Westberry

OTHERS Present: Michael Albrecht, PHONE: Brady Simpson, Cassie Bergman

MSDH Staff: Teletha Johnson, David Hall, Lynette Harper, Stacey Maurer, Teresa Windham

FACILITATOR: Jin CALL TO ORDER:		LACE: MSDH Airport Warehouse; 131 F.	reightways Dr. Jackso	on MS	
	MINUTES OF PREVIOUS MEETING: Minutes: [] Approved [] Not Approved [] Distributed by E-mail				
TOPIC	MAIN POINTS OF DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTION	RESPONSIBLE PARTY	F/U Date	
Welcome					
Review of		Motion – Cherri Rickels			
meetings minutes		2 nd – Donna Grisham			
OLD BUSINESS &					
STANDING AGENA ITEMS					
Department Updates	David states continues to seek clarification on the new web registry. Working with ITS and DI to resolve concerns with report writer and no additional cost to regions and hospitals. Gerald asked if there was a time when there would be a resolution. David states continue to work behind scene and Gloria asks it's not that there is not a report writer; the concern is that the regions and hospitals cannot write reports. David states yes there is a report writer. Gloria states do the regions have access to the web based registry. Teletha states will follow up with regions to make sure all are complete. David updated the group that there is a report writer and report driller that is currently in the system however the hospital and regions are unable to "write" reports. David states will also be working with regions to set up super-users for the web-based system. Jimmy asks if any hospitals are using the registry, if not there would be no data to run reports on. Currently only UMMC is the only facility that has been entering data so the Central region should be able to run reports.	David to follow up with DI and ITS. Teletha to follow up with region set up of web-based registry	David / Teletha	Next meeting	
Trauma Registry User Group Training	David states currently working on education sessions regarding web- based registry. David states has been instructed from DI that the information is going to the same system.	Follow up with DIFollow up with Regions regarding super-user training.	David BACS/ Teletha	Next meeting	
	Plan is for training for super-user training and train – the – trainer program. Jimmy ask if this was possible, in the past DI would not				



MISSISSIPPI STATE DEPARTMENT OF HEALTH

allow anyone else to teach on their product. Gerald ask if all	
recommendations from this committee is on the version that is being published.	
David states would like to follow up with regions because it was	
discussed at MTAC regarding keeping the education in the region.	
Jimmy states we have done this in the past when trained with IT.	
Donna requested to have training so there is consistency in data entry	
across the state. Gerald states should have super-users in each region	
that can teach their regions. Jimmy states super-users would be good	
to come from this committee so the information could be distributed	
consistently across all regions.	
Monica asked will facilities still have access to enter data for NTDB? Monica to email question to send to DI for Monic	ea Next meeting
And how will this be submitted to NTDB. Monica states currently clarification.	
have a validator for NTDB and not sure how we will submit NTDB	
data.	
Data Validation Jimmy states data validation is now part of the state PI plan (PIPS • BACS to send out approved PIPS plan BACS	S Next meeting
plan). Document presented to group with updated changes that were made by state PI committee as recommended by regions. It was to regions to provide education to centers.	
	ns December
	2018
the trauma user group training. Gerald ask what is the process at the hospital to show validation, is he able to validate at his hospital for	2018
the trauma registrars. Group states that is correct. Discussion that the	
region validation is a different process than the hospital process.	
Cherri suggested start the new requirements January 1, 2019 to	
prevent starting in the middle of quarter. Regions will use December	
as "practice" run and then start actual in January 2019.	
Registry Superficial injuries - last meeting recommendation was made to Regions to obtain information from Level Regions/ E	BACS Next meeting
Exclusions exclude superficial injuries. Question taken to CEC "activation of I, II, & III centers and submit to state by	Treat meeting
older adult with activation and only diagnosis of superficial injuries." September 6, 2018. For the following	
Group recommended to continue entering data into the registry for criteria:	
activated patients. • If activated and went home from	
Discussion regarding exclusion criteria Diane states "hospitals need	
clear language regarding activation criteria" Michael states "Duncan 1st - August 31st)	
wants to get rid of non-accidental trauma and we (Gulfport) have not • Excluded because they met	
used since the first day." Michael had question regarding exclusions criteria	
anticoagulated patients. Gloria states will this be on the CEC's • If activated and met exclusion	
meeting for another year. Teresa asked Michael to give examples criteria (no ICD10 code)	
from the PI committee meeting discussion. Michael states this would	
mean a lot of his patients that are excluded. And that would be a	
number of resources being used and no way to demonstrate what has	



MISSISSIPPI STATE DEPARTMENT OF HEALTH

been done. The discussion at CFC was to continue to enter "activated patients" to be able to capture the information to make an informed decision. David states CFC wants sufficient data prior to making changes to activation criteria and that group has been acting timely on items that have been sent to the group for review. Question if CFC acknowledged the exclusions and during PI meeting Duncan said the patients that went home would be excluded. Gerald states what is confusing before the criteria change the anticonguluted patients did not meet activation criteria but now they do me the criteria. Diane states it is important to include those patients because the concern is that these patients have higher incident of head bleeds. Diane states it is important to include those patients because the concern is that these patients have higher incident of head bleeds. Diane states it is important to include "all falls with anticoagulatist". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we woully need the most severely injured patients in the registry. Momica states we should not ply be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Whicheal asks if anyone even follows that "primary diagnosis" interior. Jumny states per our exclusion criteria currently we are excludings 750 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states per should he able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to deputment to have at CEC. Trauma Registry Data Dictionary Data Dictionary Data Dictionary Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 was should be able to work with high level centers to get data to get the second of the					1
decision. David states CFC wants sufficient data prior to making changes to activation criteria and that group has been acting timely on items that have been sent to the group for review. Question if CEC acknowledged the exclusions and during PI meeting Duncan said the patients that went home would be excluded. Gerald states what is confusing before the criteria change the anticoagulated paticins did not meet activation criteria but now they do meet criteria. Diane states it is important to include those patients because the concern is that these patients bave higher incident of head bleeds. Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis" extremely fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Trauma Registry Total actionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy as that these data fields be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald stake he doesn't ever even look at the website. Diane does the document need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states					
David states CEC wants sufficient data prior to making changes to activation criteria and that group has been acting timely on items that have been sent to the group for review. Question if CPC acknowledged the exclusions and during PI meeting Duncan said the patients that went home would be excluded. Gerald states what is confusing before the criteria change the anticoagulated patients did not meet activation criteria and the patients and the concern is that these patients have higher incident of head bleeds. Diane states it is important to include those patients because the concern is that these patients have higher incident of head bleeds. Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Cloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Trauma Registry dual dictionary updated for state at the 4-24-2018 task affelds be publicated each year with current darks field and the state of the send affeld should exclore any and the patient with the exclusive states will need to					
activation criteria and that group has been acting timely on items that have been sent to the group for review. Question if CEC acknowledged the exclusions and during PI meeting Duncan said the patients that went home would be excluded. Gerald states what is confusing before the criteria change the anticoagulated patients did not meet activation criteria but now they do meet criteria. Diane states it is important to include "all falls with anticoagulants". Gerald asks what we are listening to, that someone cutering duta should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should be able to most severely injured patients in the registry. Monica states we should be able to most severely injured patients in the registry. Monica states we should be activated injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis". Example if this is high fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis". Example if this is high fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis". Example if this high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-24-218 the send of the proper meeting. Information has been sent to DI. Jimmy ask that these data fields be updated ach year with current data fields and data field options. Trauma Registry data dictionary updated for registrars. Jimmy states will need to be provided. Discussion to add to MSDH website, Gerald states the doesn't ever even look at the website. Dian					
have been sent to the group for review. Question if CEG acknowledged the exclusions and during PI meeting Duncan said the patients that went home would be excluded. Gerald states what is confusing before the criteria change the anticoagulated patients did not meet activation criteria but now they do meet criteria. Diane states it is important to include those patients because the concern is that these patients have higher incident of head bleeds. Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloris states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should be incring admitted patients on their "primary diagnosis". Example if this is hip flacture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis": Example if this is hip flacture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis" in terrantly we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Trauma Registry Tauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to Dl. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDI website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committe State					
Ouestion if CEC acknowledged the exclusions and during PI meeting Duncan said the patients that went home would be excluded. Gerald states what is confusing before the criteria change the anticoagulated patients did not meet activation criteria but now they do meet criteria. Diane states it is important to include those patients because the concern is that these patients have higher incident of head bleeds. Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants" Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should be the most severely injured patients in the registry. Monica states we should be the most severely injured patients on their "primary diagnosis". Example if this is high fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis". Example if this is high fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis". Example if this is high fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 age group meeting, Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look a					
Duncan said the patients that went home would be excluded. Gerald states what is confusing before the criteria change the anticoagulated patients did not meet activation criteria but now they do meet criteria. Diane states it is important to include those patients because the concern is that these patients have higher incident of head bleeds. Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis" eximple if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CFC. Plan is for regions to collect the information for each region and send to department to have at CFC. Trauma Registry Data Dictionary Data Dictionary Data Dictionary Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee State Trauma PI Committee- discussion regarding					
states what is confusing before the criteria change the anticoagulated patients did not meet activation criteria but now they do meet criteria. Diane states it is important to include those patients because the concern is that these patients have higher incident of head bleeds. Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis." Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary Gerald ask about document that he submitted for registrars. Jimmy states group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee State Trauma PI Committee- discussion regarding Attention of the criteria content of the patient height.					
patients did not meet activation criteria but now they do meet criteria. Diane states it is important to include those patients because the concern is that these patients have higher incident of head bleeds. Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary Data Dictionary Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. **NEW BUSINESS** Committee State Trauma PI Committee- discussion regarding **To provide Discussion regarding extensive transfer times. Gerald has question regarding Figure 1. If patient is same height fall would enter "0" no matter what the patient height.					
Diane states it is important to include those patients because the concern is that these patients have higher incident of head bleeds. Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is bip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis". Example if this is bip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis". Example if this is bip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same beight fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary Trauma Registry Data Dictionary Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document meed to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would pref					
concern is that these patients have higher incident of head bleeds. Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read if. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary Data Dictionary Cerald ask shout document that he submitted for registrars. Jimmy states we data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates Patient Promittee discussion regarding extensive transfer times. Gerald has question regarding extensive transfer times. Gerald has question regarding of the patient what the patient height.					
Diane suggests adding comment to the criteria that references those patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates Diane states the death of the criteria that a supplied in the patient height. David to follow up with DI to see if these fields are in the registry and only have picklist for the fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS ongoing life facility to follow up with DI to see if thes		Diane states it is important to include those patients because the			
patients striking head and not to include "all falls with anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that the data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS • State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding extensive transfer times.					
anticoagulants". Gerald asks who we are listening to, that someone entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary As group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding "O" no matter what the patient height.		Diane suggests adding comment to the criteria that references those			
entering data should be going to the meeting. Gloria states if you give them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary Data Dictionary Agreement Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding extensive transfer times. Gerald has question regarding extensive transfer times. Gerald has question regarding "0" no matter what the patient height.					
them a packet of information are they even going to read it. Gloria states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary Trauma Registry Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated each year with current data fields and data field options. Gerald sak shout document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates them a packet of information in the registry. Minmy attents with superficial injury that patient would patient with superficial and injury that patient would be excluded. Discussion regarding extensive transfer times. Gerald has question regarding "O" no matter what the patient height.		anticoagulants". Gerald asks who we are listening to, that someone			
states we only need the most severely injured patients in the registry. Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee • State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding or in primary diagnosis. Example if this state with superficial injury that they grid and their with the patient height. David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS ongoing Jimmy / BACS ongoing If patient is same height fall would enter "0" no matter what the patient height.		entering data should be going to the meeting. Gloria states if you give			
Monica states we should only be entering admitted patients on their "primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee • State Trauma PI Committee-discussion regarding extensive transfer times. Gerald has question regarding Updates Updates		them a packet of information are they even going to read it. Gloria			
"primary diagnosis". Example if this is hip fracture with superficial injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee • State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding """ in matter what the patient height.		states we only need the most severely injured patients in the registry.			
injury that patient would be excluded. Michael asks if anyone even follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates Inf patient is same height fall would enter of losed the patient height.		Monica states we should only be entering admitted patients on their			
follows that "primary diagnosis criteria. Jimmy states per our exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates Trauma Registry Trauma Registry data dictionary updated for registras. Jimmy states in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS ongoing If patient is same height fall would enter "0" no matter what the patient height.		"primary diagnosis". Example if this is hip fracture with superficial			
exclusion criteria currently we are excluding >70 year old same height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS ongoing If patient is same height fall would enter "0" no matter what the patient height.		injury that patient would be excluded. Michael asks if anyone even			
height fall with isolated hip fracture or extremity fracture. Jimmy states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates Committee Updates David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS ongoing If patient is same height fall would enter "0" no matter what the patient height.		follows that "primary diagnosis criteria. Jimmy states per our			
states we should be able to work with high level centers to get data to send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary Data Dictionary Data Dictionary Data Dictionary Data Dictionary Data Dictionary Data Dictionary Data Dictionary Data Dictionary David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data data dictionary. David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Dimmy / BACS Ongoing Jimmy / BACS Ongoing Jimmy / BACS Ongoing If patient is same height fall would enter "0" no matter what the patient height.		exclusion criteria currently we are excluding >70 year old same			
send to CEC. Plan is for regions to collect the information for each region and send to department to have at CEC. Trauma Registry Data Dictionary Data Dictionary Data Dictionary Data Dictionary Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding STATUMA Registry and send to department to have at CEC. David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS ongoing Jimmy / BACS ongoing If patient is same height fall would enter "0" no matter what the patient height.		height fall with isolated hip fracture or extremity fracture. Jimmy			
region and send to department to have at CEC. Trauma Registry Data Dictionary David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS Ongoing David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. David to follow up with DI to see if these fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. David to follow up with DI to see if these fields are in the registry and only have picklist for the fields are in the registry and only have picklist for the fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Secondary David		states we should be able to work with high level centers to get data to			
Trauma Registry Data Dictionary Trauma Registry data dictionary updated for state at the 4-24-2018 task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates Trauma Registry data dictionary updated for state at the 4-24-2018 fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS Ongoing Jimmy / BACS If patient is same height fall would enter extensive transfer times. Gerald has question regarding extensive transfer times. Gerald has question regarding Trauma Registry data dictionary updated only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS Jimmy / BACS Ongoing If patient is same height fall would enter "0" no matter what the patient height.		send to CEC. Plan is for regions to collect the information for each			
task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates task group meeting. Information has been sent to DI. Jimmy ask that the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy / BACS Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy elleview the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary.		region and send to department to have at CEC.			
task group meeting. Information has been sent to DI. Jimmy ask that these data fields be updated each year with current data fields and data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates task group meeting. Information has been sent to DI. Jimmy ask that the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy / BACS Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy will review the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Jimmy elleview the document and will look at places to place document. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary. Fields are in the registry and only have picklist for the fields that match NTDB data dictionary.	Trauma Registry	Trauma Registry data dictionary updated for state at the 4-24-2018	David to follow up with DI to see if these	David/ BACS	ongoing
data field options. Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates • State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding "O" no matter what the patient height. data dictionary. Jimmy will review the document and will look at places to place document. Jimmy / BACS ongoing If patient is same height fall would enter "0" no matter what the patient height.	Data Dictionary				
Gerald ask about document that he submitted for registrars. Jimmy states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates • State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding "O" no matter what the patient height. Jimmy will review the document and will look at places to place document. If patient is same height fall would enter "0" no matter what the patient height.		these data fields be updated each year with current data fields and			
states will need to be updated with the web registry. Question where does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding "0" no matter what the patient height. look at places to place document. It patient is same height fall would enter "0" no matter what the patient height.			9		
does the document need to be provided. Discussion to add to MSDH website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates • State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding "0" no matter what the patient height. Gerald closed "0" no matter what the patient height.				Jimmy / BACS	ongoing
website, Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates • State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding "0" no matter what the patient height. Gerald states he doesn't ever even look at the website. Diane states she would prefer it on website that way easy to pull up. Figure 1			look at places to place document.		
states she would prefer it on website that way easy to pull up. NEW BUSINESS Committee Updates • State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding "0" no matter what the patient height. Gerald closed "0" no matter what the patient height.					
NEW BUSINESS Committee State Trauma PI Committee - discussion regarding If patient is same height fall would enter Gerald closed "0" no matter what the patient height.					
Committee Updates • State Trauma PI Committee- discussion regarding extensive transfer times. Gerald has question regarding "0" no matter what the patient height. Gerald closed "0" no matter what the patient height.		states she would prefer it on website that way easy to pull up.			
Updates extensive transfer times. Gerald has question regarding "0" no matter what the patient height.					
				Gerald	closed
same height falls. If he fell, he would enter 6feet because he	Updates		"0" no matter what the patient height.		
		same height falls. If he fell, he would enter 6feet because he			



	is 6ft. tall. Group states that would be 0 because fell 0 feet.			
	• Rules & Regulation Sub-Committee – Chapter 2 approved		BACS	
	and went to MTAC for approval.			
	• MTAC & EMS Advisory Committees – 5 hospitals		David	
	reviewed in exec. Session. Report regarding activities at			
	BACS level. Update regarding the Trauma Registry. David			
	states STEMI and Stroke have modeled their systems related			
	to the Trauma designation visits. Update regarding the			
	region contracts.			
	Burn Committee – David states will need to work with burn			
	to make changes to the system of care plan. Next meeting			
	Thursday.			
Data Submission	Question states what was the recommendation that came from CEC	Gerald recommends table this question	Table	Table
Deadline	regarding deadline for data entry. Lengthy discussion regarding data	until the next meeting. Recommend having		
	entry and how the different centers are entering data. David states	the Level I centers at the next meeting to		
	Functionality committee is planning to look at how	discuss further.		
	Gerald states we may want to look at 2 fold. At 36 days have initial			
	data entered and 2 nd deadline would be 90 days' post discharge.			
Data Fields for	Teresa to work with Diane to create the reports in the web registry	Teresa and Diane to work on reports for PI	Teresa / Diane	Next meeting
State Trauma PI	once finalized.	committee to share with all users.		
Indicators				
ADJOURNMENT: 14:43 AM/PM Next Meeting: October 16, 2018 12pm-2pm Airport Warehouse MINUTES RECORDED BY: Teresa Windham				