MISSISSIPPI STATE DEPARTMENT OF HEALTH

TRAUMA REGISTRY SUBCOMMITTEE

Minutes

August 21, 2012
10:00 a.m. – 2:00 p.m.
Osborne Auditorium

Committee Members Present:

Betty Cox	Heather Holmes	Bobbie Knight
Heather Kyle	Gerald Nottenkamper	Courtney Stevens

Committee Members Absent:

Amber Kyle	Steve Lesley	Monica McCullum
Jimmy McManus	Susan Perrigin	Cherri Rickels
Naomi Sigma	Gloria Smalley	Marsha Smith

Other Attendees and Guests:

Amie Cowart	Sandy Long	Faye McCall
Carrie McFarland	Linda O'Quinn	

- **Review & Acceptance of Minutes from the Previous Meeting**
  Minutes were reviewed and approved.
- **Role of Registry & Trauma Registry Subcommittee**
  - Trauma System Administrator message
  - Visionary statement
  - Committee evaluation – Define the users' needs
  - Committee membership & structure
  - Meeting frequency, time & location
  - Meeting attendance

Discussion:
This is a new position for Ms. Kyle. MTAC voted last week to officially establish a Trauma Registry Sub-committee and asked Ms. Kyle to Chair and she accepted the position. We appreciate all the hard work already done by Ms. McFarland and will appreciate help in future. Dr. Miller wanted this committee to know that the state will support this committee.   This committee will help to define the needs of the user, as well as data accuracy. A Visionary Statement was included in packet. This was developed based on the rules and regs, NTDB and ACS. Our vision is similar to these groups.
The purpose of the registry and committee were included on this sheet. Please refer to the handout.
Our objectives include: performance improvement, enhance hospital operations, injury prevention, as well as medical research.

A committee evaluation tool was included. Do we do things with the work that we do? Do we have follow through? Do we have respect? None of us are perfect, but we would like to produce good

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quality data? We want everybody to know that we do a good job. Sometimes people just do not understand what we do. Negative comments usually come from people who are not users. We need to explain ourselves. No complaints were discussed about meeting times. Will be discussed in future if attendance drops. Can the state provide lunch? No, can only provide refreshments. Each individual can pay and we can get box lunches. Is attendance evaluated for continued membership on the committee? Ms. Kyle just found out a few days ago. **Beginning today, Ms. Kyle will work with Ms. McFarland on agenda and would like to send it out a couple of weeks ahead of time.** Does a rule need to be made concerning attendance. Motion: New attendance requirement. Members must attend 3 out of the last 4 meetings with the option to send a designee in your absence. Motion made, seconded. Amendment made: Member must be here 75% of the time and you may send designee 50% of the time. Designee must be knowledgeable of the system. We must all speak and feel valued. We must treat each other with respect and courtesy. Do not be confrontational. It's okay to disagree. User needs and desires will be discussed at each meeting.

Suggested committee membership was listed and rationale was discussed. MTAC member to serve as chairman (Ms. Kyle). MATA will be removed from list since they are already represented. We do not want to replace anybody, just add where needed. Discussion included why MHA should be a member. We can invite him when needed. Ms. Kyle to make contact with MHA. We need somebody or entity to be added that performs medical research. Pediatric will need to be added. LeBonhner is now entering data into the registry and will be a part of the system probably by the end of the year.
Change MATA to Non- participating hospital representative.
MHA representation changed to a guest.
Ms. Kyle to chair, Ms. McCullum to be secretary with Ms. Stevens being back up secretary. The secretary will take minutes.
The meeting frequency will not change and the location will remain the same. The coast is open if we would like to meet there.
Please refer to hand out for further discussion.
What makes a good committee member? Six points listed and discussed on the hand out. Please refer to the hand out.

- **Data Validity & QA Process**
    - Appropriateness of records entered meeting inclusion criteria
    - Timeliness of submissions
    - Registrar competency & data validation tool development
    - Non-participating hospitals & Level IV centers
    - MSDH data validity & QA reports

Discussion:
How can we validate that patients entered into collector meet inclusion criteria?
Should patients that come from EMS, scene, trauma activated, discharged home be entered into the registry? Yes.
Do we need to add a check box in registry saying that they meet registry inclusion criteria? You could have a drop down list with the 7 criteria listed to choose from.
What about patients that come by EMS, no page, discharged home but had an abrasion? Ms. Kyle only puts those patients in that are paged by EMS.
State of injury issue still being discussed at rules and regulations.
The State runs a report monthly to see if facilities are putting patients into the registry that meet inclusion criteria. The only one that could not be proved is the EMS triage per regional protocol. Those could be sent back to facility for review. This report could be made a standard report. Trends will be identified. The state will follow up with that hospital. The report will be shared with everybody so they can run it prior to submitting their data.
The committee decided that for those patients that arrive by EMS, no page, discharged home that met code range to not put patient in unless EMS pages. If EMS doesn't follow protocol and page then the

ED will page and we will catch them that way.

Have a back up person that can submit to state if the primary person is not present. 92 hospitals in state to submit timely.

Data validation tool: Ms. Kyle and Ms. McFarland provided draft validation tools. **Ms. Kyle will work with Ms. Guthrie to develop one tool for hospitals to use. Ms. Stevens to speak with Ms. Guthrie about what UMC has in place.** The new orange book talks a lot about this process.

Non participating hospitals and Level IV centers: they receive training but are they under the same guidelines as others. We need good quality data from everybody. What does the policy say? All people entering data needs training. **Ms. McFarland will find policy regarding this and bring back to next meeting.**

MSDH data validity and QA reports: These were included in packet and each one discussed. All questions answered. Missing data report has drastically improved. Please let the state know if anybody has any suggestions.

- **Collector Software**
  - Fall 2011 update
  - Spring 2012 update & System enhancements
  - Fall 2012 update
  - MEMSIS interface

DI will be hosting for us. Image Trend is hosting for MEMSIS. The spring update will be combined and hopefully be ready by fall of 2012. Once DI is hosting, there will be no more VPN. An interface will be developed. Image Trend might allow hospitals to access their systems. Not sure yet. We are not sure what fields are required by EMS. We have heard that it is minimal.
Enhancements suggestions discussed. Future changes included in packet.
  1. If sent to jail, disable admit service- this is ok.
  2. If trauma N/A, disable provider- NOT OKAY.
  3. Any hospital not coded should be changed to any hospital/facility not coded- this is okay.
  4. The Lund and Browder screen. Let it calculate based on what is entered and not require "0"s to be entered in every box- This is Okay. Coding burns has to be done individually.
  5. How do you capture your missed activations? This is a PI issue for each hospital.
- **Web Query System**

Discussion:
Revisions have been made. Please look at it again. The state hopes for it to be deployed by the 31st of this month. Once we are going with DI- they have a very robust reporting system and use "dashboards".
- **NTDB Submissions**

Discussion:
Hospitals are submitting themselves now. You can still submit but you will not be benchmarked. You will receive a report though. 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.
- **Dataset Evaluation & Standardization**

Discussion:
The ACS resource book devotes a lot of time towards standardization. This is similar to the data dictionary. There are 678 data points. We need to use the NTDB to aid us with this. We need to

decide on essential elements in the registry. Do we need to collect the patient address? The state says it is probably helpful for the rehab patients. SS numbers could be helpful for patients with same names. Ms. Kyle would like to look at data elements at every meeting.

- **Committee Updates**
  - EMS Advisory Committee
  - MTAC/Rules & Regs/Functionality
  - PI Committee

MTAC met August 15, 2012. The run reports issue was discussed with EMS advisory council. Ms. Williams is supposed to develop a plan of corrective action. She reported that she sent an email to providers. Also, verbal report is not good enough, written is required.

MTAC/ R&R: E&D chart revised and on website. The trauma registry subcommittee is now answering to MTAC. MTAC is trying to define "trauma patient". They are also trying to update activation guidelines to match the new CDC guidelines. Reports are being run. This will be talked about at their next meeting. Some small changes were already approved.

Mr. Nottenkamper: The PI committee still finalizing the PI data. Deaths and transfers being looked at. Triss > .5 discussed. There is a report for this. This committee could send education information about this report to the users. The indicators have been refined. The committee was pleased with the results of the reports. Mr. Nottenkamper asked if anybody had any suggestions or needs for the PI committee to look at. The Med voiced agreement that these indicators are meaningful and useful. They now give you a good picture of outcomes and systems of care. Mr. Oliver requests that success stories be shared at State PI.

- **User Needs & Desires**

Discussion:
Please let Ms. Kyle know of any needs and desires for this subcommittee.

- **Upcoming Meetings & Conferences**

Please refer to handout. The handout was discussed.

Open Discussion

Next Meeting: November 20, 2012. This is very close to Thanksgiving. We can move it but we need to make sure we can get a room. This meeting will be moved to the 13th or the 27th. . MTAC is the 7th. **Ms. McFarland is to check on the location.**
Adjournment at 13:45.