MISSISSIPPI STATE DEPARTMENT OF HEALTH

Trauma Registry Users' Group Meeting Minutes
January 22, 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
Basye	Janet	Southeast	Forrest General Hospital
Carter	Josephine	Central	Ms Baptist Medical Center
Cowart	Amie	Delta	Regional Medical Center at Memphis
Furtick	Diane	North	North Ms Medical Center -Tupelo
Holmes	Amy	Delta	Delta Regional Medical Center
Jones	Candance	Central	University Medical Center
Knight	Bobbie	Southeast	South Central Regional Medical Center
Lafayette	Mindy	Delta	Baptist Memorial Hospital
Mathis	Sandi	Costal	Memorial Hospital at Gulfport
Moody	Vicky	Central	Baptist Medical Center –Leake
Murphy	Monica	Delta	Greenwood Leflore Hospital
Pennington	Linda	Southeast	Wesley Medical Center
Rowe	Geri	Central	Central Mississippi Medical Center
Smalley	Gloria	Southeast	South East Trauma Care Region
Smith	Barbara	Central	Central Mississippi Medical Center
Wilson	Lisa	North	North MS Medical Center-Tupelo
Wright	Kim	North	North Ms Medical Center-Tupelo
Horne	Linda	State	MSDH- Trauma Support
Jacobs	Elois	State	MSDH- Trauma Support
Jefferson	Alice	State	MSDH- Trauma Support
Johnson	Teletha	State	MSDH- Trauma Support
McFarland	Carrie	State	MSDH-Trauma Support

I. Welcome
    Carrie McFarland, *State Trauma Registrar,* welcomed and thanked everyone for attending the sessions.

II. Introductions
     Everyone introduced themselves.

III.   Trauma Programmatic, System, Registry Updates
- Programmatic
  - TCTF distribution is out; $10.6 million which includes $600K in Level IV stipends. No changes in regs this year until "Orange Book" comes out and R&R committee evaluates our regs against ACS book.
- System
  - Comprised of: 3 Level I Trauma Centers (includes 1 Tertiary and 1 Secondary Pediatric Trauma Centers), 1 stand-alone Tertiary Pediatric Trauma Center, 1 designated Burn Center, 4 Level II Trauma Centers (includes 3 Secondary Pediatric Trauma Centers), 15 Level III Trauma Centers (all are Primary Pediatric Trauma Centers), and 60 Level IV Trauma Centers (all are Primary Pediatric Trauma Centers)
  - Implemented the on-line Trauma Center application program
  - Implemented state-wide guidelines for the use of air ambulances when transporting trauma patients
  - Implemented a state-wide Acute Ischemic Stroke System of Care Plan
- Registry Updates
  - State Trauma Registry moved to an off-site host.
  - **Inclusion Criteria** has been revised effective January 16, 2014 for all future entries to 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:
    - 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.
    - Triaged (per trauma protocols) to a trauma hospital by EMS regardless of severity (Alpha/Bravo). (Documentation on the EMS Patient Care Report (PCR) must reflect that the patient was brought to your facility for a needed resource. If you are the only facility in a city/county area, this criteria may not be used if all patients are brought to you.
    - Trauma Team Activation (Alpha/Bravo).
    - Any trauma patient brought to your facility by Air Ambulance.

    The following primary ICD-9 diagnosis codes are excluded and should NOT be included in the trauma registry:
    - ICD9Code 905-909 (Late effects of injuries)
    - ICD9Code 930-939 (Foreign bodies)
    - Extremities and/or hip fractures from same height fall in patients over the age of 70.

- State Transfer Changes: VPN is no longer a requirement with the state transfer.
- NTDB Changes: NTDB has made changes to the hospital disposition menu beginning January 2014. It is each hospital's responsibility to update the menu mappings to reflect these changes.
- Hospital Registry Update – Has been deployed. Each facility should call DI to schedule a date/time to have their update done. Make sure your IT staff is available for your update in case they are needed for issues specific to your network. If your IT staff does the update, please let the State and DI know.
- Handouts provided
    - ✓ Appendix B – Consolidated Trauma Activation Criteria and Destination Guidelines. All participants are encouraged to review the guidelines.
    - ✓ Interpretive Guidelines for Non–Compliance of Required Trauma Data Submission.
    - ✓ Registry Update Summary - see IV. below for details.
    - ✓ Inclusion Criteria - must be in ICD9 code range (800-959.9, excluding 905-909, 930-939 and extremities/hip fractures for same height fall in pt over 65) and meet 1 of the other 6 criteria.
    - ✓ Data Submission Due Dates - Please submit data prior to the 6th.
    - ✓ Query Formats for the QA Reports – run prior to submitting data.
    - ✓ QA Response Form - re-check records listed on the QA reports and return completed QA response form.
    - ✓ Quick Reference Cards - Trauma Registry, Coding, Report Writer.
    - ✓ NTDB Change Log 2014.
    - ✓ NTDB Data Dictionary for 2014 Submissions – MS had 90% of hospitals submit. Those who did not were Level IVs. Follow up done to see if State can provide assistance to ensure submissions for this year.
    - ✓ User Group Flyer.
    - ✓ Mississippi State Department of Health Trauma Program Contact List.

IV.   Registry Demo
Registry demo was done highlighting some of the enhancements/changes in the update.
Update Summary as follows:

MENU CHANGES

Facility Menu, Added the Following:
- Arkansas Children's Hosp Burn Center
- Children's Hospital of New Orleans
- Rapides Regional Medical Center - Alexandria, LA
- Our Lady of the Lake - Baton Rouge, LA
- Methodist University Hospital - Memphis, TN
- St. Francis Hospital - Memphis, TN

- Christus St. Frances Cagrini - Alexandria, LA
- Eliza Coffee Memorial Hospital - Florence, AL
- Lafayette General Hospital - Lafayette, LA
- Mobile Infirmary
- Shepherd's Rehab Center

Facility Menu, Regions
- Regions will no longer display in the Facility drop downs.

Facility Menu, Updated Descriptions for the Following:
- ID 237 to Anderson Regional Medical Center-North
- ID 249 to Anderson Regional Medical Center-South
- ID 187 to Baptist Medical Center –Leake
- ID 230 to Pioneer Community Hospital–Aberdeen
- ID 321 to Pioneer Community Hospital–Newton
- ID 169 to Patient's Choice–Claiborne County
- ID 276 to Patient's Choice–Humphreys County
- ID 243 to Madison River Oaks Medical Center
- ID 1990 to Holmes County Hospital and Clinics
- ID 970 to Any Facility Not Coded
- ID 963 to Springhill Mobile Alabama

EMS Agency Menu, Added the Following:
- ID 1740 - Children's Transport UMMC
- ID 1063 - Neonatal Transport
- ID 9988 - Livingston Fire and Rescue
- ID 11993 - LifeCare-Noxubee
- ID 11994 - Lebonheur Pedi-Flite (Air)
- ID 11995 - Lebonheur Pedi-Flite (Ground)
- ID 11996 - LifeCare-Dekalb
- ID 11997 - Rural Metro EMS

Injury Cause of Injury
- Added Other

Diagnosis Comorbidities
- Added NTDB branch to the Comorbidities menu.

Outcome Impediments to Discharge
- Change description: Non-Availability of Rehab Facility to Non-Availability of Rehab Facility at Facility

Procedure Location
- Removed Enroute to referring facility

Outcome Discharged To
- Added Hospice Care

Burn Information/Treatment
- Added Xeroform Dressings and Silver Bases Antimicrobial Dressings

ED Trauma Response
- Updated labels to Bravo/Partial and Alpha/Full

Prehospital Medication
- Removed: Dramamine/Dimenhydrinate, Glucose Paste, Methergine, Pitocin, Reglan, Tetracaine

ED Medication
- Added TDAP vaccination

ED Treatment
- Added D5 Lactated Ringers

QA System Filters
- Added NTDB branch.

Scene Transport Role
- Removed non-transport

DATASET CHANGES
ED / Arrival Admissions
- Added BMI

Injury
- Added Cause of Injury If Other
- Added Activity Code fields (Primary and Secondary)

ED / Initial Vitals
- Added Supplemental Oxygen field.

Ref Fac/Referring Facility Info
- Added Referring Facility Level

Outcome/Discharge To
- Added Discharged To Transport Mode

QA/QA Tracking
- If Prehospital field was made a menu field.

Referring Facility/Procedures/Medications
- Removed Treatment Results field

Procedures
- Removed the Results field.

Outcome/Rehab Center
- Add Rehab Center Name Specify

LOGIC CHANGES
DEFAULT LOGIC
Ref Fac/Referring Facility Info
- Referring Facility Level will default based on mapping document provided by state.

Outcome/Rehab Center
- Auto populate Rehab Admit Date with Hospital Discharge Date

SKIPS/ENABLING LOGIC
All PTS Fields
- Change enabling logic on PTS, enable PTS when patient is < or = 15.

Outcome/Discharge To
- Enable Discharged To Transport Mode when Discharged To is equal to Burn Center, Other Hospital, Trauma Center

Injury
- Cause of Injury If Other field enabled when Injury Cause is equal to Other.

ED/Arrival Admission
- If ED Disposition is equal to Jail, Admitting Physician and Admitting Service fields should be skipped

Outcome/If Death
- If Request Granted is equal to No, the Organ Donation fields need to be enabled.

Outcome/Rehab Center
- Rehab Center Name Specify is enabled when Rehab Center is equal to 970, Any Facility Not Coded.

DATA CHECKS
All Date Fields
- Added checks to all date fields, so future dates cannot be entered.

Demographic
- Updated required check on zip code. N/A is no longer allowed. Field cannot be blank or equal to N/A.
- Removed blank required check on Alias fields.
- Added check, Facility Arrival Date/Time should be after Injury Date/Time.
- Added check, Arrival Date/Time cannot be prior to Date of Birth.

Injury
- Cause of Injury If Other field is required if Injury Cause is equal to other.
- Injury Activity Codes are required.

Ref Fac/Referring Facility Info
- New required field check Referring Facility Level cannot be blank

ED/Arrival Admission
- New check ED LOS cannot be greater than 360 minutes.

ED/Initial Vitals
- New required field check. Supplemental Oxygen cannot be blank.

ED/Treatment
- Added check, ED Treatment Date/Time cannot be prior to ED Arrival Date/Time.
- Added check, ED Radiology Date/Time cannot be prior to ED Arrival Date/Time.

Outcome/Discharge To
- Discharged To Transport Mode is required when Discharged To is equal to Burn Center, Other Hospital, Trauma Center

Providers/Trauma Team
- New date sequence check. Responded date/time cannot be prior to Called date/time.
- New data sequence check. Arrived date/time cannot be prior to Responded date/time

Diagnosis
- Updated ICD9 code check. Cannot be blank, unknown, or N/A.

Burn Lund and Browder
- Add checks on each body area. Each body area has a max associated with it. If the values that the user enters exceed that max, the user should receive a warning. Right now, the Total BSA 2nd and 3rd will only calculate when there are 0's in each of the areas above. The Total BSA 2nd and 3rd should calculate when any of the areas above are filled out. So you don't need to have zeros in every field. Just anytime there is data in any of the fields that

are used to calculate Total BSA 2nd and 3rd, it should calculate. Remove any required field checks that are currently on any field on this screen

CALCULATION
ED Arrival / Admission
- BMI is calculated. It will always be skipped since it is a calculated field.

V. QA Reporting/Data Validation/Activity Codes
  A. Please check our data submission report. Email traumasupport@msdh.state.ms.us to let us know if there are any discrepancies so we can resolve them.
  B. Complete the QA Response form once you have checked records and submit to State Office. Always copy your Region. Areas to Double Check:
    1. Ensure record meets inclusion criteria – see Quick Reference Card for details.
    2. ISS field must have a value - see Scoring Quick Reference Sheet for details.
    3. Ensure all dates/times are entered correctly, including ED to Radiology, OR, ICU, etc. and Trauma Team called, responded, arrived times.
    4. Was this a Transfer Patient? Field should be Yes only if the patient was transferred IN to your facility.
    5. POV/Walk-in should always be Yes or No.
    6. Arrival Mode should always be valued (Ambulance, Helicopter, Police, Fixed Wing) even if you don't know the name of the provider.
    7. Prehosp section should be skipped on all Transfer In patients. Their prehosp info should be entered in the Referring Facility section.
    8. If patient transferred to higher level of care, ED Disposition field should be transferred to Acute Care and Outcome/Discharged to field should be Burn or Trauma Center.
  C. Activity Codes
      Activity Codes are listed at the beginning of the Ecode section in the ICD9 book. There is not a very descriptive activity code for MVAs so consensus is we will use E029.9.

VI. Upcoming Meetings/Conferences/Workshops
  A. Collector CV4/Report Writer Training, ITS Institute – February 5-7, 2014
  B. Trauma Registry Sub Committee Meeting, MSDH – February 25, 2014
  C. Trauma Program Manager Course, MSDH – March 20-21, 2014

VII. Coding Webinar on Cervical Spine Injuries by Pierre Finn, Trauma Coder was presented from 1-2 p.m.

VIII. Next Meeting
    The next meeting will be April 23, 2014. With no further business, the meeting was adjourned at 2:00 pm.