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: Jimmy McManus		
CALL TO ORDER: TIME: 11:59 AM/PM	**DATE: 7/17/2018**	**PLACE: MSDH Airport Warehouse; 131 Freightways Dr. Jackson 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 meetings minutes		Motion – Cherri Rickels 2nd – 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. 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	• Follow up with DI • Follow up with Regions regarding super-user training.	David BACS/ Teletha	Next meeting

	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? And how will this be submitted to NTDB. Monica states currently have a validator for NTDB and not sure how we will submit NTDB data.	Monica to email question to send to DI for clarification.	Monica	Next meeting
Data Validation	Jimmy states data validation is now part of the state PI plan (PIPS plan). Document presented to group with updated changes that were made by state PI committee as recommended by regions. It was discussed at the PI meeting that some type of education is presented at 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 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.	• BACS to send out approved PIPS plan to regions to provide education to centers. • PIPS plan will start in January 1, 2019.	BACS Regions	Next meeting December 2018
Registry Exclusions	Superficial injuries- last meeting recommendation was made to exclude superficial injuries. Question taken to CEC "activation of older adult with activation and only diagnosis of superficial injuries." Group recommended to continue entering data into the registry for activated patients. Discussion regarding exclusion criteria Diane states "hospitals need clear language regarding activation criteria" Michael states "Duncan wants to get rid of non-accidental trauma and we (Gulfport) have not used since the first day." Michael had question regarding anticoagulated patients. Gloria states will this be on the CEC's meeting for another year. Teresa asked Michael to give examples 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	Regions to obtain information from Level I, II, & III centers and submit to state by September 6, 2018. For the following criteria: • If activated and went home from ED (use registry data for March 1st - August 31st) • Excluded because they met exclusions criteria • If activated and met exclusion criteria (no ICD10 code)	Regions/ BACS	Next meeting

	been done. The discussion at CEC was to continue to enter "activated patients" to be able to capture the information to make an informed decision. 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 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 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.	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/ BACS	ongoing
	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.	Jimmy will review the document and will look at places to place document.	Jimmy / BACS	ongoing
NEW BUSINESS				
Committee Updates	• **State Trauma PI Committee-** discussion regarding extensive transfer times. Gerald has question regarding same height falls. If he fell, he would enter 6feet because he	If patient is same height fall would enter "0" no matter what the patient height.	Gerald	closed

	is 6ft. tall. Group states that would be 0 because fell 0 feet. • **Rules & Regulation Sub-Committee** – Chapter 2 approved and went to MTAC for approval. • **MTAC & EMS Advisory Committees** – 5 hospitals 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.	BACS David	
Data Submission Deadline	Question states what was the recommendation that came from CEC regarding deadline for data entry. Lengthy discussion regarding data entry and how the different centers are entering data. David states Functionality committee is planning to look at how Gerald states we may want to look at 2 fold. At 36 days have initial data entered and 2nd deadline would be 90 days' post discharge.	Gerald recommends table this question until the next meeting. Recommend having the Level I centers at the next meeting to discuss further.	Table	Table
Data Fields for State Trauma PI Indicators	Teresa to work with Diane to create the reports in the web registry once finalized.	Teresa and Diane to work on reports for PI committee to share with all users.	Teresa / Diane	Next meeting

ADJOURNMENT: 14:43 AM/**PM**   **Next Meeting:** October 16 , 2018 12pm-2pm Airport Warehouse   **MINUTES RECORDED BY**: Teresa Windham