



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# TRAUMA REGISTRY SUBCOMMITTEE Minutes

August 27, 2013  
10:00 a.m. – 2:00 p.m.  
Osborne Auditorium

### Committee Members Present:

Betty Cox	Stephanie Langston	Susan Perrigin	Courtney Stevens
Bobbie Knight	Steve Lesley	Cherri Rickels	Lisa N. Wilson
Amber Kyle	Monica McCullum	Geri Rowe	
Heather Kyle	Jimmy McManus	Gloria Smalley	

### Committee Members Absent:

Ginger Alford          Gerald Nottenkamper

**Attendance Requirement:** Must be present 75% of the time and may send designee 50% of the time. Designee must be knowledgeable of the system. Blue: compliant, Red: Non-compliant.

### Other Attendees and Guests:

Pam Graves	Carrie McFarland	Norman Miller	Judy Page
Linda Horne	Christy McGregor	Stacie Moore	Monica Springer
Alice Jefferson	Carol Miller	Linda O'Quinn	Kim Wright

- **Review & Acceptance of Minutes from Previous Meeting**
  - Minutes approved as written.
  
- **Data Validity and QA Process**
  - Registrar competency and data validation tool development  
*Handout: Data Validation Tool Samples*  
Tool can be used on a sampling of charts each month using up to five fields to validate. Suggestion made not to use diagnosis codes due to variation of opinions.
  - MSDH Data Validity and QA Reports  
*Handout: MS Trauma Registry Sample Data Quality Improvement*  
*Handout: Quality Assurance Reports March 2013*  
Carrie provided 2010-2012 data to show that Data quality has improved significantly since the start of Quality Assurance in 2009.

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- **Collector Software**

- Updates and system enhancements  
*Handouts: Trauma Registry Update Summary.*
- 2013 Updates

- **Dataset Evaluation and Standardization**

- Minimum Data fields standard  
*Handouts: Collector CV4 Fields*
- Burn Treatment listing update  
Geri Rowe, new Rep for the Burn center

- **Registry Inclusion Criteria Task Force**

- Recommendation for MTAC
  - 987.9(smoke inhalation), 994.0(lightning), 994.1(drowning), 994.7(asphyxiation), 994.8(electrocution), 995.8(maltreatment)-They are outside of the 959.9 range and should be considered. These are included by other states North Dakota, Illinois, \_\_\_\_\_. There are AIS codes to support these. This will be tabled. Task force will meet again and data will be present at next TRSC mtg.
- Late effect and Foreign body, no change
- Hip fx over 65-No change. Nationally there is a move to looking at this population of patients. This will be discussed further. Tabled. However, Susan stated that previous data suggest that this is a common injury for this population of patients. This major resource is mainly used in Internal Medicine side not Trauma. However much of Ortho resources will be used. Susan recommend having a Level III used HIM to pull supporting data on Hip fx-how many, admission, what impact this will have on registry staff.
- Excluded 910.0-924.9 –New.
- Burn Inclusion-No change
- Transfer-No change- Issues is transfers coming POV. NTDB does not recognize as transfer. Discussion that care has been stopped if patient is not with an EMS agency. Recommendation: Only deemed transfer is by EMS not POV.
- Admit to Critical Care(no minimum days)-Removed- Fall under All Admission criteria.
- Hospital for 3 days- Idaho and Illinois, Arizona and Utah include all. Norm suggests that we add admit to a Trauma service

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- matching what regulations state. Recommend 3 days removed.
  - Dies after receiving any evaluation or treatment. –Criteria read only Died.
  - Admit directly ED to OR-Recommendation to remove all other parts of the statement.
  - Triage by regional protocol
  - Treated in ED by Trauma Team- Discussion is that this should be whatever team is defined in their hospital policy.
  - Recommendation: Add Qualifiers
    - A. Trauma transported by Air Ambulance.
    - B. Any hospital admission post Ed/hospital discharge within 72 hr

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- **Injury Location**  
24000 patient in registry. 1300 did not have injury location. 5%.
  - **NTDB Participation for Trauma Center Re-Designation Rule and Reg agree . Recommendation did not make it to MTAC. Will be presented then next time MTAC convene.**
  - **Committee Updates**
    - MTAC and EMS Advisory Committee
      - MTAC – Heather updated: July 24. Working on standardizing (get this from heather), trauma fund vs cost of trauma care. USA has applied as a MS Burn Cente. Air Ambulance transport protocol
      - EMS Advisory Committee- Discussion at last meeting about combine the two meeting to include STEMI and Stroke.
    - **PI Subcommittee – Courtney report that the-Deleted “All Peds” report. Changes some queries to include Alphas. The LOS \_\_\_\_\_. Carrie will get changes from Courtney and new reports should be emailed by Carrie.**
  - **User Needs & Desires**
    - Tupelo Listing- Create pick-list for ED treatments, same as Pre-hospital

with times added. Recommendation: No pick-list added. Facility will need to use the custom feature within the registry.

- Create a pick-list for ER treatments same as Pre-hospital with times added. Tabled until next meeting.
  - Remove all Treatments and Medications from the Referring Facility Tab. Tabled until next meeting. Recommendation: Tx and Meds will not be removed.
  - Online MS Google Group-State still in process
  - Report Writer State PI Reports
  - User Group Listing-  
Add-Fall from Bed: Recommendation: All Fall/Bunkbed/Bed Committee Agree  
Add: Golf cart  
Add: ATV/UTV  
Add: Separation/Golf cart to Cause of Injury; Separation/ATV/UTV  
Change GCS to reflect Peds value. Tabled until next discussed. Sharon and Stephanie to report data to committee.
  - Add Cerebral Palsy to Co-morbidity list. Committee agree
- Open Discussion  
Remove Report Available from Registry: Recommendation: Committee agree.

- **Upcoming Meetings & Conferences**

- DI Conference 10/2-4.
- AAAM AIS Coding Course (Coastal Region) 12/16-17

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Next Meeting: November 12, 2013 – Adjournment