



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Trauma Registry Sub Committee Meeting Minutes

May 22, 2012

10:00 a.m.

570 East Woodrow Wilson Ave, Jackson, Mississippi 39215

The Trauma Registry Data Committee Meeting was held at the Mississippi State Department of Health, Cobb Auditorium, and it started at 10:00 am.

Committee Members Present:

Betty Cox	Monica McCullum	Gloria Smalley
Heather Holmes	Jimmy McManus	Naomi Sigman
Bobbie Knight	Gerald Nottenkamper	Marsha Smith
Heather Kyle	Cherri Rickels	Courtney Stevens

Other Attendees and Guests:

Lakeisha Davis	Linda O'Quinn
Pam Graves	Judy Page
Aleta Guthrie	Delilah Porter
Carrie McFarland	Kesha Prystupa
Norman Miller	Monica Springer

Committee Members Absent:

Amber Kyle
Steve Lesley
Susan Perrigin

I. Call to Order

The meeting was called to order by Carrie McFarland at 10:00 am.

II. Minutes

Minutes from February 21, 2012 meeting were reviewed and approved with amendments.

III. Business

A. Role of Registry – Norman Miller

- Relevancy: Norman discussed the difference in *subject matter experts* and *technical matter experts*. He stated that *subject matter experts* have knowledge of the subject (registry) but *technical matter experts* have the

knowledge on using and/or data entry of the registry on a daily basis. He expresses how the registry users enter the data, so they know which fields are/are not being utilized. "The purpose of the registry is to answer questions: How do we take care of the patients? Are the 678 fields relevant to the needs of the hospital's registry?" There are 78 fields in the NTDB. If all fields are not relevant, the fields can be removed.

Carrie stated that the committee has evaluated the fields periodically as recent as December, 2011 when the data dictionary was revised. There have been fields deleted as well as fields added to the registry since inception based upon the facilities' needs.

- Accuracy: Norman stated it's impossible to know every single field and with accuracy what needs to be in each field. 80% of Level IV hospitals are part-time. Possibly 30% is accuracy. The data committee should decide what the level of accuracy and relevancy should be. He concludes by stating that the purpose of the committee is the "Data" and any data entry errors/issues should be addressed by the committee. This is so the Performance Improvement reports reflect P.I. issues not data entry issues, such as the Standard Deviation being higher than the Average/Mean.
- Norman also stated that MSDH staff is not allowed to chair committees. The Registry Committee will need to elect a chairperson that will officially report to MTAC.

B. Data Validity/QA Processes

- The "List of Fields to Check before Closing/Sending Records" was asked to be converted into a report and sent out to each hospital. There is a report export/import feature in the registry but is currently not turned on because you don't want to send a report to someone with a different version of our system. It will be turned on to export/import the report and then disabled.
- All hospitals were encouraged to run these reports at the hospital level. The State does review the data and send out reports. This will save time if you check your data before submitting.
- Collector fields- Total number is 678. Every field will never be used for a patient. Ex: if patient is a direct admit, then the ED screen/fields will be bypassed; if patient is not a burn, Burn screen/fields will be bypassed; if patient did not die, Death screen/fields will be bypassed.

C. Collector Software

1. Fall 2011 update

Currently the update is ready but there is an issue with transferring file via VPN in the Test environment. Once resolved in the Test site, the update will be moved to QA and Production, then deployed to all. All submissions are postponed until this is resolved and no delinquent letters will be sent until app deployed and sufficient time has passed to ensure update has been installed.

2. Spring 2012 Update & System Enhancements

Estimated to be deployed in the fall, 2012.

- #1-Agree
- #2- Agree
- #3-6- Agree
- #7- Logic to add for auto population
- #8-11 Agree
- #12-Agree
- #13-Agree
- #14-Agree
- #15-16 Currently calculated <15, needs to be <16
- #17-Agree
- #18-20 Agree Layout changes
- #21 Agree
- #22 Carrie will check with DI to be sure that it is strictly a label change:
- #23 Agree
- #24 Agree
- #25 Agree
- #26 Carrie will check to see if this is already mapped.
- #27-30 Agree
- #31 Agree: When there is no report, should the ED-Vitals/Treatment and Referring Facility-Inter-facility Transport Vitals remain open? Table until more members present to discuss.
- #32-33 Agree
- #38 Agree
- #39 Agree
- #40 Agree
- #41-43 Agree
- #44 Agree. Carrie will see about adding some type of validation of the range of codes so unk or n/a will not be allowed. Tri-code duplicates some code with different associated AIS values. Carrie to check to see how we should treat the duplicate codes.
- #45-46 these will not auto populate. List will be posted on the website if the hospital level designations change. Motion to remove this item: Naomi, Monica second. Motion carried.
- #47 Agree
- #48 Agree
- #49 Agree
- #50 See Admin Module to grant access. Remove item.
- #51 Agree
- #52 Carrie will double check to be sure System filters are already being transferred in the current update.
- #53 -55, 82-84 agree
- #56 Agree
- #57, 78-81 BMI will be auto-populated
- #58 Agree
- #59 Table and re-evaluate by committee
- #60 Agree
- #61 Agree
- #62 Correction: removal of Emergency department from all pick list.

- #63, 73-77 Agree
 - #64 Agree: Standard Report –Demographic report
 - #65, 70-72 Tabled until next meeting for further discussion
 - #66 Agree
 - #67 Agree
 - #68 Agree
 - #69 Agree
 - #85 Agree
 - #86 Remove. Do not add
 - #87 Still in progress
 - #88-89 Agree
 - #90 Agree
 - #91 Duplicate
 - #92-94 with referring facility info
 - #95-96 agree
 - #97 Agree
 - #98 Agree
 - #99 Agree
 - #100
 - #101 Table until next meeting for further discussion
 - #102 Agree
 - #103 Validate the burn data
 - #104-105 Agree
 - #106 Agree
 - #107 All Dates
 - #108 Agree
 - #109 Agree
 - #110 Agree
 - #111-114 Agree
 - #115 Agree
3. Fall 2012 Update will include #2 above.
 4. MEMSIS Interface – MEMSIS system will be hosted by Image Trend. Once the three updates are applied, we will begin process of planning, development, testing and implementation of the interface.

D. Web Query

- Carl Haydel is still working with the site, and it should be ready to test again soon.

E. NTDB Submissions

- NTDB Submissions due date was extended to May 15th. At this time, all hospitals should be done with submissions. Can still submit through August 15th and will get a benchmark report but facility's data will not be in annual report.

IV. New Business

A. MTAC Rules & Regs/Functionality Update

- Rules and Regs decided that the registrar will need mandatory Registrar training.
- E/D Chart and the Trauma Activation are still in discussion. The changes made on the right side were changed by Norm Miller but have not been decided on.

B. EMS Advisory

- They moved MEMSIS to Image Trend. They were three updates behind but all updates should be done by June. By August, the MEMSIS registry committee should be established. The EMS run report was discussed at the meeting. Alisa Williams, EMS Bureau Director stated that EMS does have a compliance officer now.

C. PI Committee Update

- Gerald asked if there were any items to take to the committee. None submitted.
- Update: Indicators have been revised and they will review the indicators at the meeting. New officers Mr. Oliver and Dr. Aseme were introduced. They shared success stories at the meeting. The committee can extend an invitation if you would like to share your own stories.

D. MTAC Update

- The MTAC voted down the Rules/Regs recommendation to mandate how many registrars are needed based on volume.

E. Dataset Reevaluation

- Table until next meeting: Fields not being used are DRG and Crash Number. Carrie stated an easy solution for any field is to set a default and the registrar will not be prompted to address that particular field.
- Recommendation was to continue to select Tetanus or DT.

V. Comments/Other Discussion

A. Upcoming Meetings/Conferences

- MHA Trauma Meeting.
- MTAC Meeting, MSDH
- EMSAC Meeting
- User Group Meeting –MHA in Madison, MS.

B. Other Discussion

- Suggestions of creating a guide to go along with the Data Dictionary to help the registrars to determine how to manage the registry. Communication is the key. Carrie stated the State has developed and distributed a Trauma Registrars' Guide. Excellent resource tool.

- Suggestion of videotaping the training sessions by DI Corp so that the users can view. This may not be feasible for DI trainings but the State may be able to offer something online. Training is always offered from the state level at anytime even if they travel to individual hospitals to train.
- Heather offered an Internal Validation tool and competency for Registrars. Carrie stated she has also developed a draft data validation tool. They will get together to compile one tool that will be available for statewide use. They will also get input from Aleta at UMC.
- **Additional Handouts**
 - MS Collector Trauma Registry Update Summary V4.12.01 and the install instructions
 - Data Committee Members Updated List
 - Regional Administrators Updated List
 - Trauma Registry User Group Information Flyer

VI. Next Meeting

Next Trauma Registry Meeting will be held Tuesday, August 21, 2012 at MSDH in the Osborne Auditorium at 10:00.

VI. Adjourned

At 1:39 p.m., the meeting was adjourned.

Monica McCullum
Recorder