MISSISSIPPI STATE DEPARTMENT OF HEALTH

Trauma Registry Users' Group Meeting Minutes
July 18, 2012

The Trauma Registry Users' Group meeting was held at the Mississippi Hospital Association (MHA) starting at 10:00 am.

Meeting Attendees:

Ginger Alford	Stacey Hill	Christy McGregory
Tracy Beasley	Cindy Himmel	Robin Montalbano
Kristin Brown	Heather Holmes	Vicky Moody
Debbie Coleman	Linda Horne	Linda O'Quinn
Elaine Coleman	Brenda Jayroe	Delilah Porter
Melissa Cooper	Bobbie Knight	Kimberly Scroggins
Betty Cox	Amber Kyle	Gloria Smalley
Rebecca Dean	Sandra Mathis	Courtney Stevens
Dean Evans	Faye McCall	Stephanie Sullivan
Diane Furtick	Monica McCullum	Kimberly Terrell
Aleta Guthrie	Carrie McFarland	Lisa C. Wilson (NMMC)

I.   Welcome
      Delilah Porter, *Trauma Staff,* at the MS State Department of Health welcomed
      everyone and expressed thanks for all attending the meeting.

II.   Introductions
      A. Everyone introduced themselves.
      B. Delilah encouraged everyone to utilize the resources present by reaching out to
          people outside of their facilities and regions if needed.

III. Trauma System Programmatic Updates
      Judy Page, Trauma Nurse Coordinator, MS State Department of Health discussed the
      Trauma System Programmatic Updates.
      A. Will request a one year extension for hospital designations if needed.
      B. Ensure hospitals have sufficient registry staff effective Aug 13, 2013.
      C. New account criteria and designation guidelines will be on a blue sheet for EMS
          and Field providers. Special consideration will be added.
      D. Trauma surgeon will be activated on a GCS of 13 once approved by MTAC.
      E. South Central and Laurel inspections are due Monday.
      F. Garden Park's designation will be going from level IV to III.
      G. Health Care Coalition –The local community will put together a committee and
          that committee is going to select local members they think will be good voting
          local members. It is pertaining to Allocation of resources. Example: If you have
          a disaster in your community then this committee will vote on how those

resources will be allocated. We have X number of vaccines; the State does not need to decide who gets the vaccine in your area, the Coalition should.

    H. The Regional directors will setup key players for the committee.

IV.   Carrie McFarland, State Trauma Registrar discussed the trauma registry updates,
- A. Set default in registry to AIS 2005 and TBI/SCI Only to N.
- B. Email count of TBI/SCI to Carrie.
- C. Remember, the report writer automatically pulls trauma patients, if you want something different you have to select. TBI/SCI or All.
- D. If your patient is discharged to a Rehab Center, please list the name of the center. This will be on your outcome screen.
- E. Batch check feature was disabled.
- F. Email anything you want to submit to Trauma Registry Sub Committee to traumasupport@msdh.state.ms.us or a committee member.
- G. Anytime you need to enter something that is not on the pick list, for example if other, enter the name if field is available or enter it in state narrative field.
- H. Please make sure you check the attachments on emails from the State. You can save the attachments on local drive.
- I. Select your EMS provider from the pick list.
- J. Levels I, II, III hospitals' TCTF monies are partially based on ISS scores so make sure you have an ISS value. Since update 2005 some ISS scores are lower but coding is more accurate.
- K. Kim Scroggins asked would the cause of Injury be updated because there are only two options. Carrie asked Kim to email the other choices she wanted to see added to the pick list under cause of injury and she will submit to Registry Subcommittee.
- L. When a patient comes in with an E-code as assault, you have to put NA in Vehicle type, is there any way this could be grayed out?   We need to leave it because the person could have been assaulted by a vehicle.
- M. Fall from bed needs to be added.

V.   Registry Issues
- A. AAAM class is helpful and recommended if you are doing any coding.
- B. Robin of Tupelo stated 2 people can't run reports at same time. Per Carrie they should have a network version. Contact DI to set it up.
- C. To set defaults in the Registry-Go to Setup, Data Entry Default, then select AIS 2005; Include in Central Site "Y"; TBI/SCI only "N."
- D. Using Tri-Code is excellent resource for noncoders. You can enter text, click TriCode and system will code it. Ex: In Coding Module, enter fx femur, click Tri-Code button then Yes to over write and system will populate ISS and other fields. If AIS post dot is 9, you will need to manually code to get an ISS because system doesn't code a 9.
- E. Recommend all users get an ICD9 coding manual; UMC bookstore has them.
- F. 38017 zip maps to wrong city.
- G. North MS Medical in AL is ok per Carrie.
- H. Secondary Ecode can be set to default "n/a."

I. EMS run reports – If you've exhausted your efforts to obtain them, contact your Regional Administrator for assistance and then you all can escalate to State if need be.

VI. QA Process/Data Validation
   A. Reviewed the monthly QA reports. Data quality has improved tremendously since implementation of QA program. Carrie thanked all for their support. Users were encouraged to run reports, using tools the State provides them before submitting data to help catch any errors prior to submission.
   B. Inter-facility transport, Transport 1 is how the patient was transported from the Referring hospital to the Receiving hospital. Use data dictionary for reference of what goes in each field.
   C. Outcome when Other hospital. Select name of facility or put in state narrative if name is not listed on picklist.
   D. Discharge attempt should be "NA" if patient accepted first attempt.
   E. When selecting Discharge to if not for Acute Care, use Other hospital not Trauma Center and enter name of facility.
   F. Place of injury can be outside of MS.
   G. CTs done in ER should be documented on ED screen, Radiology section.

VII. Breakout Sessions
   A. Need an ED consult tab, because it's not an in house consult.
   B. Kathy Thornton is not at hospital any more per Diane Furtick.

VIII. Next Meeting
   The next meeting will be October 17, 2012.

IX. Adjourned
   With no further business, the Users' Group Meeting was adjourned at 2:00pm.