TRAUMA REGISTRY SUBCOMMITTEE
Minutes

May 19, 2015
12:00 – 3:00 p.m.
Underwood Auditorium

Committee Members Present:

Norm Miller	Heather Kyle	Susan Perrigin	Gloria Smalley
Bobby Knight	Monica McCullum	Cherri Rickels	Gail Thomas
Amber Kyle	Jimmy McManus	Geri Rowe	Lisa N. Wilson

Committee Members Absent:

Steve Lesley	Ginger Alford	Stephanie Langston	Gerald Nottenkamper
Courtney Stevens			

Other Attendees and Guests:

Heather Muzzi	Ben Richards	Calvin Stancil

OLD BUSINESS & STANDING AGENDA ITEMS

- **Call to Order**
    - Meeting called to order at 12:02 by Heather Kyle, Chairperson
- **Review & Acceptance of Minutes from Previous Meeting**
    - The minutes from March 2015 were reviewed and approved as written. Motion carried.
- **Data Validity & QA Process**
    - MSDH Data Validity & QA Reports
        - Three hospitals delinquent and the State have communicated with them. There has been no response for two hospitals. The hospitals are in Central Region. Norm has sent emails to both facilities and is awaiting a response from Lackey and Simpson Hospitals
- **Collector Software**
    - 2014 Updates & System Enhancements
        - Enhancement delayed until meeting with Image Trend
    - Update on NEMSIS Viewer install
    - Update on minimum/optional dataset
- **Committee Updates**
    - State Trauma PI Committee

- State PI met on April 30, 2015. Committee reviewed the 1st draft of the revised PI plan. Recommendation to add the TQIP data elements.
  - o Rules & Regulations Sub-committee
    - Met April 22, 2015. Staffing and Education for Registrar. Current the Education hours have changed from 4 to 8hr.
    - MTAC & EMS Advisory Committees - Heather Muzzi stated there will be a taskforce reviewing a possible 5 tier systems. There is a taskforce for Diversion. The Bureau is working with EMS on MEMSIS data to correlate with the Registry.

- **Minimum/Optional Dataset**
  - o This will be incorporated with the next enhancement.
- **Prehospital Tab Alignment with EMS/MEMSIS**
  - o Heather Muzzi reported last meeting, there was a discussion of POV. Handout-Outcome for Patients Referred to Another facility by POV. Recommendation to select "Other". In the "other" field, input the facility. The patient must meet other criteria.
  - o Legal transfer is by EMS. The suggestion is that the definition of the discharge patients POV should be made in the Data Dictionary. Long term will be changes made in the software. To complete discharge referral, prior to software enhancement, motion of to change the definition of other for these patient. Registrars will need education on the determining the transfer vs referral.
  - o Heather Muzzi suggested Calvin Stancil run report to get volume. Discussion about conducting a Survey Monkey about the number of POVs seen per facility.
- **Defining Registry Inclusion/Exclusion ICD-10 Codes**
  - o Recommendation is to use what the NTDB has already outlined. Gloria will get the information to Calvin to send out to the committee. Tabled to the next committee meeting.
- **Registry Software Assessment**
  - o Image Trend Presentation by Nick Regier-Product Sales Manager
  - o Hospital and State have the same system
  - o Security will allow access to multiple hospitals.
  - o Real time data between State, Region, and facilities
  - o There is a PI and Complication area that can report daily on the Dashboard. The PI and Complication are restricted. The PI filters are entered by the Registrar and the system follows them accordingly.
  - o New for Image Trend: There will be new alerts that will be added to the system to help with communication for Loop closure. The receiver can document in the same location on open PI. You have open notes are always available. The section will be re-written to include TOPIC that is currently being taught.
  - o TQIP is also available.
  - o Validity: There are several status stages such as In progress, Complete, require review, reviewed, billed, closed, State reviewed or Imported.
  - o Has the ability to integrate with hospital EMR.
  - o Prehospital data can be imported in real time. It can be configured to only receive completed data.

- o Data can be overwritten.
- o Ability to share outcome data with EMS. Referring Facility data can be shared if they are using the same Image Trend system.
- o Easy access to convert data, easy process is by NTDB or TQIP. If not, then it would have to be work IT. Note: Image Trend is currently converting Hawaii and Iowa.
- o Custom facility defined questions can be added at no cost.
- o The Schema file generated determine to if the patient should be transferred to the State level. The programming is completed and added to the system.
- o There is an option for collapsing fields if N/A similar to the "was this a txfer" in collector.
- o Process for updates and enhancements: Implementation coordinator will assist with task. Estimation of 45 days.
- o Ability to add physicians with contact information   by permission groups.
- o Available: Image Trend University is available for any updates. This is a website. There are also video posted that could be used as education. There is no cost. Documentation of attendance can be recorded.
- o Report Writer: Analytical, Sampling Widgets receive 28 standard canned reports
- o There are no batch runs. Reports can be scheduled to run.
- o Committee would like to check the references. They would like to talk with Hospitals that no longer use the software. Look at the cost.

- **Open Discussion**
  - o TQIP currently has a pilot program for Level III. Visit the NTBD website to apply for the pilot program.
  - o 6500 falls total for CY 2014
    - ▪ 1800 Falls >70, 30% d/c home
    - ▪ 300 were d/c home-65% were bravo activation.
    - ▪ CY 2014. Only the Primary ICD9 code.
    - ▪ Heather request Calvin send out education on exclusion. Jimmy and Susan will work on algorithm for next meeting.
- **Upcoming Meetings & Conferences**
- **Committee Members**

Next Meeting: August 25, 2015 – Adjournment