

**Kansas Trauma Registry Subcommittee Meeting**  
**At Wesley Medical Center Wichita**  
**10am – 2pm, July 19, 2005**

**Present:** Dr. Paul Harrison, Dr. Dennis Allin, Lois Towster, Sharon Gehring, Greg Crawford, John Arojo, Rosanne Rutkowski, Brenda Olson, Ken Jones, Carla Walker

**Absent:** Cathy Heikes, Dr. Jonathan Dort, Melissa Hungerford, Carrie Saia Leroy Dyck, Kendra Tinsley, Janet Jilka, Dr. Brent Stewart

**State Trauma Program Update**

Rosanne Rutkowski reported an August 10 meeting has been set for reviewing criteria for state certification of trauma level three hospitals. Rosanne also reported that several professional education initiatives have been undertaken by the trauma program, including the funding of \$1000 ATLS scholarships for hospitals. She also reported that Eric Cook-Wiens has been hired and will start August 1, 2005 as the Trauma Registry Analyst. Reporting for the Trauma Registry 1Q2005 was at 97 hospitals as of the end of June.

John Arajo reviewed the findings of an analysis of the data needs identified in the South Central RTC trauma plan. Twenty-two data needs areas were identified. Several involve data not reported to the registry, while other needs may result in conflicts with restrictions on the reporting of hospital or patient information. Further review and discussion is needed on the data issues within the review of the regional trauma plans.

Rosanne reported that progress has been very slow in getting draft regulations written for the use of trauma bracelets. She reported the issue is not a high priority among regulations to be promulgated.

Rosanne noted the federal trauma program is not funded in the next budget cycle. The action comes at a time when creation of a national template and standard trauma data set were under discussion and review. Rosanne reported the public information campaign funded in part by the federal trauma grant will move forward. She also reported some funding support by bioterrorism within KDHE.

**KTRS Issue Review**

Rosanne Rutkowski

**Adding Burn-related Fields to the Registry**

Discussion:

The Group reviewed a request to add to the registry software a series of fields that would enable certain burn related data to be captured: burn diagram, carboxyhemoglobin value, and inhalation injury. The request also sought to have TRISS values calculated for burns.

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It was pointed out that TRISS can only be calculated per American College of Surgeons protocol for penetrating and blunt injuries. The discussion also centered on the value of the data to the trauma program and the fact that burn registry software exists to more explicitly capture data regarding burns.

KTRS Recommendation:

Individual facilities create custom data elements to capture burn data in the trauma registry or use specific software for burn registries. No software or inclusion criteria changes recommended

**Modification of Chief Complaint**

Discussion:

The committee discussed a recommendation for adding or modifying the popup list for chief complaint in the trauma registry. The issue was the term ‘cut’ or ‘laceration’ was not listed separately and differed from a stabbing. The request was to modify the pop menu to change ‘other mechanism’ to ‘cut.’

The committee reviewed situations wherein it would be appropriate to include a laceration and agreed that stabbing was not representative of the mechanism.

KTRS Recommendation:

The term ‘laceration’ will be added to the list of possible values, number ‘23’, and ‘other mechanism’ will be retained as a category. The change would be incorporated into the next software revision.

**Modifying Data Completeness Report**

Discussion:

Hospitals have wondered about whether it’s possible to reduce the length of the data completeness report, restrict the report to certain variables or to export the results in a file that would be easier to work with than the current ascii text file.

The committee agreed that the report was too cumbersome for submission to certain audiences and felt it would be more beneficial if modifications were possible. The committee was advised that Digital Innovation was open to making changes to the report, such that certain fields could be selected for the report. The committee was advised that it was uncertain that Digital Innovation could modify the report output such that summary results could be output in a format that could be read into common spreadsheet programs.

KTRS Recommendation:

The committee recommended that KDHE proceed with working to make any possible changes in the data completeness report to make it more user friendly.

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**How to Record Patient Transfer EMS Delays**

Discussion:

The committee reviewed a situation involving a hospital that was unable to record that a delay in transferring a patient to a larger hospital was due to the unavailability of an EMS provider. The current QA/QI sections of the registry software do not have a category for recording such a non-injury related occurrence.

The committee felt this was a patient related concern, one that if properly recorded in Collector and identified through an audit filter should be therefore flagged for the hospital to address with EMS providers. It was felt that no such special characterization of the delay was necessary, since the proper recording of the situation would serve to bring attention to the issue for trauma system performance improvement at the hospital, region, or state levels.

KTRS Recommendation:

The committee recommended no changes to the Collector Software or inclusion criteria. The committee felt the issue could be referred to the state and regional performance improvement processes, when those processes are in place and future such concerns are identified.

**Inclusion of All Hip Fractures in the Registry**

Discussion:

The Committee reviewed a request that all hip fractures be included in the registry as a member of the South Central Regional Trauma Council felt the registry was missing a good deal of information.

The committee discussed that the simple and minor hip fractures from same level falls account for a substantial number of trauma injuries, and it was the original intent of the Advisory Committee on Trauma to focus the trauma registry on the most severe trauma cases, to reduced hospital reporting burden and better assess the trauma cases that result in transfers and extensive care. It was also noted that the Collector software does allow for hospitals to collect, and analyze if desired, all hip fractures. Current guidance to hospitals is that such cases are not to be submitted, as they do not meet the inclusion criteria.

KTRS Recommendation:

The committee recommended no changes to the software or inclusion criteria. The committee recommended that a filter be developed to prevent simple hip fractures from falls from being submitted to the registry software.

**Regional Trauma Plan Review**

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Rosanne Rutkowski reviewed the status of the regional trauma plans that have been finalized by all six regions. She reported a committee chaired by Dr. Allin will review the plans and make recommendations to the Advisory Committee on Trauma.

Rosanne noted that the plans will name a number of data demands. She reviewed an evaluation of the data needs for the South Central Region Trauma Plan wherein 22 specific data needs were identified. Some of the data elements are not presently collected, while others present issues with hospital and patient identification. About 60 percent of the needs in the proposed plan can't be accomplished by data that's currently provided to the state registry.

The committee discussed various issues related to the data needs and how many of them were important but that confidentiality must be maintained. The data are seen as a component to the performance improvement processes that will ultimately exist at the state, regional and hospital levels. However, it was noted that either laws or regulations would need to exist to enable those processes to proceed while protecting confidentiality. While specific recommendations on how to accomplish the task were not made, the committee agreed Rosanne should proceed with gathering legal opinions on what legislative or regulatory changes would be needed.

### **Audit Filters**

Rosanne Rutkowski reviewed Audit filters used at the state level in Iowa and Utah as they will ultimately relate to the performance improvement process that results in Kansas. While there are audit filters from the American College of Surgeons embodied in the current version of Collector software, the filters are a) hospital not state system oriented, b) as a new report poorly understood by hospitals, and c) may not give complete results as the filters require data that's not currently collected or not analyzed in a manner conducive to the state registry.

The committee agreed that audit filters similar to those espoused by Utah were appropriate to Kansas. They agree the filters should look at specific care by specific providers but also be able to be used to set state and regional benchmarks that hospitals could use for internal comparison.

### **Next Meeting**

The next meeting has been scheduled for October 18, 2005. The location will be the Topeka Shawnee County Library in Topeka, KS. CHECK THIS TO CONFIRM LOCATION.