

KTRS Meeting Minutes
October 31, 2007
Pozez Education Center, Centennial Room C

Present: Alvina Fant for Liz Carlton, Eric Cook-Wiens, Greg Crawford, Rosanne Rutkowski, Dr. Chris Bandy, Brenda Olson, Sharon Gehring, Deb Trujillo, and Deb Helten.

Call to Order & Introductions

Dr. Chris Bandy called the meeting to order at 10:14 am and invited the attendees to introduce themselves.

Brief Trauma Program Update

Rosanne gave a brief Trauma Program update. The regional trauma plans have been updated and will be presented to the ACT at their quarterly meeting next week.

Hospital designation regulations will become effective this Friday and any hospital that wants to be verified by the state will be able to submit their application to the state.

Dr. Bandy inquired about the use of the state designation team, and Rosanne explained that designation of the Level III's at this time will most likely be done by the ACS.

Registry Update

Eric provided the subcommittee with a brief registry update and advised there was one additional issue added to the nine that was mailed with the meeting materials.

The current status of the registry has all local version users switched over to the CV4, approximately 50% of hospitals, and the remainder are using the web version. A number of things were changed with the update and the data transfer process has been tested.

Review of registry issues:

The following is a review of the issues and recommendations which will be approved at the November ACT meeting.

Issue # 1

Nature of Issue: Safe Kids Kansas has requested that a new variable be added to the KTR dataset to account for all terrain vehicle (ATV) injuries. Currently, the only way to identify records for these kinds of injuries is using the external cause of injury codes. The E-code 821 category is defined as non-traffic accidents involving other off-road motor vehicles and specifically excludes off-road vehicle accidents that occur on public highways. However, there is no further specification of the type of off-road vehicle. Examination of injury descriptions from KTR shows that this category can include injuries through a variety of mechanisms, for example, 4-wheelers, 3-wheelers, dirt-bikes, motocross, tractors, lawnmowers, etc. Additionally, there is no way to identify ATV accidents that occur on public highways. This sub-specification of vehicle type is not included in the National Trauma Data Standard (NTDS) Dictionary.

What type of Collector user is the issue affecting?

All Collector Users.

Proposed Change:

Add a new variable, to be entered for any combination of E-codes, to designate vehicle type. Safe Kids Kansas did not recommend a classification scheme.

Prehospital | Injury tab

Proposed Categories:

1. All Terrain Vehicle (ex. 4-wheeler)
2. Off-road motorcycle or motorized bicycle
3. Utility Vehicle (ex. Gator)
4. Miniature motorized bicycle (ex. pocket bike)
5. Farm Implement (ex. tractor, combine)

What software modifications will be necessary to accommodate the change?

It is a new data element. It will require an alteration of both locally installed and web-versions of CV4 in addition to report writer.

What procedural changes will be necessary to accommodate the change?

Update data dictionary and training materials.

KTRS Recommendation:

The committee recommended that the new variable be added to account for all terrain vehicle injuries with the proposed categories changed to read as follows:

1. All Terrain Vehicle (ex. 4-wheeler)
2. Off-road motorcycle
3. Other off-road vehicle
4. Farm implement (ex. tractor, combine)

The committee also wanted to be sure it was noted that there was a specific state group who requested the addition of this variable.

Issue # 2

Nature of Issue: Overland Park RMC has requested review of the validity of the condition on discharge question. Is the scale a standard measure of disability, has it been tested for reliability and validity and how are the levels defined?

Current levels:

- 1 Good – Returned to previous level of function
- 2 Temporary Disability – Expected to return to previous level of function
- 3 Moderate Disability with Self-Care
- 4 Severe Disability – Dependent
- 5 Persistent Vegetative State
- * Unknown

What type of Collector user is the issue affecting?

All Collector Users

Proposed Change:

Delete data element.

Outcomes | Disabilities tab

What software modifications will be necessary to accommodate the change?

Delete data element. It will require an alteration of both locally installed and web-versions of CV4 in addition to report writer.

What procedural changes will be necessary to accommodate the change?

Update data dictionary and training materials.

KTRS Recommendation:

The committee recommended deletion of this question, with the instruction to verify that no large institution was using it for reports.

Issue # 3

Nature of Issue: Via-Christi has requested that any INPATIENT hospices be added to the discharge to facility list. At a minimum, this will include Harry Hynes Memorial Hospice (at Via-Christi). If they were added, it would be appropriate to also alter the discharge to categories:

- | | |
|---------------------------|------------------------------|
| 13 Against Medical Advice | 10 Nursing Home |
| 01 Dead on Arrival | 07 Other Acute Care Hospital |
| 02 Death in ED | 11 Rehabilitation Center |
| 03 Death in Hospital | 08 Skilled Nursing Facility |
| 04 Home | 12 Specialty Hospital |
| 05 Home with Health Care | 14 Other |
| 09 Jail or Prison | * Unknown |
| 06 Mental Health Facility | |

What type of Collector user is the issue affecting?

All Collector Users

Proposed Change:

Add inpatient hospices to the discharge facility list. Also, add “Inpatient hospice” to the discharge to category list.

Outcomes | Discharge tab

What software modifications will be necessary to accommodate the change?

Update two pick-lists. It will require an alteration of both locally installed and web-versions of CV4 in addition to report writer.

What procedural changes will be necessary to accommodate the change?

Update data dictionary and training materials.

KTRS Recommendation:

The committee recommended to add category 15 Hospice, but not to have specific facility IDs. It was also recommended to update the discharge list to include hospice.

Issue # 4

Nature of Issue: Via-Christi RMC has requested that a variable for height in inches be added to the comprehensive dataset. Currently weight is collected, but height is not. They collect this information whenever possible and currently keep track of the data in a user-defined data element field.

What type of Collector user is the issue affecting?

Comprehensive only

Proposed Change:

Add a numeric data field in the ED section for patient height in inches.

ED | Assessments tab

What software modifications will be necessary to accommodate the change?

It is a new data element. It will require an alteration of the locally installed version of CV4 in addition to report writer.

What procedural changes will be necessary to accommodate the change?

Update data dictionary and training materials.

KTRS Recommendation:

The committee recommended adding the variable height in inches to the comprehensive data set.

Issue # 5

Nature of Issue: KUMC has requested that “Neuromuscular Blocker” be added to the list of medication categories. Drugs in this category are commonly used in the prehospital environment for rapid-sequence intubation.

00 None	25 Corticosteroids (Prednisone)
01 ACE inhibitor (Enalapril, Captopril, Lisinopril)	26 Corticosteroids, Inhaled (Beclomethasone)
02 Acetaminophen	27 Diuretic (Hydrochlorothiazide, Furosemide)
03 Antiarrhythmics (Amiodarone, Procainamide, Sotalol)	28 Estrogen replacement (Conjugated Estrogen)
04 Antibacterials (Cefazolin, Augmentin)	29 Gout (Allopurinol, Colchicine, Probenecid)
05 Anticoagulants (Coumadin, Heparin, Enoxaparin)	30 H2 antagonist (Ranitidine, Famotidine)
06 Anticonvulsant (Phenytoin, Carbamazepine)	31 Hypoglycemic (Glyburide, Metformin)
07 Antidepressant (Fluoxetine, Sertraline, Amitriptyline))	32 Insulin
08 Antifungal (Fluconazole)	33 Laxatives (Bisacodyl, Docusate)
09 Antihistamine (Astemizole, Loratidine)	34 Lithium
10 Antihyperlipedemic (Atorvastatin, Simvastatin)	35 Metoclopramide
11 Antiparkinsonian (Levodopa, Bzotropine, Amantadine)	36 Muscle relaxants (Baclofen, Cyclobenzaprine)
12 Anti-platelet agent (Ticlopidine, Clopidogrel)	37 Narcotics (Morphine, Oxycodone, Codeine)
13 Antipsychotic (Haloperidol, Chlorpromazine, Fluphenazine)	38 Nitroglycerine
14 Antispasmodic (Oxybutynin)	39 Non-steroidal anti-inflammatory (Ibuprofen, Rofecoxib)
15 Antithyroid (Propylthiouracil, Methimazole)	40 Oral contraceptives
16 Antituberculosis (Isoniazid, Ethambutol)	41 Progesterone
17 Antiviral (Interferon, Azathioprine, 3TC, Indinavir)	42 Protein pump inhibitor (Omeprazole, Pantoprazole)
18 ASA	43 Sucralfate

19 Barbiturates (Phenobarbital, Secobarbital)	44 Thyroid replacement (Eltroxin)
20 Benzodiazepenes (Lorazepam, Diazepam)	45 Vasodilators (Hydralazine, Clonidine, Alpha Methyl dopa)
21 Beta blocker (Metoprolol, Atenolol)	46 Other
22 Bronchodilators (Inhaled, e.g. Albuterol, Ipratropium Bromide)	/ Inappropriate
23 Calcium channel blocker (Diltiazem, Verapamil, Lisinopril)	* Unknown
24 Cardiac glycoside (Digoxin)	

What type of Collector user is the issue affecting?

Comprehensive users only.

Proposed Change:

Add a category for “Neuromuscular Blocker”. Potential examples include: cisatracurium, besylate, succinylcholine chloride and vecuronium bromide.

Prehospital | Provider – Vitals tab

Intermediate Facility | Assessments tab

What software modifications will be necessary to accommodate the change?

Update one pick-list. It will require an alteration of the locally installed version of CV4 in addition to report writer.

What procedural changes will be necessary to accommodate the change?

Update data dictionary and training materials.

KTRS Recommendation:

The committee recommended adding the category “Neuromuscular Blocker (ex. Succinylcholine, vecuronium)” to the list of medications.

Issue # 6

Nature of Issue: KTR collects procedure start date and time and procedure stop time. Stop time is difficult to interpret because we do not collect stop date. This becomes a problem when a procedure starts on one calendar date and stops on another calendar date.

The National Trauma Data Standard does not require procedure stop times.

What type of Collector user is the issue affecting?

All users

Proposed Change:

Add procedure stop date to the comprehensive dataset only. Keep procedure stop time in the comprehensive dataset, but do not require it from core dataset users.

Procedures | Procedure tab

What software modifications will be necessary to accommodate the change?

It is a new data element. It will require an alteration of the locally installed version of CV4 in addition to report writer. Change existing core dataset element to comprehensive only.

What procedural changes will be necessary to accommodate the change?

Update data dictionary and training materials.

KTRS Recommendation:

The committee recommended removing procedure start and stop time from the core data set and adding procedure stop date to the comprehensive data set.

Issue # 7

Nature of Issue: In order to increase the power of retrospective data linkage using computer algorithms, it would be helpful to have certain data elements from the comprehensive dataset available to the central site database.

The following data elements are not in the state dataset, but would aid in linking:

1. Intermed. fac. ID
2. Intermed. fac. EDA date/time
3. Intermed. fac. reason for discharge
4. Intermed. fac. transport provider mode
5. Intermed. fac. diagnostics
 SBP, RR, HR, O2 sat., O2 administered, GCS, GCS qualifier
6. Intermed. fac. Airway
7. Intermed. fac. CPR

What type of Collector user is the issue affecting?

Comprehensive users only. Transferring these data to KTR will be optional.

Proposed Change:

Alter the data transfer process so that Level I, II or III facilities will be able to volunteer these elements to the state central site database.

Intermediate facility | Facility, Assessments and Transport Provider tabs

What software modifications will be necessary to accommodate the change?

This would be a new data transfer process to be developed with the database vendor.

What procedural changes will be necessary to accommodate the change?

We would create procedures for identifying facilities that wish to volunteer this data.

KTRS Recommendation:

The committee recommended to make element 1, 2 and 4 core data elements.

Issue # 8

Nature of Issue: Add “Observation” to the pull down list of ED Disposition and OR Disposition

The current options are:

08 Admitted to Burn Unit	06 Admitted to PICU	22 Morgue/Died
09 Admit to Floor Bed	07 Admitted to SICU	02 OR
17 Admitted to CCU	23 AMA	21 Transfer to Other Hospital
03 Admitted to ICU	24 Correctional Facility	98 Unspecified
04 Admitted to MICU	00 Dead on Arrival	99 Other
18 Admitted to NCCU	20 Discharged Home	* Unknown
05 Admitted to NICU	16 Monitored Telemetry Bed	

What type of Collector user is the issue affecting?

All users

Proposed Change:

Alter the pick list for ED Disposition and OR Disposition.

Note: there are technical advantages to keeping the pick list for these two data elements identical.
ED | ED tab

What software modifications will be necessary to accommodate the change?

Update one pick-list. It will require an alteration of both locally installed and web-versions of CV4 in addition to report writer.

What procedural changes will be necessary to accommodate the change?

Update data dictionary and training materials.

KTRS Recommendation:

The committee recommended the options be modified as follows:

08 Burn Unit	06 Pediatric ICU	22 Died
09 Floor Bed	07 Surgical ICU	02 OR
17 Coronary ICU	23 AMA	21 Transfer to Other Hospital
03 ICU	24 Correctional Facility	98 Unspecified
04 Medical ICU	00 Dead on Arrival	99 Other
18 Neuro ICU	20 Discharged to Home	* Unknown
05 Neonatal ICU	16 Monitored Telemetry Bed	

The committee also recommended the addition of the following options: Observation, Clinical Decision Unit, Burn ICU, and Cardiothoracic ICU.

Issue # 9

Nature of Issue: There has been a request to add “Passenger-unspecified position” to the pull down for Position in vehicle.

The current options are:

10 Bicyclist	05 Passenger-Rear-Middle
01 Driver	06 Passenger-Rear-Right
09 Motor Cycle Passenger	11 Pedestrian
08 Motorcycle	12 Riding an Animal

13 Occupant of a Street Car	14 Unspecified
02 Passenger-Front-Middle	15 Other
03 Passenger-Front-Right	/ Not Applicable
07 Passenger-Open Bed	* Unknown
04 Passenger-Rear-Left	

What type of Collector user is the issue affecting?

Comprehensive users only.

Proposed Change:

Alter the pick-list for the data element position in vehicle to include an option for “Passenger-unspecified position”.

Prehospital | Location/Devices tab

What software modifications will be necessary to accommodate the change?

Update one pick-list. It will require an alteration of the locally installed version of CV4 in addition to report writer.

What procedural changes will be necessary to accommodate the change?

Update data dictionary and training materials.

KTRS Recommendation:

The committee recommended the following options be added: front unspecified, rear unspecified, and unspecified. The committee recommended all other options remain.

Issue # 10

Nature of Issue: In the recent Collector database update, patient phone number was omitted from the data entry screens. In the earlier version, this element was present in the data entry screens. However, our records show that it may have been included in error. No facilities have voiced concern about the omission of this data element.

What type of Collector user is the issue affecting?

Comprehensive users only.

Proposed Change:

Add patient phone number to the data entry screens as a comprehensive data element.

Demographic | Demographic

What software modifications will be necessary to accommodate the change?

It is an existing data element that was omitted from the CV4 data entry form. It will require only an alteration of the locally installed version.

What procedural changes will be necessary to accommodate the change?

None

KTRS Recommendation:

The committee recommended leaving out the element “patient phone number.”

NTDB adoption of data standards:

Eric reported on proposed NTDB reporting guidelines. The NTDB would like for hospitals to report annually directly to the NTDB database. The advantage to hospitals reporting directly is that they can provide facility specific information.

Data report:

Eric reported that he will recommence sending out data reports once he has developed the central site data procedures. The committee briefly discussed the SC regional trauma tag project as well as indicators for the data report.

Next Meeting:

There was discussion on meeting location and dates.

Meeting adjourned at 1:25 pm.