

# Minnesota Trauma Registry Alliance

## Minutes

June 24th, 2021 09:00 am

WebEx

### **Attendees**

Chris Ballard (MN Dept of Health)

Leslie Seymour (MN Dept of Health)

Attendance was not officially recorded  
(approximately 33 participants)

### **Opening:**

The Meeting of the Minnesota Trauma Registry Alliance was called to order at 9:00 AM on Thursday, June 24, 2021, by Carissa Wilcox, MTRA Meeting Chair. Meeting was held via WebEx due to the Covid-19 travel and social distancing restrictions.

### **Approval of Meeting Minutes:**

The minutes of the February 2021 meeting are posted on the MTRA site.

### **Announcements:**

#### **Job announcements:**

Kathy Fallen, Regions has a .7 Registry position available, can be fully remote or hybrid. Please reach out to Kathy if you have any questions! [kathryn.a.fallen@healthpartners.com](mailto:kathryn.a.fallen@healthpartners.com)

Jodi Korpela, St. Luke's will have a full-time position soon, Jodi will let group know when it is posted.

Reminder to view job postings on our MTRA website or let Chair know if you need any posted.

#### **Welcome to new members:**

Amy Haney new trauma registrar at Essentia Duluth

Kendyl Varland new trauma registrar at St. Cloud Hospital

Mikayla Rahto new trauma registrar at Cuyuna Regional Medical Center, Crosby

Carleen Keske trauma registry student intern at St. Cloud Hospital



## AGENDA ITEMS:

### Trauma System Update - Chris Ballard:

#### ESO-TraumaBase users:

- 2021 BETA Export was circulated (uncertain if this was widely or narrowly circulated), a few test files came through. There were some minor mapping problems. ESO was asked to fix these. They were not major repairs, so it should not take too long, but there is no need to send more data until the new updated export is available. There is not an exact date for the final export to be released just yet.
- Reminder to run check codes this year. There have been mapping changes. There are not new elements but mapping changes to existing codes. One of the major changes: Facility ID's.
- When exporting records into MN Trauma, watch for schema errors. A schema error is a mapping that did not go quite as planned. This is an indication that something is wrong, and you will need to go into the data dictionary to ensure mappings are correct.
- In the beginning of the data dictionary, you can look at the "What's New" section to see any changes from previous year. Everything that is changed will be listed in the tracking table.
- For data elements that the State collect and NTDB collect, the mapping should be identical. So, if you are sending data elements to NTDB and the State, the mappings should be the same. But, if you are sending data just to the State, this is where the mappings can get 'wonky', so we just need to make sure we are sending the correct codes.
- At the STAC meeting a couple weeks ago, one of the workgroups proposed that the STAC should consider adding a few new data elements to the 2022 data set. (This came from the 'Strategic Initiatives Work group', they are helping the STAC figure out what STAC should focus attention on in upcoming years.) One of these is EMS issues, and part of that discussion evolved into, 'What causes transfer delays in the emergency department?' The reasons are multi-faceted, EMS is only one component, but there are many more. The system does not have objective or quantitative data about what causes these delays, and how much delay it causes. The State needs quantifiable data if they are going to pursue any realistic policy initiatives or ask for any resources to change anything. The committee recommends that we start collecting data on what time that the hospital makes decision to transfer the patient, whether there was a transfer delay (yes or no), and what was the reason for the delay (high level categories, (ie. EMS, weather, facility, patient related) This will be discussed more at the September STAC meeting. Chris mentioned that Level 4 centers already have this on their radars and have been tracking some of the data (times) for their



performance metrics. There is more discussion to be had on how to strategically collect this data, but there are some models of how to do this out there.

- ICD 10 course update:
- Up to 50 people throughout the State are interested in a course.
- October courses set up with KJ Consulting for MN.
- Scholarship information: The State cannot enter contracts, make any plans, schedules, etc. until July 1<sup>st</sup>.
- Mark Kinde has very generously dedicated \$10,300.00 to help subsidize this class. This just needs to be approved by his supervisors and figure out how we spread this money out.
- After July 1<sup>st</sup>, when funding is available, more details will come. “What are we going to do with this money, how are we going to defray the costs, one class costs more, should the scholarship be more?” Chris is looking for group input how we think this should be dispersed. Please email us your thoughts.
- **Save the Date:**  
**EVEN Sharper Coding for Trauma with ICD-10-CM/PCS Virtual Course** (refresher course) on October 5-6, 2021 (9:00am – 12:00pm EST)  
**Sharper Coding for Trauma with ICD-10-CM/PCS Virtual Course** on October 20-21 and October 27-28, 2021 (9:00am – 1:00pm EST).

#### **Status of TBI/SCI Registry Reporting– Dr. Leslie Seymour, Epidemiologist**

- MN Statute requires to maintain a database of all hospital treated traumatic brain and spinal cord injuries; hospitals are adhered by this statute to let MDH know this information within 2 months of discharge.
- With the issues with transferring data from TraumaBase to MN Trauma, there has been a lot of delay getting letters out to individuals. (MDH) had an increase in the number of calls from people wishing they would get letters and information sooner. Therefore, Leslie had requested us to send the information to her directly. That has been going well and there have been multiple mailings out to individuals. She said it has been successful, but a huge chore for us.
- (MDH) started exploring alternate method called syndromic surveillance. Because of the pandemic, it got expedited at the Department of Health to better identify the Covid cases. It is an electronic transfer of records directly from the hospitals to MDH. Because MDH has that statute, it makes it easier for that to be included, but MDH needs to get permission from each individual hospital. That is where (MDH) is at, the framework is in place and set to receive records in the first week of July. What they need is at least 2-3 hospitals to give permission to start extracting the cases that they need. Leslie mentioned this was presented and explained further in detail at STAC a week or two ago. She is not going to explain here right now, but what she is asking our group to do is,



to go to our Trauma Program manager and our IT department and tell them we want to get this started and encourage them to contact MDH for this. Once the information is validated, our reporting will no longer be needed (direct reporting).

- Syndromic surveillance is happening in hospitals nationwide, it has been operating already for Covid and for drug/opioid surveillance.
- A power point was emailed to the group for further details during the meeting. If anyone has any other clarification questions, please contact Leslie Seymour.
- I reached out to MDH for more information, Melinda Hanson provided some assistance for those who are interested and did not know where to begin. (*email* from Melinda below)

*"I think the best option for the MTRA group might be to ask them to connect with each of their own IT department, share the two documents listed - the first with your wording on why you want them to include TBI/SCI use case with ADT messages the organization is already sending. The second is the overall approach MDH would like to connect with each organization regarding MDH Interoperability Plan, which includes the TBI/SCI use case. Please ask their IT departments to reach out to me to set up a meeting for discussion on these options and next step planning."*-  
[melinda.hanson@state.mn.us](mailto:melinda.hanson@state.mn.us)



MDH

Interoperability Plan



2015

TBI\_Special\_Emphasi

### **Adjournment:**

Meeting was adjourned at 9:54 am by Carissa Wilcox, Meeting Chair.

The next meeting will be held in October (date to be determined), via WebEx due to Covid-19 restrictions. Or if your facility is holding in-person meetings and you are interested in hosting, please reach out to the Chair.

The Meeting minutes are respectfully submitted by Carissa Wilcox, Chair.

