A) Minutes from last meeting/ Outstanding Items
   • There were no outstanding items. There were no corrections to the previous meetings minutes.

B) Pomphey Consulting
   Michelle Pomphey gave a brief summary of some of the courses available through Pomphey Consulting. They have a Mentorship program for new Registrars, ICD-9/10 coding overview and others. For more details, check out their website, pompheyconsulting.com.
C) ASTR Quarterly Data Submission

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Quarter 3, 2013 data was due on January 2, 2014 (ED/Hospital Arrival Dates Jul – Sep 2013). Quarter 4, 2013 data will be due on April 1, 2014. Thanks to all who have completed submissions.

D) Trauma One® Version 4.20 Multi-Site Web-based database

- Rogelio gave a quick status on the new Trauma One. We have been testing the application and will have sites do some testing this afternoon. It requires either Internet Explorer 9 or later; Firefox 23 or later; or Chrome 25 or later. The screens flow the same way as the current version; however, it has an updated look and feel and the functionality is much improved. For example, it’s possible to have multiple modules and patient records open simultaneously and it’s easy to move to and from the various modules within the Web version. We hope to finish testing very soon and have the Web Registry live in mid-February, 2014. We will begin by migrating the Level IV sites who are doing the reduced data set and then move to the Level I and Level III sites.

E) Lancet Training

Here are the dates for the Lancet WebEx Training:

January 27, 2014 11:00AM – Noon:
Session 1: Reporting Overview, Report Types, Count Reports
February 3, 2014 11:00AM – Noon:
Session 2: Averages, Multi-variable Reports, and Repeat Sets
February 10, 2014 11:00AM – Noon:
Session 3: Populations
February 24, 2014 11:00AM – Noon:
Session 4: Populations as Reporting Variables in Count and Multi-Variable Reports
March 3, 2014 11:00AM – Noon:
Session 5: Reporting Multi-Valued Data – Constraints and Linkage
March 10, 2014 11:00AM – Noon:
Session 6: Dashboards and Compliance Reporting – Count Reports

Here is the connection information:

Topic: Online Report Training (1)
Date: Monday, January 27, 2014
Time: 11:00 am, AZ Time
Meeting Number: 659 364 266

To join the online meeting (Now from mobile devices!):

1. Go to https://lancet.webex.com/lancet/j.php?ED=227929197&UID=0&RT=MiMxMQ%3D%3D
2. If requested, enter your name and email address. Please enter your full name and E-mail
so I can track who is attending the class.
3. If a password is required, enter the meeting password: (This meeting does not require a password.)
4. Click "Join".

To join the audio conference:

Call-in toll number (US/Canada): 1-650-429-3300;
Access code: 659 364 266

F) **ICD-10 classes:**
St. Joseph’s Hospital is planning to host at least one ICD-10 training class. They are looking at August, 2014, and will send out more information when they have firm dates.

G) **Finish Inter-rater reliability discussion**
The IRR discussion experienced various issues preventing a meaningful discussion of the process. BEMSTS will be providing an assessment of the variables that were selected and provide feedback to everyone that submitted an IRR. There will only 25 minutes dedicated at the next meeting to finish and complete Procedures, Complication, and Discussion.

BEMSTS will present TRUG some options at the next meeting to find the best solution for streamlining this process.

H) **Any other questions / items to discuss?**
None.

I) **TRUG 2014 meeting schedule:**
- Wednesday April 23, 2014 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday July 23, 2014 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday, October 22 2014 / 9:30 – 11:30 am / ADHS 540-A Conference Room
### Trauma Registry Users Group Meeting Minutes

**Wednesday April 23, 2014 9:30 am – 11:30 am**  
**Location:** Arizona Dept. of Health Services  
150 North 18th Avenue Phoenix AZ 85007  
5th Floor – 540A Conference Room  

**Arizona State Trauma Registry Contacts:**  
Mary Benkert 602-542-1245 Mary.Benkert@azdhs.gov or  
Rogelio Martinez 602-542-2246 or Rogelio.Martinez@azdhs.gov

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<table>
<thead>
<tr>
<th>Attendees</th>
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</tr>
<tr>
<td>ADHS – Rogelio Martinez</td>
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</tr>
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</tr>
<tr>
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<td>Maricopa Medical Center – Tiffiny Strever (p)</td>
</tr>
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<td>Summit Healthcare Regional – Jeff Morgan (p)</td>
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<td>Flagstaff Medical Center – Sheri Reiff (p)</td>
<td>University of AZ – SOUTH Campus – April Bennett (p)</td>
</tr>
<tr>
<td>John C Lincoln DV – Sheila Humphries (p)</td>
<td>University of AZ – UNIVERSITY Campus – Paul Bowby</td>
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<tr>
<td>John C Lincoln North Mountain – Jennifer Kennedy</td>
<td>University of AZ – UNIVERSITY Campus – Arvie Webster (p)</td>
</tr>
<tr>
<td>La Paz Regional Hospital – Maria Martinez (p)</td>
<td>Yavapai Regional Medical Center EC – Chris Thompson</td>
</tr>
<tr>
<td></td>
<td>Yavapai Regional Medical Center WC – Donna Quay(p)</td>
</tr>
<tr>
<td></td>
<td>Yuma Regional Medical Center – Genia Sims (p)</td>
</tr>
</tbody>
</table>

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**A) Minutes from last meeting/ Outstanding Items**

- There were no corrections to the previous meetings minutes. I have a couple of updates to share:
  - The data dictionary had the old picklist for Hospital Discharge Disposition. I made the correction and posted the updated data dictionary to the website;
  - I added Sonoran Health and Emergency Center to the Facility picklist and sent it to Lancet. If you do not have it, contact Lancet and have them send it to you.
B) ICD-10 Training
- Due to the delay in ICD-10 implementation until October 1, 2015, the ICD-10 training originally scheduled for August has been cancelled. Chandler Regional and St. Joseph’s are still planning to host sometime in 2015. They will look at some date options for next year, possibly August again. Please contact Lori Wass for further information.

C) ASTR Quarterly Data Submission

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Quarter 4 2013 data was due on April 1, 2013 (ED/Hospital Arrival Dates Oct – Dec 2013). Thanks to all who have submitted. Data for January through March, 2014 is due July 1, 2014.

D) Data Validation Best Practice
- Flagstaff does an excellent job with their validation and error correction. Each quarter, when they submit their data file, they also send a spreadsheet with any remaining error messages and a short explanation for each one. They have been doing this for years and it’s a great example of how validation and error correction is effectively and efficiently managed. I have attached one example to the last page of these minutes.

E) Quarterly Reports
- Vatsal Chikani presented the aggregate data for the first quarterly reports of 2014 for Level I, found here: http://www.azdhs.gov/bems/documents/data/quality-assurance/14-1-lv1.pdf
- Rogelio sent these reports with agency-level data via secure E-mail to the Trauma Program Managers and Medical Directors at each site in March. If your site did not receive those please let Rogelio know.

F) Trauma One® Version 4.20 Multi-Site Web-based database
- We continue to work with Lancet on the Trauma One Web Registry. We will provide a new timeline as soon as possible. The Bureau has had a great working relationship with Lancet for many years and our goal is to release a fully-functional web registry in the next few months.

G) Lancet Trauma One Training
- We have completed nine webinar training sessions in 2014. The feedback from TRUG members has been very positive. Everyone who expressed an opinion prefers the webinar training over onsite trainings hosted by BEMSTS. The pace of the training seems to be better, giving people time to absorb the material as opposed to one or two whole days of information overload. The question of how to count CEUs is an issue. Currently, we can only track attendance to the live webinar sessions. TRUG has suggested another day besides Monday would be better for the live webinars. Mary will talk to Lancet and find some dates and more advanced topics, including Chalkboards.
H) **Inter-rater reliability**
Rogelio presented an idea for a new process for the next IRR project. The state will select a case study from the sample cases supplied by TRUG members. Registrars will enter it into Trauma One and send it to Mary. A small group (2-3) of registrars will be selected to develop an answer key for the case and present it to TRUG. Through discussion at TRUG, the answer key will be finalized. The state will score the cases based on the TRUG answer key and report the results to each individual registrar. This should streamline the process and allow for more active discussion and participation by TRUG. This process will begin in the next IRR project.

I) **Other questions**
- A question was asked regarding how to track TXA administration in Trauma One. Paul Bowlby mentioned that University of AZ Medical Center has added this to one of their screens.

J) **iLinc update:**
- The call-in passcode within iLinc was incorrect. The correct information was on the agenda. Mary will be sure everyone has the correct information for future meetings.

K) **2014 remaining TRUG meeting schedule:**
- Wednesday, July 23, 2014 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday, October 22 2014 / 9:30 – 11:30 am / ADHS 540-A Conference Room
Here is an example of a spreadsheet to document remaining validation items that are ‘not’ errors:

<table>
<thead>
<tr>
<th>Unique_ID</th>
<th>Field</th>
<th>Error #</th>
<th>Error Message</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAST914090</td>
<td>EDHospital Arrival Date</td>
<td>4513</td>
<td>ED/Hospital Arrival Date is more than 30 days from Injury Date. Please confirm these dates.</td>
<td>OK</td>
</tr>
<tr>
<td>TAST914090</td>
<td>EDHospital Arrival Date</td>
<td>4531-AZ</td>
<td>ED/Hospital Arrival Date is &gt; 7 days after Injury Date. May be correct. Please confirm dates.</td>
<td>OK</td>
</tr>
<tr>
<td>TAST965545</td>
<td>County of Injury Incident Location</td>
<td>2333-AZ</td>
<td>County of Injury is Not Documented. Even if address is unknown, registrar should make every attempt to determine county.</td>
<td>Unable to determine</td>
</tr>
<tr>
<td>TAST36949</td>
<td>Total Hospital Charges</td>
<td>19334-AZ</td>
<td>Total Hospital Charges is reported as &gt;$600,000. Entry may be correct but please confirm.</td>
<td>OK</td>
</tr>
</tbody>
</table>

You can use the spreadsheet that’s created when you run your validation and just add a column for Comments at the end. Every time you run validation, a .csv file is created in the Exported Items folder of Trauma One. Just open it with Excel and save it as a .xls or .xlsx file.
Arizona State Trauma Registry
Trauma Registry Users Group (TRUG)

Trauma Registry Users Group Meeting Minutes
Wednesday July 23, 2014 9:30 am – 10:45 am
Location: Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
Arizona State Trauma Registry Contacts:
Mary Benkert 602-542-1245 Mary.Benkert@azdhs.gov or
Rogelio Martinez 602-542-2246 or Rogelio.Martinez@azdhs.gov

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Benson Hospital – Ora Goodman (p)  Scottsdale Healthcare Osborn – Cecilia Ralston (p)
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Yavapai Regional Medical Center– Donna Quay (p)
Yavapai Regional Medical Center – Chris Thompson

A) Minutes from last meeting / Outstanding Items
There were no outstanding items and no amendments to the meeting minutes from April 23, 2014.

B) ASTR Quarterly Data Submission

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Quarter 1 2014 data was due on July 1, 2014 (ED/Hospital Arrival Dates Jan – Mar 2014). Thanks to all who have submitted Q1. For those who have not, please let Mary know when to expect your data. The question was raised regarding the overall timeliness of data. The majority of sites submit their data according to timeframes. There are occasional issues due to connection problems or staffing issues.

C) Conclusion: AZ Length of Stay Calculation in reference to ICU Days and Vent Days calculations. Here is a portion of the text of the E-mail I sent in April regarding this:

‘In ASTR, the Total Hospital Length of Stay (ED + Admission) has always been calculated as follows:

- Calculation for admitted patients: If patient was admitted, the system will calculate Hospital (Inpatient) Discharge Date/Time minus ED/Hospital Arrival Date/Time.
- Calculation for ED only patients: If Hospital (Inpatient) Discharge Date is entered by the user as Not Applicable (null value), the system will use ED Exit Date/Time instead of Hospital Discharge Date/Time to calculate Total Hospital LOS.

As you know, ICU and VENT days are calculated in whole days with any portion of a day counting as one day by NTDB guidelines. The difference in these calculations sometimes results in ICU and/or VENT days exceeding the total length of stay.

The Total Hospital Length of Stay (ED + Admission) field is not transmitted to NTDB; however, the NTDB data dictionary states that the ICU and VENT days should not exceed the State's total length of stay calculation...

Based upon the responses I received from sites, the issue appears to be minor and there will be no changes to the AZ LOS calculation. The majority of sites have no issue with the current Length of Stay calculation. There are multiple ways of calculating LOS so the AZ calculation is just one of many. The Trauma One validator already compares the ICU and VENT days to the NTDB LOS, which counts any portion of a day as one day.

D) Discussion of rendezvous point – definition and examples

It was brought to my attention that rendezvous point was something that was not well-defined and needed clarification. I think by trying to define it, I made it more complicated. After discussion, TRUG agreed that rendezvous point represents a transfer of care away from the scene, i.e. ground ambulance to helicopter. It was pointed out that the run sheet will usually document a rendezvous point if one was used.

E) Discussion of Trauma Triage Criteria

A little background, AZ has been capturing Trauma Triage Criteria in ASTR for years. NTDB has begun capturing the same information in 2 fields, Trauma Center Criteria and Vehicular, Pedestrian, Other Risk Injury, beginning in 2014. TQIP and NTDB seem to have a contradiction in their data collection definition. TQIP wants the fields to be completed with Not Applicable unless the agency is using NEMSIS 3.0. Melissa Moyer has requested further clarification with TQIP. In the meantime, the plan is to continue collecting Trauma Triage Criteria as we have been. We are hoping to resolve this with either TQIP or Lancet auto-filling Not Applicable in the TQIP data export.

In reference to the Trauma Triage Criteria, Vatsal posed a question to TRUG: Can we determine ICD-9 diagnoses codes from Trauma Triage Criteria for the purpose of evaluating over/under triaged patients? The resounding answer from TRUG is no. Although
trauma triage criteria will indicate whether or not the patient was taken to the correct Level of trauma center, over/under triage can only be determined after the patient has undergone certain tests to identify actual injuries and specific ICD-9 codes are assigned.

F) Trauma One® Version 4.20 Multi-Site Web-based database

The web registry is moving forward for Level IV reduced data set sites. The reduced data set sites have been sent instructions on accessing the development site and a webinar demonstrating the features of the new web registry. If you are a Level IV reduced data set site and you have not tried to access the web registry development site, we need you to do this AS SOON AS POSSIBLE (in case you have a hospital firewall restriction.) We are planning to go live the week of August 18. Once the Level IV reduced sites are live we will move forward with implementation in segments: Level IV and Level III stand-alone sites followed by the Level I and multi-site users. Mary will provide access to the webinar and the development site to the next group in August. Several questions were raised regarding data ownership, data access, legal issues, etc. during the meeting. Rogelio asked that a few of the Trauma Managers assemble these questions and forward them to him so they can be formally addressed.

G) 2013 TRUG upcoming meeting schedule
   • Wednesday, October 22 2014 / 9:30 – 11:30 am / ADHS 540-A Conference Room
A) Minutes from last meeting / Outstanding Items

There were no amendments to the meeting minutes from July 23, 2014.

There is an item regarding the miscalculation of LOS and ICU days in Trauma One on the Location tab in the ADVANCED pathway. Cristi Wong discovered it and contacted Lancet to confirm. I am told this calculation was originally set up in 2006; I suspect that every site’s copy of Trauma One is miscalculating, but please check it at your site or contact John Bennett at Lancet.

TRUG has agreed that the calculations need to match the NTDB standard; for ICU days the rule is that any portion of a day in the ICU counts as a day. I will contact John Bennett and have this change made and will let you know how the update will be distributed to the sites.

I will also speak to Lancet regarding corrections to the data. TRUG agreed that 2014 needs to be corrected. Each site may also want other years corrected based on their own reporting.
Post-meeting update: I spoke to John at Lancet and he will contact the sites individually to make the correction in Trauma One and to backfill data for 2014 and prior years based on each site’s preference.

We also discussed adding a time element to the ICU day calculation. The TQIP meeting is in a couple of weeks and questions will be asked of NTDB regarding any future plans for changing the ICU days calculation so we could look at incorporating those ahead of the curve.

**B) ASTR Quarterly Data Submission**

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Quarter 2 2014 data was due on October 1, 2014 (ED/Hospital Arrival Dates Apr – Jun 2014). Thanks to all who have submitted Q2. For those who have not, please let Mary know when to expect your data. Please remember to send me your data submission form each quarter so I know how many records you are sending and when your data entry was complete. The forms can be found on our website, [http://www.azdhs.gov/bems/data/ASTR.htm](http://www.azdhs.gov/bems/data/ASTR.htm); one applies to full data set sites who send me an export file, and the other applies to reduced data set sites.

**C) NTDB changes for 2015 (Excel document)**

We discussed the NTDB change log for 2015. I have attached a separate Excel file to the end of these minutes. I have highlighted in green the items that may impact ASTR. Here are the changes we discussed:

1. New field: PRE-HOSPITAL CARDIAC ARREST – I will add this to the ASTR Full Data Set but not Reduced;

2. Trauma Triage Criteria– add For adults > 65; SBP <110 as a picklist item and have Lancet map to VEHICULAR, PEDESTRIAN, OTHER RISK INJURY for NTDB;

3. PRIMARY METHOD OF PAYMENT – retire No Fault Automobile and Blue Cross/Blue Shield as picklist items; these will now be collected under Private/Commercial Insurance. NTDB is retiring Workers Compensation; however, ASTR will keep that picklist item as many sites track that. I will have Lancet map Workers Compensation to Private/Commercial Insurance for NTDB.

4. CO-MORBID CONDITIONS:
   - Retire: Ascites within 30 days;
   - Retire: Esophageal varices;
   - Retire: Obesity;
   - Retire: Pre-hospital cardiac arrest with resuscitative efforts by healthcare provider;
   - Add: Attention deficit disorder/Attention deficit hyperactivity disorder;

5. There are various other verbiage changes to existing data elements and picklist items;
D) Questions regarding Activity Code field in ASTR – Melissa Moyer

Melissa asked the group how they were recording the ICD-9 Activity code when the trauma is the result of a motor vehicle accident. Not Applicable is what most sites are using, which is in accordance with the instructions in the ASTR data dictionary. Paul at UMC asked if anyone was using activity code E011 – Activities involving computer technology and electronic devices, for motor vehicle cases where the patient was on a cell phone. A discussion ensued as to the definition of Activity Code from the ICD-9 coding manual. Here is an excerpt of the text from the ICD-9 coding manual in reference to Activity Codes (E001 – E030)

‘Categories E001 to E030 are provided for use to indicate the activity of the person seeking healthcare for an injury or health condition, such as a heart attack while shoveling snow, which resulted from, or was contributed to, by the activity…’

Based on the TRUG discussion, we can’t say if documenting cell phone use in motor vehicle accidents is appropriate or even useful since it’s unclear how to determine if the cell phone use actually caused or contributed to the accident. Since Activity Code is not currently an NTDB data element, questions will be posed at TQIP in a couple of weeks to find out whether NTDB plans to incorporate Activity Code and if so, do they have any direction regarding the application of these Activity Codes. We will discuss this further in future TRUG meetings.

E) EMS triage criteria – need clearer definition and purpose of collecting this field – Cristi Wong

Cristi specifically asked for clarification on when to apply these criteria – on all EMS transports, or only EMS transports from the scene. After discussion TRUG has agreed that:

- Trauma Triage Criteria apply only on EMS transports from the scene;
- Trauma Triage Criteria should be N/A (not applicable) when the patient is not transported by EMS.

The ASTR data dictionary will be updated to reflect these items.

F) “EMS Rendezvous” - what does this really mean? Do we use this for EVERY air pick up we ever get?? Need clear cut definition for this use. – Cristi Wong

We discussed this at the previous meeting and after discussion, TRUG agreed that rendezvous point represents a transfer of care away from the scene, i.e. ground ambulance to helicopter. There is no particular mileage limit that can be used to define scene vs. rendezvous point. It was pointed out that the run sheet will usually document a rendezvous point if one was used.

G) Validation Tips

I went through a sample record in the Trauma One Web registry to illustrate a couple of points:

1. When you get a validation error on a calculated field, such as age, you need to check all the data elements involved in that calculation for accuracy. In my example the age was correct, but the units of age were shown as Years when it should have been Months.

2. There is a difference between a logic error vs. what I call a flag. A logic error means there is something wrong in the data entry that needs to be corrected. For example: The date or time of arrival is before the injury date or time.
A flag is a message saying, ‘This could be correct, but just double-check it.’

For example: ED/Hospital Arrival Date is > 7 days after Injury Date. May be correct. Please confirm dates.

3. If Transport Type = INTO_REPT_HOSP, then Transported From (Origin) cannot be *NA. This is a very common error. Whether or not the patient comes in via EMS, this question must be answered. Use the picklist, or use Not Documented (*ND) if you don’t know the origin.

H) Trauma One® Version 4.20 Multi-Site Web-based database

The web registry is moving forward with stand-alone Level IV full data set sites and Yuma. The Level IV reduced data set sites have been using the web registry since August 20 with no major software issues. Kingman, Tuba City, Summit, Yavapai and Yuma have been sent instructions on accessing the development site and a webinar demonstrating the features of the new web registry. From this point forward, since each site has its own copy of Trauma One software, Lancet will need to review each site’s data configuration to determine if they are using the state pages or custom pages.

The question was asked whether or not the transition to the Web Registry is mandatory. At this point, ADHS is not requiring a transition for facilities. Hospitals who would like to keep their own version of Trauma One would be responsible for their own cost, maintenance, and support.

Since many of the Level I sites collect a number of additional data elements for their own reporting purposes, the question was asked if ADHS will have access to this data. ADHS is currently working with Lancet to have access to State data elements only. Lancet has expressed that they can limit ADHS access to only those pages in Trauma One. If sites have questions regarding data ownership, data access, legal issues, etc., please send these via E-mail to Rogelio so they can be formally addressed.

I) 2015 TRUG meeting schedule:

- Wednesday January 21, 2015 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday April 22, 2015 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday July 22, 2015 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday, October 21, 2015 / 9:30 – 11:30 am / ADHS 540-A Conference Room