A) Minutes from last meeting / Outstanding Items
There were no amendments to the meeting minutes from October 22, 2014.

Follow-up from Last meeting: If you used the ICU days’ calculator in Trauma One, please contact John Bennett at Lancet to have your system corrected. As we discussed last meeting, we are correcting data for 2014 submissions; any prior years’ corrections are at the discretion of the individual sites. If you calculate ICU days manually, there is no need to correct your data.

B) ASTR Quarterly Data Submission

<table>
<thead>
<tr>
<th>Reporting Quarter</th>
<th>ED/Hospital Arrival Dates</th>
<th>ASTR Due Date</th>
<th>Case Export Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter One</td>
<td>January 1 – March 31</td>
<td>July 1 of the same year</td>
<td>January 1 – March 31</td>
</tr>
<tr>
<td>Quarter Two</td>
<td>April 1 – June 30</td>
<td>October 1 of the same year</td>
<td>January 1 – June 30</td>
</tr>
<tr>
<td>Quarter Three</td>
<td>July 1 – September 30</td>
<td>January 2 of the following year</td>
<td>April 1 – September 30</td>
</tr>
<tr>
<td>Quarter Four</td>
<td>October 1 – December 31</td>
<td>April 1 of the following year</td>
<td>July 1 – December 31</td>
</tr>
</tbody>
</table>
Quarter 3 2014 data was due on January 2, 2015 (ED/Hospital Arrival Dates Jul – Sep 2014). Thanks to all who have submitted Q3. For those who have not, please let me know when to expect your data. It is important that I receive your data on time, especially as we approach year-end. We have organizations in addition to EMS who utilize trauma registry data based on our submission schedule. 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; one applies to full data set sites that send me an export file, and the other applies to reduced data set sites.

C) Race / Ethnicity Change:

We discussed how race/ethnicity information is entered in the registry when one or the other is missing for a patient. Based on the feedback from TRUG members, each site has its own way of resolving these situations. When race is missing and ethnicity is Hispanic, some sites complete race as WHITE and some use OTHER based on the policy of their administration. The bottom line is that we use race and ethnicity in many of our reports/analyses and we like to see it completed whenever possible. However, if either is missing, it’s better to answer ‘NOT DOCUMENTED’ in the registry rather than make assumptions. We can then be confident in the validity of these data elements. Effective January 1, 2015, if race and/or ethnicity are missing for a patient, please answer NOT DOCUMENTED in the registry, per the data dictionary. Rogelio will plan to bring this up at STAB for discussion as well.

D) Trauma Triage Criteria items

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCS &lt; 14</td>
<td>Glasgow Coma Scale &lt;=13</td>
</tr>
<tr>
<td>TIME SENS EXT INJ</td>
<td>Time sensitive extremity injury</td>
</tr>
<tr>
<td>ENDSTAGE RENAL</td>
<td>End-stage renal disease requiring dialysis</td>
</tr>
</tbody>
</table>

Melissa had asked about TIME SENS EXT INJ and ENDSTAGE RENAL as she did not have those in her system until the last picklist update I sent out. We discussed possibly removing them, but some sites do use them and the decision was made to leave them in the picklist.

For GCS < 14, I had changed the long text to Glasgow Coma Scale <=13 to match the NTDB change; however many TRUG members find it confusing. To change the short text to GCS <= 13 would require a lot of time and effort on the part of Lancet to backfill the new value for every system back to the beginning of data collection. Instead TRUG has agreed that I will change the long text back to Glasgow Coma Scale < 14 to be consistent with the short text value. The current value is already mapped to NTDB so nothing changes from that perspective. I will send a picklist update to include that revision.

E) IRR (Inter-rater Reliability Project)

We will be doing the IRR project a little differently this year. We’d like a few volunteers to assist with the selection of the sample chart and the creation of the answer key. Several TRUG members made a couple of suggestions. One, that we use a chart that is well-documented so the information is consistent throughout. We might even want to ‘assemble’ a chart using different pieces from different patients to create a good sample. Secondly, it was suggested that we select a sample that is not the most unusual or most injured patient one has encountered. The idea is to find one that will provide us with good discussion without taking the registrars hours to complete. Each registrar’s results are confidential and will be reported only to the individual by ADHS.

Beth Latrell, Cristi Harbison, Erzsebet Szabo, Melissa Moyer and Rose Johnson have volunteered their expertise for this IRR project. Thank you!!
F) DocMatter

DocMatter is a secure website community I would like to use for our TRUG membership as a forum to ask questions, share ideas, best practices and disseminate information. We will have our own private group for the Arizona Trauma Registry. We also have the option to be connected to national groups regarding Trauma and Trauma Program Management if we would like.

The website is free. It does contain links to other medical professionals, such as medical equipment suppliers. You are free to click on those links and get information, but if you choose not to you will not be solicited and you will not be subjected to advertising.

I accessed the website for TRUG so we could all see what it looks like and decide if we should try DocMatter. Based on the feedback from TRUG, I will get the group set up and we will give it a try. Once it is set up and I learn more about how to use it, I will provide more information to the group.

G) CEU Certificates – I am working on these and will get them out to you as soon as possible. Thanks for your patience.

H) Updated Picklist – I will be sending out an updated picklist with the following changes:
   - Add Dignity Health - Arizona General Hospital to the facility list;
   - Correct the order of St. Joseph’s Hospital and St. Joseph’s Westgate;
   - Make the System Access and the Discharge Disposition picklists ‘one-click’ access;

Per TRUG members, there are some facility name changes coming soon. Let me know when these name changes are effective and I will send out another updated picklist.

I) Erzsebet had a question regarding the discharge date and time in death cases. They use the clinical definition of ‘brain’ death which can precede ‘cardiac’ death by several hours, especially in cases when organs are being harvested for donation. This conflicts with TQIP withdrawal of care and she has sent them an E-mail asking for clarification. Rose told the group she had requested clarification in the past regarding this and TQIP does not recognize ‘brain’ death, they want ‘cardiac’ death recorded. Erzsebet will wait for TQIP response to her inquiry and will follow up with TRUG at the next meeting.

J) Remaining 2015 TRUG meeting schedule:
   - 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