OPEN MEETING MINUTES

Name of Governmental Body: Statewide Trauma Advisory Council- Data Management Committee			Attending: 103 online participants
Date: 3/4/2025	Time Started: 9:02am	Time Ended: 10:00am	
Location: Zoom			Presiding Officer: Laura Kalscheur

Minutes

1. Call to Order and Introductions (*Informational*)

2. Review and Approve December 2025 Meeting Minutes (*Vote*)

   First: Meghan Z.

   Second: Laura K.

   Favor: all

   Opposed: none

3. Data Sharing Discussion

   a. Who do you share your data with? What information is shared? What frequency? What is the intent of data sharing? Has it been helpful for the trauma program?

   b. Hospital staff quarterly to share PI information, helpful with the PI page and follow up ability that is easy to find.

   c. Reports sent from DHS – share during PIPS meeting and ED staff

   d. Annually data on transfers admits deaths discharges

   e. Some data we share with ED/PI in documentation that is being missed or needs improvement

   f. Executive leadership team and Multidisciplinary team

   g. When will the Q4 report cards come out? About a month – just hit the 60 days past the year end.

4. Trauma Coding

   a. What has been helpful to you? Who has helped you? What is missing for education?

   b. Presentation from Peggy C.

      i. Onboarding to the trauma registry was 1 hour with the previous person leaving

      ii. Inclusion criteria page is essential to start. The data source hierarch guide is helpful.

      iii. HIM has different rules than trauma.

      iv. External Cause Code: Rules – no one taught this until taking the ATS course!

         1. ACS Best Practice Guideline for Abuse – page 124

      v. Sat down with HIM department to explain why trauma codes differently and what is put into the registry.

      vi. Share slides? If wanting the slides, please email DHSTrauma

      vii. Procedure codes – very different from HIM processes, but you can still use them to help! Page 110 in the data dictionary

      viii. Will not enter codes that were not diagnosed at your facility.

      ix. AIS book is extremely helpful

      x. Resource: [ICD-10-PCS Procedure Codes - 2025 Complete Reference](#) - I've found this site extremely useful for procedure coding. It gives you a break down by body system and gives an explanation for each code.

      xi. Question: What does initial encounter mean?

           1. They were seen, discharged, and came back for the same injury event

      xii. Question: If a patient is seen at a clinic(CT SDH), sent to an ED and the ED Dr Note documents SDH and Tx Out. Is this a Dx for SDH or unspecified? Question: If the injury was diagnosed at urgent care and then sent to ED for evaluation is that included?

           1. No CT at ED, I would use outside CT no imaging at hospital – Katie will follow up!

      xiii. Question: Do you need to start with the most severe injury of each body system and then move to least severe or do you go through each body system first and do severe to minor by body system?

           1. Dependent on your registry and how it flows.

      xiv. Unspecified injuries – some of there are high, an opportunity to connect with HIM team

      xv. Resource list shared

5. Patient Registry Data Dashboard
   a. Demonstration of canned dashboards available on the patient registry site.
6. Public Comment related to the Wisconsin Trauma Care System *(Discussion)*

Prepared by: Margaret Wogahn on 3/4/2025.

These minutes are in draft form. They will be presented for approval by the governmental body on: 6/3/2026