PRACTICE GUIDELINE

Effective Date: **8-14-06** Manual Reference: **Deaconess Trauma Services**

TITLE: TRAUMA REGISTRY PROCESS

PURPOSE: To identify the purpose, responsibility and process for using the trauma registry.

DEFINITION:

Deaconess Trauma Services maintains a registry of trauma patients using commercially-licensed trauma registry software, and the State of Illinois registry web-based software. Deaconess uses the most current inclusion and exclusion criteria of the National Trauma Data Standard (NTDS), found at the following web address: *www.ntdsdictionary.org*. Patients are ***included*** in the registry according to the following ***inclusion criteria***:

At least one of the following injury diagnostic codes defined as follows:

International Classification of Diseases, Tenth Revision (ICD-10-CM):

- **S00-S99 with 7th character modifiers of A, B, or C ONLY** (injuries to specific body parts – initial encounter)
- **T07** (unspecified multiple injuries)
- **T14** (injury of unspecified body region)
- **T20-T28 with 7th character modifier of A ONLY** (burns by specific body parts – initial encounter)
- **T30-T32** (burn by TBSA percentages)
- **T79.A1-T79.A9 with 7th character modifier of A ONLY** (Traumatic Compartment Syndrome – initial encounter)

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, T20-T28, T30-T32 AND T79.A1-T79.A9):

- All activations
- All trauma related hospital admissions; < 23 hours observation status with AIS greater than 1or AIS of 1 that requires surgery within 24 hours; excluding activations, transfers, &/or deaths
- All injuries 14 days old or less; excluding activations, transfers in/out, &/or deaths
- All injury-related deaths in the ED, OR, or after admission; including DOAs
- All injury-related transfers into &/or out of Deaconess Hospital (via EMS transport (including air ambulance)
- Any burn patient admitted to Deaconess Hospital regardless of association with mechanism of injury.
- Readmissions related to the original trauma injury < 45 days from original discharge date

Patients are ***not included*** in the registry according to the following NTDS ***exclusion criteria***:

ICD-10-CM:

- **S00** (Superficial injuries of the head)
- **S10** (Superficial injuries of the neck)
- **S20** (Superficial injuries of the thorax)
- **S30** (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
- **S40** (Superficial injuries of shoulder and upper arm)
- **S50** (Superficial injuries of elbow and forearm)
- **S60** (Superficial injuries of wrist, hand and fingers)
- **S70** (Superficial injuries of hip and thigh)
- **S80** (Superficial injuries of knee and lower leg)
- **S90** (Superficial injuries of ankle, foot and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

Additional exclusion(s):

Medicine admissions admitted for medical reasons and not for their traumatic injuries (i.e. the traumatic injury would have been normally treated as outpatient, but patient required admission for medical management of co-morbid conditions and patient not requiring intervention for injury [i.e. surgery, IR procedure, wound management]); excluding activations, transfers &/or deaths.

GUIDELINES:

1. The Trauma Registry data may be used for the following:
   A. To facilitate the recording and analysis of injury-related data for patients who meet the above criteria.
   B. To facilitate the process of continuous performance improvement and care of the injured patient.
   C. For trending and optimizing care and resources through comparative analysis and benchmarking by using quantitative and qualitative data.
   D. To support public health and legislative initiatives related to the implementation and participation in a local, regional, state or national registry (National Trauma Data Bank).

2. The Trauma Registry is maintained in a confidential manner:
   A. The registry is password-protected.
   B. Access to the Trauma Registry is limited to the Director of Critical Care and Trauma Services, Trauma Program Manager, Trauma Performance Improvement RN, Trauma Data Quality Coordinators, Trauma Medical Director, Trauma Performance Improvement and Patient Safety Medical Director, Trauma Outreach Medical Director.

C. Reports are generated from the Trauma Registry according to the following guidelines:
    i. All external requests must go through the process of requesting data using the Trauma Data Request form as described below.
        - External requestor: any department at Deaconess Hospital other than Trauma Services, any outside entity (i.e. State Department of Health, Insurance agencies, Injury prevention organizations)
    ii. The Trauma Registry Data Request form will be given to the requestor by the Senior Trauma Data Quality Coordinator. The Senior Trauma Data Quality Coordinator will be responsible for maintaining confidential files of the data forms. These report requests will require at least a 72 hour notification to the Senior Trauma Data Quality Coordinator. The following information is to be included on the Trauma Data request form before it can be reviewed:
        - Date of request
        - Requestor name
        - Requestor affiliation
        - Description of data requested
        - Intended use
        - Intended audience
    iii. All Trauma Registry Data Request forms and a copy of the released data/report will be saved electronically in the Trauma Share folder for future reference or questions.
    iv. The Trauma Program Manager will review reports prior to release; will approve, approve with conditions, deny release of the report, or ask that the request be reviewed by the Privacy Officer prior to approval and release. Any approval communications from Privacy Officer will be kept with request and report electronically as described above. All of this information will be recorded on the Data Request Form.

3. The Trauma Data Quality Coordinators:

A. Are responsible for the accuracy and timeliness of the data entry into the trauma registry software and the timeliness of data submissions to National Trauma Data Bank (NTDB) quarterly as recommended by the American College of Surgeons (ACS) as well as, timely submission of data to the Indiana Trauma Registry on a quarterly basis.
B. Assure that 80% of all patient data is finalized in the trauma registry software within 60 days of patient's discharge.
C. Assure that 100% of all trauma entries in trauma registry software are validated by comparing the data in the registry with patient charts in EPIC electronic medical record, EMS run reports, and referring hospital record.
D. Data Quality Coordinators will perform 10 chart audits monthly and records will be kept for one year and will be discussed with Trauma Program Manager and Data Quality Coding Coordinator upon completion each month. Responsible to randomly select patient records entered by the other party for accuracy on a monthly basis. Records should include a mix of patient type (i.e. Category I, Category II, and Isolated injuries). If errors are found, corrections are to be made upon finding. Data

Quality Coding Coordinator to use trauma registry data validation spreadsheet to record audit information and should be saved electronically in share folder (EXHIBIT A). AUDIT TOOL

E. The Trauma Data Quality Coordinator is responsible for the accuracy and timeliness of data entry, which is defined as maintaining data one quarter behind, into the Illinois Department of Public Health web-based registry.

4. The Trauma Program Manager:
   A. TPM will perform monthly audits on all deaths and transfer charts, paying close attention to PI and complications.
   B. TPM will be responsible for checking with Data Coding Quality Coordinators regarding status of all registries (IN, NTDB, IL) and ensuring deadlines are met. This is to be discussed at monthly Trauma Department meetings with Trauma Services staff.

5. Information Services will back up trauma registry software nightly & archival files weekly. Before any upgrades are completed to the trauma registry, a data backup will be completed by technical support prior to any changes. Information Services will be responsible for performing all updates to the trauma registry software.

6. The Trauma Service's staff must all be in agreement before any additional data points or picks are added to the trauma registry.

7. Any changes to registry data points or changes in collection of the data will be recorded on the Department Activity log for recording keeping purposes.

REFERENCES:

- Resource for Optimal Care of the Injured Patient: 2014
- National Trauma Registry for the American College of Surgeons, version 4.2
- State of Illinois Web Based Trauma Registry Software
- National Trauma Data Standard Data Dictionary (most current version)
- State of Indiana Data Dictionary
- State of Illinois Data Dictionary
- ICD-10 Coding Reference Book

REVIEWED DATE	REVISED DATE
Previous dates removed for space	MAY 2010
SEP 2007	AUG 2010
JAN 2008	MAY 2011
MAY 208	AUG 2012
FEB 2009	JAN 2015
AUG 2014	JUL 2016
JAN 2018	FEB 2017
AUG 2020	APR 2019

Registry Audit Tool – Exhibit A

Cat I Cat II Isol	Patient name	DOS	
Death Transfer Med Admit Peds			
	Entered by	D/C by	Audit by
Front End	Info in registry	Proposed Change	Outcome
Arrival Time			
Cause Code			
Location Ecode			
Ecode			
Reason for Activation			
Team notified time			
FAST			
Risk Data			
Inpatient Unit Dispo			
Front end PI entered			
Discharge	Info in registry	Proposed Change	Outcome
SBIRT completed			
Inpatient Discharge Time			
Inpatient Dispo Code			
ICU Days			
Vent Days			
Provider Call Time(record if discrepancy)			
ICD-10 Codes (record if discrepancy)			
Procedures (record if discrepancy)			
PI (missing?)			
TQIP TBI			
TQIP VTE			
TQIP Hemorrhage Control			
TQIP Withdrawal of Care			