



**Arizona Department of Health Services
Bureau of EMS & Trauma System
Trauma Registry Users Group (TRUG)**

**Trauma Registry Users Group (TRUG) Meeting Minutes
Wednesday April 11, 2012 - 9:30 a.m. – 11:30 a.m.
Location: Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
Contacts: Anita Ray Ng 602-542-1245 raya@azdhs.gov
Anne Vossbrink 602-364-3164 Anne.Vossbrink@azdhs.gov**

ADHS– Anita Ray Ng	St. Joseph's Hospital– David Villa
ADHS – Anne Vossbrink	St. Joseph's Hospital– Elisa Flores (p)
Banner Good Samaritan Medical – Angela Minchella (p)	St. Joseph's Hospital– Rose Johnson (p)
Banner Good Samaritan Medical – Kathi Coniam (p)	St. Joseph's Hospital– Shawna Hosler (p)
Banner Good Samaritan Medical – Rick Paredez (p)	Southeast AZ Medical Center– Annie Benson (p)
Banner Good Samaritan Medical – Susan Lunsford (p)	Summit Healthcare Regional Medical Center– Lea Butler
Flagstaff Medical Center– Beth Latrell	Tuba City Regional Health Care– Delores Succo (p)
Flagstaff Medical Center– Suzanna Hubbard	Tuba City Regional Health Care– Tana Yazzie (p)
John C Lincoln North Mountain– Melissa Moyer	Tuba City Regional Health Care– Tanya Suina (p)
John C Lincoln North Mountain– Sheila Humphreys	Tuba City Regional Health Care– Shannon Johnson (p)
John C Lincoln North Mountain– Xan Hummel	University of AZ–SOUTH Campus – Irene Gohr (p)
Kingman Regional Medical Center– Elisa Bizon (p)	University of AZ–UNIVERSITY Campus– Bianca Wade (p)
Maricopa Medical Center– Claire Holmes (p)	University of AZ–UNIVERSITY Campus– Carol Bailey (p)
Maricopa Medical Center– Lillian Namagembe (p)	University of AZ–UNIVERSITY Campus– Terry Burns (p)
Maricopa Medical Center– Linda Tuck (p)	Verde Valley Medical Center– David Guth (p)
Phoenix Children's Hospital– Cristina Wong (p)	Verde Valley Medical Center– Jessica Pusl (p)
Phoenix Children's Hospital– Danelle Alexander (p)	West Valley Hospital– Darlene Rodriguez (p)
Scottsdale Healthcare Osborn– Erzsebet Szabo (p)	Yavapai Regional Medical Center– Donna Quay
Scottsdale Healthcare Osborn– Jane Burney (p)	Yuma Regional Medical Center– Eugenia Sims (p)
Scottsdale Healthcare Osborn– Karen Helmer (p)	

- A) ASTR Quarterly Data Submission
 - Quarter 4 2011 (ED/Hospital Arrival Dates Oct – Dec 2011) was due on April 2, 2012.
 - Quarter 1 2012 data is due Monday, July 2, 2012 (ED/Hospital Arrival Dates Jan – Mar 2012).
 - The Reduced Data Set will be directly entering data into Trauma One so a process will be set up for to verify that the quarterly data has been entered into Trauma One.

- B) ASTR 2011 Data Validation and 2011 Data Close-out
 - Full Data Set – Anita will finish importing the final 2011 data/corrections, run validation, and email each hospital to let them know when to check their SFTP folder for remaining items. In the meantime, hospitals should continue to use the validation tool to correct their data.
 - Reduced Data Set – Anne will send each Reduced Data Set hospital a secure email with their remaining 2011 corrections. Please email Anne when your corrections are complete.

- C) ASTR 2012 data entry changes

- The ASTR Data Dictionary has been updated with the 2012 NTDB/NTDS changes. National changes were minor this year. If you have questions regarding 2012 data entry, please contact Anita.
- System Access / Inclusion Criteria 2012
 - a) There has been a change in 2012 inclusion criteria for inter-facility transfers (see Appendix 1), per TEPI advisory committee. Level III and IV trauma centers are required to continue to submit inter-facility injury transfers by EMS. However, Level I and II Trauma Centers are no longer required to submit their transfer patients if those patients did not meet any other state inclusion criteria.
 - b) Question on hip and wrist fractures for admitted children – current ASTR inclusion criteria do not specify an age requirement for exclusions.
 - c) Any issues with the inclusion criteria need to be discussed with your Trauma Coordinator/Manager and they can bring the discussion to the TEPI committee if necessary.
 - d) Please select all inclusion criteria that apply for the System Access (Inclusion) field.
 - e) Hospital question about adding the option “Meets hospital inclusion criteria” to state System Access picklist – The System Access picklist indicates which of the 4 state inclusion criteria each patient met, i.e., why you are sending this record to be included in the state registry. If the patient does not meet the state criteria, then you should leave this field blank and do not export these non-state record to ASTR. If a record is sent to the state registry, the System Access field cannot be blank, ND, or NA as these options do not meet state inclusion criteria.
- GCS Qualifier changes in 2012
 - a) The GCS Qualifier field was added in 2008 per request of NTDB data standard.
 - b) This is a single entry field so the space bar cannot be used to make multiple selections.
 - c) From 2008-2011, NTDB did not capture paralytic information, but for 2012 forward they do want this information sent to them. The state picklist was updated to capture all possible combinations of intubation, paralytics and sedation, and choices were selected in a way that we would not have to convert the 2008-2011 data over to new values.
 - d) Use the picklist titles to more quickly find which option that you need.

2012 PICKLIST CHOICES:	
Picklist title: YES Intubation & NO Eye Obstruction:	
3	Intubated Only (NO Chemical Sedation or Paralytic Agent)
A	Intubated & Chemically Sedated & Paralytic Agent
4	Intubated & Chemically Sedated
B	Intubated & Paralytic Agent
Picklist title: NO Intubation & YES Sedation or Paralytic Agent:	
1	Chemically Sedated Only
C	Paralytic Agent Only
D	Chemically Sedated & Paralytic Agent
Picklist title: NO Intubation & YES Eye Obstruction:	
2	Eye Obstruction Only
5	Eye Obstruction & Chemically Sedated
E	Eye Obstruction & Paralytic Agent
F	Eye Obstruction & Sedated & Paralytics
Picklist title: YES Intubation & YES Eye Obstruction:	
6	Intubated & Eye Obstruction
7	Intubated & Eye Obstruction & Sedated
G	Intubated & Eye Obstruction & Paralytics
H	Intubated & Eye Obstruction & Sedated & Paralytics
2008-2011 PICKLIST CHOICES:	
1	Patient Chemically Sedated
2	Obstruction to the Patient's Eyes
3	Patient Intubated
4	Chemically Sedated & Intubated
5	Chemically Sedated & Obstruction to Eyes

6	Obstruction to Eyes & Intubated
7	Chem. Sedated & Obstruction to Eyes & Intubated

D) Trauma One® Version 4.20 Multi-Site Upgrade

- Excel spreadsheet Reduced Data Set users are being transitioned to the state multi-site system. The virtual server has been set-up and hospitals are testing the connection now.
- Initially, we had planned to bring on some of the smaller Full Data Set reporting hospitals, but we have decided to hold off and only bring on the Excel spreadsheet users at this time.
- If development goes as planned, it is anticipated we will have a high capacity Web-based Trauma One® multi-hospital database in early 2013. More information will be provided to hospitals as it is received – an update from Lancet is expected this month.

E) Switching from ICD-9-CM to ICD-10 data entry

- HHS has proposed a one-year delay of the ICD-10 compliance date, so the national required implementation date of October 1, 2013 is no longer valid. For state reporting purposes, we will continue to require ICD-9 until ICD-10 is implemented nationally.
- Latest update (taken from a CMS Office of Public Affairs Press Release dated April 9, 2012):
 “The Department of Health and Human Services (HHS) today announced a proposed rule that would delay, from October 1, 2013 to October 1, 2014, the compliance date for the International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10)...

Implementation of ICD-10 will accommodate new procedures and diagnoses unaccounted for in the ICD-9 code set and allow for greater specificity of diagnosis-related groups and preventive services. This transition will lead to improved accuracy in reimbursement for medical services, fraud detection, and historical claims and diagnoses analysis for the health care system. Many researchers have published articles on the far-reaching positive effects of ICD-10 on quality issues, including use of specific reasons for patient non-compliance and detailed procedure information by degree of difficulty, among other benefits.

Some provider groups have expressed serious concerns about their ability to meet the October 1, 2013 compliance date. Their concerns about the ICD-10 compliance date are based, in part, on implementation issues they have experienced meeting HHS’ compliance deadline for the Associated Standard Committee’s (ASC) X12 Version 5010 standards (Version 5010) for electronic health care transactions. Compliance with Version 5010 is necessary prior to implementation of ICD-10.

All covered entities must transition to ICD-10 at the same time to ensure a smooth transition to the updated medical data code sets. Failure of any one industry segment to achieve compliance with ICD-10 would negatively impact all other industry segments and result in rejected claims and provider payment delays. HHS believes the change in the compliance date for ICD-10, as proposed in this rule, would give providers and other covered entities more time to prepare and fully test their systems to ensure a smooth and coordinated transition among all industry segments...”

F) Hospital Presentations at TRUG / Sharing solutions, findings, reports, PI, tips for meeting ACS requirements, etc.

- ADHS would like to invite hospitals to directly participate in the TRUG meeting content. Hospitals will be asked to give a short presentation on something they have found useful in improving their data quality, data completeness, PI process, etc.
- University of AZ Medical Center main campus and Phoenix Children’s Hospital indicated they had useful information to share with the other hospitals regarding data entry changes and reporting that was useful for their ACS visits.

G) Trauma One® trainings

- Online new user data entry tutorial is available – will email link
- New Report Writer + Report Writing Training – when to schedule this?

- H) EMS and Hospital Picklist update process (Trauma One® 4.1 and 4.2)
- I) Procedure Coding “Cheat Sheet” for 2012 data entry – Please review and send any comments or corrections to Anita. We want to send this out to our users to help with data entry.
- J) Any other questions / items to discuss?
- K) Remaining 2012 TRUG meeting schedule:
 - ~~Wednesday, July 18, 2012 - 9:30 am - ADHS Conference Room 540-A~~
Rescheduled to **Friday, July 13, 2012 at 9:00 am** – ADHS Conference Room 540-A
 - **Wednesday, October 24, 2012 - 9:30 am** - ADHS Conference Room 540-A

Appendix 1:

ARIZONA STATE TRAUMA REGISTRY (ASTR)

TRAUMA PATIENT INCLUSION DEFINITION

(Effective for trauma records with ED/Hospital Arrival Dates Jan. 1, 2012 forward)

1. A. A patient with injury or suspected injury who is triaged from a scene to a trauma center or ED based upon the responding EMS provider’s trauma triage protocol; **OR**
- B. ****Level III and Level IV Trauma Centers must report** all patients with injury that are transported via EMS to another acute care hospital or trauma center; **OR**
2. A patient with injury or suspected injury for whom a trauma team activation occurs; **OR**
3. A patient with injury who:
 - A. Is admitted as a result of the injury **OR** who dies as a result of the injury **AND**
 - B. Has an ICD-9-CM N-code* within categories 800 through 959 **AND**
 - C. Does not **ONLY** have:
 - a) Late effects of injury or another external cause:
ICD-9-CM N-code within categories 905 through 909
 - b) A superficial injury or contusion:
ICD-9-CM N-code within categories 910 through 924
 - c) Effects of a foreign body entering through an orifice:
ICD-9-CM N-code within categories 930 through 939
 - d) An isolated femoral neck fracture from a same-level fall:
ICD-9-CM N-code within category 820 **AND**
ICD-9-CM E-code within category E885 or E886
 - e) An isolated distal extremity fracture from a same-level fall:
ICD-9-CM N-code within categories 813 through 817 or 823 through 826 **AND**
ICD-9-CM E-code within category E885 or E886
 - f) An isolated burn:
ICD-9-CM N-code within categories 940 through 949



**Arizona Department of Health Services
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Trauma Registry Users Group (TRUG)**

**Trauma Registry Users Group (TRUG) Meeting Minutes
Wednesday July 13, 2012 - 9:00 am – 12:00 pm
Location: Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
Contacts: Anita Ray Ng 602-542-1245 raya@azdhs.gov
Anne Vossbrink 602-364-3164 Anne.Vossbrink@azdhs.gov**

Lancet Technology – Leon Bowman	Scottsdale Healthcare Osborn– Erzsebet Szabo (p)
Lancet Technology – John Bennett	Scottsdale Healthcare Osborn– Jane Burney (p)
Lancet Technology – Daljeet Singh	Scottsdale Healthcare Osborn– Al Menier (p)
Lancet Technology – Kapil Handa	Southeast AZ Medical Center- Maria Valles (p)
ADHS– Anita Ray Ng	Southeast AZ Medical Center- Olga Rivero (p)
ADHS – Anne Vossbrink	Southeast AZ Medical Center- Annie Benson (p)
Chinle Comprehensive Healthcare – Leilana Badonie (p)	St. Joseph’s Hospital– David Villa
Chinle Comprehensive Healthcare – Lynette Largo (p)	St. Joseph’s Hospital– Rose Johnson
Flagstaff Medical Center– Suzanna Hubbard (p)	St. Joseph’s Hospital– Michelle Guadnola
Intern – Erin Campbell	Summit Healthcare Regional Medical Center– Roni Steadman(p)
John C Lincoln North Mountain– Melissa Moyer	Tuba City Regional Health Care – Tanya Suina (p)
John C Lincoln North Mountain– Sheila Humphreys	University of AZ–SOUTH Campus – Irene Gohr (p)
La Paz Regional Hospital – Maria Martinez (p)	University of AZ–UNIVERSITY Campus– Paul Bowlby (p)
Maricopa Medical Center– Tiffini Strever (p)	University of AZ–UNIVERSITY Campus– Arvie Webster (p)
Maricopa Medical Center– Lillian Namagembe (p)	Verde Valley Medical Center– Tish Arwine
Phoenix Children’s Hospital– Cristina Wong	West Valley Hospital– Darlene Rodriguez
	Yavapai Regional Medical Center– Donna Quay (p)

- A) Lancet Tecnology presented an overview and new features in the web-based Trauma One that is under development. The software vendor answered user questions regarding how the product will work and what effects it will have on AZ data entry, submission and reporting.
- See Lancet Technology handout regarding key features of the upcoming web-based Arizona system.
- B) Remaining 2012 TRUG meeting schedule:
- **Wednesday, October 24, 2012 - 9:30 am** - ADHS Conference Room 540-A



Arizona State Trauma Registry Trauma Registry Users Group (TRUG)



Trauma Registry Users Group Meeting Minutes
Wednesday October 24, 2012 9:30 am – 12:00 pm
Location: Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
Arizona State Trauma Registry Contacts:
Anita Ray Ng 602-542-1245 rava@azdhs.gov or Anita.Ray.Ng@azdhs.gov
Rogelio Martinez 602-542-2246 or Rogelio.Martinez@azdhs.gov

Meeting Attendees:

ADHS– Anita Ray Ng	St. Joseph’s Hospital – David Villa
ADHS – David Harden	St. Joseph’s Hospital – Elisa Flores
ADHS – Rogelio Martinez	St. Joseph’s Hospital – Rose Johnson
ADHS – Noreen Adlin	St. Joseph’s Hospital – Shawna Hosler
Banner Good Samaritan Medical – Kathi Coniam	Southeast AZ Medical Center – Olga Rivero (p)
Banner Good Samaritan Medical – Lori Wass	Southeast AZ Medical Center – Maria Valles (p)
Banner Page Hospital – Darcie Ruvalcaba (p)	Summit Healthcare Regional Medical Center – Roni Stedman
Chinle Comprehensive Health Care – Leilana Badonie (p)	Tuba City Regional Health Care – Shannon Johnson (p)
Chinle Comprehensive Health Care – Lynette Largo (p)	Tuba City Regional Health Care – Tanya Suina (p)
Copper Queen Community Hospital – Claudia Romo (p)	University of AZ–SOUTH Campus – April Bennett (p)
Flagstaff Medical Center – Beth Latrell (p)	University of AZ–UNIVERSITY Campus – Bianca Wade
John C Lincoln North Mountain – Melissa Moyer	University of AZ–UNIVERSITY Campus – Carol Bailey (p)
John C Lincoln North Mountain – Sheila Humphreys	University of AZ–UNIVERSITY Campus – Julie Lopez
Kingman Regional Medical Center – Elisa Bizon (p)	University of AZ–UNIVERSITY Campus – Paul Bowlby
La Paz Regional Hospital – Maria Martinez (p)	University of AZ–UNIVERSITY Campus – Sherry Staffen
Maricopa Medical Center – Tiffany Strever	University of AZ–UNIVERSITY Campus – Terry Burns (p)
Maricopa Medical Center – Lillian Namagembe	Verde Valley Medical Center – David Guth
Mountain Vista Medical Center – Nicole Shultis	Verde Valley Medical Center – Tish Arwine
Oro Valley Hospital – Amber Teichmiller (p)	West Valley Hospital – Darlene Rodriguez
Phoenix Children’s Hospital – Danelle Alexander (p)	White Mountain Regional Medical Center – Hollee Penrod-Simpson (p)
Scottsdale Healthcare Osborn – Al Menier	Yuma Regional Medical Center – Eugenia Sims (p)
Scottsdale Healthcare Osborn – Erzsebet Szabo	Yuma Regional Medical Center – Stephanie Nicholson (p)

- A) Introduction of new ADHS Data and Quality Assurance Section Chief Rogelio Martinez.
- B) David Harden has accepted another position within the Bureau of EMS and Trauma System. Thank you to David for all of his hard work with the trauma registry!
- C) Welcome to our new Arizona State Trauma Registry (ASTR) reporting hospitals! Our TRUG group is growing! At last count, ASTR Trauma Registry Manager is working with 36 AZ hospitals, some of which will soon be starting their data entry and designation process.

D) ASTR Quarterly Data Submission

Reporting Quarter	ED/Hospital Arrival Dates	ASTR Due Date
Quarter One	January 1 – March 31	July 1 of the same year
Quarter Two	April 1 – June 30	October 1 of the same year
Quarter Three	July 1 – September 30	January 2 of the following year
Quarter Four	October 1 – December 31	April 1 of the following year

- 1) Quarter 2 2012 was due on October 1, 2012 (ED/Hospital Arrival Dates April - June 2012).
- 2) Quarter 3 2012 data will be due on Wednesday, January 2, 2013 (ED/Hospital Arrival Dates July - September 2012).
- 3) You will notice that ADHS receives trauma data several months after a patient's ED/hospital arrival. This is to allow time for patients to discharge, final diagnoses to be documented, hospital staff to enter the data, and financial updates to become available.
- 4) Currently, Full Data Set hospitals enter data into hospital-specific versions of Trauma One® and export data files to ADHS quarterly.
- 5) Reduced Data Set hospitals are directly entering their data into the state database using VPN/Remote Desktop access. The login process should become easier with the upcoming web-based system. Information for Reduced Data Set:
 - Answer to common reduced data entry question: Yes reduced hospitals can connect to the state database at any time to enter data. You do not need to wait until the quarter is almost due to start your data. On or before the quarterly due date, direct entry hospitals need to email a data submission form to Anita to indicate: 1) that you have finished the data entry and 2) the number of records you have entered for that quarter.
 - Reminder to Reduced Data Set: Your first two login passwords are the same for the VPN webpage and Remote Desktop connection, and are assigned by the ADHS IT department. For the Trauma One database, users create their own password. Step 1 and 2 will always use the ADHS password you were given, Step 3 will be the password you created.
 - Whenever you are not using the database for data entry, it is important to:
 - 1) Close out of the Trauma One database by clicking the upper right red X or File...Exit.
 - 2) Then click the Log Off button at the bottom of the screen.You need to close out Trauma One before logging off of Remote Desktop/VPN or you will stay logged into the database. If most users stay continually logged in, the system will run slower for everyone.

E) ASTR 2012 Data Validation

- 1) Full Data Set – Corrections to the Full Validation Tool are still pending. Lancet will install the revised tool at all sites. Q1-Q2 2012 state validation will be run once the updates are received and hospitals will be notified of their validation results.
- 2) Reduced Data Set – The Reduced Validation Tool was installed but will require fine-tuning before ADHS and reduced hospitals can start using it. Anita will email Q1-Q2 validation reports as soon as the tool is ready.

F) 2013 trauma data entry changes

- 1) TRUG review of National Trauma Data Bank (NTDB) 2013 data entry changes (see handout)
- 2) Other state data entry items to discuss with TRUG (see handout)
 - Injury Event Details (free text)
 - Street Location of Injury (free text)
 - Trauma Team Activation
 - 2013 Reduced data elements
- 3) Note on ICD-10 data entry: As discussed in a previous meeting, implementation of ICD-10 has been delayed to October 1, 2014. ICD-10 is not required for 2013 data, but we will ask Lancet to build ICD-10 data entry into the upcoming state web-based system so we are prepared for future requirements.
- 4) Anita will update the ASTR Data Dictionary to include the 2013 changes agreed upon by TRUG members and ADHS.

- 5) TRUG members reported issues with the ASTR Inclusion Criteria 2012 (see handout)
 - TRUG would like inclusion criteria concerns brought up to TEPI committee

- G) Trauma One® Version 4.20 Multi-Site Web-based database
 - 1) If development continues to go as planned, it is anticipated we will have a high capacity Web-based state Trauma One® database available in February 2013.
 - Reduced Data Set hospitals will be brought into the new state system first. Full Data Set hospitals will then have the option to transition over (one hospital at a time to ensure a successful transition).
 - Maricopa and Verde Valley Medical Centers volunteered to help ADHS with web-based database testing for the Full Data Set.
 - 2) More information will be provided to reporting hospitals as we receive it from Lancet Technology.
 - 3) **Task for Full Data Set hospitals to work on before web-based data entry:** Start documenting any changes/updates/additions that you would like for your hospital's data entry screens and automated rules. You can grab a screen shot of your current screens by opening Trauma One® to the screen that you want to copy, hold down the ALT key + the Print Screen button, open Word and then click the paste button (or use CTRL+ the letter V for paste).

- H) Review of data entry screens in state Trauma One® database:
 - Review of current state data entry screens Full and Reduced state data elements (web-based will likely be different)
 - A handout was provided with screen-shots of what the current state database looks like.
 - We did not have time to review each screen for our new users, so this item was moved to the January meeting.
 - Helpful notes for Reduced Data Set users:
 - To browse ALL records that you have entered into the state database:
 - 1) Click the Open button in the top left corner or select Open from the File menu
 - 2) Click Find
 - 3) Do not type in any Account Number, just click Search. This will give you a list of every patient that your hospital has entered into the database.
 - To select multiple entries for a field (ex: to enter more than one protective device or enter more than one triage criteria), use the space bar to highlight several choices.
 - There are short cut keys listed under the Help Menu (Help...on Mouse and Help...on Keyboard) that can make your data entry faster.
 - When selecting ICD-9-CM diagnosis codes, you MUST select the code from the actual picklist and not just type in the number. Otherwise it will not fill in a severity or body region and the Injury Severity Score will not calculate correctly.

- I) Hospital Presentations at TRUG meetings - We've had problems at previous meetings with our conferencing technology, so this item has been postponed. If you have useful information to share with TRUG members, please contact Anita and we can discuss the best way to circulate the information.

- J) Trauma One® trainings
 - 1) Lancet has provided us with a one hour WebEx data entry orientation for brand new users of Trauma One®. Email Anita if you need the link.
 - 2) Trauma One® Data Entry / Report Writing Trainings were held in June 2012, hosted by ADHS and presented by Lancet Technology. We had a great turn-out and training. Thank you to all who attended.
 - 3) We do not have any dates set for future software/report trainings. We plan to offer future trainings as the state budget allows.

- K) EMS and Hospital Picklist updates (Trauma One® 4.1 and 4.2) – a few new hospitals and EMS Agencies need to be added. Picklist updates will be installed by software vendor at the same time the validation tool is updated.

- L) Procedure Coding “Cheat Sheet” from NTDB email (follow-up on previous agenda item) – Thank you to Sherry and Rose for volunteering to check the coding list before we send it out to our users.
- M) Security Issues- Turnover for staff, recommendations on a process for the state to manage hospital access to confidential data
- 1) If a member of your staff leaves their position and has access to the trauma data or the confidential SFTP folder, it is important to delete their access to the confidential data when they leave. Please email the state trauma registry manager for any updates to SFTP folder access or VPN/reduced data entry access.
 - 2) This will become more critical once we have a state web-based database. The question came up regarding who will manage hospital specific logins to the state web-based database – AHDS or a hospital representative? We need to confirm with Lancet how this process will work and whether there can be a supervisor login for each site to control hospital user accounts.
- N) Any other questions / items to discuss?
- 1) Trauma registrars can now obtain access to the AZ-PIERS EMS database to look up information for missing run sheets.
 - If interested, please work with your pre-hospital coordinator and contact Anne Vossbrink at ADHS (Anne.Vossbrink@azdhs.gov) for a login. Pre-hospital coordinators can sign up for the AZ-PIERS hospital dashboard also.
 - A few hospital registrars reported they have tried to access the pre-hospital dashboard, but have found that the search function makes it difficult to use. These concerns were explained to ADHS Section Chief. Verde Valley staff volunteered to give ADHS feedback and help improve the search function.
 - 2) Question about what TRUG members are selecting when patient has an HMO form of Medicare.
 - Based on responses, users are selecting Medicare as the primary method of payment, and private/commercial as the secondary payer.
 - 3) ASTR Website
 - Our ASTR website has a new format. Visit our website for the latest data dictionary, reporting hospital list, data submission form, meeting minutes, annual trauma reports, etc.
 - As soon as the 2013 updated registry documents are ready, they will be sent to TRUG by email and also posted online for easy access.
 - You can check out the new ASTR website at: <http://azdhs.gov/bems/data/ASTR.htm>
- O) 2013 TRUG upcoming meeting schedule
- Wednesday January 9, 2013 / 9:30 – 11:30 am / ADHS 540-A Conference Room
 - Wednesday April 17, 2013 / 9:30 – 11:30 am / ADHS 540-A Conference Room
 - Wednesday July 24, 2013 / 9:30 – 11:30 am / ADHS 540-A Conference Room
 - Wednesday October 23, 2013 / 9:30 – 11:30 am / ADHS 540-A Conference Room

MEETING HANDOUT WITH TRUG DECISIONS:

TRUG Agenda Item E-1:

Discussion Notes on National Trauma Data Standard (NTDS) and Arizona State Trauma Registry (ASTR) (Per NTDS change log online 10/1/12)

1. New NTDS fields for 2013 data:

TRUG Questions: Two new fields were added to national 2013 requirements - patient height and weight. Should we add this to our data set to match the national requirements? How difficult would it be to obtain this data?

- **Initial ED/Hospital Height** (first recorded height upon arrival / recorded in centimeters / may be based on family or self-report)
- **Initial ED/Hospital Weight** (measured or estimated baseline weight / recorded in kilograms / may be based on family or self-report)

TRUG Decision: Yes, add Height and Weight to AZ Full Data Set for 2013 forward. Many ASTR reporting hospitals are already capturing this information for hospital purposes. Those who do not enter this currently do have the information available in the medical record.

TRUG Questions: Five new fields were added to NTDS 2013 to account for ICD-10 conversion. Do we need to add ICD-10 now to all hospital databases or can we wait?

TRUG Decision: The national ICD-10 deadline is October 1, 2014. ADHS will request the ICD-10 fields below are included in the upcoming state web-based database. Individual hospital databases will not be customized at this time. Hospitals that join the state web-based system before ICD-10 will have access at that point. Any hospitals that do not join the web-based system before ICD-10 will need a separate upgrade.

- ICD-10 Primary "E-code"
- ICD-10 Additional "E-code"
- ICD-10 Location "E-Code" (Y92.x)
- ICD-10 Injury Diagnoses
- ICD-10 Hospital Procedures

2. NTDS and ASTR text drop-down menus:

TRUG Question: Which, if any, of these text changes below do we want to make?

Note: Text revisions do not affect the system codes that are used in reporting. Text is used as data entry prompts and in our dictionary to describe what the system codes are referring to.

- **Co-morbid Conditions** – There still 28 choices on the 2013 national list, AZ has 29 choices because we added Pregnancy to our list in 2009. Text changes to consider:

Current text: "History of angina within past 1 month"
NTDS text revision: "History of angina within 30 days"

Current text: "Pre-hospital cardiac arrest with CPR"

NTDS text revision: “Pre-hospital cardiac arrest with resuscitative efforts by healthcare provider”

Current text: “History of revascularization / amputation for PVD”
NTDS text Revision (2012): “History of PVD”

TRUG Decision: Yes make the text changes listed above.

- **Hospital Complications** – No new complications were added for NTDS. Text changes:

Current text: “Cardiac Arrest with CPR”
NTDS Text Revision: “Cardiac arrest with resuscitative efforts by healthcare provider”

TRUG Decision: Yes make the text changes listed above.

- **Hospital Discharge Disposition – ASTR differences from NTDB:**

NTDS added a data entry clarification for 2013 discharge: “Home” refers to the patient’s current place of residence (e.g., prison, Child Protective Services, etc.)

TRUG Decision: Yes add this note to AZ data dictionary.

ASTR text: “Discharge/Transfer to another acute care hospital using EMS”
NTDS text: “Discharged/Transferred to a short-term general hospital for inpatient care”

TRUG Decision: Keep the current AZ text for our data entry screens and in the state data dictionary. Continue to map this option to NTDB. National inclusions are different than ASTR. Our state criteria can include transfers and activations that discharge home from ED.

ASTR text for AMA has: “Left against medical advice”
NTDB text: “Left against medical advice **or discontinued care**”

TRUG Decision: Yes update AZ text to match NTDS.

3. Changes in 2013 national data entry instructions

- For ALL of the first recorded vital signs in ED/Hospital, NTDS has added the additional text below (in bold):

Example:

Initial ED/Hospital Systolic Blood Pressure

Definition: First recorded systolic blood pressure in the ED/hospital, **within 30 minutes or less of ED/hospital arrival.**

Additional Information: **Please note that first recorded/hospital vitals do not need to be from the same assessment**

TRUG Questions: Are your first recorded vital signs being entered this way currently? Is TRUG ok with updating the state data entry instructions for all ED/Hospital first recorded vitals?

TRUG Decision: Yes update the state data dictionary instructions for all ED/Hospital first recorded vitals. Based on meeting discussion, the interpretation of “first recorded vitals” varies statewide so this note should help us with our data consistency. Note: Even if you capture multiple sets of ED vitals in your database, ONLY the very first set of vitals that you enter will be sent to ASTR and NTDB. That is why it is important for the very first entry to be complete.

- New Appendix 3 at the back of NTDS 2013 dictionary
 - Includes: A definition of each occupational category and what job types fit into each category – will add to state data dictionary.
 - Includes: Columnar chart of co-morbid conditions and complications with definitions and corresponding ICD-9 and ICD-10 codes – will add to state data dictionary.

TRUG Decision: Add to state data dictionary appendix.

4. National 2013 validator changes

Trauma Registry Manager Note: We will need Lancet Technology’s help with validation updates, and this item will be explored after we receive our pending validation tool corrections.

5. NTDS Inclusion Criteria 2013 Changes (to account for ICD-10 coding)

TRUG Questions:

- Are we ok to wait on state inclusion criteria changes until 2014? This will allow TEPI advisory board time to discuss and decide on what ICD-10 coding should be included for 2014 and to consider any other inclusion criteria requests.
- Are there any other issues with inclusion criteria that you would like discussed with the advisory board?

TRUG Decision: TRUG requested an inclusion criteria discussion be held at the upcoming November 2012 Trauma and EMS Performance Improvement meeting (before 2013 data entry begins). TRUG members expressed the following concerns regarding the current ASTR inclusion criteria:

- 1) TRUG members indicated that by not collecting inter-facility transfers from all levels of designation, we have missing data regarding the outcome, length of stay and final diagnoses for Level III and IV transfer patients. Some Level I trauma registrars reported that they use the inter-facility records in their follow-up with the transferring facility. It was also mentioned that by not including all inter-facility transfers by EMS, it makes us less able to query hospital and state data in a way to benchmark to the national trauma data.
- 2) TRUG members pointed out that the “same-level fall” E-codes that are listed as restrictions for inclusion criteria 3-C-d and 3-C-e need to be reviewed. In using the whole range of codes E885-E886, it restricts more than a basic ground level fall from tripping or slipping. The E885 range includes falls from roller skates, skateboards, skis, snowboards, etc. TRUG is unsure the advisory board really wants all of these injury mechanisms excluded, especially for children. It appears registrars from several reporting hospitals are entering these pediatric injuries and interpreting the same level fall as slipping, tripping, etc.
- 3) Corresponding ICD-10 codes will need to be added before ICD-10 implementation.

6. NOT state required – 2013 TQIP Trauma Quality Improvement Program - Measures of Processes of Care Section

Note: If your hospital is participating in TQIP, your staff will need to coordinate with Lancet to update your database with new TQIP requirements for 2013. Be sure to refer to the NTDS data dictionary at <http://www.ntdsdictionary.org/> to ensure that you are meeting the requirements. They have added new TQIP fields and also made changes regarding which fields to collect for specific injury types.

Optional TQIP data elements (copied from NTDS 2013 Table of Contents):

*** Elements with an asterisk are listed as NEW on change log:**

- Highest GCS Total
- GCS Motor Component of Highest GCS Total
- GCS Assessment Qualifier Component of Highest GCS Total
- Cerebral Monitor
- Cerebral Monitor Date
- Cerebral Monitor Time
- Venous Thromboembolism Prophylaxis Type
- Venous Thromboembolismprophylaxis Date
- Venous Thromboembolismprophylaxis Time
- * Lowest ED SBP
- * Transfusion Blood (4 Hours)
- * Transfusion Plasma (4 Hours)
- * Transfusion Platelets (4 Hours)
- * Cryoprecipitate (4 Hours)
- * Transfusion Blood (24 Hours)
- * Transfusion Plasma (24 Hours)
- * Transfusion Platelets (24 Hours)
- * Cryoprecipitate (24 Hours)
- * Angiography
- * Embolization Site
- * Angiography Date
- * Angiography Time
- * Surgery for Hemorrhage Control Type
- * Surgery for Hemorrhage Control Date
- * Surgery for Hemorrhage Control Time
- * Withdrawal of Care
- * Withdrawal of Care Date
- * Withdrawal of Care Time

TRUG Agenda Item E-2: Other state 2013 data items to discuss

1. Injury Event Details (free text field)

- Purpose of this field – To provide additional details on the injury event that we cannot obtain from the E-code for record review and data requests.
- **This data can be released in data requests so the following confidential information should NOT be entered into the Injury Event Details free text field: patient name, EMS agency, doctor name, and referring hospital name, or receiving hospital name.**
 - Examples of what is NOT allowed in the free text field:
 - “Dr. Martin was consulted...”

- “Phoenix Fire attempted to intubate patient..”
- “Patient’s wife Gloria stated that her husband Kevin...”
- “Pt was transferred to St. Joseph’s from Phoenix Baptist Hospital.”
- If the patient was involved in a motor vehicle accident, this free text field can provide details on speed, rollover, extrication, damage to vehicle, type of vehicle, etc. For other injury mechanisms, it can provide further details on how exactly the injury was sustained. Here are some examples, but every record will be different:
 - ✓ Example 1: Pt was restrained driver t-boned on driver side and front of mid-sized SUV. Heavy vehicle damage. Patient had to be extricated due to lower left extremity pinned against door.
 - ✓ Example 2: Per bystanders pt was pedestrian struck by mid-size auto traveling approx 20 mph. Pt went up onto the hood and then fell striking head on ground. (+)LOC x 5 minutes. Pt has no memory of crossing the street. Pt was crossing at marked crosswalk.
 - ✓ Example 3: Pt was restrained driver of full size van that swerved into oncoming traffic, totaling another vehicle before striking a light pole. Heavy damage to front of van. Patient self-extricated before EMS arrival. No LOC reported.
 - ✓ Example 4: Pt was in a bull riding rodeo accident earlier in the day. He initially fell forward striking his jaw against the bull then was bucked off. The bull stepped on his chest. Pt was not wearing a helmet and did not lose consciousness. Pt delayed seeking care until his symptoms worsened.
- From looking at the data, a couple of hospitals are using a picklist instead of free text. Note: Very generic picklist choices such as “GSW,” “fall from any height” or “MVC” do not provide any more information than can be obtained from the E-code.

2. Street Location of Injury (free text)

- One reason this field is captured is to geo-code locations where injuries are occurring statewide. Without an address this cannot be done. Data requests have also come in asking that the trauma data be restricted to injuries in specific areas of the state or even to specific sections of freeways/highways.
- There are numerous spellings of our freeways/highways (ex: I-10, I10, 10, INTERSTATE 10, I-10 WEST, I10-W, PAPAGO FREEWAY, etc.) This makes it very difficult to query.
 - TRUG discussion was held regarding a potential drop-down menu option for all highways/freeways in AZ (with direction traveled). After the meeting, ADHS emailed the AZ Dept. of Transportation requesting a list of all AZ highways and freeways. More information will be provided to TRUG by email once the list is received. Nothing has been decided at this point - in process of checking to see if this option makes sense and would not cause an undue burden. Street Location field would still allow for free text for non-highway locations.
- We have a lot of missing data, so any efforts registrars can make to find the actual address are important. Typing “(UNKNOWN LOCATION AT SOUTH MOUNTAIN PARK)” or “(AT ELEMENTARY SCHOOL BUT ADDRESS KNOWN)” is ok if that is all of the information you can obtain. But the preferred entry would be to find the actual address.
- Instead of entering free text UNK, UNKNOWN or UNKNOWN ADDRESS in this field, use the *ND key.

- If you have only the place name (ex: MESA HIGH SCHOOL or PERRYVILLE PRISON) and can look online for the actual address, please look it up. You can include the actual address with the text name in parentheses.
- Check your spelling for street names.
- Preferred entry does not use punctuation. Abbreviations to use are listed in the data dictionary – ex: North (N) South (S) Street (ST) Ave (AVE) etc.
- Intersections and mileposts can be entered. Example: 7TH ST & MCDOWELL or HWY 89 MP 470
- Example of how to enter the street address information (name in parentheses): 7602 S AVONDALE BLVD (PHOENIX INTERNATIONAL RACEWAY)
- If the residence address is a PO Box, please try to find the actual street address. A PO Box cannot be mapped as an injury street location.

3. Trauma Team Activation Yes/No or Full/Partial

- This is not a state data element but activation information would be helpful to have at state level.
- For 2011 data, ASTR asked hospitals to check their activation numbers in comparison to what was documented in the System Access(Inclusion Criteria) field. The activation numbers did not match for most hospital data. This is the only state data element that has any activation information.
- ***Homework: ☺ Please send Anita a list of what activation levels are listed in your hospital's activation field, and which are full or partial activation.**
- **This item is something we will discuss and review further at ADHS. We may implement some type of autofill in the state web-based system.**

4. 2013 and/or 2014 Reduced Data Elements List

Do Level IV hospitals want any changes to their data set for 2013? Questions have come up regarding a couple of data elements that Level IV facilities might find useful for Performance Improvement, such as entering SBP, RR or transfer delays.

Question 1 – Would it help Level IV PI to enter additional vital signs? **Total GCS** is the only ED/Hospital Arrival vital sign currently collected by the Reduced Data Set (2012 data forward).

These items in bold were suggested as possibly helpful for Level IV PI tracking:

- ED/Hospital Initial Systolic Blood Pressure**
- ED/Hospital Initial Respiratory Rate**
- ED/Hospital Initial Respiratory Assistance (?)
- ED/Hospital Initial GCS Total** (captured in Reduced Data Entry 2012 forward)
- ED/Hospital Initial GCS Assessment Qualifiers**

This is a list of other vital signs currently being collected by FULL Data Set:

- ED/Hospital Initial Pulse Rate
- ED/Hospital Initial Oxygen Saturation
- ED/Hospital Initial Supplemental Oxygen
- ED/Hospital Initial Temperature
- ED/Hospital Initial Units of Temperature
- ED/Hospital Initial Temperature Route

ED/Hospital Initial Revised Trauma Score - auto-calculated if SBP, RR, and GCS are entered

(2013 NTDS) ED/Hospital Initial Height

(2013 NTDS) ED/Hospital Initial Weight

Question 2: Would it help Level IV facilities to have a field to track **Transfer Delays** to explain longer lengths of stay in your facility before transferring out?

TRUG Discussion: This agenda item was mentioned at the meeting but will be further discussed by email with the Reduced Data Set users.

5. Miscellaneous 2013 Data Dictionary formatting items:

- We will be changing our state trauma dictionary from Excel to a “separate page per data element” format to match other EMS documents.
- The national dictionary has a “Data Source Hierarchy” that gives an order preference to the documents you should use to obtain the requested information. Do we want this added to the state data dictionary?

Example:

ICD-9 Hospital Procedures Data Source Hierarchy

1. Operative Reports
2. ER and ICU Records
3. Trauma Flow Sheet
4. Anesthesia Record
5. Billing Sheet / Medical Records Coding Summary Sheet
6. Hospital Discharge Summary

TRUG Decision: TRUG members indicated yes they would like data source hierarchy to be added to the AZ state data dictionary. We will add what NTDS has listed for the national elements. For elements that are state only, the TRUG group will need to decide on the source hierarchy.