



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

**Trauma Registry Users Group (TRUG) Meeting Minutes
Wednesday, January 27, 2009 - 9:30 a.m. – 11:00 a.m.
Location: Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
Contact: Anita Ray Ng 602-542-1245 raya@azdhs.gov**

Attendees:

Bill Ashland	Paul Bowlby	Joel Bunis	Vatsal Chikani	Lillian Duncan
Starre Haney	Claire Holmes	Shawna Hosler	Suzanna Hubbard	Xan Hummel
Rose Johnson	Cynthia Marks	Beth Mlenar	Melissa Moyer	Angela Parker
Donna Quay	Anita Ray Ng	Eugenia Sims	Philomene Spadafore	David Villa
Cristina Wong	Heather Young			

- A) 2009 Data Changes
 - 1) Received confirmation that all reporting hospitals have imported the 2009 picklist updates. No picklist problems were reported at this time.
 - 2) Refer to attachment “2009 ASTR data dictionary highlights” for more information on 2009 data changes.
 - a) ASTR 2008-2009 Data Dictionary format changes:
 - (i) To assist users with reporting across multiple years of trauma data, a text box was added to the 2008-2009 ASTR Data Dictionary (left hand side under the data element name) to document any field or data entry changes that were made. Changes from the 2005-2007 reporting year to 2008 are listed as a “2008 Change:” (effective for ED/Hospital Arrival Dates January 1, 2008 forward). Any change from the 2008 reporting year to 2009 will be listed as a “2009 Change:” (effective for ED/Hospital Arrival Dates January 1, 2009 forward). If a field did not have change, you will not see a text box under that data element name.
 - (ii) If you are running reports on trauma data prior to 2008, be sure to use the ASTR 2005-2007 Data Dictionary. Because the 2008 and 2009 data elements do not have many differences, these reporting years were combined into one data dictionary.
 - b) New Data Element – Injury Event Details (narrative field) – Many hospitals already capture an injury narrative field, but so far this information has not been exported to the state. This information is needed at the state level for injury reports, E-code QA, and for processing data requests. Refer to the “2009 ASTR data dictionary highlights” regarding what the type of data ASTR needs in this field. For hospitals that do not have an injury narrative field, Lancet will need to update your database.
 - c) Picklist Changes and Definition Changes
 - (i) The following elements had minor picklist changes for 2009: System Access (Inclusion Criteria), Co-morbid Conditions, E849 Injury Location, Position in Vehicle/Vehicle Type, Transport Type, Transported From(Origin), Field Airway Management, Temperature Route, and Complications. Refer to the “2009 ASTR data dictionary highlights” for specific information on these picklist changes.
 - d) Importance of following the ASTR data dictionary instructions when entering data - For 2008 data forward, ASTR will be completing a more detailed validation of the

trauma data to ensure it matches the instructions as outlined in the ASTR Data Dictionary. These checks are also necessary in order for a file to pass the NTDB validation. The closer that your hospital data matches to the ASTR Data Dictionary instructions, the fewer errors your hospital will have to fix.

- B) Hospital and State Databases – ensuring consistency
- 1) Data entry consistency is important. It is impossible to do aggregate data reporting if we do not all use the same data element definitions, picklists, etc. Thank you for your hard work in standardizing the AZ trauma data elements. We've come a long way and have accomplished so much since we started data conversion in 2005! ☺
 - 2) Data export/import consistency
 - a) Every data element in Trauma One[®] is stored under a specific table and field name. When the data is exported from a hospital database to the state database, this table name and field name tell the state database where to store the data. Some of the data elements (such as vital signs) also have a “carephase” to identify which type of data is being received and how it should be stored. This data schema is all “behind the scenes”, as registrars will only see data entry prompts when entering data.
 - b) In 2008, major changes were made to the state and hospital databases. Some of the table, field and carephase names (schema) are not consistent, causing some fields to show up blank in the ASTR database even if the hospital entered the data. The fields most affected were Total Reimbursements and Referring Facility Vital Signs.
 - c) Lancet is creating a program to fix the identified schema problems. They will start this Thursday to implement the fix at each hospital.
 - d) After the schema is fixed at each hospital and at ADHS, the data will need to be re-exported by hospitals and re-imported by ASTR to fill in the blanks. Then we can continue to run the Blank Field Checks and know that system problems are not affecting the results.
 - 3) Data Validation Tool / Blank Field Checks / Other report sharing
 - a) A standard AZ NTDB export and a standard AZ data validation tool are being created by Lancet. In order to share the same validation tool, NTDB export, and reports, hospitals need to capture the state-required data elements in the same format as ASTR. If your hospital alters any state required fields or chooses to capture required fields differently than the state system, your validation tool and reports will not work correctly. If your data is different, you will require customization. Any customization fees or documentation would be the responsibility of the hospital.
 - 4) Standard statewide export to NTDB – Lancet was sent a spreadsheet documenting every national field and how AZ data should export to fit the NTDS/NTDB standard. Lancet is working on the AZ-specific export. No word yet if it is ready for testing. The final deadline for NTDB submission is May 15, 2009 and hospitals will need to get the data cleaned up beforehand so it passes submission. More information to follow by email. ASTR does not have statutory authority to submit state data to NTDB. Reporting hospitals choose whether they want to submit their data to the national data set.
 - 5) Other database checks that ADHS is doing to ensure consistency
 - a) Invalid picklist entry reports – ADHS is working with Lancet on resolving any 2008 transition errors. Reports to identify early 2008 invalid picklist entries are being generated so that the invalid data can be changed. Hospitals will be given a copy of the report to approve before any changes are made by Lancet. Invalid picklist entries not due to the 2008 transition will be the responsibility of the hospital to fix.
 - b) Data Validation Tool – ADHS is working with Lancet on creating a validation program to clean up the data. This validation tool will include NTDB validation checks in addition to AZ-specific checks. More information will be sent to TRUG, as it is

available. Timeframe for completion has not yet been determined. We will likely start some data clean-up before the final tool is available.

- 6) Data Checks that hospitals must perform on their own databases to ensure consistency with the data dictionary (ADHS cannot check or fix these):
 - a) Data Links / Interfacing set up by hospitals to import data from medical records or billing into Trauma One[®]
 - (i) Examples of common problem areas:
 - (a) ED Disposition – Reports were passed out to individual hospitals highlighting any invalid 2008 picklist entries. ASTR is still receiving (from only a few hospitals) data values from the 2006 picklist (ex: HOME, PICU, PSYCH). This picklist was changed January 1, 2007 so these values should not be showing up. Please refer to the ASTR 2008-2009 Data Dictionary for which short text values are acceptable. If your hospital's data link needs to be updated, please do so asap.
 - (b) Hospital Disposition – Reports were passed out to reporting hospitals highlighting any invalid 2008 picklist entries. Invalid entries are being received from a few hospitals, which appear to be due to incorrect data links. Please refer to the ASTR 2008-2009 Data Dictionary for which short text values are acceptable.
 - (c) Financials – Primary and Secondary Method of Payment have the most invalid picklist entries. If you are using a data link to your hospital's billing system, please work with Lancet and your IT to ensure insurance companies are mapping to a corresponding short text value from the ASTR data dictionary. All values must fit one of the state-required 2008 picklist values. Example: For AHCCCS patients, there is one acceptable code - MEDICAID/AHCCCS. Submitting codes like AHCCCS, AHCCCS-MERCY, MERCY CARE, APIPA, etc. will not be accepted. The AZ 2008 picklist is based on the NTDS payer list.
 - (d) Lowercase values are showing up in the data. All values in Trauma One[®] are entered in uppercase (the required format). What we have recently noticed is that some lowercase values are showing up in the data. It seems to be a problem with hospital data links. Please make sure all data link/interfacing instructions import in all capital letters.
 - (ii) Autofills in place during data entry
 - (i) Please check any autofills that you have in Trauma One[®] to make sure they are current. Autofills are very useful in Trauma One. A common example of an autofill that saves data entry time is the *NA autofill when NO EMS CARE is selected for EMS Agency.
 - (ii) However, there may be some autofills leftover from previous data years that are filling in the wrong data. For example, some systems are autofilling the Position in Vehicle field as soon as an E-code is entered. Autofilling the Position in Vehicle field will not give ASTR the supplemental E-code data we need. In addition, some hospitals are autofilling the Final Outcome field as L (Lived) for all patients but forgetting to change it to D (Died) if the patient expired.
- C) Data entry of vital signs in Trauma One
 - 1) Prehospital vitals – data entry changes, NTDB export
 - a) Lancet is writing a program to move the prehospital vitals into the prehospital transport section. One set of vitals signs will be entered per EMS agency. If vitals are unknown, flag as *ND (Not Documented). A copy of the draft EMS screenshot

- was distributed to TRUG. Lancet plans to start these changes on Friday and they expect to be done within 5 business days.
- b) More discussion is needed with Lancet to determine if anything should be done with the 2008 prehospital vitals data that has already entered. Having prehospital vitals in two different sections makes reporting more difficult. This item will be added to next TRUG meeting agenda.
- 2) Referring Facility 1 and 2 vitals
 - a) Only the initial SBP, GCS, RR and RTS are required for First and Second Referring Facility vital signs. If the vitals were not received from the referring facility, use *ND (Not Documented). If patient was not treated by a referring facility before your hospital, use *NA (Not Applicable). Hospitals may capture additional referring facility vital sign information if they wish, but only these fields will be exported to ASTR.
 - 3) ED/Hospital vital signs. Only the first recorded ED/Hospital vitals are submitted to ASTR. Hospitals may capture additional hospital vitals if they wish.
- D) TRUG user question: What are registrars entering for the Method of Payment (type of insurance) if AHCCCS status is listed as "pending"?
- 1) Consensus was that the patient is flagged as SELF PAY until AHCCCS is approved. If the patient is then approved for AHCCCS, the Payment Method will be updated and the update sent in the next quarterly data submission.
- E) TRUG user question regarding alcohol testing of trauma patients. Answers from reporting hospitals suggest that each hospital has different criteria regarding when and which patients to screen for alcohol.
- F) Further questions, concerns or database problems to report?
- 1) Question on how to code a patient who was already in the reporting hospital for another condition and then sustained an injury at the reporting hospital: In this instance, the ED/Hospital Arrival Date/Time would be the date and time when the injury occurred. ED/Hospital arrival indicates when the patient came to your hospital "for this injury event". Do not use the initial hospital arrival or it will display as a data entry error.
 - 2) TRUG members discussed how each hospital is capturing blood transfusion data (not reported to ASTR).
 - 3) Question from TRUG user on data entry for planned surgical readmissions (readmissions are not reported to ASTR).
- G) 2009 TRUG meeting schedule (posted online):
- Tuesday, January 27 - 9:30 am – ADHS Conference Room 540-A
 - Wednesday, April 22 - 9:30 am - ADHS Conference Room 540-A
 - Wednesday, July 22 - 9:30 am - ADHS Conference Room 540-A
 - Wednesday, September 30 - 9:30 am - ADHS Conference Room 540-A

2009 ASTR data dictionary highlights:

1. 2008 changes / 2009 changes (listed under Data Element Descriptions when applicable)

The first thing you will notice about the 2008-2009 ASTR Data Dictionary is that additional details were added regarding any changes from the 2005-2007 data dictionary to the 2008 data dictionary. 2009 changes are also noted under the data element description. These comments were added to assist users in reporting data from multiple years.

2. System Access (Inclusion Criteria)

The ASTR Inclusion Criteria now include an interfacility transfer option. A patient must meet at least one of four criteria in order to be considered an ASTR patient for trauma data submission. Patients meeting the criteria must be submitted to ASTR.

The data entry instructions are the same as 2008 – Please select ALL criteria that apply. A patient may meet 1, 2, 3 or all 4 criteria. Selecting all that apply will help ASTR assess the trauma system and the inclusion criteria. The state picklist has been updated to:

EMS_TRIAGE	Triaged from Scene to your facility per EMS Trauma Protocol
INTERF_TRNSFR	Acute care injury transfer in or out of your facility by EMS
ACTIVATION	Trauma Team Activation at your facility
ICD9_REVIEW	Admission or Death and met ASTR ICD-9-CM Inclusion Codes

Please refer to the ASTR Inclusion Criteria for detailed information regarding this field.

3. Registration Number / Medical Record Number

Data entry instructions were added requesting users not to add leading or trailing zeros unless they are actually part of your official hospital numbering system. Registration Number and Medical Record Number should be entered in the same format as your facility's Hospital Discharge Data (HDD), as we will be using these identifiers to link trauma and HDD data.

4. Alternate Home Residence

NTDB has provided definitions for this picklist. See Appendix H of the data dictionary.

5. Co-morbid Conditions

“Pregnancy” was added back to the co-morbidity picklist, per TRUG request.

“No NTDS co-morbidities are present” was removed from data entry view for 2009. “OTHER CO-MORBIDITIES EXIST (not on this list)” was added for 2009.

If a patient has any other co-morbidities not on the state list, select the OTHER option. If patient did not have any co-morbidities at all, use Not Applicable (*NA).

6. Injury Location Code - E849

For 2009, “Residential Institution” was expanded into a sub-picklist to identify the type of residential institution where the injury incident occurred. New sub-picklist choices:

7A	Acute care hospital
7B	Jail / Prison / Correctional Facility
7C	Nursing home
7D	Psychiatric facility (inpatient)
7E	Other residential institution not listed

7. Street Address of Injury Incident

Several data entry instructions were added to facilitate geocoding of trauma incidents.

Most importantly, if you are entering the name of the injury location and an address, please first enter the street address, then put the place name in parentheses. From the data dictionary:

“If you are entering a location name plus an address, first enter the street address, followed by the location name in parentheses. Example: 26700 S HWY 85 (ASPC LEWIS). If you are entering a place name without an address, enter the place name in parentheses. Example1: (LAKE POWELL) Example2: (SUPERSTITION MOUNTAINS)”

Other important data entry instructions added for the Injury Incident Address:

This field is very important. To facilitate geocoding, the first preference is to submit a full street address. Second preference would be the intersection.

Enter the full street address using the abbreviations provided below. Example1: 123 N 19TH AVE APT 12 Example2: 1234 S 8TH ST

If only the intersection is known, please enter intersection using the & sign. Example1: 7TH ST & MCDOWELL Example2: 19TH AVE & VAN BUREN

If only the milepost is known, please enter the highway, followed by the milepost (abbreviate as MP) Example1: I-10 E MP 145 Example 2: HWY 89 MP 470

Please use the following abbreviations (with no punctuation): North = N, South = S, West = W, East = E, Street = ST, Apartment = APT, Avenue = AVE, Road = RD, Drive = DR, Circle = CIR, Boulevard = BLVD, Suite = STE, Highway = HWY, Milepost = MP

8. Injury Event Details

New state field for 2009 but many hospitals already have an Injury Narrative field. Please refer to the ASTR directions regarding what needs to be submitted in this field. From data dictionary:

“Text narrative field used to document the causes and circumstances of the injury event. This field will be used to supplement the E-code data, as there are instances where E-codes do not provide enough detail. This field may also be used for QA checks on the E-codes submitted.

Please provide a description of the injury incident, with enough information so that ASTR staff could select the appropriate E-code based on the text narrative.

If patient was injured while occupying a motor vehicle, please indicate the vehicle type and whether patient was the driver or passenger. Include any other important information, including type of crash, extrication information, etc.

If patient was injured by a weapon or object, please document the type of object.

If injury event was sports-related, please include the type of sport and how the injury was sustained.

Include information regarding the intent of the injury event: unintentional, assault, self-inflicted or undetermined intent.

This narrative field is meant to capture details regarding the injury event and the cause of injury. Demographic information, diagnoses, and protective device details are not captured in this field.”

9. Patient Position in Vehicle

This field is now referred to as “Position in Vehicle / Vehicle Type”. Field has been expanded to clarify the E-codes for better data reporting.

A new sub-picklist was added – “Rider of off-road vehicle (street and non-street use)”. Under this category, you will find the 2008 ATV option, but there are now many more choices for off-road vehicle types.

Railway Occupant was added as a new choice for 2009.

Watercraft and Aircraft choices were expanded with a sub-picklist to identify the type of water and aircraft involved.

10. Transport Type - Prehospital Section

You will now see three choices instead of two. A First Responder option was added to assist with data reporting and the quality checks.

Instructions are the same as 2008: **“All records must have one entry pertaining to the patient's arrival into your facility, even if there was no prehospital EMS involvement or run sheet is unavailable.”**

2009 picklist:

INTO_REPT_HOSP	Arrival/transp of patient INTO YOUR FACILITY (EMS & non-EMS)
FIRST_RESP	First Responder Care (non-transport)
OTHER	Any other prehospital care or transport

11. Transported From (Origin) – Prehospital Section

“From nursing home” and “From jail or prison” were removed from this picklist. Instead select “From Injury Scene”. (This information is now found in the Injury Location E849 field under the “Residential Institution” sub-picklist.)

You will notice the same data entry instructions as 2008. Please read carefully:

If patient was injured at home and was transported from home, select "From Injury Scene". The only time you will select "From Home but Home was NOT the injury scene" is if patient was NOT injured at home, went home before going to the hospital, and then was taken from home to the hospital.

INJ_SCENE	From Injury Scene
REFER_FAC	From Referring Hospital
CLINIC_OFF	From Clinic/Doctor Office
URGENT_CAR	From Urgent Care Center
EMS_REND	From EMS Rendezvous Point
HOME	From Home but Home was NOT the injury scene
OTHER	From Other Location (NOT injury scene)

12. Run Sheet Number

If an EMS run sheet (PCR) was received by your hospital, it is required to submit the Run Sheet Number. This number will be used to link trauma data to the EMS Database.

13. Field Airway Management

Pulse Oximetry, ETDLAD and LMA were added to the picklist.

14. Temperature

“Temporal Artery Sensor” was added to the picklist.

15. Complications

“No NTDS complications are present” was removed from data entry view for 2009. “OTHER COMPLICATIONS EXIST (not on this list)” was added for 2009.

If a patient has any other complications not on the state list, select the OTHER option. If patient did not have any complications at all, use Not Applicable (*NA).



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Wednesday, April 22, 2009 - 9:30 a.m. – 11:00 a.m.
Location: Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
Contact: Anita Ray Ng 602-542-1245 raya@azdhs.gov**

Attendees:

Paul Bowlby	Joel Bunis	Jane Burney	Vatsal Chikani	Vicki Conditt
Kathi Coniam	Lillian Duncan	Elisa Flores	David Harden	Karen Helmer
Julie Herrera	Valerie Hill	Claire Holmes	Shawna Hosler	Suzanna Hubbard
Xan Hummel	Rose Johnson	Kelley Lewellyn	Cynthia Marks	Beth Mlenar
Melissa Moyer	Angela Parker	Donna Quay	Anita Ray Ng	Eugenia Sims
Philomene Spadafore	David Villa	Bianca Wade	Cristina Wong	Heather Young

- A) Introduction of TRUG members – Welcome to new TRUG member Elisa Flores.
- B) Anita’s upcoming leave schedule
 - 1) Anita will go on maternity leave for several months this fall, likely starting in August. During her absence, please contact her supervisor Joel Bunis, Section Chief for Data Quality and Assurance, bunisi@azdhs.gov, 602-364-3189.
- C) Hospital and State Databases – ensuring consistency
 - 1) Schema changes should be completed by now.
 - a) Lancet recently updated the Toolbox to resolve some table order problems that were affecting the 2009 blank check report. Let Trauma Registry Manager know if you still notice any inconsistencies with the 2009 blank check report.
 - b) Are any hospitals still having problems with the field “Vital Sign Designation”? Each set of referring vitals should have this field to specify if you are entering vitals from the 1st or 2nd referring hospital.
 - 2) List of database checks for hospitals to review – see handout. Refer to the list of database checks and have Lancet update your system if necessary.
- D) Data entry of prehospital vital signs in Trauma One®
 - 1) Prehospital vitals were updated for 2009 so that each leg of EMS care now has its own set of vital signs.
 - 2) 2008 data was captured differently, so we now have the 2008 and 2009 prehospital vitals stored in different locations in the database.
 - a) TRUG decision was made that we will leave the prehospital vitals the way it is in the database (stored differently for 2008 and 2009). When running reports on prehospital vital signs, users need to be careful in selecting the correct reporting variables.
- E) Updates to ASTR data dictionary

- 1) The ASTR 2008-2009 data dictionary has been updated to reflect a few schema-related field name changes, but none of these changes affect data entry instructions.
 - 2) An updated ASTR data dictionary will be emailed to TRUG and placed on the BEMSTS website.
 - 3) City of Residence and City of Injury picklists – In 2008, Lancet extended the field width for City of Residence and City of Injury to allow more characters. We were not aware that this change was made, so the state picklists were not updated. Now we have 2008-2009 cities showing up with more than one system code (For example, Black Canyon City is showing up as “BLACK CANYON CI” and “BLACK CANYON CITY”.) In addition, some of the short text values on the state picklist do not match the Lancet zip autofill (ex: zip autofill of “WILLCOX” versus picklist value “WILLCOX (MONUMEM)”. These types of errors were excluded from the invalid picklist reports. Anita will talk to Lancet about the best way to handle this. The city lists may need to be updated.
- F) Updated 2009 Blank check report (for state-required fields)
- 1) Hospitals must make sure the Data Completeness button on the Discharge page is updated by Lancet for 2009. During data entry, hospital registrars can click the button to run the blank check for that specific record.
 - 2) The report can also be run by day, week, month, quarter or year. The 2009 blank check report is found under Exception Reports and is called “09 AZ BLANK_LVL 1” for Level I Trauma Centers or “09 AZ BLANK_NOT_LVL 1” for non-Level I facilities. The difference is that the Level 1 report checks for AIS 2005 data.
 - 3) The blank checks will be incorporated into the upcoming AZ Data Validation Tool, but for now hospitals should use this report to check their 2009 data completeness.
- G) Data Validation
- 1) Status of the NTDB export program and validator
 - a) The NTDB 2008 submission deadline is May 15, 2009. As mentioned previously, ASTR does not have statutory authority to submit hospital data.
 - b) Lancet is installing the NTDS validator for hospital database but problems have been detected. If you find errors in the national export/validation, please email Lancet and copy Anita. It is helpful if you provide a sample record's State Unique ID so we can look up the XML file.
 - c) NTDB will reject files containing Level 1 or 2 errors. You can generate a list of Level 1 and 2 errors by checking the first two boxes on the NTDS export screen.
 - d) After all Level 1 and 2 errors are corrected, we can focus on cleaning up any remaining AZ quality checks and Level 3 errors.
 - 2) Status of the AZ Data Validation Tool
 - a) Timeframe for testing and completion – Lancet has the information necessary to develop the AZ Data Validation Tool, but work has been put on hold to focus on NTDB submission. More work on the tool will begin again in May. We hope to start testing the tool mid to late June.
 - b) The AZ data validation tool will be similar to NTDS, in that every error will generate a Rule ID, Error Level and Message. ASTR will require error levels 1, 2 and 3 to be corrected.
 - 3) 2008 data quality checks - The plan is to use a combination of the blank field checks, “not on picklist” reports, NTDB validator, and AZ-specific checks to clean up the 2008 data.
 - a) NTDB validator – As mentioned, hospitals should start running national checks and clean up the data.

- b) AZ Quality check reports / blank checks from ADHS
 - (i) 2008 blank check reports were already sent out to all reporting hospitals
 - (ii) Invalid picklist entry reports were already sent out to all reporting hospitals – every state and national picklist was tested except AIS 2005. The AIS report will be ready next week.
 - (a) Some hospitals have fields that were entered incorrectly for the entire 2008 reporting period! It is very important to check your drop down menus (picklists), autofill rules, and data links to ensure they match the ASTR data dictionary format.
 - (b) Any ongoing errors must be fixed ASAP! Invalid entries for 2009 data will result in your data being rejected by ASTR.
 - (c) State-required picklists, valid date ranges, field calculations and data entry instructions are clearly documented in the ASTR 2008-2009 Data Dictionary. Hospital staff should be using the data dictionary on a regular basis when entering or reviewing their trauma data.
 - c) 2008 ASTR case number verifications – please review your hospital's case number report and advise Trauma Registry Manager if there are any discrepancies.
 - d) Other 2008 quality check reports will be sent out as they are completed.
 - e) 2008 data will be re-exported to ASTR after the blank and quality checks are complete. Reports will be re-run at the state level to confirm that corrections were made.
- 4) 2009 data quality checks - The AZ Data Validation Tool will be used to check the 2009 data. This validation program will incorporate a combination of the blank field checks, the NTDB checks, and any AZ state-specific checks.
- H) Diagnosis fields – ICD-9-CM and AIS 2005
- 1) Data entry of ICD-9-CM and AIS 2005 codes – This issue was discussed at a previous TRUG meeting. For 2008 forward, the ICD and AIS diagnoses are no longer connected. ICD and AIS have separate body regions, severities and ISS scores. Please do NOT leave spaces, *ND or *NA in the middle of the diagnosis data to get the coding to line up!
 - 2) A picklist problem was identified for ICD9 and AIS Body Region and Severity. We need Lancet to update the autofill so it does not flag blank fields with a “filled” check mark.
 - a) In the meantime, if the body region or severity is unknown for a diagnosis code, please flag the fields with the *ND key.
- I) Drug Use Indicator / Toxicology Substances Found – fields pertain to patient use only
- 1) 2008 statewide toxicology reports suggest that some of our reporting hospitals are not following the data dictionary instructions.
 - 2) ASTR and NTDS have defined “Drug Use” as “Use of drugs by the patient (prescription and illegal).” EMS and hospital administration of medication do not apply to these toxicology fields. ONLY enter information for legal and illegal drugs that were taken by the patient at, or before, the time of injury.
 - 3) The ASTR data dictionary clearly indicates that only drugs used by the patient should be entered. From the ASTR data dictionary for “Drug Use Indicator” and “Toxicology Substances Found”: “Field applies to drugs used by patient prior to, or at the time of injury. **This field does NOT pertain to drugs given to patient by EMS provider or drugs given at your hospital.**”
 - 4) *ASTR will not make hospitals go back and fix the 2008 toxicology data, but if you have entered 2009 data incorrectly for “Drug Use Indicator” or “Toxicology Substances Found”, you must fix the data before submitting to ASTR.*

- J) Trauma Registrar certification program - American Trauma Society (ATS)
- 1) ATS has a certification exam for Trauma Registrars - CSTR (Certified Specialist in Trauma Registry)
 - 2) Congratulations to Rose, Jane and Erzsebet for earning the designation of CSTR! ☺
 - 3) For more information on becoming certified, check out the ATS website at:
http://www.amtrauma.org/courses/exam_cert.html
- K) Future Trainings – We have one Lancet training available in the contract that would have to be completed by June 30th. TRUG members indicated that an Advanced Report Writing class would be helpful. ADHS will research this training option.
- L) Any user questions on 2008 quality checks, database changes, data entry?
- 1) Question was raised regarding the definition for the EMS Triage Criteria regarding “vehicle telemetry data”.
 - a) More information on the ACS triage criteria can be found on the CDC website. In order to select “High-risk crash: Per vehicle telemetry data”, there needs to be some type of electronic crash analysis technology involved. For example, an OnStar vehicle crash report would qualify as telemetry data. A bystander report of excessive speed would not. Instead use “High-risk crash: Other criteria NOT listed”.
 - b) To learn more about what each criteria refer to and why ACS added or deleted certain criteria, check out this CDC link:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5801a1.htm>
 - 2) Reporting hospitals are investigating ICD-9-CM coding training, since ADHS was unable to host it. More information to follow.
- M) Remaining 2009 TRUG meeting schedule (posted online):
- Wednesday, July 22 - 9:30 am - ADHS Conference Room 540-A
 - Wednesday, September 30 - 9:30 am - ADHS Conference Room 540-A

Miscellaneous checks for hospital databases:

- Export wizard should default to ED/Hospital Arrival Date, not Admit Date. If the text still says ED Entry Date, change to ED/Hospital Arrival Date. Export wizard should also default to NO boxes checked. User can check boxes if necessary but most of the time will send all cases in date range.
- Confirm that every new record automatically defaults as Y (Yes) for "State Patient" field (on the Discharge page). User can change to N (No) if they don't want the record to export. Records with State Patient = N should not export to ASTR.
- The Export to ASTR should not require the "Record Complete" field to be = Y. This field should not affect the state export at all.
- In the state database, we set ED/Hospital Arrival Date as the default for the reporting date range. The reason is that all records will have an ED/Hospital Arrival Date. (Not all patients will have an Admit Date.) You can decide if you want this change to avoid missing records in reports.
- All databases should have the State Unique ID field at the bottom of the Demographics page. This field should be grayed out as read-only. (TableName: MAINDATA, FieldName: FULLNAME) The State Unique ID is your hospital's four character Site ID + your hospital's Lancet Account Number.
- Under the Patient Find screen, the Registration Number field may be labeled as EMR #. You may want to change the title to Registration Number if you ever use Registration Number for searching.
- ED/Hospital Arrival Date cannot be blank. This is the only field in the database that should require you to type in a valid entry before exiting the data entry page.
- Every database should have both 1st and 2nd referring hospital fields (dates/times, transferring and destination hospital, LOS). There should also be an option to enter vital signs from both 1st and 2nd referring hospitals. The Vital Signs Designation field identifies if the vital signs pertain to the 1st or 2nd referring hospital. If either 1st or 2nd referral does not apply, the fields must be flagged as *NA.
- Check that all of your Length of Stay calculations are calculating according to the ASTR data dictionary instructions.
- Check that you have correctly imported the 2009 blank check report under Exception Reports. The report is titled 09 AZ BLANK_LVL 1 or 09 AZ BLANK_NOT_LVL 1. Also check that your Data Completeness button on the Discharge Page has been updated to use this report in checking for 2009 blanks. If you see any problems with this report, please notify Lancet asap to make sure your schema and report are ok. Copy the Trauma Registry Manager on your email.
- State-required picklist fields may only contain data that matches the choices from the ASTR data dictionary. Your data will be rejected if your entries are invalid. There are 3 types of data entry functions to check for this: 1) Make sure that every drop-down menu matches the state data dictionary and that the picklist only allows entries that are on the state list. 2) If you have any rules in place that autofill data, make sure the rules are up-to-date. 3) If you are importing using a data link to medical records or billing, make sure all possible values are mapped to a state picklist choice. Check this regularly if the values are likely to change (ex: payer fields).
- Under the File menu, you should now see an option for the NTDB export/validator. If the validator report generates errors that seem incorrect, contact Lancet and copy Trauma Registry Manager.



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

**Trauma Registry Users Group (TRUG) Minutes
Wednesday, July 22, 2009 - 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
Contact: Anita Ray Ng 602-542-1245 raya@azdhs.gov**

Attendees:

Joel Bunis	Jane Burney	Vicki Conditt	Starre Haney	David Harden
Karen Helmer	Julie Herrera	Claire Holmes	Xan Hummel	Rose Johnson
Tara Kennedy	Beth Latrell	Kelley Lewellyn	Alice Magno	Cynthia Marks
Angela Minchella	Melissa Moyer	Donna Quay	Anita Ray Ng	Eugenia Sims
Erzsebet Szabo	Linda Tuck	David Villa	Anne Vossbrink	Bianca Wade
Cristina Wong	Heather Young			

A) Welcome to our new Bureau of EMS & Trauma System staff member:

Anne Vossbrink, MS
EMS & Trauma Data Manager, Data & Quality Assurance Section
Bureau of EMS & Trauma System 150 N. 18th Ave, Ste. 540 Phoenix, AZ 85007-3248
Anne.Vossbrink@azdhs.gov 602-364-3164 (office) 602-364-3568 (fax)

Anne will be assisting with both the Trauma and EMS Databases. Anne and Joel will cover for Anita while Anita is on maternity leave (leave tentatively scheduled for mid-August through November).

Contact information for Joel Bunis, BEMSTS Data & QA Section Chief:
bunisj@azdhs.gov 602-364-3189

- B) 2008 data checks are done and the 2008 trauma data is now closed out
- 1) Thank you for your hard work getting the data cleaned up and re-exported!!!
 - 2) Joel Bunis discussed many examples of how the trauma data is being used and why your hard work entering the data is important. ADHS and the trauma advisory boards are using the trauma data to assess the trauma system. Many data reports are being reviewed in hopes of improving EMS and trauma resources/protocols. Data requests are being processed. Having complete and accurate trauma data will make a difference in the care and services that are available.
- C) Reminder on data entry of 2009 prehospital vital signs
- 1) As discussed at previous meetings, the prehospital vital signs were updated for 2009 so that each leg of EMS care now has its own set of vitals. These vitals are stored in different database fields than in the 2008 data. Use your AZ blank check report to make sure that your 2009 prehospital vitals are being entered in the correct 2009 location. If you have problems, please contact Lancet.
- D) Updates to ASTR data dictionary
- 1) The ASTR 2008-2009 data dictionary has been updated to reflect a few schema-related field name changes and the new City picklists. Hospital data entry screens are often different

- than the ASTR database, and the request was made for an expanded index that makes it easier to find the data elements. Trauma Registry Manager agreed this is a good idea.
- 2) The dictionary has been re-titled to "ASTR 2008-2010 Data Dictionary". We will not be making data entry changes for the 2010 reporting year. The dictionary will be emailed out soon – please print it out and refer to it often to ensure that your data entry matches the state requirements. Following the dictionary instructions while you enter the data will save you a lot of corrections at validation time.
 - 3) The Bureau of EMS & Trauma System website will be updated with the most current trauma registry documents:
<http://www.azdhs.gov/bems/ASTRDataSubmission.htm>
 - 4) City of Residence and City of Injury picklists
 - a) The state city picklist and the Lancet zip code city autofill do not match. The Lancet AZ city list (plus a few additional AZ cities) has been adopted as the AZ state picklist for City of Residence and City of Injury. 2008 ASTR data (for AZ cities) has been converted to the new format.
 - b) The City picklists should be the only state required picklists in Trauma One that allow a user to enter a value that is not found on the list. Registrars will still have the ability to enter cities outside of Arizona or to enter smaller AZ towns not found on the picklist. A city picklist update will be sent out for hospitals to import.
- E) Quarter 1 2009 data was due July 15th. Thank you for your data submission.
- 1) The next submission deadline is October 1, 2009. Hospitals will send ED/Hospital Arrival Dates 1/1/2009 – 6/30/2009 (to include the 1st quarter 2009 updates).
- F) Updated 2009 Blank check report (for state-required fields)
- 1) Reminder: Hospitals should make sure the Data Completeness button on the discharge page has been updated by Lancet for 2009. During data entry, registrars can click the button to run the blank check for that specific record.
 - 2) Hospitals should be running blank checks on a regular basis to make sure the required fields are completed. The blank check exception report can be run by day, week, month, quarter or year.
 - 3) The 2009 AZ blank check report is found under Exception Reports and is called "09 AZ BLANK_LVL 1" for Level I Trauma Centers or "09 AZ BLANK_NOT_LVL 1" for non-Level I facilities. The only difference is that the Level I report checks for the AIS 2005 data.
 - 4) The blank checks will be incorporated into the AZ Data Validation Tool, but for now hospitals should use the exception report to check their data completeness.
- G) 2009 Invalid Picklist Entry/QA reports
- 1) If database or data entry issues were identified in your 2008 QA checks, please make sure these issues are not happening in your 2009 data. 2009 records cannot contain invalid picklist entries and will be run through state QA validation.
 - 2) Trauma Registry Manager will export the Report Batch that checks for "invalid picklist entries" so that hospitals can run these reports on their 2009 data and correct any problems. Because there are about 90 picklists to check and a lot of state data, we had to create separate reports and add them to a reporting batch. When you run a batch in Trauma One[®], you can either print the report from the screen or save to Excel. If you save to Excel, be sure to check every tab of the report, as results for each required picklist will be listed in a separate tab.
- H) Status update on AZ Data Validation Tool
- 1) Timeframe estimates from Lancet - After the meeting, the Trauma Registry Manager was informed that Lancet expects a release of the AZ Validation Tool by early September. Anne and Joel will facilitate review of the tool, and hospital input will be critical during the testing phase to identify any corrections needed. Please share your feedback with ADHS and Lancet to make sure that the tool is accurate.

- 2) The validation program will incorporate a combination of the blank field checks, invalid entry checks, NTDB/NTDS checks, and any AZ state-specific checks. The goal of this tool is to help hospitals check and correct data on a regular basis, thus eliminating the stress of cleaning it all up all at once at the end of the year.
- I) Diagnosis fields – ICD-9-CM and AIS 2005
- 1) Lancet is supposed to contact each hospital to ensure that the diagnosis autofill problems with body region and severity are fixed. They should correct any data already entered for 2009 so that it comes over correctly by the October export.
 - 2) Lancet is also working on an updated AIS 2005 picklist, since the current list is missing a few of the updates that were sent out by AAAM in 2008. We will likely have some clean-up of the 2009 AIS 2005 codes to make sure the codes match the AAAM 2008 updates. A picklist update for AIS 2005 will be sent out as soon as it is received from Lancet.
- J) Data Entry Education
- 1) Review of most common QA issues observed in the 2008 data – refer to handout.
 - 2) As time permits, ADHS will be developing data entry fact sheets to help registrars.
- K) Alcohol and Drug Use fields
- 1) Reminder from previous meeting: The “Drug Use Indicator” and “Toxicology Substances Found” are not to be entered positive for drugs administered by EMS or hospital personnel. If you have already entered some of your 2009 data to include EMS/hospital medications, you must go back and correct your 2009 data. We need these fields to accurately reflect drug use by the patient.
 - 2) Hospital question regarding Blood Alcohol results from referring facility - After discussion, it was discovered that a couple of reporting hospitals are not entering first recorded blood alcohol results into the state required blood alcohol field. Some hospitals have a separate referring toxicology field and others are not entering referring facility results at all.
 - 3) Per the ASTR data dictionary, “Blood alcohol concentration (BAC) may be documented at any facility (or setting) treating this patient event, including referring facility lab results. Only one BAC value is submitted to ASTR. If multiple results are available, submit the first recorded result (blood draw closest to the time of injury).” At both the state and NTDB level, the purpose of the alcohol/drug fields is to indicate if substance use may have played a role in the injury event. This is an important public health reporting topic. Blood alcohol values decline as you get further from the injury event, so a referring facility alcohol result is likely to be more reflective of the patient’s status at injury than a result taken after you received the referral patient. ASTR does not have many referring facilities reporting information to the state. If your hospital does not test the patient again for alcohol/drugs and decides not to enter the first results, ADHS will never know that substance use was involved.
 - 4) Trauma Registry Manager agreed to discuss this issue with Lancet to determine the best solution for: 1) hospitals to be able to capture hospital-specific alcohol data in one field and 2) ADHS to receive the data that is needed for state reporting purposes. The conclusion after the meeting was this: Lancet will contact our AZ hospitals, and if needed, add a second alcohol lab field for hospitals to capture and report on only hospital specific testing. The state alcohol field requirements and schema (and the state export/import) will not be changed. Lancet can copy the previous alcohol data from the state-required field into the new field, so that hospitals will be able to report on both old and new hospital alcohol data. For hospitals that already capture toxicology data per the data dictionary, no change will be required.
- L) Please check your database to make sure “ED LOS(Hours)” is recalculating if the ED arrival and exit dates/times are updated. This field did not always re-calculate when edits were made and caused several validation errors for the 2008 “ED LOS(Hours)” data.
- M) We were unable to schedule Lancet report training for June, but will consider future trainings as the budget allows.

- N) Any other user questions on quality checks, database changes, data entry?
- 1) There were some questions raised regarding blank check reports. If your data is complete, but it shows up as blank on the state blank check report, please contact Lancet to have them check your database.
 - 2) Question was asked about the Interfacility Transfer section of the Inclusion Criteria when a patient is discharged to Mexico via EMS, but the transfer is NOT for higher level of care. Discussion was held. To meet the interfacility transfer section of the criteria, a patient would need to be transferred for higher level of care or specialty care.
- O) Remaining 2009 TRUG meeting schedule (posted online):
- Wednesday, September 30 - 9:30 am - ADHS Conference Room 540-A
 - TRUG members will be notified as soon as the 2010 meeting schedule has been set

ARIZONA STATE TRAUMA REGISTRY (ASTR)

COMMON QA EDITS FOR 2008 ASTR DATA

1) Invalid Picklist Entries:

a) **Wrong picklist in hospital database**

If any of your state required fields have a picklist that does not match the ASTR data dictionary, there is a problem with your database that you must fix ASAP!

b) **Incorrect autofills in hospital database**

Examples:

- (1) State required Complications field autofilling incorrectly from your own hospital complications field.
- (2) Data entry of ED Disposition automatically entering a corresponding Hospital Disposition. This is incorrect – ask Lancet to stop this! This will cause you a lot of ED/Admission data entry errors.
- (3) E-code autofilling the Position in Vehicle field. This is incorrect – ask Lancet to stop this! This will cause you data entry errors and will prevent us from capturing the level of reporting detail that we need.

c) **Incorrect Data Links / Interfacing**

- i) Data Links must be updated any time there is a change in the data imported from billing/medical records or if there is a change in the state required picklist. To update your data links, please contact Lancet. Lancet will not know that a change is necessary unless you tell them.
- ii) Examples of common data link errors:
 - (1) ED Disposition
 - (2) Hospital Discharge Disposition
 - (3) Primary or Secondary Method of Payment

2) Common Data Entry QA Edits:

a) **Distinction between ED and Admission fields**

- i) All records must have an ED/Hospital Arrival Date and Time. This is why these two fields are labeled as “ED/Hospital Arrival” and not just “ED Arrival”. These fields cannot be Blank, Not Applicable or Not Documented.
- ii) The Admission Status field (from the Demographics Page) indicates if the patient received ED care only, Admission (inpt) care only, or ED + Admission care. This field is being used to validate data entry of the ED/Admission fields.
- iii) Only patients that were treated in the ED will have an ED Exit Date, ED Exit Time, ED LOS and ED Disposition. For Direct Admits, these fields will be flagged as Not Applicable (*NA).
- iv) Only patients that were transferred to an acute care facility from your ED should have an ED Discharge Destination Hospital, ED Discharge Transport

Agency or ED Transfer Reason. Otherwise, these fields should be flagged *NA.

- v) Only patients that were admitted to your hospital will have a Hospital (Inpt) Discharge Date, Hospital (Inpt) Discharge Time, Hospital (Inpt) Discharge Disposition, and Admission LOS. If treated only in the ED, these fields should be flagged as *NA.
- vi) Only patients that were transferred to an acute care facility after hospital admission should have a Hospital Discharge Destination Hospital, Hospital Discharge Transport Agency or Hospital Transfer Reason. Otherwise, these fields should be flagged as Not Applicable (*NA).
- vii) Even if the patient was not admitted, all records should have a Final Outcome and Total Hospital LOS entered.
 - (1) The Total Hospital LOS will automatically calculate based on what you enter for the Hospital (Inpt) Discharge Date. Thus it is important to consider whether the patient was admitted or not, when entering this field. Please do not leave this field blank and do not enter an inpt discharge date if the patient was not admitted.
 - (a) If you enter a valid date for Hospital (Inpt) Discharge Date, the system will assume the patient was admitted and use the ED/Hospital Arrival dates/times and the Hospital (Inpt) Discharge Dates/Times to calculate a Total LOS.
 - (b) If you flag the Hospital (Inpt) Discharge Date as Not Applicable (*NA), the system will use the ED Arrival and ED Exit dates/times for the Total LOS calculation.

b) Date/Time errors

- i) A day change happens at midnight, but the dates entered do not reflect this
- ii) Alternating between military and AM/PM time formats – always use military time (1:00 in the afternoon should always be 13:00 never 01:00)
- iii) We have noticed several records where the Injury dates/times, Prehospital dates/times, Referring dates/times, and ED/Hospital Arrival dates/times do not make sense as entered. Please pay special attention to the dates/times as you change from one page to the next. Note: We did not correct these for 2008 data, but they are likely to come up in the 2009 validation.

c) System Access (Inclusion Criteria) field

- i) Please make sure you have the correct picklist choices:
 - EMS_TRIAGE - Triaged from Scene to your facility per EMS Trauma Protocol
 - INTERF_TRNSFR - Acute care injury transfer in or out of your facility by EMS
 - ACTIVATION - Trauma Team Activation at your facility
 - ICD9_REVIEW - Admission or Death and met ASTR ICD-9-CM Inclusion Codes
- ii) Please enter all that apply. A patient may meet one or multiple inclusion criteria. The completeness of this field is important for state reporting.
- iii) This field should never be Blank (*BL), Not Applicable (*NA) or Not Documented (*ND). A patient must meet at least one of these criteria in order to be submitted to ASTR.

- d) Injury Date/Time is later than ED/Hospital Arrival Date/Time**
- i) Injury Date/Time should typically occur before the patient arrived at your hospital. In some cases, the injury and arrival may be the same (if patient was injured at your hospital), but this occurrence should be rare.
- e) Disposition and Outcome don't match – one field says the patient lived and the other says the patient died.**
- i) Final Outcome refers to the patient's lived/died status at exit from your hospital. This should match the patient's discharge disposition from your hospital.
- f) ICD-9-CM and AIS 2005 Diagnoses / ISS fields**
- i) A blank diagnosis or ISS = 0 are considered invalid. Per data dictionary, if a patient meets the ASTR inclusion criteria but does not have any diagnosed injuries, the Injury Diagnosis and ISS fields should be flagged as Not Applicable (*NA). If diagnosis documentation is unavailable, you would use Not Documented (*ND) instead of Blank.
 - ii) Reminder: ICD-9-CM and AIS 2005 diagnoses may display in the same scrolling window, but these fields are no longer linked for 2008 data forward. You do not need to insert *NA or blank rows to line up the coding systems. One diagnosis section may have a couple more rows entered than the other.
- g) E-codes**
- i) Primary (1st) E-code cannot be Not Applicable (*NA) or Blank (*BL).
 - ii) The E849 location code is captured in a separate field, not as the 1st or 2nd E-code. If a 2nd E-code does not apply, you should flag that field as *NA.
- h) Prehospital Transport Documentation**
- i) **Transport Type = INTO_REPT_HOSP** - Arrival/transport of pt INTO YOUR FACILITY (EMS & non-EMS)
 - (1) Every record must have one and only one leg of transport that pertains to how the patient arrived at your facility. This leg of transport must be entered, even if the patient came in by POV. If you cannot determine how patient arrived at your facility, you would still enter a row for Transport Type = INTO_REPT_HOSP and then use Not Documented (*ND).
 - (2) Transport Type, Transport Mode, and Transported From(Origin) are completed for all patients, even if the patient did not have any EMS care. For a POV arrival into your facility, the Transport Type would be INTO_REPT_HOSP, Transport Mode would be POV_WALK-IN and the Transported From(Origin) would be where the patient came from.
 - ii) **Transported From(Origin) = INJ_SCENE** - From Injury Scene
 - (1) The majority of patients should have only one row where Transported From(Origin) pertains to the transport of the patient from the Injury Scene.

- (a) If transport originated from a referring facility or EMS rendezvous point, you would not select Injury Scene as the origin.
- (b) When documenting First Responder(non-transport) care, transportation of the patient does not apply, so the Transported From(Origin) would be flagged as Not Applicable (*NA).

i) Total Reimbursements greater than Hospital Charges (overpayments to hospital not yet returned/processed)

j) Use of Not Documented (*ND) key. Please do your best to obtain missing/unknown data, even if it requires checking multiple sources.

Examples of important state reporting fields:

- Age (give best estimate even if DOB is unknown)
- Primary E-code (try to determine at least some basic info on injury event)
- Zip Code of Injury (look up address in www.usps.com, Google maps)
- City of Injury (use best approximation/nearest town)
- County of Injury, State of Injury, Country of Injury
- Injury Date/Time (if no EMS report, look for hospital documentation, patient report or law enforcement report)
- Protective Devices (if no EMS report, look for hospital documentation, patient report or law enforcement report)
- Alcohol and Drug Use (EMS info, referring facility labs, patient report, your hospital labs)
- Interfacility Transfer (Yes/No), Referring Facility LOS
- ED/Hospital Arrival Date/Time (mandatory), ED Exit Date/Time, Hospital Discharge Date/Time
- ED LOS, ED Disposition, Hospital LOS, Hospital Discharge Disposition
- Injury Diagnoses
- Method of Payment



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

Trauma Registry Users Group (TRUG) Minutes
Wednesday, September 30th, 2009 - 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
Contact: Anne Vossbrink 602-364-3164 vossbra@azdhs.gov

Attendees:

In person: Joel Bunis, Vicki Conditt, Kathi Coniam, Lillian Duncan, Valerie Hill, Claire Holmes, Shawna Hosler, Suzanna Hubbard, Xan Hummel, Rose Johnson, Cynthia Marks, Angie Minchella, Melissa Moyer, Erzsebet Szabo, Linda Tuck, Veronica Videa, David Villa, Anne Vossbrink, Cristi Wong, Heather Young.

Hospitals attending via Qwest Conference Bridge: Flagstaff Medical Center, University Medical Center

Qwest Conference Bridge Available

- A Qwest Conference Bridge was made available to members who wanted to attend the meeting, but could not do so in person. This was the first time we had had this option.

- A) Current status of AZ Data Validation Tool
- 1) Current status of development: The initial version has been delayed and is now estimated to be available in late October.
 - 2) Anticipated AZDHS & Hospital User testing: The plan testing will be as planned. ADHS will run some initial tests, if all goes well, the tool will be given to a few hospitals on a volunteer basis for testing. If the tool passes validation at these levels, it will then be installed at all Trauma One hospitals. If the tool fails validation at any step, fix requests will be sent to Lancet to resolve any issues that are discovered during the testing process.
- B) Reminder to keep running the blank field, invalid picklist and QA checks on all 2009 data. In August, Anita sent out reports for Trauma One users to use for these checks prior to a validation tool being available.
- 1) Any issues running these reports?
- C) Any Trauma One glitches or errors that you have noticed?
- Ongoing concerns? Ongoing concerns: TRUG members requested that Lancet:
- Inform them in advance of any times Lancet would like access to their hospital's Trauma One
 - Inform them what fields, etc the fixes or changes will affect
 - Inform them of the purpose of the fixes or changes specifically
- ADHS will address these requests with Lancet to find an agreeable solution.
- Lancet fixes in the past month:*
- 1) Updated county list to spell Santa Cruz correctly
 - 2) *Fixed glitch where you get stuck in the AIS 2005 field and can't get out of it. It happened if you were in the ICD9 diagnosis section and then go into the AIS code. It wouldn't let you out of the field until you enter from the picklist or Ctrl+Alt+Delete Trauma One. (* fixed if you imported the lancet.ie file sent out on 9/9/2009)
 - 3) An incorrect duplicate description of two AIS2005 codes fixed to reflect the proper description for each AIS2005 code. (*fixed if you imported the lancet.ie file sent out on 9/9/2009)

- 4) Any additional Lancet fixes:
- Lancet just received the latest zipcode files and all hospital sites should get these within the week.
 - Lancet to place updated ICD-9 codes approximately 10-15-2009.

New Lancet fix files tracking log:

1) As it has become increasingly important to track implementation and importation of lancet.ie files, a new log was developed to track that all hospitals have imported the updated files. This should help reduce the number of errors to fix later. Please always respond to emails that request a response confirming the successful import of a picklist so that the log can be accurately maintained.

D) Quarter 2 2009 data (Apr-June) is due Oct. 1st, 2009. This includes all updates on Quarter 1 2009 data, including financial data.

- 1) Please make sure you do not include any 2008 data in your submissions.

E) Reduced dataset submitters (some of the Level IV Trauma Centers):

- 1) Currently submitting data and working on correcting data discrepancies.
- 2) Status of Reduced dataset Import Tool
- 3) Newly updated reduced dataset users instructions, spreadsheets, data dictionary, & data submission log distributed to replace previous versions for future quarters submissions you have not already entered into a spreadsheet.

F) Upcoming Trainings:

- 1) "Trauma One Report Writing Training" by Lancet.
Where: Phoenix, AZ. Arizona Department of Health Services
"Basic Reports": Thursday, Oct. 15th, 2009. 8:30-3:30
"Advanced Reports": Friday, Oct. 16th, 2009. 8:30-3:30

Please let me know if you may be interested in attending Anne.Vossbrink@azdhs.gov . Unfortunately, seating is limited, so we may need to limit how many can attend from each hospital.

G) 2010 TRUG meeting schedule (posted online): <http://www.azdhs.gov/bems/TRUG.htm>

- Next meeting

Tuesday, January, 26th - 9:30 am - ADHS Conference Room 540-A

- Additional 2010 TRUG Meeting Dates:

Wednesday, April 21st - 9:30 am - ADHS Conference Room 540-A

Wednesday, July 21st - 9:30 am - ADHS Conference Room 540-A

Wednesday, September 29th - 9:30 am - ADHS Conference Room 540-A