



Arizona State Trauma Registry Trauma Registry Users Group (TRUG)



Trauma Registry Users Group Meeting Minutes
Wednesday July 22, 2015 9:30 am – 12:15 pm
Location: Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
Arizona State Trauma Registry Contacts:
Mary Benkert 602-542-1245 Mary.Benkert@azdhs.gov or
Rogelio Martinez 602-542-2246 or Rogelio.Martinez@azdhs.gov

ADHS– Mary Benkert	HonorHealth Scottsdale Osborn – Barbara Szerlag (p)
ADHS – Rogelio Martinez	HonorHealth Scottsdale Osborn – Karen Helmer (p)
ADHS – Robyn Blust	HonorHealth Scottsdale Osborn – Jane Burney (p)
Abrazo West Campus – Angela Minchella (p)	HonorHealth Scottsdale Osborn – Laurie Jones (p)
Abrazo West Campus – Maria Carbajal (p)	Maricopa Medical Center– Lillian Namagembe
Abrazo West Campus – Brielle Caddell (p)	Maricopa Medical Center– Jonelle Treto
Banner – University MC Phoenix -- Beth Latrell	Maricopa Medical Center – Linda Tuck (p)
Banner – University MC Phoenix – Susan Lunsford (p)	Mt. Graham Regional Medical Center (p)
Banner – University MC Phoenix – Julie Lopez (p)	Northern Cochise Hospital – Leslie Garwood (p)
Banner – University MC Tucson – Paul Bowlby (p)	Northern Cochise Hospital – Osa Sanchez (p)
Banner – University MC Tucson – Terry Burns (p)	Oro Valley Hospital – Tricia Creviston (p)
Banner Page – Bridget Schuldies (p)	Phoenix Children’s Hospital – Justin Slotman (p)
Chandler Regional MC – Cornelia Encinas	Phoenix Children’s Hospital – Kelly Jansson (p)
Chandler Regional MC – Jennifer Larson	Phoenix Children’s Hospital – Danelle Alexander (p)
Chandler Regional MC – Elizabeth Smith	Rural Health – Joyce Hospodar (p)
Chandler Regional MC – Denise Dublin	St. Joseph’s Hospital– Elisa Flores
Chandler Regional MC – Lori Wass (p)	St. Joseph’s Hospital– Michelle Guadnola
Copper Queen Community Hospital – Claudia Romo (p)	St. Joseph’s Hospital – Rose Johnson
Flagstaff Medical Center– Erzsebet Szabo (p)	St. Joseph’s Hospital– Shawna Hosler
HonorHealth Deer Valley – Maria Salas	St. Joseph’s Hospital– David Villa
HonorHealth Deer Valley – Sheila Humphreys	Tuba City Regional Health Care – Jennifer Greyhatt (p)
HonorHealth Deer Valley – Olivia Barron	Verde Valley Medical Center – Deborah Verkyk
HonorHealth John C Lincoln – Jennifer Kennedy (p)	Yavapai Regional East – Chris Thompson
HonorHealth John C Lincoln –Xan Hummel (p)	Yavapai Regional West – Donna Quay

- A) Minutes from last meeting / Outstanding Items
 There were no amendments to the meeting minutes from April 22, 2015.
 Look for a picklist update soon. I will send the update and a list of all the changes.
- B) ASTR Quarterly Data Submission

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

Quarter Four	October 1 – December 31	April 1 of the following year	July 1 – December 31
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Quarter 1 2015 data was due on July 1, 2015 (ED/Hospital Arrival Dates Jan – Mar 2015). Thanks to all who have submitted Q1. For those who have not, please let me know when to expect your data. Please remember to send me your data submission form each quarter so I know how many records you are sending and when your data entry was complete. The forms can be found on our website, <http://www.azdhs.gov/bems/data/ASTR.htm> ; one applies to full data set sites that send me an export file, and the other applies to reduced data set sites. Data should be validated and corrected before you submit – each site has the same validation tool as ADHS.

C) EPIC data project – 2007- 2013 data:

Excellence in Prehospital Injury Care (EPIC) is a public health initiative funded by the State of Arizona and the National Institute of Health (NIH) in collaboration with the University of Arizona, to improve the quality of patient care for traumatic brain injury. This very important project recently requested assistance to locate missing but essential data. In the next few weeks, ADHS will be contacting Level I Trauma Centers to backfill and locate some missing elements. If the data is available we will work with Lancet and the individual sites to retrieve this essential information for this project.

D) ICD-10 Training Update

So far there are 41 people signed up for ICD-10 training at Chandler Regional Medical Center August 20-21, 2015. The class maximum is 50. You can contact Pomphrey Consulting to register as the class is not listed on the website. The cost is \$500 for the first registrar at each hospital. The second registrar gets a 10% discount; the third and subsequent registrars get a 20% discount. You need to purchase your own books – the ICD-10 CM and the ICD-10 PCS. The cost is approximately \$80 per book. You may want to check with your Medical Records coders to see if there is any discount through them.

Lunch is on your own both days. There will be coffee, water, pastries in the morning and a light snack provided in the afternoon.

E) Inter Rater Reliability Project 2015

Thanks to all who have participated in this project. Special thanks to Rose Johnson and Melissa Moyer for their time and expertise on the IRR panel. This project is not possible without a cooperative effort between the state and the hospital registrars. The final answer key is attached with points if you would like to calculate your score. Here is a summary of the discussion:

1. Not Applicable (*NA) means the data element does not apply, i.e. patient has no middle name, therefore Middle initial is *NA; or patient is white with no secondary race, therefore secondary race is *NA. These are not the result of missing information.

Not Documented (*ND) means the date element is missing from the documentation, i.e. times are missing on the run sheet, or the temperature of the patient was taken but it's not in the chart.

2. Time of injury is almost always estimated. Per the state data dictionary for Incident Injury Time, estimate whenever it is reasonable to do so; however, do not use the 911 call time or other proxy times as the time of injury. This is also documented in the NTDB data dictionary, Incident Injury Time, page 16.
3. Format for street addresses in Trauma One:

The data dictionary outlines a standardized format for entering street addresses, cross streets, mileposts, etc. Here is an excerpt from the dictionary:

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

- 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;
- If you are entering a location name plus an address, first enter the street address, followed by the location name in parentheses.
Example1: 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)
- 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; Example2: HWY 89 MP 470
- Not Documented may be used if an approximation or place name cannot be determined. Registrar should make attempts to obtain this information.
- Not Applicable should not be used.

I will update the dictionary to include 'State route' format, i.e. for State Route 51 use 'SR 51; Loop 101 for 101.'

4. Complete Trauma Team Arrival is hospital specific. If your trauma team is complete when your trauma surgeon arrives, use that time. If your team is complete when multiple team members arrive, use the latest of those times.
5. Respiration rate can be captured in the ED whether assisted or unassisted. There was discussion regarding a TQIP meeting where if the patient is intubated the respiration rate is zero; however unless we have documentation to support that, respiration rate is the first measured rate whether assisted or not.
6. There was an addendum in the chart regarding the patient status after discharge. The patient was in fact discharged to a SNF; it appeared to some of us that the patient left the hospital AMA; however, it was pointed out the addendum is a day later and the patient left the SNF, not the hospital.
7. Procedures: the procedures highlighted in green should have been coded for sure; those highlighted in yellow are not required, but may be coded if the hospital wants to capture them. Many hospitals do not code X-rays, Foleys and other routine procedures in the trauma record.
8. Loss of consciousness (LOC):

The subarachnoid and subdural hemorrhages should have been coded as follows:

ICD-9:

852.20 4 1 SUBDURAL HEMORRHAGE FOLLOWING INJURY, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, WITH STATE OF CONSCIOUSNESS UNSPECIFIED

852.00 3 1 SUBARACHNOID HEMORRHAGE FOLLOWING INJURY, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, WITH STATE OF CONSCIOUSNESS UNSPECIFIED

AIS:

140652 CEREBRUM SUBDURAL SMALL HEMATOMA (<= 50CC IN ADULTS; <= 25CC IF <= 10YRS.; 0.06 - 1 CM THICK; SMEAR; MODERATE)

140694 CEREBRUM - SUBARACHNOID HEMORRHAGE (NOT ASSOCIATED WITH COMA > 6 HOURS)

We do not code for LOC in this case. In the IRR record, the patient was unconscious when EMS arrived as documented on the run sheet. However, there is no validation of LOC by the physician in the test record. Based on an E-mails from Jan Price at AAAM (2010) and notes from previous TRUG meetings, the physician must validate the LOC in order for it to be coded. If EMS documents LOC but there is no physician validation, LOC cannot be coded. It was also noted by Jan Price that if the physician validates LOC you may code it, no matter the source, i.e. EMS, patient, family member, bystander, etc. The key is the physician must validate LOC.

9. Notes for next IRR:

- (i) The panel will spend more time with the test record to make sure only the necessary documents are included in order to keep the record shorter and more manageable. We will more clearly define times in the test record to avoid generating confusion with inconsistent terminology.
- (ii) I will spend more time documenting the answers prior to the TRUG meeting in order to expedite the discussion and avoid unnecessary time spent searching through the data dictionaries.

If you have other suggestions or ideas for IRR 2016 please E-mail me and also consider being part of next year's panel. This project requires collaboration in order to be successful and I welcome your input. As promised, I will send certificates for 3 CEU's for those who submitted a record this year.

F) Remaining 2015 TRUG meeting schedule:

- Wednesday, October 21, 2015 / 9:30 – 11:30 am / ADHS 540-A Conference Room