



CRTAC State Report

November 13, 2014

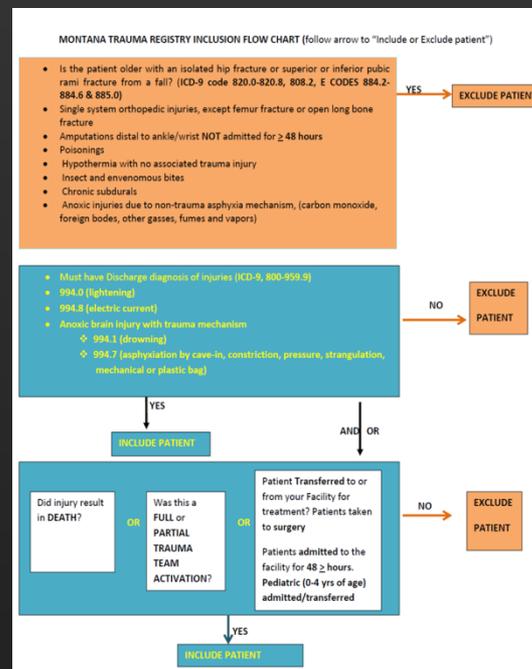
NEW Montana Trauma Facility Designation Criteria

- New criteria will be effective for designations starting January 1, 2015.
- New criteria will be posted on our website: www.dphhs.mt.gov/ems after the State completes the website redesign this month

Montana Trauma Registry Inclusion Criteria

- We did NOT change registry criteria. The criteria is the exact same, just in a different format
- Tried to simplify the form using a flow chart instead of the previously used columns
- We received many complaints that the old format was difficult to understand
- We were missing many patients that actually did meet criteria

Trauma Registry Inclusion Criteria <small>April 2008</small>		
Column I	Column II	Exclusions
<p>PRIMARY criteria for inclusion</p> <p>MUST have Discharge diagnosis of injuries (ICD-9 codes between 800.0 - 959.9)</p> <p>These injuries are also included:</p> <p>All patients with burns and a trauma mechanism of injury or meeting severity criteria for referral by the American Burn Association or:</p> <p>994.0 - lightning 994.8 - electrical current</p> <p>All patients with anoxic brain injuries due to a trauma mechanism of injury:</p> <p>994.1 - drowning; 994.7 - asphyxiation and strangulation: suffocated by - cave in, constriction, pressure, strangulation, mechanical, bed clothes, plastic bag</p> <p>Open long bone fractures taken to surgery at your facility within 24 hours of arrival at your facility</p> <p>All patients taken to surgery at your facility for intracranial, intra-thoracic, intra-abdominal, or vascular surgery</p>	<p>→ AND Must have one or more from Column II</p> <p>All patients that initiated FULL or PARTIAL Trauma Team Activation at your facility</p> <p>All patients hospitalized at your facility for 48 hours or more</p> <p>All patients with admission to an Intensive Care Unit at your facility</p> <p>All patients who die in your facility, including those who die in the Emergency Department</p> <p>All patients transferred to another facility for evaluation/treatment not available at your facility</p> <p>All pediatric patients with injuries between the ages of 0-4 admitted to the facility (even if not for 48hrs or longer)</p> <p>Transfers from another facility not meeting inclusion criteria (isolated hip/tx/fall from same height, etc.)</p> <p>Poisoning</p> <p>Hypothermia and other cold injuries (with no associated trauma) unless Trauma Team Activation</p> <p>Bites - <u>insects, snakes</u> (envenomation injuries)</p> <p>Chronic subdural hematoma</p> <p>Anoxic brain injuries due to <u>non-trauma mechanism of asphyxia</u>:</p> <p>Carbon monoxide - Inhalation food/ foreign bodies, other gases, fumes, vapors</p>	<p>These are not eligible:</p> <p>Late effects of trauma, injury codes 905-909, ("late effects" should be documented as such by the physician)</p> <p>Hip fractures resulting from falls from same height (without other significant injuries) (Injury codes 820 - 821) Isolated hip fractures/femoral neck fractures when coded with: (E884.2) - fall from a chair, (E884.3) - fall from wheelchair, (E884.4) - fall from bed, (E884.5) - fall from other furniture, (E884.6) - fall from commode, (E885) - fall from same level from slipping, tripping, or stumbling</p> <p>Unilateral pubic rami fractures resulting from falls from same height (without other significant injuries)</p> <p>Single-system orthopedic injuries (except femur fractures)</p> <p>Amputations distal to ankle/wrist NOT admitted to your facility for ≥ 48 hours</p> <p>Transfers with previous trauma, but now admitted for medical reasons not associated with the trauma or those transferred for personal convenience</p> <p>Transfers from another facility not meeting inclusion criteria (isolated hip/tx/fall from same height, etc.)</p> <p>Poisoning</p> <p>Hypothermia and other cold injuries (with no associated trauma) unless Trauma Team Activation</p> <p>Bites - <u>insects, snakes</u> (envenomation injuries)</p> <p>Chronic subdural hematoma</p> <p>Anoxic brain injuries due to <u>non-trauma mechanism of asphyxia</u>:</p> <p>Carbon monoxide - Inhalation food/ foreign bodies, other gases, fumes, vapors</p>



Montana Trauma Registry Inclusion Flow Chart

MONTANA TRAUMA REGISTRY INCLUSION FLOW CHART (follow arrow to "Include or Exclude patient")

- Is the patient older with an isolated hip fracture or superior or inferior pubic rami fracture from a fall? (ICD-9 code 820.0-820.8, 808.2, E CODES 884.2-884.6 & 885.0)
- Single system orthopedic injuries, except femur fracture or open long bone fracture
- Amputations distal to ankle/wrist NOT admitted for ≥ 48 hours
- Poisonings
- Hypothermia with no associated trauma injury
- Insect and envenomous bites
- Chronic subdurals
- Anoxic injuries due to non-trauma asphyxia mechanism, (carbon monoxide, foreign bodes, other gasses, fumes and vapors)

YES

EXCLUDE PATIENT

- Must have Discharge diagnosis of injuries (ICD-9, 800-959.9)
- 994.0 (lightening)
- 994.8 (electric current)
- Anoxic brain injury with trauma mechanism
 - ❖ 994.1 (drowning)
 - ❖ 994.7 (asphyxiation by cave-in, constriction, pressure, strangulation, mechanical or plastic bag)

NO

EXCLUDE PATIENT

YES

INCLUDE PATIENT

AND OR

Did injury result in DEATH?

OR

Was this a FULL or PARTIAL TRAUMA TEAM ACTIVATION?

OR

Patient Transferred to or from your Facility for treatment? Patients taken to surgery
 Patients admitted to the facility for 48 \geq hours.
 Pediatric (0-4 yrs of age) admitted/transferred

NO

EXCLUDE PATIENT

YES

INCLUDE PATIENT

Facility Resource Guide



- Guide will be available to assist with transfers, locums knowledge of facilities and capabilities
- Will include Facility/Staff Info, Patient Transport Info, Lab & Radiology Info.
- Also including Air Medical, Facility Designation List, and Summary of ECP Levels

Montana Trauma System Conference

- Was held September 10th
- 60 people attended
- Deb Syverson, RN Trauma Coordinator at Sanford Health Level II Trauma Center, Fargo, ND presented
- Designation, Inclusion Criteria, Facility Resource Guide
- Web-Based Collector Training
- Best Practices:
 - Chris Benton, Beartooth Billings Clinic
 - Heather Wicks, Livingston Healthcare
- MTS presentations & documents will be available on EMSTS website: www.dphhs.mt.gov/ems



pitfalls

are there?

as visitors

Difficulties for Rural Hospitals

- Lack of Resources
- Limited Financial Resources
- Limited Staff
- Limited Community Support
- Limited Marketing
- Limited Access to Services
- Limited Access to Transportation

Web-based Collector Training

- Go Live expected January 2015
- Initial training was held over multiple dates in August.
- Training continued at MTS and several people took advantage of further training at the lab that evening
- Now what?
 - Upcoming dates to continue training
- This is mandatory training for paper abstract users



Rocky Mountain Rural Trauma Symposium



- 303 people attended
- Great presentations on:
 - Disaster Preparedness: Joplin, MO 2011 EF5 Tornado
 - Austere Medicine: Cases from the Last Frontier
 - Shock: Concepts in Resuscitation
 - Scenes of Compassion: Emergency Scene Emotional Crisis
 - Pelvic Ring Injuries
 - Musculoskeletal Trauma: Surviving the Night
 - Excited Delirium
 - Mock Trial
 - Emergency Response to an Armed Intruder
 - Case Studies
- 2015: Billings/ERTAC
 - MTS-September 23rd
 - RMRTS- September 24th & 25th



ATLS Dates

2015 Full Course

Feb 27 - 28 Great Falls

March 20 - 21 , Billings

May 29 – 30 Missoula

November 6 – 7 Billings

2015 Refresher Course

Feb 28- Great Falls

March 21 -Billings

May 30 - Missoula

November 7 - Billings

STCC Resignations

- Upcoming vacancies:
 - American College of Emergency Physicians
 - MT. Medical Association
 - MT. Emergency Medical Service Assoc.

2015 Montana Trauma System Calendar

STATE TRAUMA CARE COMMITTEE:

February 11
May 13
August 12
November 18

Central RTAC

January 22
April 23
July 23
October 22

Eastern RTAC

March 12
June 11
September 10
December 10

Western RTAC

January 9
April 10
July 10
October 9

Advanced Trauma Life Support (ATLS):

Feb 27 & 28 Great Falls
March 20 & 21 Billings
May 29 & 30 Missoula
November 6 & 7 Billings

Trauma Coordinator Meeting/WebEx:

February 4

Spring Fever: April 11, Missoula

2015 Montana Trauma Systems Conference:

September 23, Billings

2015 Rocky Mountain Trauma Symposium:

September 24 & 25 Billings

Holiday

January						
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October						
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February						
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August						
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September						
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December						
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