



# **WRTAC State Report January 9, 2015**

# **NEW Montana Trauma Facility Designation Criteria**

- **New criteria for designations starts this month**
- **Questions to clarify:**
  - *Rapid Infuser System*
  - *Trauma Peer Review*



# Designation Updates

## September

- *Forsyth: Trauma Receiving Facility*
- *Columbus: Trauma Receiving Facility*

## October

- *Shelby: Trauma Receiving Facility*
- *Choteau: Trauma Receiving Facility*
- *Chester: Trauma Receiving Facility*

## November

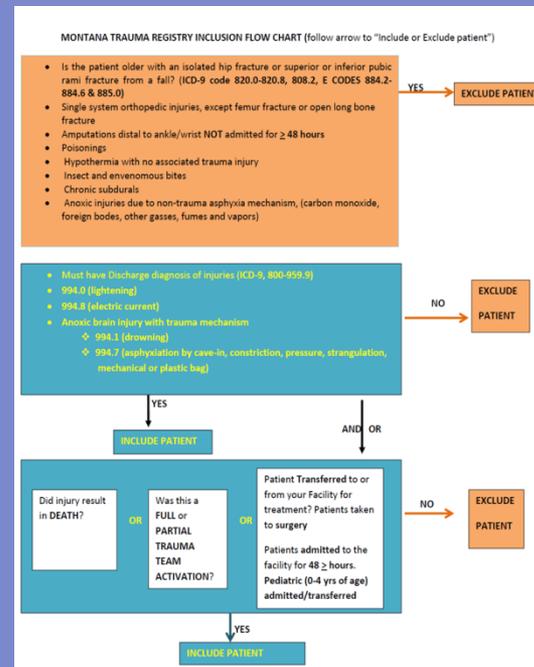
- *Roundup (New!): Trauma Receiving Facility*
- *Anaconda: Community Trauma Hospital--  
Reviewed*
- *Community (Missoula): Area Trauma  
Hospital--Reviewed*
- *Plains: Community Trauma Hospital--  
Reviewed*



# 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 objections that the old format was difficult to understand
- We were missing many patients that actually did meet criteria
- Both will be available for use and on the website

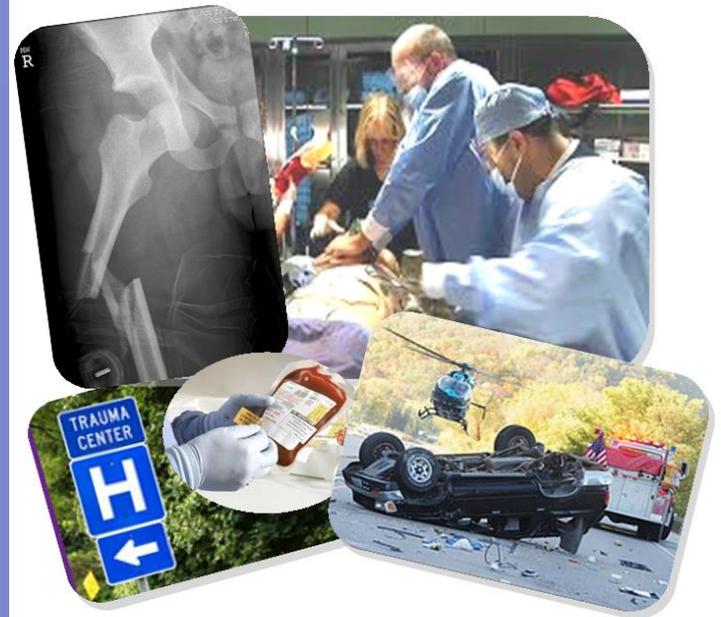
Trauma Registry Inclusion Criteria <small>April 2008</small>		
Column I	Column II	Exclusions
<p><b>PRIMARY criteria for inclusion</b></p> <p>MUST have Discharge diagnosis of <b>injuries</b> (ICD-9 codes between 800.0 - 959.9)</p> <p>These injuries are also included:</p> <p>All patients with burns and 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 <b>trauma mechanism of injury</b>:</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 <b>FULL or PARTIAL</b> 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 fx/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 - <b>insects, snakes</b> (envenomation injuries)</p> <p>Chronic subdural hematoma</p> <p>Anoxic brain injuries due to <u>non-trauma mechanism of asphyxia</u>: Carbon monoxide - Inhalation food/ foreign bodies, other gases, fumes, vapors</p>	<p>These are <b>not</b> eligible:</p> <p>Late effects of trauma, injury codes 885-909. ("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, (E886) - 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 fx/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 - <b>insects, snakes</b> (envenomation injuries)</p> <p>Chronic subdural hematoma</p> <p>Anoxic brain injuries due to <u>non-trauma mechanism of asphyxia</u>: Carbon monoxide - Inhalation food/ foreign bodies, other gases, fumes, vapors</p>



# Facility Resource Guide

- Sent to printer end of December. Will be available to distribute soon.
- 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 Facility & Air Medical Resource Guide



MONTANA  
**DPHHS**  
*Healthy People. Healthy Communities.*  
Department of Public Health & Human Services



# New Re-Designed Website: [www.dphhs.mt.gov](http://www.dphhs.mt.gov)

http://www.dphhs.mt.gov

DPHHS Home

File Edit View Favorites Tools Help

sitkapd - CBSports PolicyTech 7.6.1 Suggested Sites The National Association ... Web Slice Gallery login 10,000 Steps-a-Day ...

MONTANA.GOV  
OFFICIAL STATE WEBSITE

SERVICES AGENCIES LOGIN SEARCH

More News Releases ...

DPHHS Server inappropriately accessed

Help Line Information

2015 Division Presentations to the Legislature - Coming Soon!

Health Insurance Marketplace

Learn about the Health Insurance Marketplace & your new coverage options.

GET ANSWERS NOW

9:28 AM  
12/4/2014

<http://www.dphhs.mt.gov/publichealth/EMSTS.aspx>

# 2015 Legislature

- **Link on EMSTS website to proposed legislation that may affect EMS/Trauma/Healthcare/Injury Prevention**
- **Some current Introduced/Un-Introduced bills include:**
  - *Provide for primary seat belt law*
  - *Distracted driving (prohibit texting & cell phone use)*
  - *Air medical subscriptions*
  - *Sharing healthcare information with law enforcement*
  - *Adopt nurse licensure compact*
  - *Benefits for emergency responders*
  - *Increase highway speed to 80 mph*
  - *Healthcare professional reporting requirements for gunshot/stab wounds*
  - *And more....*



# 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

\*Full with exception of one refresher



# STCC Resignations

- **Vacancies:**
  - *American College of Emergency Physicians*
  - *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

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# Web-based Collector Training

- Go Live delayed but expected January, 2015
- Recent training was held in November.
- Watch for upcoming dates to continue training, access to secure server
- This is mandatory training for paper abstract users
- Encourage logging into test-site for practice of entering charts
- Letter to facilities coming soon related State Web-based system is a secure site for patient records



# Data Submission

- **“Rule XIV, Trauma Registries and Data Reporting (1) For the purpose of improving the quality of trauma care, all Montana health care facilities, as defined in 50-6-401, MCA, must participate in the state trauma register by collecting and reporting to the department the data within 60 days after the end of each quarter, each health care facility that provided service or care to trauma patients within Montana must submit to the department the information required and who meets the criteria for inclusion in the trauma register”**



# Data Submission

- **The software based users download to us at the State quarterly which gets uploaded into our central trauma data registry**
- **To be consistent, we will want the Web-based Users to comply with the same requirement**
- **This will be posted on the website for reference**



**Montana State Registry Dates of Data  
Submission Schedule**

All facilities are required to submit data 60 days after a quarter ends.

**4th Quarter 2014**

Software Users for 4<sup>th</sup> Quarter 2014 covering the period of; October 1, 2014-December 31, 2014

**Due Date: March 6, 2015**

**1st Quarter 2015**

Software and Web-based Users, covering the period of: January 1, 2015-March 31, 2015

**Due Date: June 5, 2015**

**2nd Quarter 2015**

Software and Web-based Users covering the period of April 1, 2015-June 30, 2015

**Due Date: September 4, 2015**

**3rd Quarter 2015**

Software and Web-based Users covering the period of July 1, 2015-September 30, 2015

**Due Date: December 4, 2015**

**4th Quarter 2015**

Software and Web-based Users covering the period October 1, 2015-December 31, 2015

**Due Date: March 4, 2016**

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# Data Validation

- **Ensures consistency in abstraction and data entry for the registry**
- **Ensures accurate data used for education, research, policy compliance, injury prevention and trauma center verification**
- **Should be an integral part of the overall Performance Improvement Process**
- **“The goal is to turn data into information, and information into insight” – Carly Fiorina**



# Validation Check

- Ensures that data collected falls within acceptable ranges and all data fields correlate chronologically



# Continuous Validation

- **Before publishing or releasing data, validate**
- **Measure twice, cut once principle applies to data**
- **Inaccurate data reflects on you, your program and the facility**
- **Garbage In= Garbage Out**
- **Solid and valid data instills confidence in your abilities and promotes the program's integrity**



# State Data Validation

- We will run data validation for your facilities quarterly with downloads for software users and the Web-based users
- We started with downloads that were submitted last week

