

MT Trauma Registry

Montana Trauma Systems Web-ex
2016

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Data validation

- The process of ensuring that a program operates on clean, correct and useful data
- Check for correctness and meaningfulness of data input to the system



Data validation

- Failures or omissions in data validation lead to data corruption or incomplete data which is not useful



Source of Trauma System Inclusion Designation

- Source of Trauma System Inclusion Designation is **NEVER not applicable or unknown**. It is not asking by what method the patient came to you. It asks if you activated your trauma team or not and did you do it by information by pre-hospital, activated the trauma team at the facility (walk-in, POV) or retrospective review (qualified for trauma registry inclusion criteria but no TTA)

Demographics/ Record Info

Identifiers

Trauma # 990000001

Patient Arrival 02/02/2015 09:33

Medical Record # 64334903

Account # 37704525

Patient Name: Last

First

MI E

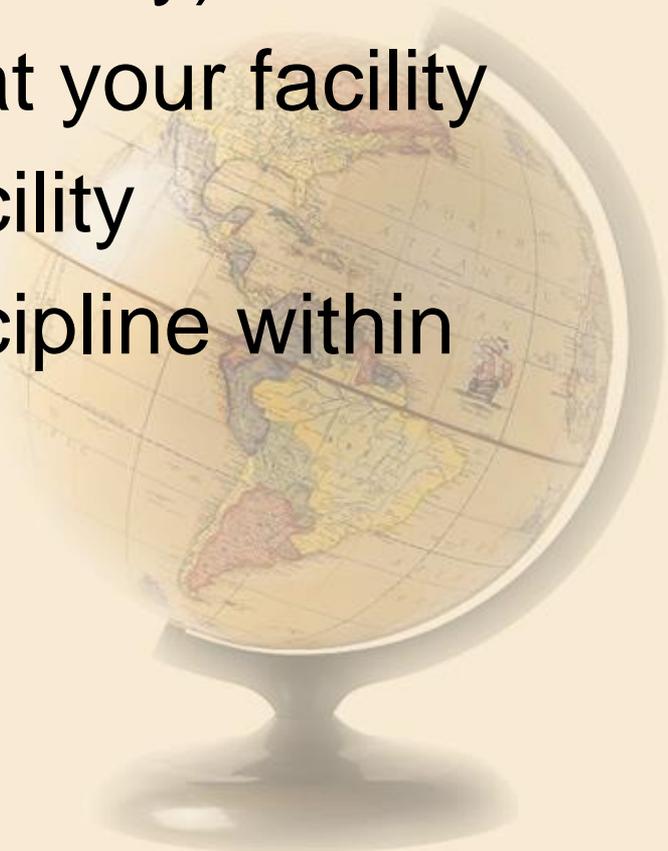
Source of Trauma System Inclusion Designation / Not Applicable

Inclusion Criteria

Include in Central Site?

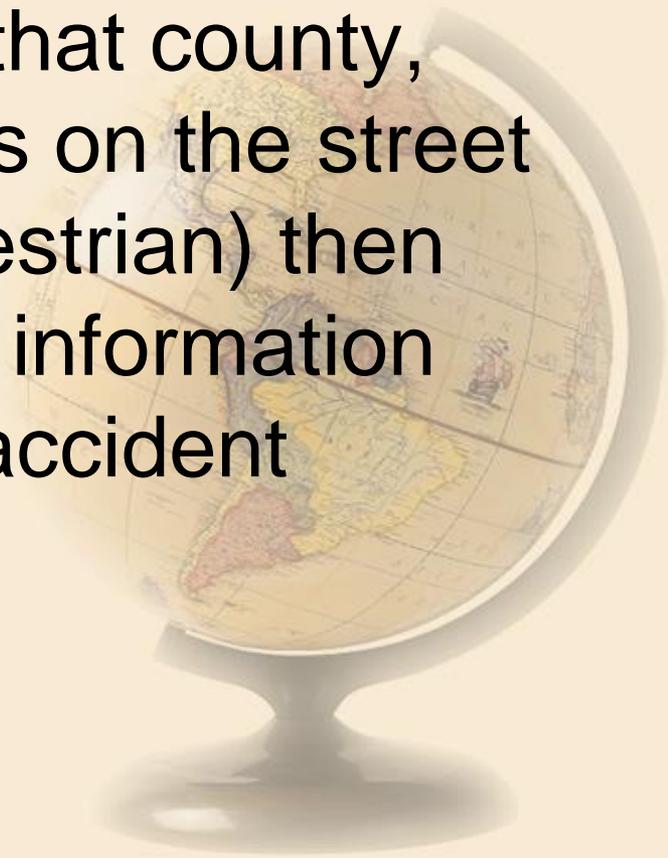
Source of Trauma System Inclusion

- Pre-hospital
- Dead on Scene (State use only)
- Trauma Team Activation at your facility
- Transfer from Another Facility
- Transfer from another discipline within your facility
- Retrospective Review



Injury Information

- Copy Patient Address button clicked on under Injury Information when the injury happens at their home or that county, town. If the injury happens on the street (MVC, MCC, bicycle, pedestrian) then you would only fill out that information that applied to where the accident happened



Injury Information

https://trauma.hhs.mt.gov/ - Trauma Registry - Internet Explorer

Trauma Data Collector

Edit Trauma Record

Demographics **Injury** Prehospital Referring Facility ED/Resus Providers Procedures Diagnosis Outcome QA Tracking

Injury Information Mechanism of Injury Notes

Injury Information

Injury 09/08/2015 12:06

Place of Injury/E849 5 Street

Specify mm3.8 190

Copy Patient Address

Zip 98649-

City TOUTLE

State Washington

Region 3 West

County 53015 53015, Cowlitz

Country USA

Work Related N

Occupational Industry

Occupation

Protective Devices

Restrains	1	None
Airbags	1	None
Equipment	2	Helmet

Specify

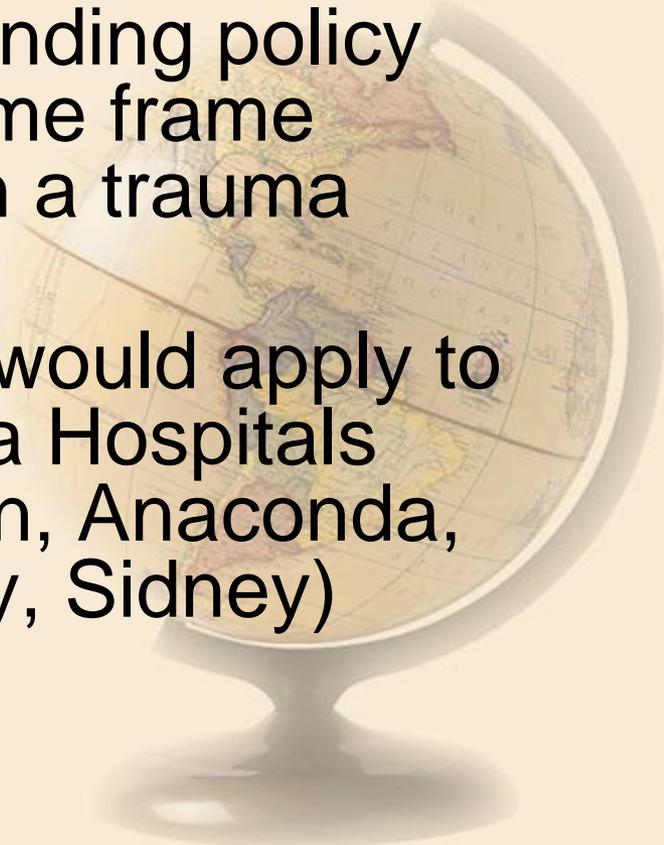
Check Save Save/Exit NTDB Validate Cancel Prev Next

ED/RESUS

Arrival/Admission Information

- Trauma Consult –can only be used if your facility has a surgeon and the surgeon evaluates the patient in the ED, ICU or floor and should have a corresponding policy defined by your facility on time frame response for the surgeon on a trauma consult.

For web-based registries this would apply to only a few Community Trauma Hospitals (Polson, Lewistown, Livingston, Anaconda, Hamilton, Whitefish, Miles City, Sidney)



ED/RESUS

Arrival/Admission Information

Edit Trauma Record

Demographics Injury Prehospital Referring Facility **ED/Resus** Providers Procedures Diagnosis Outcome QA Tracking

Arrival/Admission Initial Assessment Labs Vitals Notes

Arrival/Admission Information

Admission Status Trauma Consult

Members Late/Absent Trauma Consult

2, Readmission

3, Non-Trauma Service

4, Trauma Team Act - Partial

ED/Facility Arrival Trauma Team Act - Full

ED Departure/Admitted Direct Admit

/, Not Applicable

Time in ED

Signs of Life Arrived with Signs of Life

Trauma Team Activation @ Elapsed

Post ED Disposition/Admitted To Acute Care Hospital Specify

Admitting Service Trauma

Was patient previously admitted to hospital for this injury? If Yes, Previous Trauma Registry Number

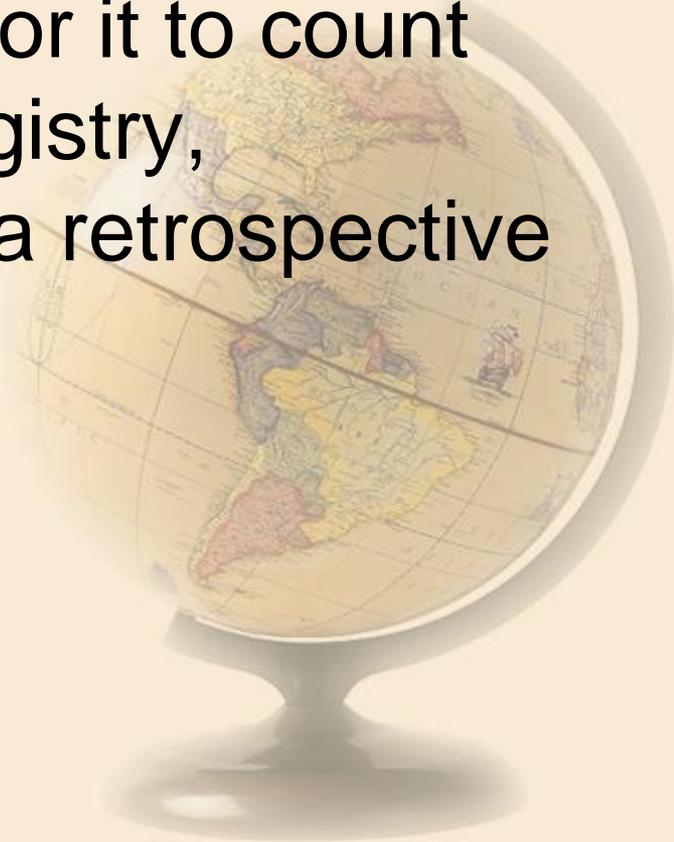
ED/Resus Arrival/Admission Information

- Admission Status for most will be;
 - 3 Non-trauma service
 - an evaluation by your ED providers that qualified for trauma registry inclusion criteria but NO Trauma Team Activation
 - 4 Partial Trauma Team Activation
 - A TTA for those facilities have two levels and have a surgeon (usually) for whom the surgeon was not called or available that day
 - 5 – Full Trauma Team Activation
 - Everyone came to the ED to respond including the surgeon (if you have one and available) and notified at the same time as everyone else



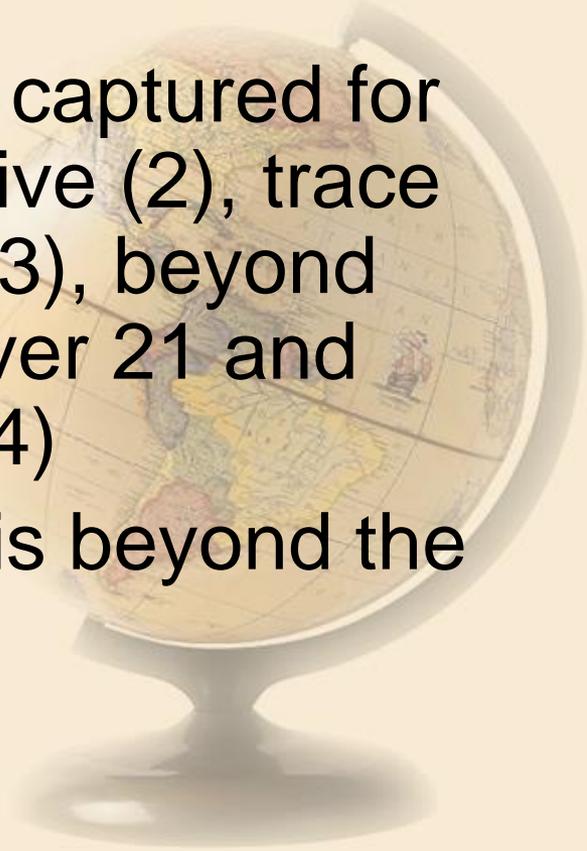
Trauma Team Activation

- Trauma Team Activation in the Registry -
-the team should be activated within 10 minutes of patient arrival for it to count as an activation in the Registry, otherwise document it as a retrospective review (5)



ED/RESUS Lab information

- If your facility didn't obtain or doesn't have the capability of ABG to capture base deficit/excess but n/a
- Remember that alcohol use is captured for not tested (1), tested as negative (2), trace amount (below the legal limit)(3), beyond the legal limit $> .08$ for adult over 21 and $> .02$ for people under age 21(4)
- If blood alcohol level 156 that is beyond the legal limit (4)



Base Deficit/Excess Alcohol and Drug Use

https://trauma-test.hhs.mt.gov/ - Trauma Registry - Internet Explorer

Trauma Data Collector

Edit Trauma Record

Demographics Injury Prehospital Referring Facility **ED/Resus** Providers Procedures Diagnosis Outcome QA Tracking

Arrival/Admission Initial Assessment **Labs** Vitals Notes

Labs

Base Deficit/Excess

Toxicology

Alcohol Use Indicator 4 Yes (Confirmed by Test [Beyond Legal Limit]) ETOH/BAC Level mg/dl

Drug Use Indicators 4 Yes (Confirmed by Test [Illegal Use Drug])

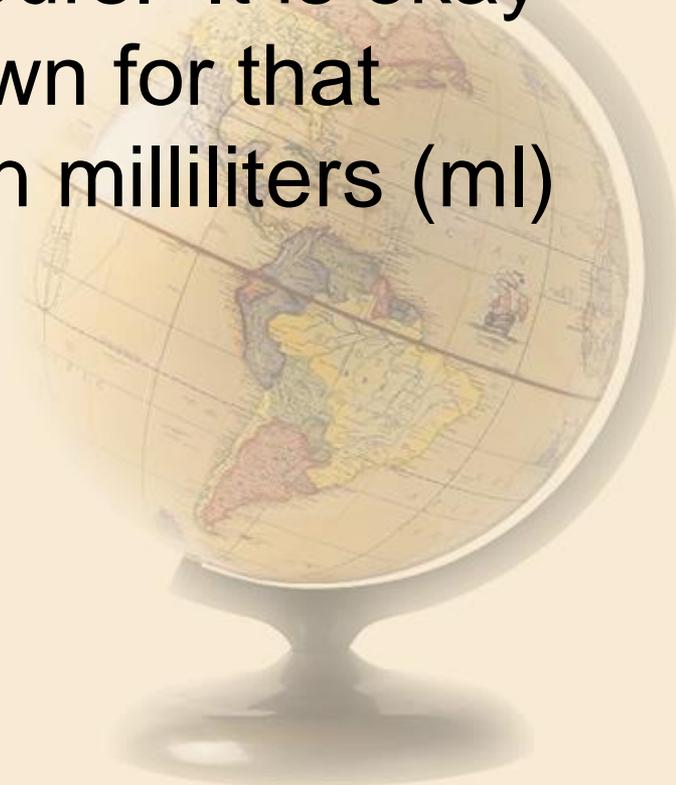
If Other

Blood Tracking

Product	Volume	Units	Location
Crystalloids	0	mL	Elsewhere
PRBCs	300	mL	ED

Blood and Crystalloid Fluid Documentation

- Document amount of crystalloid fluid, blood products given in the ED, EMS, ICU and OR for first 24 hours. It is okay to document “0” or unknown for that discipline and document in milliliters (ml)



Blood and Crystalloid fluid documentation

https://trauma-test.hhs.mt.gov/ - Trauma Registry - Internet Explorer

Trauma Data Collector

Edit Trauma Record

Demographics Injury Prehospital Referring Facility **ED/Resus** Providers Procedures Diagnosis Outcome QA Tracking

Arrival/Admission Initial Assessment **Labs** Vitals Notes

Labs

Base Deficit/Excess

Toxicology

Alcohol Use Indicator Yes (Confirmed by Test [Beyond Legal Limit]) ETOH/BAC Level mg/dl

Drug Use Indicators Yes (Confirmed by Test [Illegal Use Drug])

<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

If Other

Blood Tracking

Product	Volume	Units	Location
Crystalloids	0	mL	Elsewhere
PRBCs	300	mL	ED

Procedures

- Document procedures done by EMS as well- are you really evaluating the continuum of care of the patient or only your facility? As TC you are looking at the care the patient received prior to coming to your facility as well
- This is an ERTAC PI indicator –
- “*Backboard removal 30 min from time of arrival in the ED*”



Procedure documentation

https://trauma-test.hhs.mt.gov/ - Trauma Registry - Internet Explorer

Trauma Data Collector

Edit Trauma Record

Demographics Injury Prehospital Referring Facility ED/Resus Providers **Procedures** Diagnosis Outcome QA Tracking

ICD 9 Notes

Add Multiple Procedures

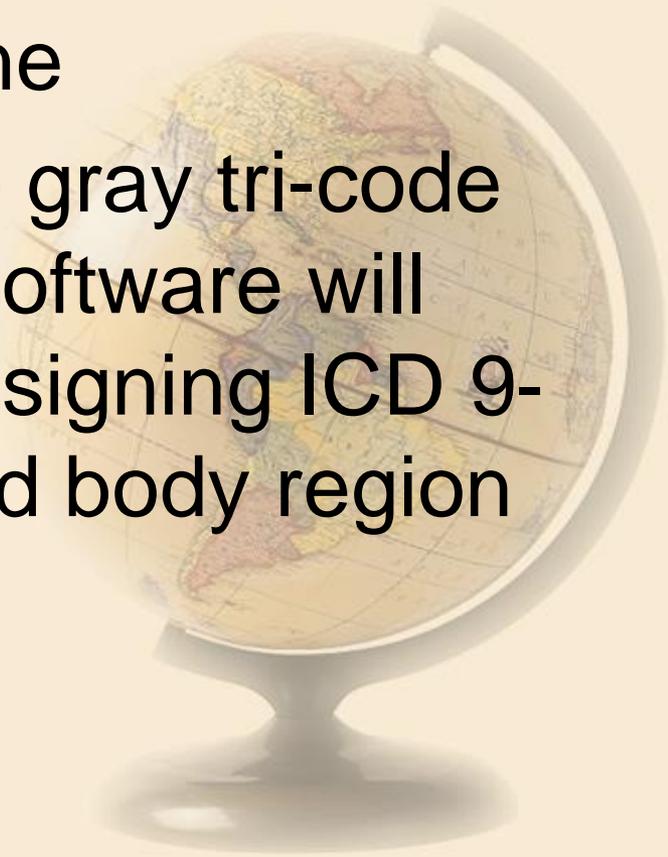
Procedure	Location	Operation #	Start Date	Time ▲	Stop Time	Service	Physician	Narrative
89.65, Measurement of systemic	Pre-Hospital (NFS)		08/20/2015	12:05	09:40	Non-Surgical Serv		
93.96, Other oxygen enrichment	Pre-Hospital (NFS)		08/20/2015	12:07		Non-Surgical Serv		
93.59, Other immobilization, pres	Pre-Hospital (NFS)		08/20/2015	12:10	13:00	Non-Surgical Serv		
93.52, Application of neck suppor	Pre-Hospital (NFS)		08/20/2015	12:10	13:00	Non-Surgical Serv		
89.65, Measurement of systemic	ED		08/20/2015	12:22		Non-Surgical Serv		
38.93, Venous catheterization, nc	ED		08/20/2015	12:22		Non-Surgical Serv		
93.96, Other oxygen enrichment	ED		08/20/2015	12:22		Non-Surgical Serv		
89.54, Electrographic monitoring	ED		08/20/2015	12:22		Non-Surgical Serv		
38.99, Other puncture of vein	ED		08/20/2015	12:22		Non-Surgical Serv		
96.04, Insertion of endotracheal t	ED		08/20/2015	13:10		Trauma	TAxتمان:Axtman,	
87.49, Other chest x-ray	ED		08/20/2015	13:15		Non-Surgical Serv		

Add Edit Delete ↑ ↓

Check Save Save/Exit NTDB Validate Cancel Prev Next

Injury Coding

- Please document in the narrative section under the gray tri-code section
- Document injury line-by-line
- When finished click on the gray tri-code button and the computer software will code the record for you assigning ICD 9-ICD10 injury code, ISS and body region



Injury Coding

https://trauma.hhs.mt.gov/ - Trauma Registry - Internet Explorer

Trauma Data Collector

Edit Trauma Record

Demographics Injury Prehospital Referring Facility ED/Resus Providers Procedures **Diagnosis** Outcome QA Tracking

Injury Coding Non-Trauma Diagnoses Comorbidities Notes

AIS Version 5 AIS 2005 ISS 9 NISS 9 TRISS 0.994

Narrative

Tri-Code

ICD	PreDot	Severity	ISS Body Region	
864.04, Liver laceration major closed		Serious	Abdominal or Pelvic Contents	Add
861.21, Lung contusion closed		UNK	Chest	Edit
810.00, Fx clavicle closed NFS		UNK	Chest	Delete
577.0, Acute pancreatitis		UNK	Abdominal or Pelvic Contents	↑
861.01, Contusion of heart closed		UNK	Chest	↓

Check Save Save/Exit NTDB Validate Cancel Prev Next

Injury Coding using Tri-code

https://trauma.hhs.mt.gov/ - Trauma Registry - Internet Explorer

Trauma Data Collector

Edit Trauma Record

Demographics Injury Prehospital Referring Facility ED/Resus Providers Procedures **Diagnosis** Outcome QA Tracking

Injury Coding Non-Trauma Diagnoses Comorbidities Notes

AIS Version 5 AIS 2005 ISS 29 NISS 29 TRISS 0.970

Narrative

Tri-Code

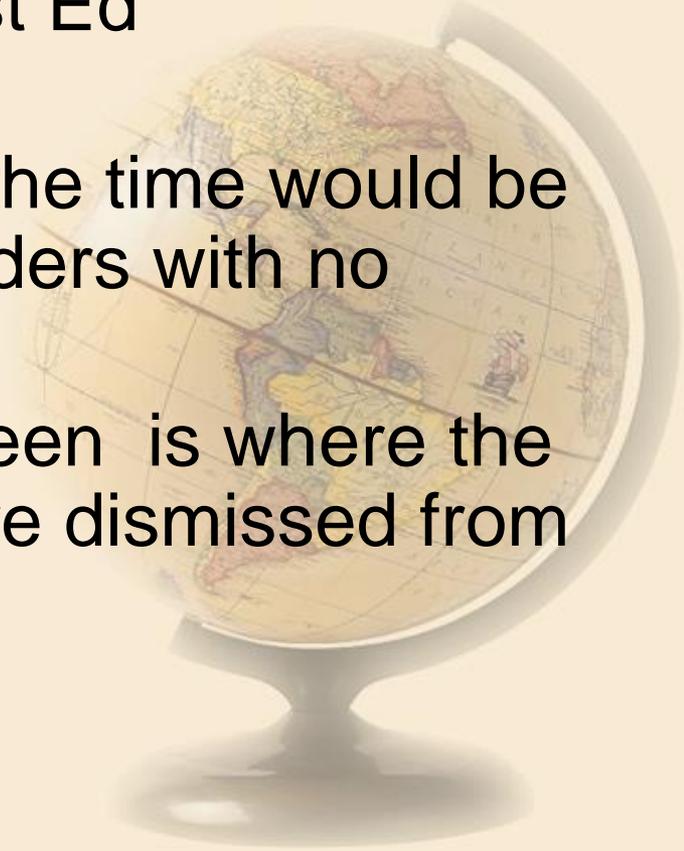
liver laceration major
lung contusion
fx clavicle
heart contusion

ICD	PreDot	Severity	ISS Body Region
864.04, Liver laceration major closed	541826, liver lac - major; disruption L	Severe	Abdominal or Pelvic Contents
861.21, Lung contusion closed	441402, lung contusion NFS	Serious	Chest
810.00, Fx clavicle closed NFS	750500, clavicle fx NFS	Moderate	Extremities or Pelvic Girdle
861.01, Contusion of heart closed	441002, heart inj contusion NFS	Minor	Chest

Check Save Save/Exit NTDB Validate Cancel Prev Next

Initial Discharge

- When you admit someone to your facility
 - In the ED/Resus arrival/admission screen you document floor for Post Ed Disposition/Admitted to
 - Admitting Service most of the time would be non-surgical service (providers with no surgical specialty)
 - In the Initial discharge screen is where the patient went once they were dismissed from your facility



Initial Discharge

Edit Trauma Record

Demographics Injury Prehospital Referring Facility ED/Resus Providers Procedures Diagnosis **Outcome** QA Tracking

Initial Discharge Discharge Disabilities If Death Billing Notes

Discharge Information

Discharge Status: 6 Alive

General Condition on Discharge: 2 Temporary Disability, Expected to Return to Previous Level of Function

Discharge/Death: 01/01/2016 @ 19:20

Total Days: ICU Ventilator Hospital 0

Discharged To: 8 Other

Specify: Admitted to Floor as OBS patient

If Transferred, Facility:

If Other:

City:

State: MT Montana

Reason: 2 Level of Care

Specify:

Impediments to Discharge

Discharge Impediments

1	None

Final Anatomical Diagnosis

Autopsy Surgery

Radiographic Studies Clinical

Checking your records

Trauma Data Collector

Edit Trauma Record

Demographics Injury Prehospital Referring Facility ED/Resus Providers Procedures Diagnosis Outcome QA Tracking

Record Info Patient Notes

Record Information

Record Created

Identifiers

Trauma #

Medical Record

Patient Name: L

Inclusion Criteria

Include in Central Site?

Check Failure

Source	Message
Admitting Service	Admitting Service cannot be Blank, Unknown, or N/A

Recheck Goto Validate Close

Check Save Save/Exit NTDB Validate Cancel Prev Next

Checking your record to close

- Select the message source which will highlight to blue and take you to the screen with the issue to be resolved then either choose Goto or Validate



Validating the Check

Edit Trauma Record

Demographics Injury Prehospital Referring Facility **ED/Resus** Providers Procedures Diagnosis Outcome QA Tracking

Arrival/Admission Initial Assessment Labs Vitals Notes

Arrival/Admission Information

Admission Status

Members Late/A

ED/Facility Arr

ED Departure/A

Signs of Life

Trauma Team Activation 02/01/2015 10:30 Elapsed

Post ED Disposition/Admitted To 7 Morgue Specify

Admitting Service

Was patient previously admitted to hospital for this injury? If Yes, Previous Trauma Registry Number

Check Failure

Source	Message
Admitting Service	Must be Blank, Unknown, or N/A

Confirm Check Validate

Validate the current check?

Yes No

Recheck Goto Validate Close

Check Save Save/Exit NTDB Validate Cancel Prev Next

Validating the Check

- So when you click on yes to validating the check- it is saying YES, that is exactly what I want to put in that element field even though the computer software doesn't like it!



Validating the Check

Trauma Data Collector

Edit Trauma Record

Demographics Injury Prehospital Referring Facility **ED/Resus** Providers Procedures Diagnosis Outcome QA Tracking

Arrival/Admission Initial Assessment Labs Vitals Notes

Arrival/Admission Information

Admission Status Trauma Team Act - Full

Members Late/Absent from Activation

<input type="text" value="1"/>	Attending Trauma Physician
<input type="text" value="1"/>	Attending Trauma Physician
<input type="text" value="0"/>	None

ED/Facility Arrival @

ED Departure/Admitted @ Time in ED

Signs of Life Arrived with No Signs of Life

Trauma Team Activation @ Elapsed

Post ED Disposition/Admitted To Morgue Specify

Admitting Service

Was patient previously admitted to hospital for this injury? If Yes, Previous Trauma Registry Number

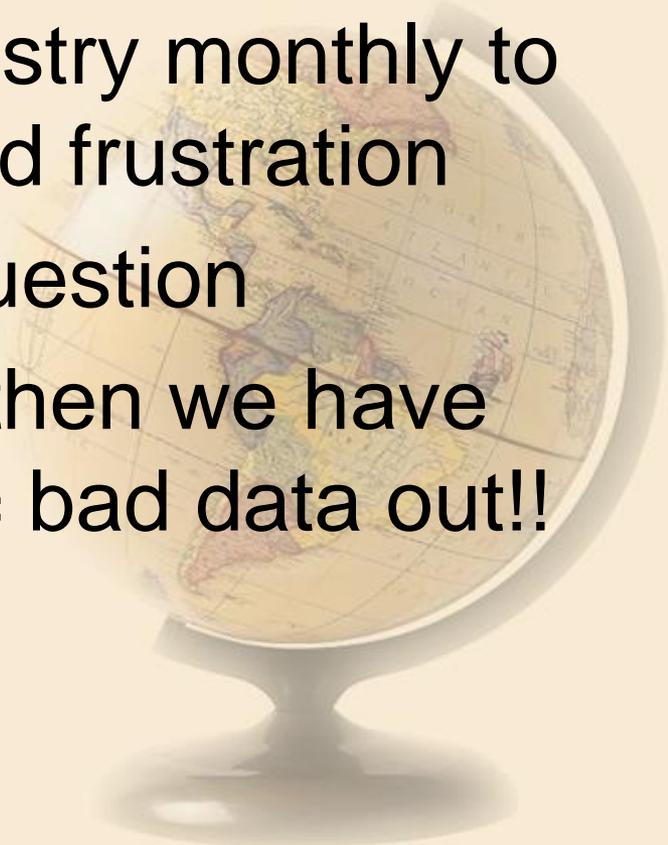
Recheck

All check issues have been resolved

OK

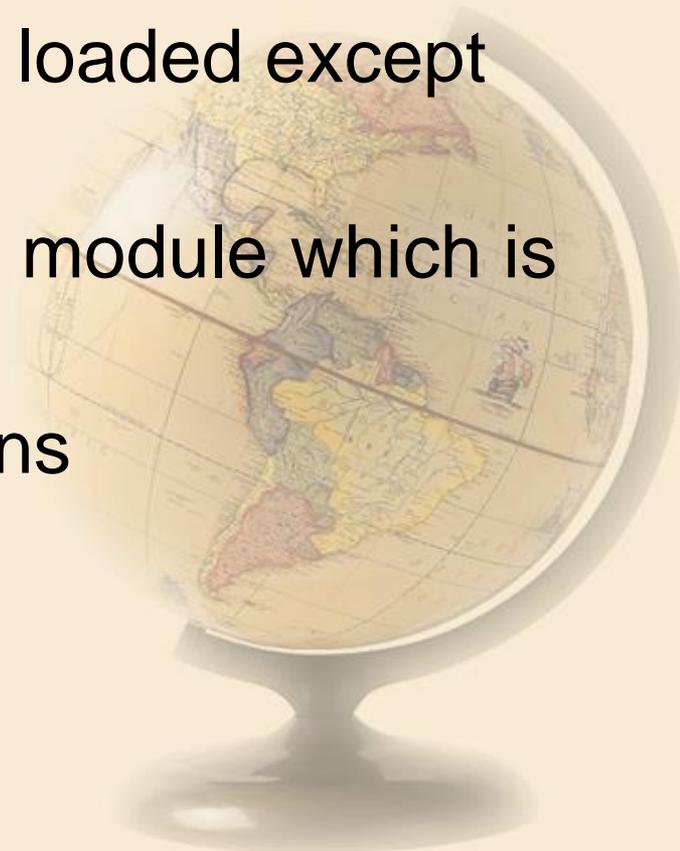
Data

- Please contact me for assistance, I can make it easier for you
- Try to make doing the registry monthly to prevent procrastination and frustration
- Nothing is ever a stupid question
- If we don't code correctly then we have bad data and bad data in= bad data out!!



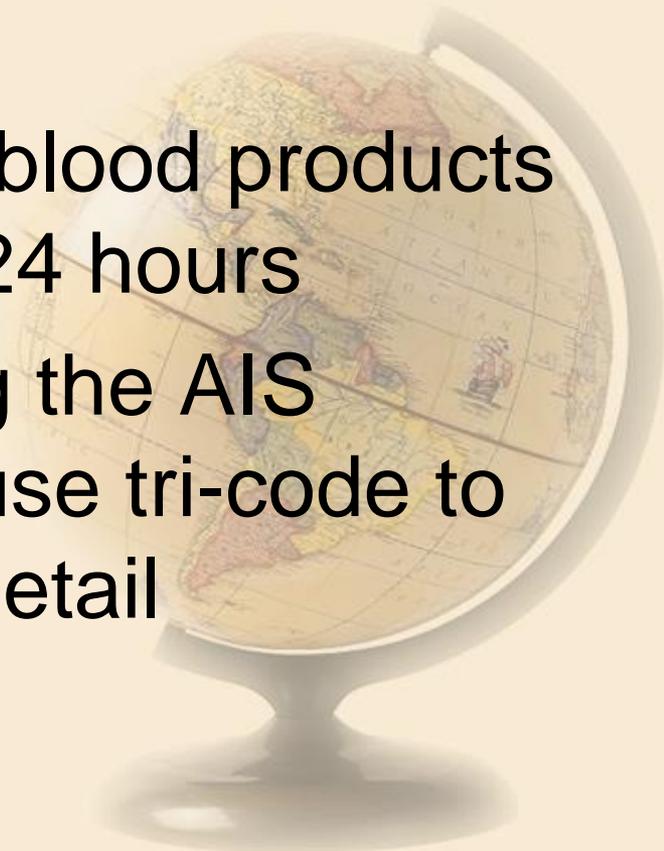
Software Folks

- Upgraded to CV5
 - All facilities loaded
 - All facilities have providers loaded except one
 - Do all have their outcomes module which is in QA tracking?
 - Use the NTDB complications



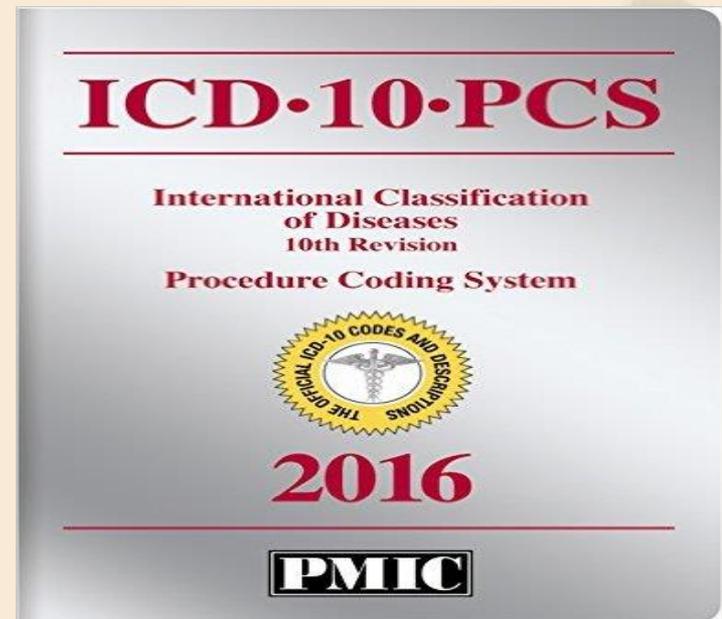
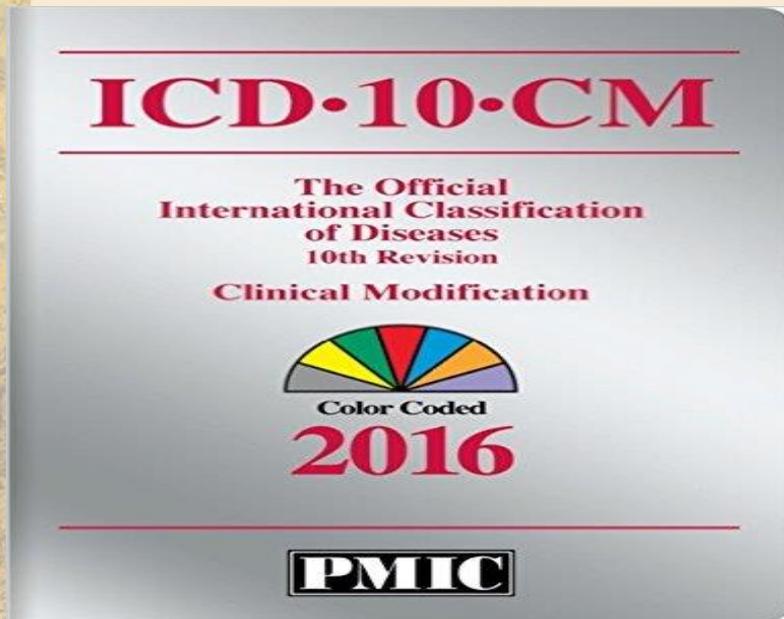
Soft-ware based

- Use ICD 10 coding only when coding for external cause, procedures and injury coding
- Document crystalloid and blood products given to a patient for first 24 hours
- We will code injuries using the AIS coding method and **NOT** use tri-code to capture better specificity/detail



ICD 10 Training

- 48 Smaller facilities got a ICD 10 CM and ICD 10 PCS books



ICD 10 training

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SYSTEMS**
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Online Education provided for YOU . . .

ONLINE EDUCATION

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1. [ICD-10 CM Conventions & Guidelines Review](#)
ICD-10 Clinical Modifications (CM) Conventions & Guidelines, Webinar 101, Free Preview
2. ["S" is for Injury in ICD-10 CM](#)
Overview of "Chapter 19," Injuries, Webinar 102
3. [E-Codes No More! An Overview of Assigning External Causes of Morbidity in ICD-10 CM](#)
Cause of Morbidity, Webinar 103
4. [ICD-10-PCS Conventions & Guidelines Review](#)
Procedural Coding Scheme (PCM) Conventions & Guidelines, Webinar 104
5. [Time to Re-Learn Root Operations](#)
Root Operations, Webinar 105
6. [Cheat Sheet Material? Top Procedures Coded](#)
Procedure-Related, Webinar 106

This webinar series will provide YOU with the tools necessary to prepare for ICD-10 implementation. Each session focuses on coding trauma-specific injuries and is designed for any registrar/coder working in our nation's trauma centers.

Each session is designed as a stand-alone course. The content of each webinar does not build upon the previous; however, the skill-level of each session increases throughout the series. Again, these webinars are designed specifically for trauma program staff and are not inclusive of other hospital service lines. Sessions last approximately 45-60 minutes.

Course faculty includes Nathan McWilliams, MPA, RHIA. Nathan has been an AHIMA-approved ICD-10CM/PCS Trainer since 2012; he has been employed at the Pennsylvania Trauma Systems Foundation for 13 years and is currently the Director of Technology/Trauma Registry. In addition to his work at the Foundation, he is also an online instructor for the Pennsylvania College of Technology and for Peirce College. Nathan is a graduate of the University of Pittsburgh Health Information Management program and the Penn State Harrisburg Master of Public Administration program.

Nathan's background includes work as a Medical Records Technician and Nationwide Coding Consultant. Nathan's current work focuses on project management, statewide trauma data research, registrar education and statewide trauma registry development. Nathan has presented trauma registry topics at both the national and state levels. Nathan is Past-President of the Central Pennsylvania Health Information Management Association. Nathan is an active member of the American Health Information Management Association (AHIMA), the Pennsylvania (PHIMA) and Central PA Health Information Management Associations (CPHIMA) and the American Society for Public Administration (ASPA).



Ready, set, go . . .

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- Follow the access instructions listed above

ICD-10 Webinar 101 — CM Conventions & Guidelines

<http://www.instantpresenter.com/icdwebinars/EB50DF818847>

ICD-10 Webinar 102 — "S" is for Injuries

<http://www.instantpresenter.com/icdwebinars/EB50DD868247>

ICD-10 Webinar 103 — E-Codes No More! Causes of Morbidity

<http://www.instantpresenter.com/icdwebinars/EB50D888874D>

ICD-10 Webinar 104 — Procedural Coding Scheme (PCM)

<http://www.instantpresenter.com/icdwebinars/EB51DC838648>

ICD-10 Webinar 105 — Time to Relearn Root Operations

<http://www.instantpresenter.com/icdwebinars/EB51D780854B>

ICD-10 Webinar 106 — Cheat Sheet Material? Top Procedures Coded

<http://www.instantpresenter.com/icdwebinars/EB52DC848649>

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ACCESS

- Webinars are available "On-Demand" 24/7
- Webinars are accessible throughout 2016; there is no limit to the number of times that a webinar can be viewed
- Viewers will click on the links LISTED BELOW and will see this login box
 - In "Enter Your Name," viewers should enter their **HOSPITAL NAME** (Anaconda, Ruby Valley Hospital, etc.)
 - In "Enter Your Email," viewers should enter their **ACTUAL EMAIL ADDRESS** (kburd@ptsf.org)
 - In "Enter Password," viewers should enter **icdWeb16** (this password is case-sensitive)

101-ICD-10 CM Conventions & Guidelines

 Please enter your information to login.

Enter Your Name

Enter Your Email

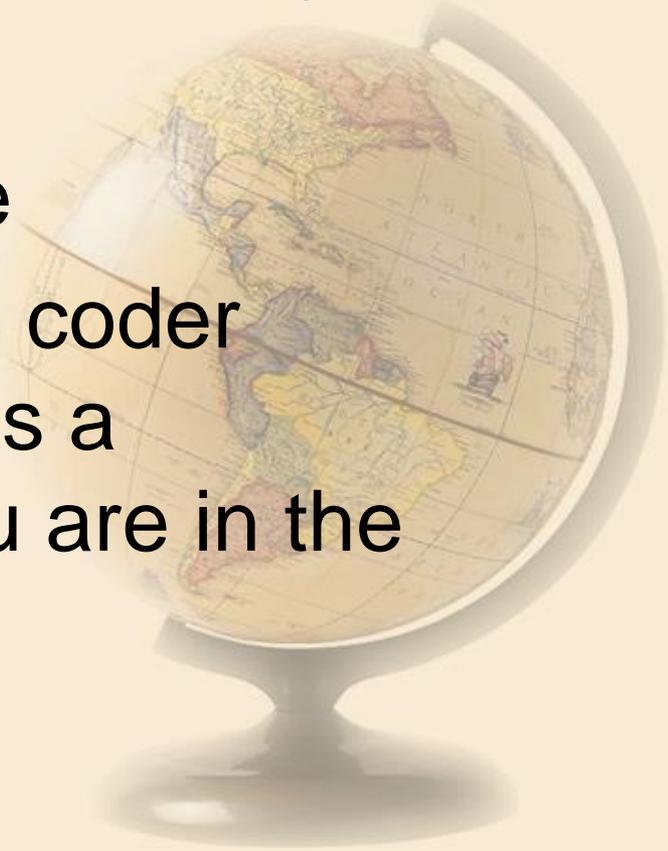
Enter Password

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- If you have any difficulty accessing the ICD-10 webinars, please email montana@ptsf.org and a PTSF staff member will respond to your questions

ICD 10 training

- Do it with another person
- Have your ICD coding books with you
- Take notes
- Practice, practice, practice
- Use your medical records coder information in the record as a **REFERENCE** to see if you are in the same ball park



Questions

