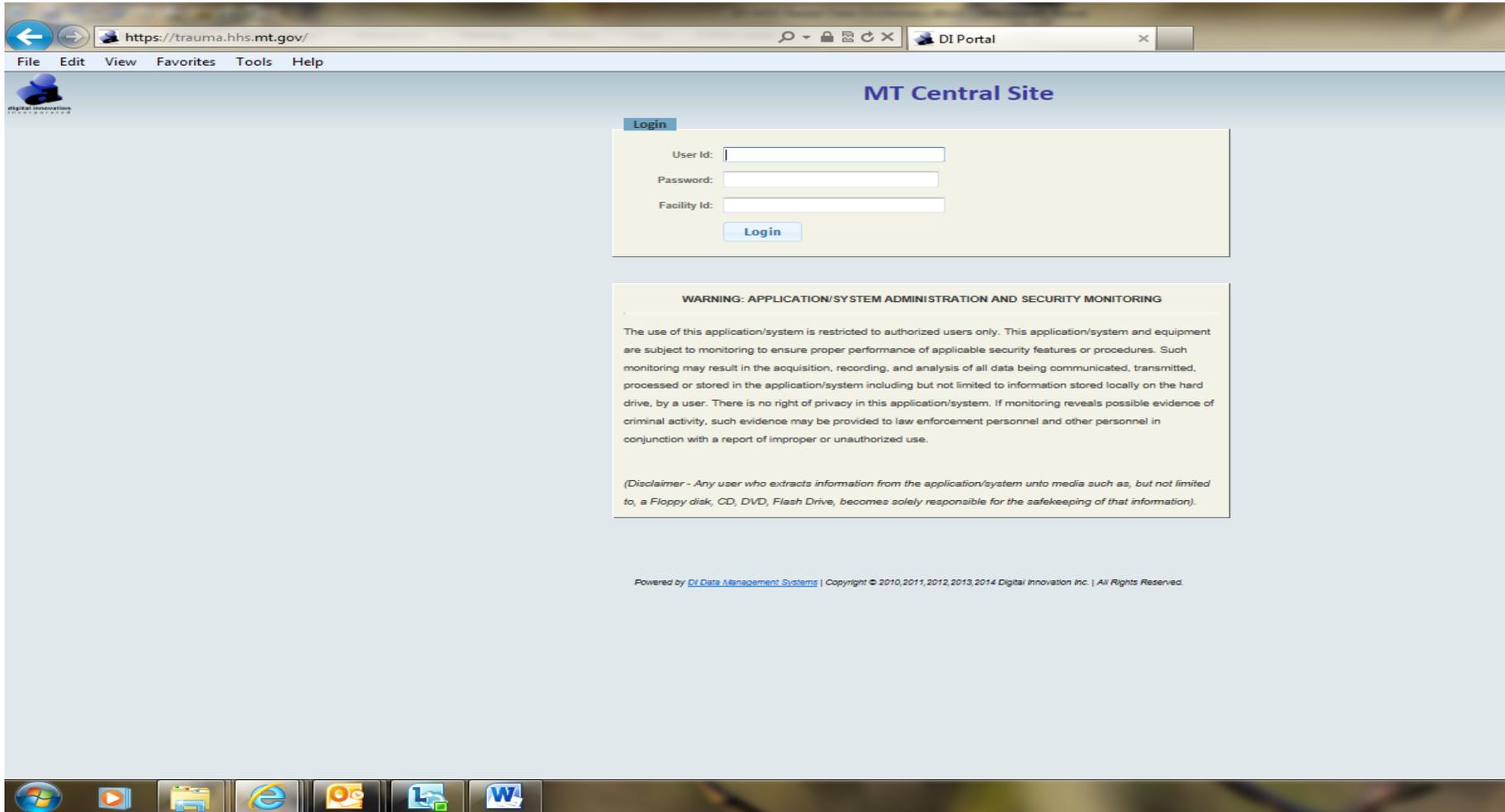


DIGITAL INNOVATION WEB BASED TRAUMA REGISTRY.

To prepare, have your complete file, abstract, record, etc. to make it easier to refer back to information you may need for this process.

Go to: <https://trauma.hhs.mt.gov/>



The screenshot shows a web browser window with the address bar displaying <https://trauma.hhs.mt.gov/>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page title is "MT Central Site". In the top left corner, there is a logo for "digital innovation". The main content area features a "Login" section with three input fields: "User Id:", "Password:", and "Facility Id:". Below these fields is a "Login" button. Underneath the login section is a "WARNING: APPLICATION/SYSTEM ADMINISTRATION AND SECURITY MONITORING" box. The warning text states: "The use of this application/system is restricted to authorized users only. This application/system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording, and analysis of all data being communicated, transmitted, processed or stored in the application/system including but not limited to information stored locally on the hard drive, by a user. There is no right of privacy in this application/system. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to law enforcement personnel and other personnel in conjunction with a report of improper or unauthorized use." Below the warning is a disclaimer: "(Disclaimer - Any user who extracts information from the application/system unto media such as, but not limited to, a Floppy disk, CD, DVD, Flash Drive, becomes solely responsible for the safekeeping of that information)." At the bottom of the page, there is a footer that reads: "Powered by [DI Data Management Systems](#) | Copyright © 2010,2011,2012,2013,2014 Digital Innovation Inc. | All Rights Reserved." The Windows taskbar is visible at the bottom of the screenshot, showing icons for Internet Explorer, Windows Explorer, and Microsoft Word.

Log on using your User ID: Capital letter of first name and Last name; password and your facility Collector 5 digit code.

Login using your assigned Name, password and facility

File Edit View Favorites Tools Help



MT Test Central Site

Login

User Id:

Password:

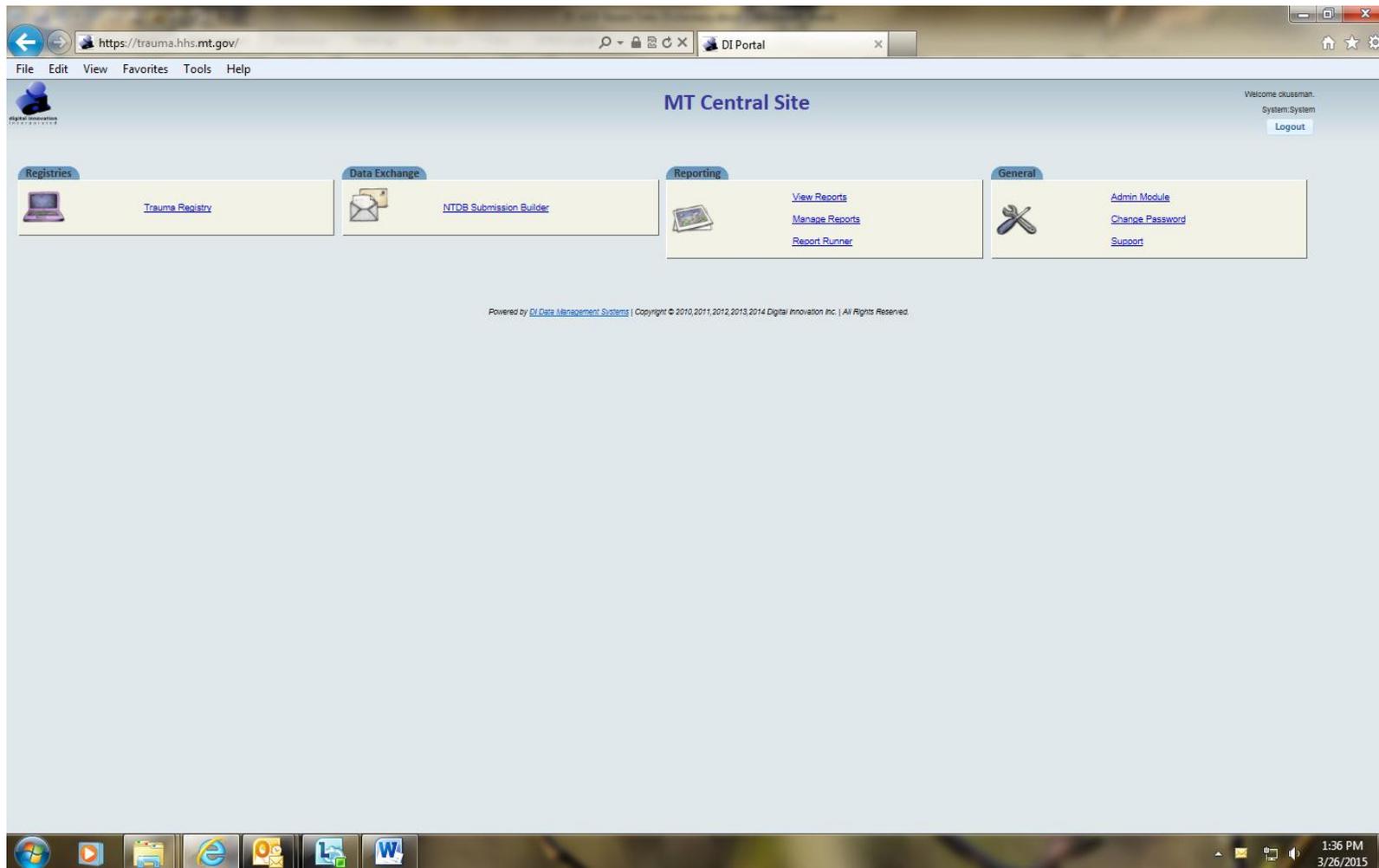
Facility Id:

WARNING: APPLICATION/SYSTEM ADMINISTRATION AND SECURITY MONITORING

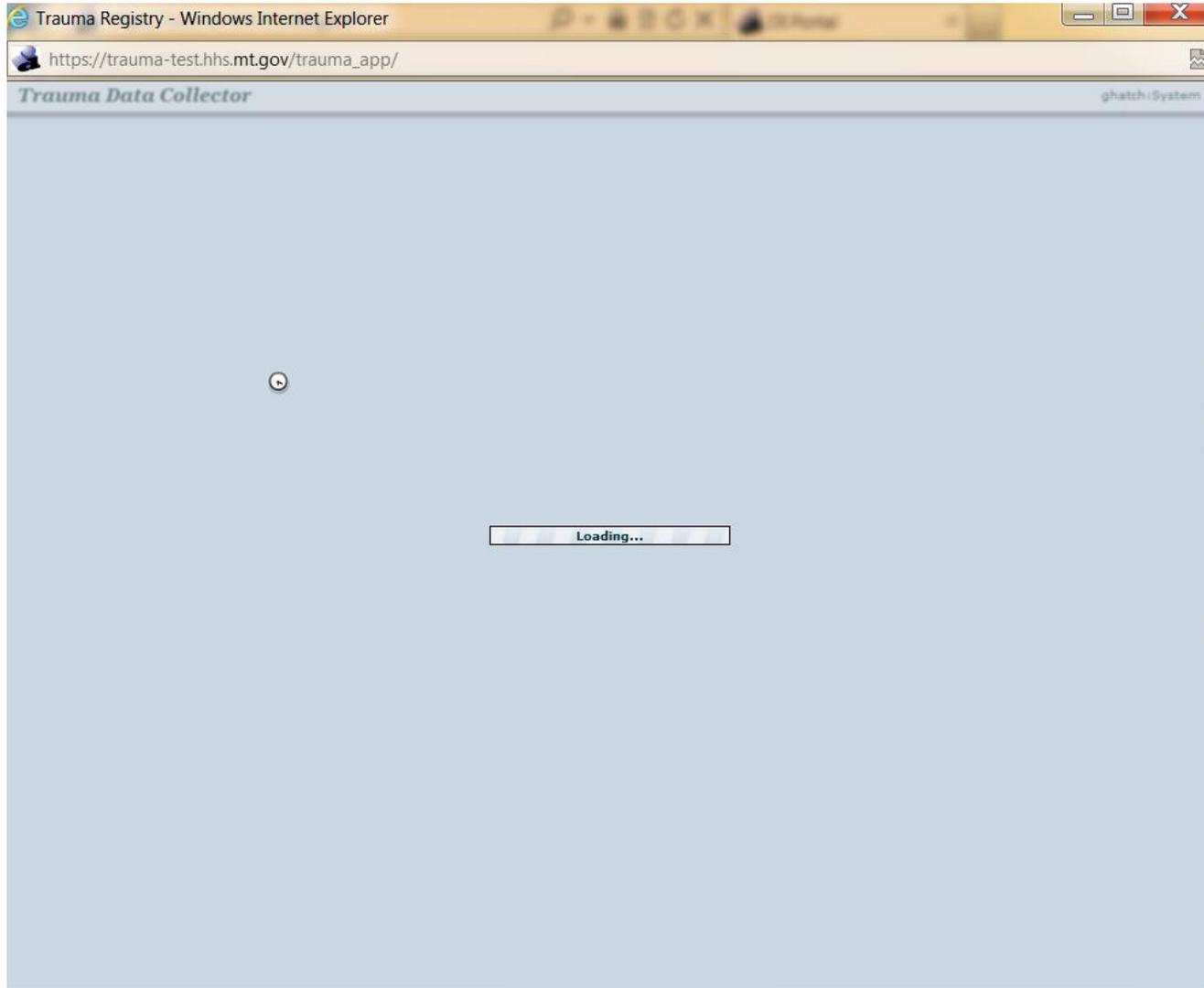
The use of this application/system is restricted to authorized users only. This application/system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording, and analysis of all data being communicated, transmitted, processed or stored in the application/system including but not limited to information stored locally on the hard drive, by a user. There is no right of privacy in this application/system. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to law enforcement personnel and other personnel in conjunction with a report of improper or unauthorized use.

(Disclaimer - Any user who extracts information from the application/system unto media such as, but not limited

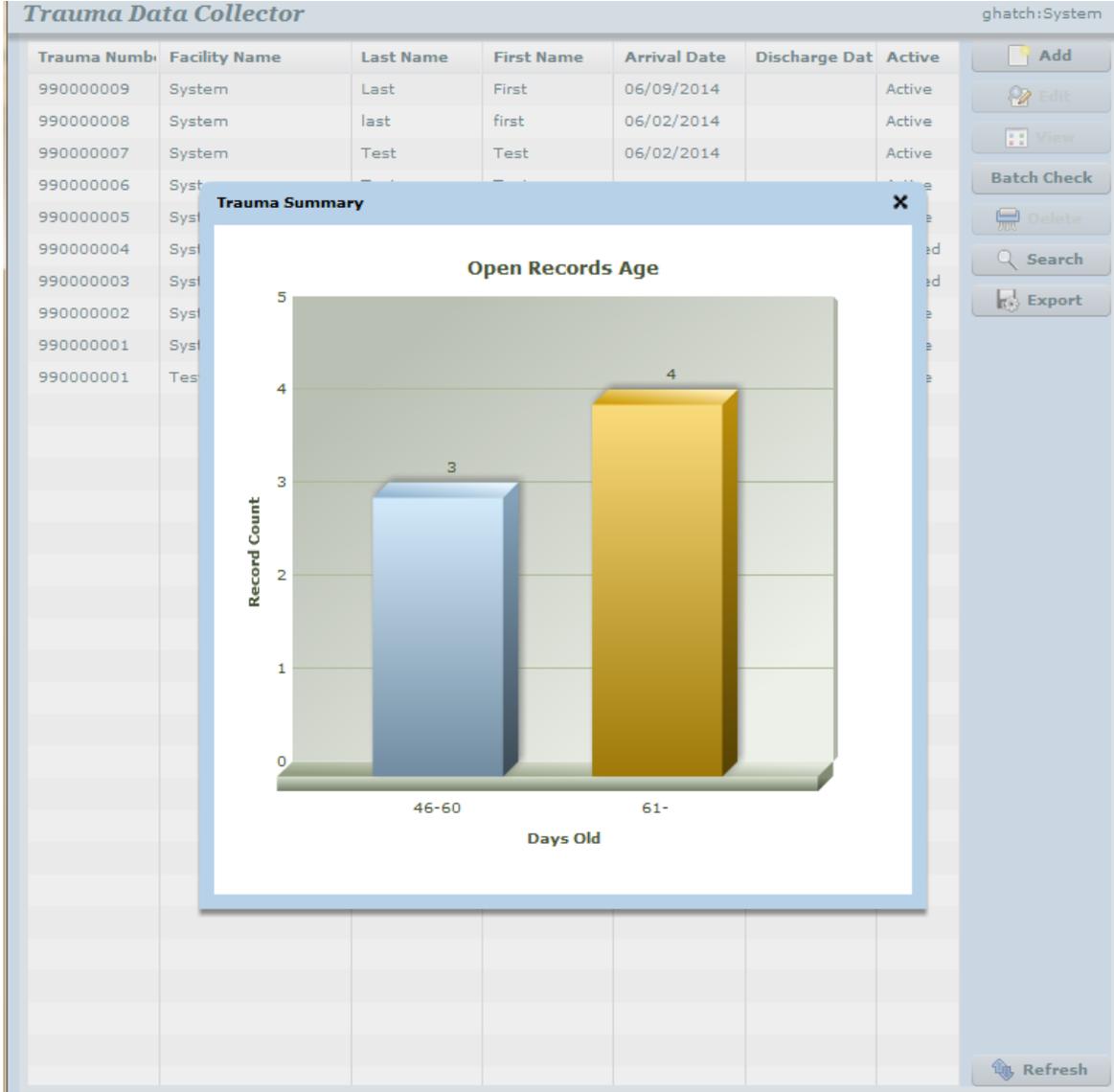
The first screen you will see is the dashboard. This allows you to get into the trauma registry on the “Registries” tab, view and manage reports on the “Reporting” tab, and if you have the rights for administration, you will see the admin module. You will also be able to change your password and access support on the “General” Tab.



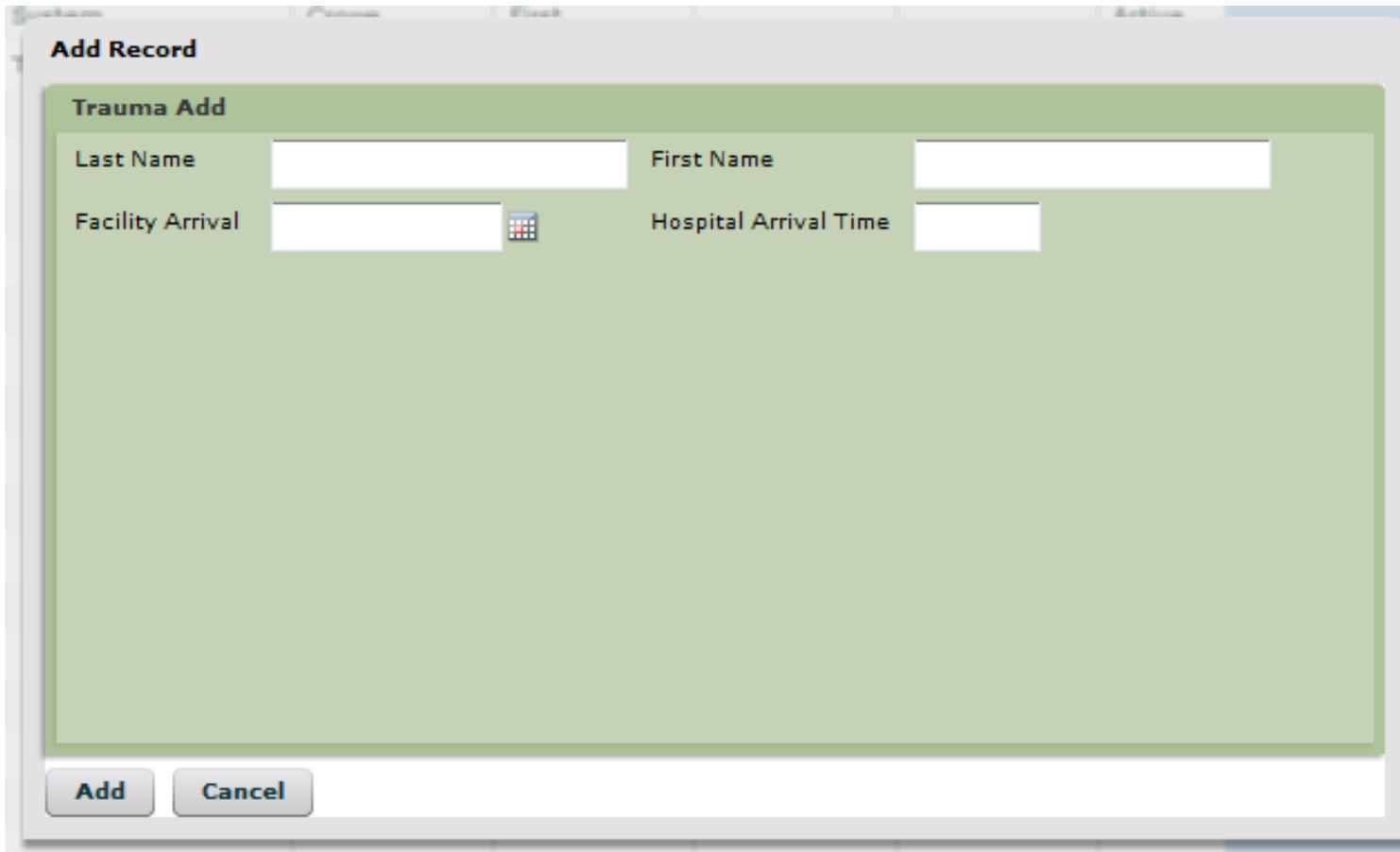
To enter a record, click on the Trauma Registry Link on the Registries tab. You will get the "Loading" bar.



Once the registry records are loaded, an age graph pops up letting you know how many records are in your system that are older than 45 days. Click the X in the corner to close the Records Age Graph. This is a cue to let you know you still have records open.



Click on the Add button, then when the screen comes up to add the initial record info, i.e. Last Name, First Name, ED arrival date and Arrival Time. You can either enter the date, or choose it from the calendar on the right of the field. Be aware that your arrival time MUST be AFTER the Injury date and time, and also should follow the pre-hospital date and time. These SHOULD be fairly close. Press Add.



The image shows a software dialog box titled "Add Record". Inside the dialog, there is a section titled "Trauma Add" with a light green background. This section contains four input fields arranged in a 2x2 grid:

- Top-left: "Last Name" with a text input field.
- Top-right: "First Name" with a text input field.
- Bottom-left: "Facility Arrival" with a text input field and a small calendar icon to its right.
- Bottom-right: "Hospital Arrival Time" with a text input field.

At the bottom of the dialog box, there are two buttons: "Add" on the left and "Cancel" on the right.

At this point, a screen appears that has tabs across the top. Demographics, Injury, Prehospital, Referring Facility, ED/Resus, Providers, Diagnosis, Outcome, and QA Tracking.



The first main tab is **Demographics**. There are 3 Tabs under Demographics, Record Info, Patient and Notes. **Record Info** is the first tab. The grayed out areas cannot be input into. Patient Arrival is the date and time the patient arrived in ED. You can enter your med record # and the Acct. if different, and pat. Name. Trauma #'s are automatically assigned.

The screenshot shows the 'Edit Trauma Record' screen with the 'Record Info' tab selected. The form is divided into several sections:

- Record Information:** Record Created (07/29/2014), Data Entry (ghatch), Facility (System).
- Identifiers:** Trauma # (990000010), Patient Arrival (06/01/2014 11:06), Medical Record #, Account #, Patient Name: Last (Hurtinunit), First (IMA), MI, Source of Trauma System Inclusion Designation.
- Inclusion Criteria:** Include in Central Site? (checkbox).

At the bottom of the screen, there are buttons for 'Check', 'Save', 'Save/Exit', 'Cancel', 'Prev', and 'Next'.

The source of Trauma System Inclusion Designation has the following Criteria, besides what is on the list:

#1 Is if YOUR hospital activated and they arrived with EMS. #2. Trauma Team Activation is used for walk-ins and drive ups that your trauma team was activated. #3 Is if you received the patient from another facility (will not happen very often) 4. Transfer to Trauma Team would be used if an admitted patient was injured and need to be evaluated in the ED and the trauma team activated. If there was no Trauma Team Activation (TTA) it is a retrospective review (5). / or NA should not be entered as well as unknown or dead on scene.

The screenshot displays a medical record system interface with the following sections and data:

- Record Information:**
 - Record Created: 07/29/2014
 - Data Entry: ghatch
 - Facility: System
- Identifiers:**
 - Trauma #: 990000010
 - Patient Arrival: 06/01/2014 @ 11:06
 - Medical Record #: XYZ20149987
 - Account #: [Empty]
 - Patient Name: Last: Hurtinunit, First: IMA, MI: [Empty]
 - Source of Trauma System Inclusion Designation: [Dropdown Menu]
- Inclusion Criteria:**
 - Y Include in Central Site?

The dropdown menu for 'Source of Trauma System Inclusion Designation' is open, showing the following options:

- 0, Dead on Scene (State Designation Only)
- 1, Prehospital (Direct from Scene)
- 2, Trauma Team Activation (At This Hospital)
- 3, Transfer from Another Acute Care Facility
- 4, Transfer to Trauma Service from Another Service with
- 5, Retrospective Review
- /, Not Applicable

At the bottom of the window, there are buttons for 'Check', 'Save', 'Save/Exit', 'Cancel', 'Prev', and 'Next'.

Include in Central Site should be checked if they meet Trauma Registry Inclusion Criteria. If you are tracking other types of trauma (hip fractures) at your facility, click on NO. Click NEXT.

<u>Demoqraphics</u>	<u>Injury</u>	<u>Prehospital</u>	<u>Referring Facility</u>	<u>ED/Resus</u>	<u>Providers</u>	<u>Procedures</u>	<u>Diagnosis</u>
<u>Record Info</u>	<u>Patient</u>	<u>Notes</u>					
Record Information							
Record Created	07/29/2014	Data Entry	ghatch	ghatch			
		Facility	System	System			
Identifiers							
Trauma #	990000010	Patient Arrival	06/01/2014	@	11:06		
Medical Record #	XYZ20149987	Account #					
Patient Name: Last	Hurtinunit	First	IMA	MI			
Source of Trauma System Inclusion Designation		2	Trauma Team Activation (At This Hospital)				
Inclusion Criteria							
<input checked="" type="checkbox"/> Include in Central Site?							
<hr/>							
Check	Save	Save/Exit	Cancel	Prev	Next	Next Tab (Ctrl + Alt +]	

The next tab under Demographics is **Patient**. Enter All appropriate Data. The SSN will allow 000-00-xxxx (the last 4 digits)

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

Trauma Data Collector

Edit Trauma Record

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

Record Info | **Patient** | Notes

Patient Information

Name: Last	Mouse	First	Mightie	MI		
Alias: Last		First		MI		
SSN	5555					
Date of Birth	02/09/1982	Age	33	in	1	Years
Gender	1	Male				
Race	1	White	1	White		
Ethnicity	2	Not Hispanic or Latino				

Patient Address Information

Alternate Residence	/	Not Applicable			
Zip	59602-				
Street 1	1400 Broadway				
Street 2					
City	Helena				
State	Montana				
County	30049	30049, Lewis And Clark			
Country	USA		Telephone		

Check Save Save/Exit NTDB Validate Cancel Prev Next

Edit Trauma Record

Demographics Injury Prehospital Referring Facility ED/Resus Providers Procedures Diagnosis

Record Info **Patient** Notes

Patient Information

Name: Last First
Alias: Last First
SSN
Date of Birth Age in Years
Gender Female
Race
Ethnicity

Patient Address

Alternate Resid
Zip
Street 1
Street 2
City
State
County
Country Telephone

Demographics | Injury | Prehospital | Referring Facility

Card Info | **Patient** | Notes

Patient Information

Name: Last:

Name: Last:

SSN:

Date of Birth:  Age:

Gender: Female

Race: White

City:

Home Address:

Alternate Residence:

Address Line 1:

Address Line 2:

1, White

2, Black

4, American Indian

5, Asian

6, Other

7, Native Hawaiian or Other Pacific Islander

/, Not Applicable

Date of Birth 06/20/1965



AL

Gender

2

Female

Race

1

White

Ethnicity

Patient Address

Alternate Residence

Zip

Street 1

Street 2

City

State

- 1, Hispanic or Latino
- 2, Not Hispanic or Latino
- 3, Not Applicable
- 4, Unknown

Patient Address Information

Alternate Residence

Zip

Street 1

Street 2

City

State

County

Country

- 1, Homeless
- 2, Undocumented Citizen
- 3, Migrant Worker
- 4, Foreign Citizen
- /, Not Applicable
- ?, Unknown

Once the Zip code is input, the city, county, state and country, auto populate. Click next

Ethnicity	2	Not Hispanic or Latino
Patient Address Information		
Alternate Residence	/	Not Applicable
Zip	59602-2951	
Street 1		
Street 2		
City	Helena	
State	Montana	
County	30049	30049, Lewis And Clark
Country	USA	Telephone

Check Save Save/Exit Cancel

Add any notes about the Patient or demographics here

The screenshot displays a software interface with a top navigation bar containing tabs: *Demographics*, *Injury*, *Prehospital*, *Referring Facility*, *ED/Resus*, *Providers*, *Procedures*, and *Diagnosis*. Below this is a sub-navigation bar with *Record Info*, *Patient*, and *Notes*. The *Notes* tab is active, showing a large, empty text area for input. At the bottom of the interface, there is a control bar with buttons: *Check*, *Save*, *Save/Exit*, *Cancel*, *Prev*, and *Next*. A blue bar is visible at the very bottom of the window.

Click SAVE. Click Next

INJURY TAB

Under the Injury Tab, there are 3 sections; Injury Information, Mechanism of Injury and Notes.

Enter the Injury Date and Time, tab to the next field which is Place of Injury.

The screenshot shows a software window titled "Edit Trauma Record" with several tabs: Demographics, Injury, Prehospital, Referring Facility, ED/Resus, Providers, Procedures, and Diagnosis. The "Injury" tab is active, and within it, the "Injury Information" sub-tab is selected. The form contains the following fields and sections:

- Injury Information Section:**
 - Injury:** A text field with a calendar icon and an @ symbol.
 - Place of Injury/E849:** A text field.
 - Specify:** A large text area with a "..." button.
 - Protective Devices:** A section with a "Protective Devices" button and a table for recording devices.
 - Restraints:** A checkbox and a text field.
 - Airbags:** A checkbox and a text field.
 - Equipment:** A checkbox and a text field.
 - Specify:** A text field.
- Address and Location Section:**
 - Copy Patient Address:** A button.
 - Zip:** A text field.
 - City:** A text field.
 - State:** A dropdown menu.
 - Region:** A text field.
 - County:** A text field with a location pin icon.
 - Country:** A dropdown menu.
- Occupational Information Section:**
 - Work Related:** A checkbox.
 - Occupational Industry:** A text field.
 - Occupation:** A text field.

At the bottom of the window, there are navigation buttons: Check, Save, Save/Exit, Cancel, Prev, and Next.

Here, you have a choice of Places.

Edit Trauma Record

Demographics ***Injury*** *Prehospital* *Referring Facility*

Injury Information *Mechanism of Injury* *Notes*

Injury Information

Injury 06/01/2014 @ 10:15

Place of Injury/E849 |

Specify

Protective Devices

Restraints

Airbags

- 0, Home
- 1, Farm
- 2, Mine
- 3, Industry
- 4, Recreation
- 5, Street
- 6, Public Building

Specify with a narrative what happened.

Edit Trauma Record

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

Injury Information Mechanism of Injury Notes

Injury Information

Injury 06/01/2014 @ 10:15 Copy Patient Address

Place of Injury/E849 1 Farm Zip 59602-2951

Specify Sorting bulls, one ran into the gate, which snapped back hitting patient in the face. ... City Helena

Protective Devices State Montana

Restraints Region

Airbags County 30049 300

Equipment Country USA

Specify Work Related

Occupational Industry

Occupation

Check Save Save/Exit Cancel Prev Next

Specify any protective devices used. If None, choose None.

Injury Information

Protective Devices

Restraint (choose 1)	Airbag (choose 4)	Equipment (choose 4)
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Seatbelt	<input type="checkbox"/> Airbag Not Deployed	<input type="checkbox"/> Helmet
<input type="checkbox"/> Child Car Seat	<input type="checkbox"/> Airbag Deployed Front	<input type="checkbox"/> Eye Protection
<input type="checkbox"/> Infant Car Seat	<input type="checkbox"/> Airbag Deployed Side	<input type="checkbox"/> Protective Clothing (e.g., Padded Leather Pants)
<input type="checkbox"/> Child Booster Seat	<input type="checkbox"/> Airbag Deployed Other (Knee, Airbelt, Curtain Etc)	<input type="checkbox"/> Personal Flotation Device
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Protective Non-Clothing Gear (e.g., Shin Guard)
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
		<input type="checkbox"/> Not Applicable
		<input type="checkbox"/> Unknown

Ok Cancel

Click on Copy Patient Address.

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

Injury Information Mechanism of Injury Notes

Injury Information

Injury 06/01/2014 @ 10:15

Place of Injury/E849 1 Farm Zip 59602-2951

Specify Sorting bulls, one ran into the gate, which snapped back hitting patient in the face.

Protective Devices

Restraints	1	None
Airbags	1	None
		None
Equipment	1	None

Specify

Region

County 30049

Country USA

Work Related

Occupational Industry

Occupation

The next screen deals with work related injuries... the small button next to “work related” toggles. Click until you get either Y, N, UNK, N/A, or blank. Please complete this. Do not leave blank.

The screenshot displays the 'Edit Trauma Record' application with the 'Injury' tab selected. The 'Injury Information' section contains the following data:

- Injury:** 06/01/2014 @ 10:15
- Place of Injury/E849:** 1 Farm
- Specify:** Sorting bulls, one ran into the gate, which snapped back hitting patient in the face.
- Protective Devices:**
 - Restraints: 1 None
 - Airbags: 1 None
 - Equipment: 1 None
- Specify:** (Empty text box)

On the right side, the following address and location information is visible:

- Zip:** 59602-2951
- City:** Helena
- State:** Montana
- Region:** (Empty)
- County:** 30049
- Country:** USA

The 'Work Related' toggle is currently set to 'Y' and is circled in red. Below it are empty text boxes for 'Occupational Industry' and 'Occupation'. At the bottom of the window, there are buttons for 'Check', 'Save', 'Save/Exit', 'Cancel', 'Prev', and 'Next'.

You will be given several choices for Occupational Industry, scroll down and choose the appropriate entity. This will not come up if Work Related is N.

The screenshot shows a medical software interface with the following details:

- Demographics** | **Injury** | Prehospital | Referring Facility | ED/Resus | Providers | Procedures | Diagnosis
- Injury Information** | Mechanism of Injury | Notes
- Injury Information**
 - Injury: 06/01/2014 @ 10:15
 - Place of Injury/E849: 1 Farm
 - Specify: Sorting bulls, one ran into the gate, which snapped back hitting patient in the face.
 - Protective Devices
 - Restraints: 1 None
 - Airbags: 1 None
 - Equipment: 1 None
 - Specify: [Empty text box]
- Address Fields:
 - Zip: 59602-2951
 - City: Helena
 - State: Montana
 - Region: [Empty]
 - County: 30049
 - Country: USA
- Work Related: Y
- Occupational Industry: **5**
- Occupation: [Open dropdown menu]

Occupation Dropdown Menu:

- 1, Finance, Insurance, and Real Estate
- 2, Manufacturing
- 3, Retail Trade
- 4, Transportation and Public Utilities
- 5, Agriculture, Forestry, Fishing**
- 6, Professional and Business Services
- 7, Education and Health Services

Buttons: Check, Save, Save/Exit, Cancel, Prev, Next

Next, Choose the occupation, scroll down and choose the appropriate one.

The screenshot shows a medical software interface with the following details:

- Tabs:** Demographics, **Injury**, Prehospital, Referring Facility, ED/Resus, Providers, Procedures, Diagnosis.
- Sub-tabs:** Injury Information, Mechanism of Injury, Notes.
- Injury Information Section:**
 - Injury:** 06/01/2014 @ 10:15
 - Place of Injury/E849:** 1 Farm
 - Specify:** Sorting bulls, one ran into the gate, which snapped back hitting patient in the face.
 - Protective Devices:** Restraints (1 None), Airbags (1 None), Equipment (1 None).
- Location and Demographics:** Zip (59602-2951), City (Helena), State (Montana), County (30049), Country (USA).
- Work Related:** Y
- Occupational Industry:** 5
- Occupation:** A dropdown menu is open, showing a list of options:
 - 5, Healthcare Practitioners and Technical
 - 6, Protective Service
 - 7, Building and Grounds Cleaning and Maintenance
 - 8, Sales and Related
 - 9, Farming, Fishing, and Forestry
 - 10, Installation, Maintenance, and Repair
 - 11, Transportation and Material Moving

Buttons at the bottom: Check, Save, Save/Exit, Cancel.

Click Save, Click Next

The next tab is **Mechanism of Injury**, this is where you choose which e-code to use.

Edit Trauma Record

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

Injury Information **Mechanism of Injury** Notes

ICD 9

E-Codes

Primary E-Code

Secondary E-Code

Primary Specify

Secondary Specify

Injury Type

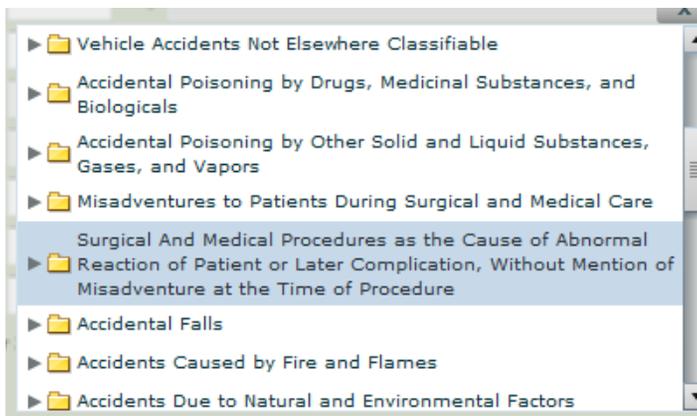
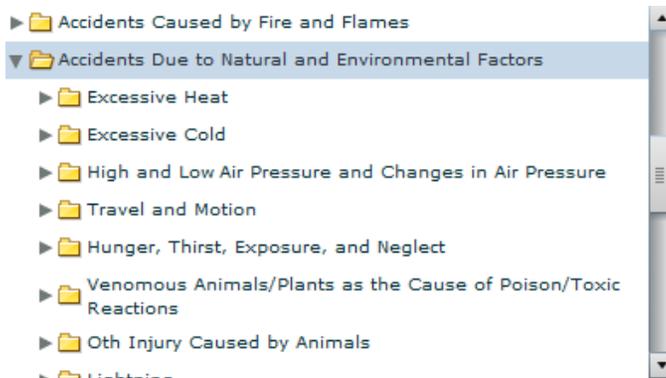
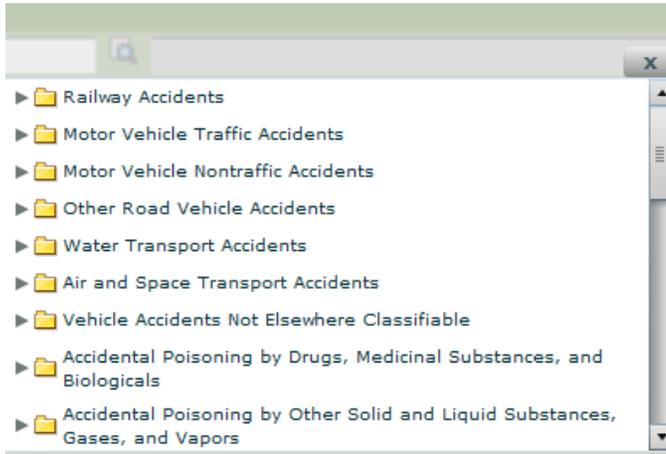
Injury Intent

Injury Cause

Percent TBSA 2nd or 3rd Degree Burned

Check Save Save/Exit Cancel

Each E-code categories, to expand, click on the arrow and the subcategories will open. Keep going until you find the one that you need.



- 906.3, Oth Injury by Animal - Oth Animal Bite (Except Arthropod)
- 906.4, Oth Injury by Animal - Bite of Nonvenomous Arthropod
- 906.5, Oth Injury by Animal - Bite of Unspec Animal/Animal Bite NOS
- 906.8, Oth Injury by Animal - Oth Spec Injury Caused by Animal
- 906.9, Oth Injury by Animal - Unspec Injury Caused by Animal
- ▶ Lightning
- ▶ Cataclysmic Storms, and Floods Resulting from Storms

Once that Is Done, Enter the narrative specification, then the Injury type, i.e. blunt, penetrating, burns, anoxic.

Edit Trauma Record

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

Injury Information **Mechanism of Injury** Notes

ICD 9

E-Codes

Primary E-Code 906.9 906.9, Oth Injury by Animal - Unspec Injury Caused by Animal

Secondary E-Code

Primary Specify Bull hit a gate which hit the patient in the face.

Secondary Specify

Injury Type

Injury Intent 1, Blunt

Injury Cause 2, Penetrating

Percent TBSA 2nd or 3, Burn

4, Anoxic

/, Not Applicable

?, Unknown

Check Save Save/Exit Cancel Prev Next

Choose the Injury Intent, i.e., Intentional, Self-Inflicted, Intentional-Assault, or Accidental.

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

Injury Information **Mechanism of Injury** Notes

ICD 9

E-Codes

Primary E-Code 906.9 906.9, Oth Injury by Animal - Unspec Injury Caused by Animal

Secondary E-Code

Primary Specify Bull hit a gate which hit the patient in the face.

Secondary Specify

Injury Type 1 Blunt

Injury Intent

Injury Cause

Percent TBSA 2nd or

- 1, Intentional, Self-Inflicted
- 2, Intentional, Assault
- 3, Accidental
- /, Not Applicable
- ?, Unknown

Check Save Save/Exit Cancel Prev Next

Input Injury Cause, choose from the list. ATV is considered a 4. Motorcycle category.

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

Injury Information **Mechanism of Injury** Notes

ICD 9

E-Codes

Primary E-Code 906.9 906.9, Oth Injury by Animal - Unspec Injury Caused by Animal

Secondary E-Code

Primary Specify Bull hit a gate which hit the patient in the face.

Secondary Specify

Injury Type 1 Blunt

Injury Intent 3 Accidental

Injury Cause

Percent TBSA 2nd of

- 5, Pedestrian
- 6, Bicycle
- 7, Horse Related
- 8, Other Blunt Injury Cause
- 9, Knife
- 10, Handgun
- 11, Shotgun

Check Save Save/Exit Cancel Prev Next

Enter any Notes about the INJURY that are needed.

The screenshot shows a web browser window with the URL https://trauma-test.hhs.mt.gov/trauma_app/. The page title is "Trauma Data Collector". Below the title is a section labeled "Edit Trauma Record". There are several tabs: "Demographics", "Injury" (which is selected), "Prehospital", "Referring Facility", "ED/Resus", "Providers", "Procedures", "Diagnosis", and "Outco". Under the "Injury" tab, there are sub-tabs: "Injury Information", "Mechanism of Injury", and "Notes" (which is selected). The "Notes" sub-tab contains a large, empty text area for entering notes. At the bottom of the form, there are four buttons: "Check", "Save", "Save/Exit", and "Cancel".

Click the SAVE button, Click next

PREHOSPITAL TAB

Under the Pre-hospital Tab, there are 3 Tabs Scene/Transport, Treatment, and Notes.

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

Scene/Transport Treatment Notes

Prehospital Information

Was Patient Extricated? Time Required/Minutes

Trauma Team Activated by EMS @

Scene/Transport Providers

Agency	Mode	Call Received Date	Time	Arrived Destination Date	Time

Prehospital Triage Rationale

Buttons: Add, Edit, Delete, ↑, ↓

Buttons: Check, Save, Save/Exit, Cancel, Prev, Next

Was Pt Extricated? If Yes, input time in minutes for extrication.

Was the Trauma Team Activated by EMS? Date and time. Ensure the date and time give with the injury date and time. Click ADD to input the EMS run times and under triage rationale the rationale use by EMS to activate the trauma team. It does not apply to patients brought in by EMS and the trauma team was not activated.

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

Scene/Transport Treatment Notes

Prehospital Information

Was Patient Extricated? N Time Required/Minutes

Trauma Team Activated by EMS @

Scene/Transport Providers

Agency	Mode	Call Received Date	Time	Arrived Destination Date	Time

Prehospital Triage Rationale

Buttons: Add, Edit, Delete, ↑, ↓

Buttons: Check, Save, Save/Exit, Cancel, Prev, Next

Choose the Mode of transport. If an EMS agency, you will have to choose an agency. If the patient comes in by another means like private vehicle then choose private vehicle (6).

The screenshot shows a software window titled "Prehospital Provider" with a close button (X) in the top right corner. The window is divided into several sections:

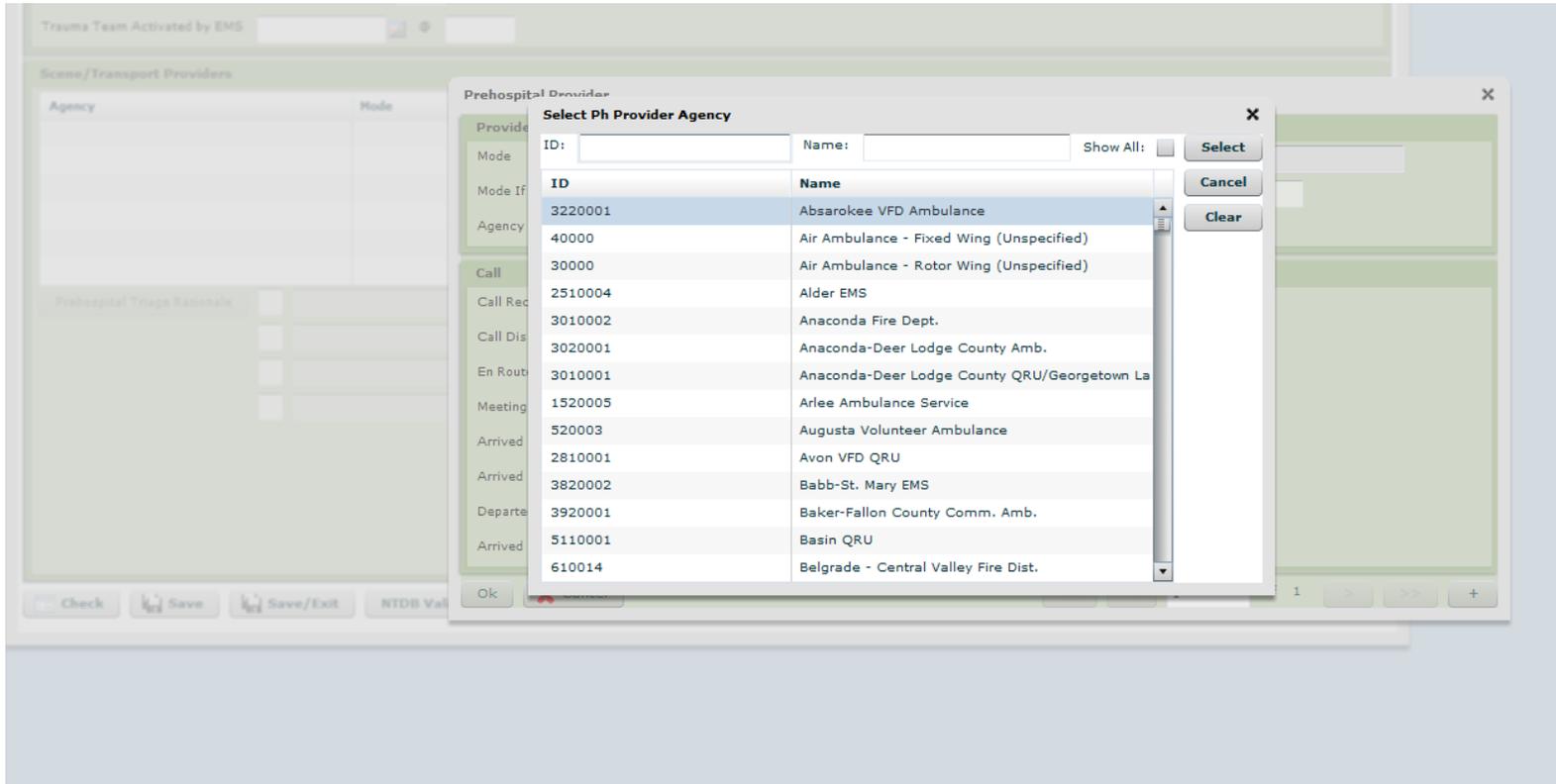
- Provider Section:** Contains fields for "Mode" (with a dropdown menu open), "Mode If Other", "Agency", "Scene EMS Report", and "Report Number".
- Call Section:** Contains fields for "Call Received", "Call Dispatched", "En Route", "Meeting Location", "Arrived at Scene", "Arrived at Patient", "Departed Location", and "Arrived at Destination". Each of these fields has a calendar icon and an "@" symbol next to it.
- Time Section:** Contains fields for "Scene Time Elapsed" and "Transport Time Elapsed".

The "Mode" dropdown menu is currently open, displaying the following options:

- 1, Ambulance
- 2, Helicopter
- 3, Fixed Wing
- 4, Police
- 5, Public Safety
- 6, Private Vehicle
- 7, Other

At the bottom of the window, there are "Ok" and "Cancel" buttons, a page indicator showing "1 of 1", and navigation arrows.

A list of agencies will come up.



Now scroll down and choose the EMS Agency

ospital Provider

Select Ph Provider Agency ✕

ID: Name: Show All: Select

Cancel

Clear

ID	Name
3220001	Absarokee VFD Ambulance
40000	Air Ambulance - Fixed Wing (Unspecified)
30000	Air Ambulance - Rotor Wing (Unspecified)
2510004	Alder EMS
14888	Anaconda - Community Hospital of Anaconda
65036	Anaconda - Community Nursing Home of Anaconda
3010002	Anaconda Fire Dept.
3020001	Anaconda-Deer Lodge County Amb.
3010001	Anaconda-Deer Lodge County QRU/Georgetown La
1520005	Arlee Ambulance Service
520003	Augusta Volunteer Ambulance
2810001	Avon VFD QRU
3820002	Babb-St. Mary EMS
14979	Baker - Fallon County Medical Complex

Select Ph Provider Agency [X]

ID: Name: Show All: **Select**

ID **Name** **Cancel**
Clear

242006	Hays-Fort Belknap-Blaine County Ambulance
2620003	Heart Butte - Blackfeet Tribal EMS
510004	Helena - Baxendale Quick Response Team
64924	Helena - Big Sky Care Center
510008	Helena - Birdseye QRU
510011	Helena - Canyon Creek QRU
65079	Helena - Cooney Convalescent, Inc.
64925	Helena - Fort Harrison V.A.
24843	Helena - St. Peter's Hospital
520004	Helena - St. Peter's Hospital Ambulance
510005	Helena - West Helena Valley Fire District
510012	Helena Fire Dept.
65065	Helena Nursing Home
510007	Helena-Lakeside Volunteer Fire Service

[X]

Show All: **Select**

Cancel
Clear

Ambulance

se Team

Choose the type of report received.

Prehospital Provider ✕

Provider

Mode: Scene EMS Report:

Mode If Other:

Agency:  Report Number:

- 1, Complete
- 2, Incomplete
- 3, Missing
- 4, Unreadable
- /, Not Applicable
- ?, Unknown

Call

Call Received	<input type="text" value="06/01/2014"/>		@	<input type="text"/>
Call Dispatched	<input type="text" value="06/01/2014"/>		@	<input type="text"/>
En Route	<input type="text" value="06/01/2014"/>		@	<input type="text"/>
Meeting Location	<input type="text"/>			
Arrived at Scene	<input type="text" value="06/01/2014"/>		@	<input type="text"/>
Arrived at Patient	<input type="text" value="06/01/2014"/>		@	<input type="text"/>
Departed Location	<input type="text" value="06/01/2014"/>		@	<input type="text"/>
Arrived at Destination	<input type="text" value="06/01/2014"/>		@	<input type="text"/>

Scene Time Elapsed:

Transport Time Elapsed:

Ok  Cancel << < 1 of 1 > >> +

Enter the details about the Call

Prehospital Provider ✕

Provider

Mode Scene EMS Report

Mode If Other

Report Number

Agency

Call

Call Received	<input type="text" value="06/01/2014"/>	@	<input type="text" value="10:25"/>	
Call Dispatched	<input type="text" value="06/01/2014"/>	@	<input type="text" value="10:26"/>	
En Route	<input type="text" value="06/01/2014"/>	@	<input type="text" value="10:26"/>	
Meeting Location	<input type="text"/>			
Arrived at Scene	<input type="text" value="06/01/2014"/>	@	<input type="text" value="10:35"/>	
Arrived at Patient	<input type="text" value="06/01/2014"/>	@	<input type="text" value="10:35"/>	
Departed Location	<input type="text" value="06/01/2014"/>	@	<input type="text" value="10:42"/>	Scene Time Elapsed <input type="text" value="00:07"/>
Arrived at Destination	<input type="text" value="06/01/2014"/>	@	<input type="text" value="11:06"/>	Transport Time Elapsed <input type="text" value="00:24"/>

Ok

<< < 1 of 1 > >> +

If there was more than one EMS, Click the plus and add the next provider, if not, Click OK

You will see the agency listed.

Edit Trauma Record

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

Scene/Transport Treatment Notes

Prehospital Information

Was Patient Extricated? N Time Required/Minutes

Trauma Team Activated by EMS 06/01/2014 @ 10:46

Scene/Transport Providers

Agency	Mode	Call Received Date	Time	Arrived Destination Date	Time
520004:Helena - St. Peter's Hospital Ambulanc	Ambulance	06/01/2014	10:25	06/01/2014	11:06

Prehospital Triage Rationale

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

Check Save Save/Exit Cancel Prev Next

Enter the Triage Rationale that EMS has used to activate the trauma team. If the trauma team was not activated then this would be /not applicable.

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

Scene/Transport Treatment Notes

Prehospital Information

Was Patient Extricated? N Time Required/Minutes

Trauma Team Activated by EMS 06/01/2014 @ 10:46

Scene/Transport Providers

Agency	Mode	Call Received Date	Time	Arrived Destination Date	Time
520004:Helena - St. Peter's Hospital Ambulanc	Ambulance	06/01/2014	10:25	06/01/2014	11:06

Prehospital Triage Rationale

- 1, Physiologic
- 2, Anatomy of Injury
- 3, Mechanism of Injury
- 4, Age
- 5, Comorbid Condition
- 6, Gut Feel
- /, Not Applicable

Check Save Save/Exit Cancel Prev Next

You can see the Triage Rationale

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

Scene/Transport Treatment Notes

Prehospital Information

Was Patient Extricated? N Time Required/Minutes

Trauma Team Activated by EMS 06/01/2014 @ 10:46

Scene/Transport Providers

Agency	Mode	Call Received Date	Time	Arrived Destination Date	Time	
520004:Helena - St. Peter's Hospital Ambulanc	Ambulance	06/01/2014	10:25	06/01/2014	11:06	Add Edit Delete ↑ ↓

Prehospital Triage Rationale

3	Mechanism of Injury
2	Anatomy of Injury

Check Save Save/Exit Cancel Prev Next

Next Tab (Ctrl + Alt + J)

Click Save.

Enter the Date and Time of the recorded EMS Vitals

Prehospital Vitals ✕

Provider

Recorded @

At Time Vitals Taken

Paralytic Agents? Eye Obstruction?

Respiration Assisted? If Yes, Type

Intubated? If Yes, Method If Other

Vitals

SBP	<input type="text"/>	GCS: Eye	<input type="text"/>	<input type="text"/>
Pulse Rate	<input type="text"/>	Verbal	<input type="text"/>	<input type="text"/>
Unassisted Resp Rate	<input type="text"/>	Motor	<input type="text"/>	<input type="text"/>
Assisted Resp Rate	<input type="text"/>	Total	<input type="text"/>	
SaO2	<input type="text"/>	Unweighted RTS	<input type="text"/>	
Supplemental Oxygen	<input type="checkbox"/>			

Ok << < 1 of 1 > >> +

Enter if there were; Assisted Respiration (at what rate the patient is being assisted), or Intubation. Enter the Vitals and GCS. Click OK.

Prehospital Vitals ✕

Provider

Recorded @

At Time Vitals Taken

Paralytic Agents? Eye Obstruction?

Respiration Assisted? If Yes, Type

Intubated? If Yes, Method If Other

Vitals

SBP	<input type="text" value="116"/>	GCS: Eye	<input type="text" value="4"/>	<input type="text" value="Spontaneous. Adult/Peds - Opens Eyes Spontaneously"/>
Pulse Rate	<input type="text" value="83"/>	Verbal	<input type="text" value="5"/>	<input type="text" value="Oriented. Adult - Oriented. Peds - Smiles"/>
Unassisted Resp Rate	<input type="text" value="20"/>	Motor	<input type="text" value="6"/>	<input type="text" value="Obeyes. Adult - Obeyes Commands. Peds - Appropriate Response to Stimulation"/>
Assisted Resp Rate	<input type="text"/>	Total	<input type="text" value="15"/>	
SaO2	<input type="text" value="92"/>	Unweighted RTS	<input type="text" value="12"/>	
Supplemental Oxygen	<input type="radio" value="Y"/>			

Ok << < 1 of 1 > >> +

Enter NOTES here about the Pre Hospital Information.

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

Scene/Transport Treatment **Notes**

Notes

GCS = 15
48 YO FEMALE PT, SORTING BULLS ON THE FARM, BULL HIT A GATE PT WAS HOLDING AND IT SNAPPED BACK AND HIT HER IN THE FACE. LOC APPX. 4 MINS ACCORDING TO WITNESS.
TRANSPORTED TO ED VIA ST PETES AMBULANCE WITH CSPINE IMMOBILIZATION, PERIPHERAL IV, WOUND DRESSING, CARDIAC MONITOR, AND SPO2.

...

Check Save Save/Exit Cancel Prev Next

ED/RESUS TAB. There are 5 Tabs under ED/RESUS; Arrival/Admission, Initial Assessment, Labs, Vitals, and Notes.

Under Arrival/Admission, Choose the Admission Status.

For the smaller facilities, use 5-full – most everyone on; 4-Partial if they have a surgeon /doc on; 3-Non-Trauma Service (no TTA but evaluated by ED provider).

The screenshot displays the 'ED/RESUS' software interface. At the top, there are several tabs: Demographics, Injury, Prehospital, Referring Facility, ED/Resus (selected), Providers, Procedures, Diagnosis, Outcome, and QA Tracking. Below these, there are sub-tabs: Arrival/Admission (selected), Initial Assessment, Labs, Vitals, and Notes. The main area is titled 'Arrival/Admission Information' and contains the following fields and controls:

- Admission Status:** A dropdown menu is open, showing options: 1, Trauma Consult; 2, Readmission; 3, Non-Trauma Service; 4, Trauma Team Act - Partial; 5, Trauma Team Act - Full (highlighted); 6, Direct Admit; and /, Not Applicable.
- Members Late/Absent:** A text input field.
- ED/Facility Arrival:** A text input field.
- ED Departure/Admitted:** A text input field.
- Signs of Life:** A text input field.
- Trauma Team Activation:** A text input field with a calendar icon and an '@' symbol, followed by an 'Elapsed' text input field.
- Post ED Disposition/Admitted To:** A text input field with a 'Specify' label and another text input field.
- Admitting Service:** A text input field.
- Was patient previously admitted to hospital for this injury?:** A radio button.
- If Yes, Previous Trauma Registry Number:** A text input field.

At the bottom of the window, there are buttons for 'Check', 'Save', 'Save/Exit', 'Cancel', 'Prev', and 'Next'.

If a TTA, choose if any members were late or absent from the activation team. Enter the Facility Arrival date and time, and the ED Departure Date and time. This calculates ED Dwell time. Enter the date and time EVEN IF they are transferred to another dept. within the facility. Enter the Signs of Life.

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	5	Trauma Team Act - Full							
Members Late/Absent from Activation	0	None							
ED/Facility Arrival	06/01/2014	@	11:06						
ED Departure/Admitted	06/01/2014	@	13:05	Time in ED	01:59				
Signs of Life	2	Arrived with Signs of Life							
Trauma Team Activation	1, Arrived with No Signs of Life	Unsuccessful							
Post ED Disposition/Admitted	2, Arrived with Signs of Life	Specify							
Admitting Service	?, Not Applicable								
Admitting Service	?, Unknown								
Was patient previously admitted	Yes	Previous Trauma Registry Number							

Check Save Save/Exit Cancel Prev Next

Choose the POST ED disposition. There are several choices in the Drop Down Box.

The screenshot displays the 'Edit Trauma Record' application window. The 'ED/Resus' tab is active, and the 'Arrival/Admission' sub-tab is selected. The 'Arrival/Admission Information' section contains the following data:

- Admission Status: 5 Trauma Team Act - Full
- Members Late/Absent from Activation: 0 None
- ED/Facility Arrival: 06/01/2014 @ 11:06
- ED Departure/Admitted: 06/01/2014 @ 13:05 Time in ED: 01:59
- Signs of Life: 2 Arrived with Signs of Life
- Trauma Team Activation: 06/01/2014 @ 11:15 Elapsed: 00:09

The 'Post ED Disposition/Admitted To' field is currently set to '1 ICU'. A dropdown menu is open, showing the following options:

- 0, Acute Care Hospital
- 1, ICU
- 2, Step Down
- 3, Floor
- 4, Pediatrics
- 5, PICU
- 6, OR

At the bottom of the window, there are buttons for 'Check', 'Save', 'Save/Exit', 'Cancel', 'Prev', and 'Next'.

If transferring the patient to another facility like the Regional Trauma Centers or Area Trauma Hospitals it is documented as 0 Acute Care Hospital and then Admitting Service would be 1 Trauma. These patients will be evaluated again their ED by their staff and if an activation their trauma surgeon.

Enter the Admitting Service, Choose from the drop down box.

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 5 Trauma Team Act - Full

Members Late/Absent from Activation 0 None

ED/Facility Arrival 06/01/2014 @ 11:06

ED Departure/Admitted 06/01/2014 @ 13:05 Time in ED 01:59

Signs of Life 2 Arrived with Signs of Life

Trauma Team Activation 06/01/2014 @ 11:15 Elapsed 00:09

Post ED Disposition/Admitted To 1 ICU Specify

Admitting Service 2 Neurosurgery

Was patient previously admitted to 1, Trauma
2, Neurosurgery
3, Orthopedics
4, General Surgery
5, Thoracic Surgery
6, Other Surgical Service
7, Burn

Previous Trauma Registry Number

Check Save Save/Exit Cancel Prev Next

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 5 Trauma Team Act - Full

Members Late/Absent from Activation 0 None

ED/Facility Arrival 06/01/2014 @ 11:06

ED Departure/Admitted 06/01/2014 @ 13:05 Time in ED 01:59

Signs of Life 2 Arrived with Signs of Life

Trauma Team Activation 06/01/2014 @ 11:15 Elapsed 00:09

Post ED Disposition/Admitted To 1 ICU Specify

Admitting Service 2 Neurosurgery

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

Check Save Save/Exit Cancel Prev Next

INITIAL ASSESSMENT TAB

Record; time, Height, Weight, Temp, using the drop down boxes.

Edit Trauma Record

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

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

Recorded 06/01/2014 @ 11:14 Temperature/Unit/Route 98 **2** F 1 Tympanic

Height/Units 5 2 in

Weight/Units 200 2 lbs

At Time Vitals Taken

Paralytic Agents? Respiration Assisted? If Yes, Type

Eye Obstruction? Intubated? If Yes, Method If Other

Vitals

SBP GCS: Eye

Pulse Rate Verbal

Unassisted Resp Rate Motor

Assisted Resp Rate Total

SaO2 RTS

Supplemental O2

Check Save Save/Exit Cancel Prev Next

Ensure that Paralytic Agents and Eye Obstruction are entered, and Vitals/GCS are entered.

Demographics	Injury	Prehospital	Referring Facility	ED/Resus	Providers	Procedures	Diagnosis	Outcome	QA Tracking
Arrival/Admission	Initial Assessment	Labs	Vitals	Notes					
Recorded	06/01/2014	@	11:14	Temperature/Unit/Route	98	2	F	1	Tympanic
Height/Units	5	2	in						
Weight/Units	200	2	lbs						
At Time Vitals Taken									
Paralytic Agents?	<input type="radio"/> N	Respiration Assisted?	<input type="radio"/> N	If Yes, Type					
Eye Obstruction?	<input type="radio"/> N	Intubated?	<input type="radio"/> N	If Yes, Method		If Other			
Vitals									
SBP	116	GCS: Eye	4	Spontaneous. Adult/Peds - Opens Eyes Spontaneously					
Pulse Rate	78	Verbal	5	Oriented. Adult - Oriented. Peds - Smiles					
Unassisted Resp Rate	18	Motor	6	Obeys. Adult - Obeys Commands. Peds - Appropriate Response to Stimulation					
Assisted Resp Rate		Total	15						
SaO2	98	RTS	7.841						
Supplemental O2	<input type="radio"/> Y								
Check	Save	Save/Exit	Cancel	Prev Next					

Click Save, Click Next.

Alcohol Use Indicator yes

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 ETOH/BAC Level mg/dl

Drug Use Indicators

- 1. No (Not Tested)
- 2. No (Confirmed by Test)
- 3. Yes (Confirmed by Test [Trace Levels])
- 4. Yes (Confirmed by Test [Beyond Legal Limit])
- /, Not Applicable
- ?, Unknown

Drug Screen

<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

Add Edit Delete

↑ ↓

Check Save Save/Exit Cancel Prev Next

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 No (Confirmed by Test) ETOH/BAC Level mg/dl

Drug Use Indicators

No (Confirmed by Test)

Drug Screen

<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

Add Edit Delete

↑ ↓

Blood Tracking

Blood Product

Volume PRBCs

Location Albumin

Ok Cancel

1 of 1 > >> +

ED VITALS TAB

ED Vitals



Recorded 06/01/2014 @ 11:14

Assessment Type

Temperature/Unit/Route 98 2 F 1 Tympanic

- 1, Initial
- 2, Subsequent
- 3, Final
- /, Not Applicable
- ?, Unknown

At Time Vitals Taken

Paralytic Agents? Respiration Assisted? If Yes, Type

Eye Obstruction? Intubated? If Yes, Method

Vitals

SBP	116	GCS: Eye	4	Spontaneous. Adult/Peds - Op	
Pulse Rate	78	Verbal	5	Oriented. Adult - Oriented. Peds - Smiles	
Unassisted Resp Rate	18	Motor	6	Obeys. Adult - Obeys Commands. Peds - Appropriate Response to Stimulation	
Assisted Resp Rate		Total	15		
SaO2	98	Supplemental Oxygen	<input checked="" type="checkbox"/>	RTS	7.841

Ok

<< < 1 of 1 > >> +

NOTES TAB

This is where you would input notes about the ED procedures, etc. Care done well or opportunities for improvement

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

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

Notes

GCS=15
DR. IMA GOOD DOCTOR IN ED AT 11:15
ED PROCEDURES: SPO2, CARDIAC MONITORING, CT OF HEAD, NECK, WOUND CARE OF NOSE AND EYES, O2, XRAY OF NECK AND SHOULDERS, WARMING MEASURES, CSPINE IMMOBILIZATION.
INJURIES: CHI, FX OF BILATERAL ORBITAL BONE, FX NOSE.
IN ED APPX 2 HRS 10 MINS PRIOR TO TRANSFER TO OR.

Check Save Save/Exit Cancel Prev Next

PROVIDERS

Windows Internet Explorer
https://trauma-test.hhs.mt.gov/trauma_app/

Trauma Data Collector

ghatch:System

Edit Trauma Record

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

Resus Team | In-House Consults | Notes

Type	Provider	Called	Arrived	Elapsed Time
Attending Trauma MD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neurosurgeon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardiovascular Surgeon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anesthesiologist MD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pediatrician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ortho MD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR Team	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check Save Save/Exit Cancel Prev Next

Next Tab (Ctrl + Alt +])

If you do not know the procedure codes, you can click on the Lookup icon to the right of the procedure code box.

Input the location of the procedure, from the dropdown box.

The screenshot shows a 'Procedures' dialog box with the following fields and options:

- Procedure Code:** 93.96. A lookup icon is visible to the right of the text box, and a tooltip displays '93.96, Other oxygen enrichment'.
- Location:** A dropdown menu is open, showing a list of options: 1, ED; 2, OR; 3, ICU; 4, Med/Surg Floor; 5, Stepdown Unit; 6, Radiology (highlighted); 7, Nuclear Medicine.
- Operation #:** (Empty)
- Start:** (Empty)
- Stop:** (Empty)
- Service:** (Empty)
- Physician:** (Empty) with a lookup icon to the right.
- Narrative:** A large text area with a '...' button to its right.

At the bottom of the dialog, there are buttons for 'Ok', 'Cancel', and a pagination control showing '1 of 1' with navigation arrows and a '+' button.

Input the location of the Procedures, the date and time of the procedures.

Procedures ✕

Location

Operation # Stop

Service

Physician ID

ICD9

1.	<input type="text"/>	
2.	<input type="text"/>	
3.	<input type="text"/>	
4.	<input type="text"/>	
5.	<input type="text"/>	
6.	<input type="text"/>	
7.	<input type="text"/>	
8.	<input type="text"/>	
9.	<input type="text"/>	
10.	<input type="text"/>	

Then enter the procedures below. Click OK.

Procedures [X]

Location: 1 ED

Operation #: Start: 06/01/2014 @ 11:15 Stop:

Service:

Physician ID:

ICD9

1.	93.96	93.96, Other oxygen enrichment
2.	89.65	89.65, Measurement of systemic arterial blood gases
3.	38.93	38.93, Venous catheterization, not elsewhere classified
4.	38.99	38.99, Other puncture of vein
5.	89.54	89.54, Electrographic monitoring
6.		
7.		
8.		
9.		
10.		

Ok Cancel

Delete

↑ ↓

Prev Next

DIAGNOSIS

Under the Diagnosis tab, there are 4 tabs: Injury Coding, Non-Trauma Diagnoses, Comorbidities, and Notes

To Enter Injury Codes, Free text your injuries line by line in the first box under tri-code. Be as descriptive as you can but omit qualifiers of large or small. Then click the tri-code button and your codes will be displayed.

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 NISS TRISS

Narrative

Tri-Code [...]

ICD	PreDot	Severity	ISS Body Region

[Add] [Edit] [Delete] [↑] [↓]

[Check] [Save] [Save/Exit] [Cancel] [Prev] [Next]

ICD	PreDot	Severity	ISS Body Region
802.0, Nasal bone fx, closed	251000, nose fx - closed or NFS	Minor	Face
802.8, Fx facial bone NEC, closed	251200, orbit fx - closed or NFS	Moderate	Face
805.06, Fx C6 vertebra, closed	650216, cervical fx wo cord involvem	Moderate	Head or Neck
852.20, SDH closed	140650, cerebrum hematoma - subdu	Serious	Head or Neck

Add

Edit

Delete

↑

↓

Check Save Save/Exit Cancel Prev Next

Click Save, Click Next.

Click Add to input any non-trauma diagnoses.

The screenshot shows a software window titled "Edit Trauma Record". At the top, there are several tabs: "Demographics", "Injury", "Prehospital", "Referring Facility", "ED/Resus", "Providers", "Procedures", "Diagnosis" (which is selected), "Outcome", and "QA Tracking". Below these, there are sub-tabs: "Injury Coding", "Non-Trauma Diagnoses" (selected), "Comorbidities", and "Notes". The main area is titled "Non-Trauma Diagnoses ICD 9" and contains a table with the following structure:

Non-Trauma Diagnoses	
	Add
	Edit
	Delete

At the bottom of the window, there are several buttons: "Check", "Save", "Save/Exit", "Cancel", "Prev", and "Next".

Like alcohol intoxication 303.00

Rhabdomyolitis 728.88

To add Comorbidities, click on the Comorbidities tab.

The screenshot shows a web application window titled "Edit Trauma Record". At the top, there is a horizontal menu with several tabs: "Demographics", "Injury", "Prehospital", "Referring Facility", "ED/Resus", "Providers", "Procedures", "Diagnosis", "Outcome", and "QA Tracking". Below this, a secondary menu has tabs for "Injury Coding", "Non-Trauma Diagnoses", "Comorbidities", and "Notes". The "Comorbidities" tab is currently selected and highlighted. The main content area of the window is a large green rectangle. On the left side of this area, there is a smaller white box with a header "Comorbidity" and several empty rows, indicating a list or table for entering data. At the bottom of the window, there is a toolbar with buttons for "Check", "Save", "Save/Exit", "Cancel", "Prev", and "Next".

A list of Comorbidities appears.. click on one or more. Then Click OK. If none then document as none or if unknown then document as unknown.

Comorbidities X

Select up to 30

<input type="checkbox"/> None	<input type="checkbox"/> Current Smoker	<input type="checkbox"/> Obesity
<input type="checkbox"/> Acquired Coagulopathy	<input type="checkbox"/> CVA / Hemiparesis (Stroke with Residual)	<input type="checkbox"/> Organic Brain Syndrome
<input type="checkbox"/> Active Chemotherapy	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Pancreatitis
<input type="checkbox"/> Alzheimers Disease	<input type="checkbox"/> Do Not Resuscitate (DNR)	<input type="checkbox"/> Peptic Ulcer Disease
<input type="checkbox"/> Ascites within 30 Days	<input type="checkbox"/> Documented History of Cirrhosis	<input type="checkbox"/> Parkinsons Disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Documented Prior History w/ Ongoing Active Treatment	<input type="checkbox"/> Pre-Existing Anemia
<input type="checkbox"/> Bilirubin > 2mg % (on Admission)	<input type="checkbox"/> Functionally Dependent Health Status	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Chemotherapy for Cancer within 30 Days	<input type="checkbox"/> Gastric or Esophageal Varices	<input type="checkbox"/> Prematurity
<input type="checkbox"/> Chronic Alcohol Abuse	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Chronic Dementia	<input type="checkbox"/> History of Angina within Past 1 Month	<input type="checkbox"/> Routine Steroid Use
<input type="checkbox"/> Chronic Demyelinating Disease	<input type="checkbox"/> History of Cardiac Surgery	<input type="checkbox"/> Seizures
<input type="checkbox"/> Chronic Drug Abuse	<input type="checkbox"/> History of Psychiatric Disorders	<input type="checkbox"/> Serum Creatinine > 2 mg %
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease	<input type="checkbox"/> History of Revascularization / Amputation for PVD	<input type="checkbox"/> Spinal Cord Injury
<input type="checkbox"/> Chronic Pulmonary Condition	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Systemic Lupus Erythematosus
<input type="checkbox"/> Concurrent or Existence of Metastasis	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Transplants
<input type="checkbox"/> Congenital Anomalies	<input type="checkbox"/> Inflammatory Bowel Disease	<input type="checkbox"/> Undergoing Current Therapy
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Insulin Dependent	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Unknown
<input type="checkbox"/> Coronary Pulmonale	<input type="checkbox"/> Myocardial Infarction	
<input type="checkbox"/> Coumadin Therapy	<input type="checkbox"/> Non-Insulin Dependent	

OUTCOME TAB

This includes 5 tabs, Initial Discharge; Discharge Disabilities; If Death; Billing; and Notes. A few of these tabs will be grayed out, depending on what is input on the initial Discharge Tab.

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

General Condition on Discharge

Discharge/Death @

Total Days: ICU Ventilator Hospital

Discharged To

Specify

If Transferred, Facility

If Other

City

State

Reason

Specify

Final Anatomical Diagnosis

Autopsy Surgery

Radiographic Studies Clinical

Impediments to Discharge

Discharge Impediments

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

Check Save Save/Exit Cancel Prev Next

Choose Discharge Status from Drop Down box.

Trauma Data Collector

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: Alive

General Condition on Discharge: 6, Alive

Discharge/Death: 7, Dead

Total Days: 7, Unknown Hospital:

Discharged To:

Specify:

If Transferred, Facility: 

If Other:

City:

State:

Reason:

Specify:

Final Anatomical Diagnosis

Autopsy Surgery

Radiographic Studies Clinical

Impediments to Discharge

Discharge Impediments

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

Note that since 6-Alive was chosen, the Discharge Disabilities Tab is now active. Choose Overall Condition on Discharge from Drop down choices.

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: [Dropdown Menu]

Discharge/Death: [Dropdown Menu]

Total Days: [Dropdown Menu]

Discharged To: [Dropdown Menu]

Specify: [Text Field]

If Transferred, Facility: [Text Field]

If Other: [Text Field]

City: [Text Field]

State: [Text Field]

Reason: [Text Field]

Specify: [Text Field]

Final Anatomical Diagnosis

Autopsy: Surgery:

Radiographic Studies: Clinical:

Impediments to Discharge

Discharge Impediments: [Table]

Check Save Save/Exit Cancel Prev Next

If transferring the patient to another facility the general condition on discharge would be a ? unknown. Most times we think we know how they will do but other times we don't.

Choose discharge Impediments if any.

Trauma Data Collector

Edit Trauma Record

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

Initial Discharge Discharge Disabilities If Discharged 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 06/12/2014 17:16

Total Days: ICU 1 Ventilator Hospital 11

Discharged To 0 Home, No Assistance

Specify

If Transferred, Facility

If Other

City

State

Reason

Specify

Final Anatomical Diagnosis

Autopsy Surgery

Radiographic Studies Clinical

Impediments to Discharge

Discharge Impediments

Discharge Impediments

Select up to 4

- None
- Financial
- Social
- Psychiatric
- Non-Availability of Special Care Facility
- Physician Related
- Not Applicable
- Unknown

Check Save Save/Exit Cancel

Ok Cancel

Prev Next

DISCHARGE DISABILITIES TAB

Pre-Existing Most people are a 4-Independent and 2-permanent

At Discharge: Adults if they go home, it is usually a 4 again but they are coded with crutches or a splint, it would be a 3. If transferred it would be Feeding 1 and 1, Locomotion if still in spinal immobilization, 2 and 1. Expression if GCS is 15 -14, then 4 and 2 if intubated GCS LT 8 1 and 1.

Enter discharge GCS

The screenshot shows the 'Trauma Data Collector' application in a Windows Internet Explorer browser. The page title is 'Trauma Registry - Windows Internet Explorer' and the URL is 'https://trauma-test.hhs.mt.gov/trauma_app/'. The application is titled 'Trauma Data Collector' and is in the 'Edit Trauma Record' mode. The 'Outcome' tab is selected, and the 'Discharge Disabilities' sub-tab is active. The 'Discharge Disabilities' section is divided into 'Pre-Existing' and 'Discharge' categories. The 'Pre-Existing' section has a total of 12, and the 'Discharge' section has a total of 8. The 'Discharge GCS' section is also visible, with a dropdown menu open for the 'Eye' field. The dropdown menu lists the following options: 1, None. Adult/Peds - None; 2, To Pain. Adult/Peds - Response to Painful Stimulation; 3, To Voice. Adult/Peds - Response to Verbal Stimulation; 4, Spontaneous. Adult/Peds - Opens Eyes Spontaneously; /, Not Applicable; and ?, Unknown. The 'Check', 'Save', 'Save/Exit', 'Cancel', 'Prev', and 'Next' buttons are visible at the bottom of the application.

Pre-Existing				Discharge					
Feeding	4	Independent	2	Permanent	Feeding	2	Dependent - Partial Help Required	1	Temporary
Locomotion	4	Independent	2	Permanent	Locomotion	2	Dependent - Partial Help Required	1	Temporary
Expression	4	Independent	2	Permanent	Expression	4	Independent	2	Permanent
Total	12				Total	8			

Discharge GCS

Eye: []

- 1, None. Adult/Peds - None
- 2, To Pain. Adult/Peds - Response to Painful Stimulation
- 3, To Voice. Adult/Peds - Response to Verbal Stimulation
- 4, Spontaneous. Adult/Peds - Opens Eyes Spontaneously
- /, Not Applicable
- ?, Unknown

Buttons: Check, Save, Save/Exit, Cancel, Prev, Next

Click Save, Click Next

BILLING TAB

Complete the Payor Sources.

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

Trauma Data Collector

Edit Trauma Record

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

Initial Discharge | Discharge Disabilities | If Death | **Billing** | Notes

Billing

Account #

Charges Billed \$

Total Charges Collected \$

Payor Sources

Primary Payor

Additional Payors

- 1, None
- 2, Automotive
- 3, Champus
- 4, Champus/VA
- 5, Charity
- 6, Commercial
- 7, HMO

Specify

Check Save Save/Exit Cancel Prev Next

- 8, Medicare
- 9, Medicaid
- 10, No Charge/Write Off
- 11, Other Federal
- 12, Other State
- 13, PPO
- 14, Research
- 15, Self Insurance
- 16, Self Pay
- 17, Teaching
- 18, Victims Funds
- 19, Welfare
- 20, Workmans Compensation
- 21, Indian Health Service
- 22, BlueCross/BlueShield
- /, Not Applicable
- ?, Unknown

Edit Trauma Record

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

Initial Discharge Discharge Disabilities If Death **Billing** Notes

Billing

Account #

Charges Billed \$

Total Charges Collected \$

Payor Sources

Primary Payor

Additional Payors

Specify

Check

Save

Save/Exit

Cancel

Prev

Next

NOTES TAB

Enter any notes pertinent to the OUTCOME

The screenshot displays the 'Edit Trauma Record' application window. At the top, there is a title bar 'Edit Trauma Record' and a series of tabs: 'Demographics', 'Injury', 'Prehospital', 'Referring Facility', 'ED/Resus', 'Providers', 'Procedures', 'Diagnosis', 'Outcome', and 'QA Tracking'. Below these, a second row of tabs includes 'Initial Discharge', 'Discharge Disabilities', 'If Death', 'Billing', and 'Notes'. The 'Notes' tab is currently selected and active. The main area of the window is a large, empty text input field with a light green border and a small '...' button in the top right corner. At the bottom of the window, there is a toolbar with several buttons: 'Check', 'Save', 'Save/Exit', 'Cancel', 'Prev', and 'Next'.

Click Save, Click Next.

CHECKING YOUR DATA INPUT

In order to check your data with the system to catch anything that doesn't add up, etc., click on the Check Button on the lower left corner.

Edit Trauma Record

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

Record Info | Patient | Notes

Record Information

Record Created: 07/29/2014
Data Entry: ghatch
ghatch
Facility: System
System

Identifiers

Trauma #: 990000010
Patient Arrival: 06/01/2014 @ 11:06
Medical Record #: XYZ20149987
Account #:
Patient Name: Last: Hurtinunit
First: IMA
MI:
Source of Trauma System Inclusion Designation: 2 Trauma Team Activation (At This Hospital)

Inclusion Criteria

Include in Central Site?

Run Checks (Ctrl + Alt + k)

A dialog box will come up in red (pink) explaining the problem, and the screen/area that needs correcting. Input the information and click recheck. Go to the next one.

The screenshot displays a medical software interface with a 'Check Failure' dialog box overlaid on top. The dialog box is pink and contains a table of errors:

Source	Message
SSN	Invalid Social Security number; the number cannot start with 000.
Injury Address Region	Injury Address Region cannot be Blank or N/A
Interfacility Transfer	Interfacility Transfer cannot be Blank

At the bottom of the dialog box are buttons for 'Recheck', 'Goto', 'Validate', and 'Close'. The background interface shows the 'Injury Information' tab, with fields for 'Injury' (06/01/2014 @ 10:15), 'Place of Injury/E849' (1 Farm), and 'Specify' (Sorting bulls, one ran into the gate, which snapped back hitting patient in the face.). There are also fields for 'Protective Devices' (Restrains, Airbags, Equipment) and 'Address' (Zip: 59602-2951, City: Helena, State: Montana, Region: dropdown menu).

Edit Trauma Record

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

Referral History Assessments Inter-Facility Transport Notes

Immediate Referring Facility

Interfacility Transfer N

Referring Facility

If Other

City

Facility Type

Transfer Rationale

Arrival @

Departure @

Length of Stay

Late Referral

Check Failure

Source	Message
SSN	Invalid Social Security number; the number cannot start with 000.
Injury Address Region	Injury Address Region cannot be Blank or N/A
Interfacility Transfer	Interfacility Transfer cannot be Blank

Recheck Goto Validate Close

Check Save Save/Exit Cancel

Prev Next

Once all of the corrections are made and validated, another dialog box will come up and indicate The the issues have been resolved. Click OK

Edit Trauma Record

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

Referral History | Assessments | Inter-Facility Transport | Notes

Immediate Referring Facility

Interfacility Transfer N

Referring Facility

If Other

City

Facility Type

Transfer Rationale

Arrival @

Departure @

Length of Stay

Late Referral

Recheck

All check issues have been resolved

OK

Check | Save | Save/Exit | Cancel | Prev | Next

