Data Management Committee

Statewide Trauma Advisory Council Wednesday, March 1, 2023



Division of Public Health

Acronyms

- EMS: Emergency medical services
- ePCR: Electronic patient care report
- COPD: Chronic obstructive pulmonary disease
- PAD: Peripheral arterial disease
- PTSD: Post-traumatic stress disorder
- BAC: Blood alcohol concentration
- PR: Patient Registry

Agenda

- Introductions
- Approval of minutes
- Inter-Rater Reliability
- EMS data outcomes
- Updated reports
- Frequently asked questions

Data Management Committee

- Chair: Laura Kane, Trauma Program Manager, American Family Children's Hospital
- Vice Chair: Kurrie Pelegrin, Trauma Data Analyst Sr., Aurora Summit and Washington Co.

Data Management Committee

- Meredith Glueck, Trauma Registrar, SSM Health St. Mary's Hospital Madison and Sun Prairie
- Stephanie Becker, Trauma Registrar, Froedtert Menomonee Falls and West Bend Hospitals
- Nathan Emerson, Supervisor of Trauma Registry, Froedtert Hospital

Data Management Committee

- Trauma Registry Data Manager: Katie Prather, Wisconsin Department of Health Services
- State Trauma Coordinator: Margaret Finco, Wisconsin Department of Health Services
- Health Emergency Preparedness Data Coordinator: Sarah Boese, Wisconsin Department of Health Services

Approval of Minutes

- New Patient Registry feature
- Review data elements
- Provides percent accuracy
- Report Writer elements

- Incident views
 - Percentage accurate
 - Date complete
- Date complete search field

- Report Writer elements
 - Validity percentage
 - Data section
 - Data section is valid
 - Completed by
 - Completed date
- Inter-rater reliability report

EMS Data Outcomes

ImageTrend Data Sharing

- Elite and Patient Registry
- Pre-hospital data

Migrates from Elite to PR through ePCR via EMS lookup

- Hospital outcome data
 - Migrates from PR to Elite
 - Viewable only by personnel with access to the ePCR

Hospital Outcome Data

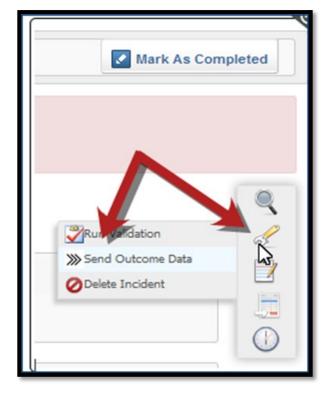
- Hospital admission date and time (optional data elements)
- Hospital discharge date and time
- Emergency department disposition
- Hospital disposition
- ICD-10 procedure
- ICD-10 diagnosis

Data Return to EMS

 Trauma care facility initiates sending data back to EMS

Option 1: Manual for individual records

 Facilities > Incidents > Incident > Toolbar > Form Options > Send Outcome Data



Data Return to EMS

 Trauma care facility initiates sending data back to EMS

Option 2: Send all records upon incident marked as completed

Send Outcome data to EMS Upon Marking Incident As Completed: 🔘 Yes

 Setup > Facility Settings and Resources > Workflow > Mark as Completed

Hospital Outcome Data in PR

Validation box will appear after a successful manual data return to EMS

Validation

Outcome Data Elite WARDS: EMS Outcome data sent for Run Number 8791703

Hospital Outcome Data in Elite

Personnel will receive an inbox message



Hospital Outcome Data in Elite

Outcome data populates in the incident

Emergency Department Disposition:	Admitted as a to this hospita		
Emergency Department Recorded Cause of	Find a Value	≡	
Injury:	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter		
First ED Systolic Blood Pressure:	125		
Emergency Department Procedures:	Find a Value		
Hospital Procedures:	Find a Value 🔳 🔳		
	🗙 (CT Scan) of I	d Tomography Right Humerus smolar Contrast	
Hospital Disposition:	► Discharged to home or self care (routine discharge)		
Date/Time of Hospital Admission:	02/09/2023	11:00:00	0
Date/Time of Hospital Discharge:	02/09/2023	15:00:00	0
Hospital Discharge	Summary		
Hospital Discharge S	Summary		
Hospital Discharge Summ	nary!		

Hospital Outcome Data in Elite

Data is found on "Print Reports" options

Hospital Outcome Data					
Emergency Admitted as an inpatient to this Department hospital.	Emergency	Emergency	Date/Time of 02/16/2023 11:00:00		
	Department	Department	Hospital Admission:		
Disposition:	Procedures:	Diagnosis:	Date/Time of 02/16/2023 14:30:00		
Hospital Diagnosis: Fracture of nasal bones, initial	Hospital Disposition: Discharged to home or self care	Hospital Procedures: Computerized Tomography (CT Scan)			
encounter for closed fracture	(routine discharge)	of Head Discharge Summary	Hospital Discharge:		

Updated Reports

Updated Reports

- PRQ reports
 - 2023 trauma center site review reports job aid
 - 2023 site review report log level III
 - 2023 site review report log level IV
 - 2023 site review PRQ data table explanation job aid
- Quarterly reports
 - Data elements (hospital name)
 - Pre-existing conditions or hospital events (hospital name)

- How do you answer highest level activation with an upgrade or downgrade?
- If highest level activation was downgraded after patient arrival, select "Yes" to highest level activation and select appropriate level for activation level upgrade or downgrade
- If highest level activation was declared during ED, select "Yes"

- How do you answer highest level activation with an upgrade or downgrade?
- If highest activation level was declared after patient was discharged from ED, select "No"

- How do you answer pre-existing conditions for patients under the age of 15?
- Not applicable for: alcohol use disorder, bipolar I or II, COPD, major depressive disorder, other mental or personality disorders, PAD, PTSD, schizoaffective disorder, schizophrenia, substance use disorder

- How do you answer pre-existing conditions for patients 15 years and older?
- Not applicable for: congenital anomalies, prematurity

How do you answer alcohol screen and BAC?

 Answer "Yes" for alcohol screen if BAC test was performed on the patient within 24 hours after first hospital encounter. If yes, BAC must be entered. Results must be within 24 hours after first hospital encounter. Report as grams per deciliter (g/dl).

How do you answer drug screen?

 Record the results of the first positive drug screen within 24 hours after first hospital encounter. None is for patients who tested positive due to drugs administered in the facility or who were tested and had no positive results.

How do you answer gender identity?

 Answer should be based upon self-report or identified by a family member. "Did not disclose" or "not known" should be used if this information is not provided by patient or their family.

Other Topics or Questions?

Thank You!