Data Management Committee will begin at 9 a.m.

### Data Management Committee

Statewide Trauma Advisory Council Wednesday, December 4, 2024



### Acronyms

- ED: Emergency department
- GCS: Glasgow Coma Scale
- ICD: International Classification of Diseases
- FAQ: Frequently asked question
- PRQ: Pre-review questionnaire

### Agenda

- Introductions
- Approval of minutes
- EPIC trauma registry report
- PRQ data tables
- Data collection at facilities
- Hospital data report usage

### Agenda

- Trauma registry 101 and 102 course
- Trauma registry FAQs
- Public comment related to the Wisconsin Trauma Care System

### Data Management Committee

- Chair: Laura Kalscheur, 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
- Meghan Zakaouanou, Clinical Performance Analyst, UnityPoint Health Meriter

### Data Management Committee

- Trauma Registry Data Manager: Katie Prather,
  Wisconsin Department of Health Services
- State Trauma Coordinator: Margaret Wogahn,
  Wisconsin Department of Health Services
- Trauma Program Nurse Consultant: Lexi Bandt,
  Wisconsin Department of Heath Services

### Approval of Minutes

### EPIC Trauma Registry Report Presentation

## PRQ Data Tables and Report Writer Presentation

- Site review PRQ data tables explanations
- https://www.dhs.wisconsin.gov/publications/p03178a.pdf
- Explains how to complete PRQ data tables

#### **Data Calculations for Table Two**

Use the information below as a guide to complete Table Two. This is to be used as a quality check on the PRQ data.

- To answer Entered into Trauma Registry in Table Two, use the formula Box 1 = Box 3 + Box 4 + Box 5 + Box 6.
- 2. To answer **Transferred** in **Table Two**, use the formula **Box 5 = Box 14**.
- To answer Admitted to your facility (inpatient, short stay, observation) in Table Two, use the formulas Box 6 = Box 20 and Box 6 = Box 33.

#### Table Two Trauma/Hospital Statistical Data

Trauma/ Hospital Statistical Data (using data from reporting year please complete the following)

Table 1	Гwo	
Patients	Number	
Entered into Trauma Registry	300	Box 1
Highest Level Trauma Activation	30	Box 2
Discharged Alive From ED	50	Box 3
Discharged as Deceased from ED	5	Box 4
Transferred	175	Box 5
Admitted to your facility (inpatient, short stay, observation)	70	Box 6

#### **Data Calculations for Table Three**

Use the information below as a guide to complete Table Three. This is to be used as a quality check on the PRQ data.

- 1. To answer **Total Transfers In** in **Table Three**, use the formula **Box 10 = Box 7 + Box 8 + Box 9**.
- To answer Total Transfers Out in Table Three, use the formulas Box 14 = Box 11 + Box 12 + Box 13 and Box 14 = Box 5.

#### **Table Three Number of Trauma Transfers**

Table Three								
Number of Trauma Transfers		Air	Ground		Private Vehicle		Total	
Transfers In	0	Box 7	50	Box 8	15	Box 9	65	Box 10
Transfers Out	25	Box 11	145	Box 12	5	Box 13	175	Box 14

#### **Data Calculations for Table Four**

Use the information below as a guide to complete Table Four. This is to be used as a quality check on the PRQ data.

To answer Total Admissions in Table Four, use the formulas Box 20 = Box 6, Box 20 = Box 33, and Box 20 = Box 15 + Box 16 + Box 17 + Box 18 + Box 19.

#### **Table Four Trauma Admissions by Service**

Table Four								
Trauma Admissions by Service	Number of Admissions							
General/ Trauma Surgery	15	Box 15						
Orthopedic Surgery	10	Box 16						
Neurosurgery	3	Box 17						
Other Surgical Subspecialties	2	Box 18						
Non-Surgical	40	Box 19						
Total Admissions	70	Box 20						

#### **Data Calculations for Table Five**

Use the information below as a guide to complete Table Five. This is to be used as a quality check on the PRQ data.

- To answer Total Number of Admissions with Injury Severity Score in Table Five, use the formulas Box 33 = Box 21 + Box 24 + Box 27 + Box 30, Box 33 = Box 20, and Box 33 = Box 6.
- To answer Number of Deaths after Admission (includes observation status) with Injury Severity Score in Table Five, use the formula Box 34 = Box 22 + Box 25 + Box 28 + Box 31.
- To answer Number Admitted to a Surgical Service with Injury Severity Score in Table Five, use the formulas Box 35 = Box 23 + Box 26 + Box 29 + Box 32 and Box 35 = Box 15 + Box 16 + Box 17 + Box 18.

#### **Table Five Injury Severity Score/ Mortality for Admissions**

Injury Severity Score/ Mortality for admissions to inpatient, observation, short stay:

Table Five										
ISS	Total Number of Admissions	Number of Deaths after Admission (includes observation status)	Number Admitted to a Surgical Service							
0-9	8 Box 21	0 Box 22	2 Box 23							
10-15	10 Box 24	0 Box 25	5 Box 26							
16-24	34 Box 27	I Box 28	17 Box 29							
25 and greater	18 Box 30	2 Box 31	6 Box 32							
Total	70 Box 33	3 Box 34	30 Box 35							

## Data Collection Discussion

### Data Collection Discussion

- How does a facility decide what to collect?
- How is this documented?
- How often do you evaluate the data elements?
- Do you use all the data elements?
- Can you stop collecting some data elements?

## Hospital Data Report Discussion

### Hospital Data Reports Discussion

Test Hospital Report Card

Report Level	Total Incidents	Total Adult Incidents	Total Pediatric Incidents	Total Transfers	Total Activated at Highest Level	Total Time to Transfer > 3 Hours with ISS > 15	Mortality Rate	Mean Time to Transfer with ISS > 15	Median Time to Transfer with ISS >	Mean	Median ISS		_	
Test Hospital	50	44	6	10	2	1	5%	209.0	209.0	5.2	4	4%	0%	88%
Southeast	2815	2656	159	497	195	29	2%	233.5	216.0	6.5	5	6%	1%	91%
Wisconsin	5144	4858	286	1269	381	69	2%	263.2	194.5	6.4	5	7%	1%	89%

### Hospital Data Reports Discussion

- How are they used at your facility?
- Who sees the reports?
- Any additional suggestions for them?

## Trauma Registry 101 and 102 Courses

## Trauma Registry 101 and 102 Courses

- Virtual courses designed to teach Patient Registry
- Trauma registrars are target audience
- Two beginner courses
- Two advanced courses
- The registration will be sent out via GovDelivery
- Spring 2025

- Q: If initial assessment vitals are taken after 30 minutes of ED or hospital arrival, are they entered?
- A: No. Only enter vitals taken within 30 minutes or less of ED or hospital arrival.

• Q: What is the final hospital discharge date and time for a patient that is transferred to inpatient hospice?

 A: The date and time of the patient's final discharge (including hospice) or the date and time of patient death.

- Q: If a patient only has superficial injuries (S00, S10, S20, S30, S40, S50, S60, S70, S80, or S90 ICD-10 codes) would they meet inclusion criteria?
- A: No. To meet inclusion criteria, patients must have at least one of the following codes and excluding superficial injury codes:
  - **S00-S99**
  - T07
  - T14
  - T79.A1-T79.A9

• Q: If a patient receives a trauma activation but does not meet inclusion criteria, how can I enter them in the trauma registry?

 A: These are optional. If your facility would like to use the trauma registry, the "activation only" form can be used.

- Q: If a patient is a direct admit, should TR18.55 ED or hospital arrival date be entered?
- A: Yes. This data element is asking for either the ED or hospital arrival date, not only the ED.

- Q: Who can unlock Patient Registry accounts?
- A: DHS trauma team or hospital administrators from your facility. ImageTrend cannot unlock accounts.

- Q: Can I create my own support ticket for ImageTrend?
- A: Yes. An <u>ImageTrend support account</u> is needed to create support tickets.

• Q: Can you enter both GCS and GCS-40 scores?

• A: No. Either GCS or GCS-40 scores can be entered but not both. If you are using GCS, then "Not known/not recorded" is reported for GCS-40.

- Q: Are Hospital Hub and Elite WARDS the same thing?
- A: They are different sites. Elite WARDS is for EMS agencies to enter patient runs. Hospital Hub is for trauma centers to view runs of patients transferred to your facility.

# Public Comment Related to the Wisconsin Trauma Care System

Thank You!

Trauma Coordinators Committee will begin at 10 a.m.