

Minutes  
Kansas Collector Users Group Meeting  
March 11, 2009  
SRS Learning Center, Room 3  
2600 SW East Circle Drive South  
Topeka, KS

**Present:** Dee Vernberg, Dan Robinson, Amy Bucholtz, Jan McHenry, Debbie Trujillo, Debbie Helton, Janelle Dimond, Karen Sundblom, Kathy Tucker, Megan Prey, Shelly Nolting., Vicki Richards, Voncille Dirks, Alvina Fant, Jan Miller, Sharon Gehring, Lois Towster, Angela Pebley, Stacy Scott, Daniel Clark

**Program Update**

**Dee Vernberg**

Dee started the meeting by having everyone introduce themselves around the table and also the individuals on the conference call. Dee listed the members of the trauma program at KDHE and informed everyone of the arrival of Dan Russell, the new trauma database manager.

The Board of EMS has signed a contract for the EMS/trauma software bridge. It allows hospitals to download a PDF file of EMS records. However, it will only work for communities where EMS uses computerized records. The software bridge has sparked a renewed interest in patient tracking with triage tags or numbers.

Amy Bucholtz, having some experience using the bridge as a trauma registrar, gave positive comments on the system. To date, she has experienced quick and successful submissions into the system.

The Kansas Health Policy Authority has developed a resource for Kansas Health Indicators. In the development of the indicators, the KHPA used two data sources from the trauma registry (found on the Data (Benchmark) Reports under the Injury and Violence section. Some points found in the report:

1. For all transferred patients, elapsed time between emergency department arrival and discharge to another acute care facility does not exceed 6 hours ( 2006 - 91%)
2. Patients with suspected traumatic brain injury (moderate to severe coma, GCS <= 12) are transferred to a level I or level II center for treatment. (2006 - 83.4%).

The full report can be found on the KHPA website:

<http://www.khpa.ks.gov/KHPADataConsortium/Docs/DataConsortiumHealthIndicators.pdf>

**Trauma registry update:**

**Dee Vernberg**

Dee explained the benchmark reports were sent out in December. If a facility has not received a benchmark report, they are instructed to contact Dee at 785-296-0613. To

better serve the hospitals, Dee issued a general request asking how the reports are being used.

The local version collector users were sent an update in January, 2009. This update changes some validation checks and added two variables:

- a. Height (not core)
- b. Off Road Vehicle which is activated if an ecode is one of the *motor vehicle nontraffic codes* (some exceptions – horseback riding injury)

Options:

All terrain vehicle

Off road motorcycle

Other off road vehicle

Farm implement vehicle

?

NA

Patch 1230 was sent out in February for this update correcting the validation check on the Height data field making it a comprehensive point and not a core.

Clarification was requested on the definition of motorcycle off road – is motor cross considered “off road” as well as young teens riding motorcycles on the road? The issue is under consideration, and a clearer definition will be released soon.

#### **Future Injury Coding Conventions:**

**James Pou**

James Pou gave a presentation on AIS 2005 vs AIS 98 and the impending change to ICD 10 via go to meeting and phone conference. [Click here to see James' presentation.](#)

Concerning the NTDB, James asked everyone to hold off on submitting until DI has the NTDB modules updated. The update it will not affect any of the mappings or the registry. It is an updated format for NTDB with validation check updates for NTDB.

If the NTDB update affects an individual registrar's computer, that registrar will need to contact DI because the update should only affect the NTDB.

James also explained if registrars experience mapping issues, they need to contact the DI helpdesk: 1-800-344-3668 ex4.

James demonstrated how the AIS coder works. A registrar can either work through the guided drill down questions to find the AIS or look up AIS by ICD. AIS 2005 supports drowning and suffocation codes and the software will generate an ISS for them.

James explained the NTDB is accepting all coding standards above 90. When a facility submits to the NTDB the version of the software is also sent which is catalogued by the database. When the data is analyzed, the analyst will determine which version from which to work. If a hospital wants to switch to AIS 2005 before the state switches, the hospital can engage in dual coding in order to transfer the data to the state. Ontario, Canada has currently implemented dual coding to see the actual impact of the new coding. Other states have chosen to fully switch over to AIS 2005. The states which allow facilities to make the choice of using AIS 2005, accept information like the NTDB.

Dee asked if anyone was feeling pressure to switch to AIS 2005. Lois said the ACS suggested Overland Park to use 2005. Lois explained her facility bought a license for AIS 2005 and trained people two years ago, however, they still do not have AIS 2005. Lois further explained Rosanne authorized Overland Park's utilization of AIS 2005. James said he would contact the department involved with the communication between Rosanne and Lois and get to the bottom of the issue today. The majority of the large trauma centers are waiting for the state to make a decision concerning AIS 2005. Via Christi, Overland Park, and KU have all sent people for training two years ago. Some people believe the ACS will make AIS 2005 a criterion in the near future.

ICD-10 will be implemented by 2013. A stipulation of the mandate implementing ICD-10 requires software availability for ICD 10. IDC 9 is not compatible with ICD 10. ICD 10 will change all diagnoses codes and procedure codes. James explained we need to start working ICD 10 into our plans for Kansas. DI already has software using ICD 10 for Canada and New Zealand.

Lois asked about the significant changes in null values in the NTDB. The updates for NTDB affect how null values are viewed by the NTDB. If Kansas is to continue supporting the NTDB, Kansas needs to change the data dictionary to reflect how null values are described by the software. Lois used MAST pants as an example. MAST pants have not been widely used for over three years now; so it wastes time to deal with MAST pants every time Lois enters the information. Someone she talked to at DI said they wanted to remove the three types of null and replace with just blank. The NTDB only accepts two null values. The concern is primarily over the pop-up windows in Kansas's collector and whether they correspond to what the NTDB is accepting.

Another issue between the Kansas Collector and the accepted data options from the NTDB is the types of co-morbidities listed for the patient. Currently, the listed co-morbidities are not lining up between Kansas's collector and the NTDB. Jan Miller said it would be nice if the state could access the software and enter the co-morbidities to be viewed throughout the state.

Dee asked if anyone was experiencing problems with report writer. Alvina explained when she enters a procedure she gets an error "err!". DI has been working with her on the problem which has led to a work around, but the error itself is not fixed. No one else reported that particular problem.

Amy reported Stormont is currently preparing for an evaluation by the ACS for Level II status in a month. The ACS evaluation requires Stormont to gather how patients are transferred out of the facility (what mode is used to transfer the patient). Collector does not collect the mode for transferred patients. In order to gather the information requested by the ACS, Amy had to go through all the records and manually count the specific mode for the transferred patients. She asked if a new data field could be added collecting the mode of transportation for transfers to the Kansas collector. She mused because the ACS specifically asks for the mode of transportation for transferred patients, it maybe helpful

to collect the transferring mode in collector. Amy clarified the vitals during the transfer would not need to be collected, only the mode. Dee explained the process to add a new variable in collector.

Janelle asked if she were to spend money a trauma registry course, what would be the best course to attend. Several individuals remarked it entirely depended on what she wanted from the course. Jan commented an alternative to taking an expensive course is to have a registrar from one of the centers come to Janelle's hospital and work with her directly. Amy asked if the ATS course was worth it. Alvina said the classes from the ATS are good if the end goal is certification. Jan said if you are limited in choices, the most beneficial route would be to maximize your knowledge of collector, then attend an AAAM course. Debbie in Wichita said the ATS class was not very helpful in her everyday duties.

Jan explained another issue with report writer is the lack of material detailing and itemizing queries for certain reports. Jan explained a recipe book containing queries and reports which could be easily referenced would be an invaluable asset to a registrar's tool kit.

Amy informed the group she would like training on RDL reports. The group explained RDL reports are a more user friendly report.

The group asked the date for the next report writer class. It was explained no training classes for either report writer or basic collector has yet been scheduled.

Amy inquired about the injury code MVA. She said she was informed MVA should actually be annotated MVC. The group agreed the correct code is MVC. A correction will be considered for the next software update.

Jan suggested a training video followed by training software where individuals can practice what they learned would be helpful.

Alvina stated one of the issues she would like to see addressed is placing an alert on records after the records have been closed. Alvina has experienced incidents where individuals have inadvertently left closed records open after reviewing the record. A dialogue box informing the user the closed record is now active would remedy this problem.

Alvina asked about the cap in the hospital charges field, which is a validation check. The group discussed in order to enter correct information, they continually validate the field.

Some discussion arose concerning when MVA is chosen collector will not allow the off road field to contain an N/A. The latest released patch fixed it.

**Specific Topic for Future Meetings:**


The group expressed their approval of having a guest speaker and would like to have more speakers in the future. Jan suggested presenting a report containing the top three problems for the quarter as recorded by DI's helpdesk followed by the methods to correct the problems.

Lois explained because of the network security employed by some hospitals, we should look into using a different virtual vehicle of distributing materials for virtual meetings other than gotomeeting. Lois suggested a program called raindance which is less problematic than gotomeeting with some firewalls.

The group would like to have a version of collector at future user group meetings so examples and methods concerning difficult cases can be explored on site.


Dee asked, regarding the data dictionary, would the group like to see the dictionary list the sources from which to gather the information for each data field – everyone said no. The group said the hierarchy of sources listed by the NTDB would be nice to have in the Kansas data dictionary, but each data field does not need to specify a source.

Meeting Adjourned 3:00pm




# AIS 2005 – Update 2008 Presentation

March 11, 2009




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## Objectives

- Considerations for Preparing to Switch to AIS 2005
- Understand AIS 2005 and the features available for coding in AIS 2005 with the DI Coder module including:
  - AIS Drill Down Coding
  - ICD to AIS Lookup Coding
  - Narrative Based Coding




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## Preparing for AIS 2005

- Differences between AIS 2005 and AIS 98
  - How different is AIS 2005 from AIS 98?
    - Over 600 new codes introduced
    - Over 900 changes to existing codes includes several codes being retired
    - *This equates to an overhaul of over 50% of AIS 98 existing codes*
  - What are the differences?




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## Preparing for AIS 2005

- Differences between AIS 2005 and AIS 98
  - Head Trauma and Loss of Consciousness
    - LOC no longer coded in isolate from physical trauma
    - Methodology and clinical supporting clinical evidence are required and used for LOC coding
  - More Detailed Fracture Coding
    - Coding now possible for:
      - ◆ Specific types of fractures (butterfly, shaft, wedge, etc.)
      - ◆ Specific bones structures not support in AIS 98 (cuneiform, cuboid, carpus, etc.)




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## Preparing for AIS 2005

- Differences between AIS 2005 and AIS 98
  - Changes in Coding Pelvic Trauma
    - Severity are assessed by the complexity of the fracture, not specific bone structures (except the acetabulum)
    - May require a change in clinical documentation of pelvic trauma
  - Other Significant Changes
    - Pneumo/hemothorax coded separately from other thoracic trauma
    - Closed fractures combined with NFS for extremities




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## Preparing for AIS 2005

- Differences between AIS 2005 and AIS 98
  - Abstraction guidelines refined to better capture injury detail and severity
  - Changes in severity scoring will impact Injury Severity Score
  - No updated models exist for probability of survival in trauma



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## Licensing and Training

- **Licensing and Training**
  - **Licensing**
    - To use AIS 2005, a separate AAAM license is required
    - Licenses are purchased through Digital Innovation, Inc.
    - Licenses can be purchased for:
      - ◆ Individual sites
      - ◆ Statewide/Regional/Provincial licenses
  - **Training**
    - Training in using the AIS 2005 is strongly recommended
    - Training can be obtained through AAAM
      - ◆ Go to [www.aaam.org](http://www.aaam.org) for details
    - Certification programs for AIS coding also available through AAAM

## DI Coder

- The DI Coder module is an integrated module for the Collector and NTRACS platforms designed to provide coding tools for the assignment of injury severity (AIS) and injury classification (ICD).

## Software Introduction

- **DI Coder Module**
  - Developed by DI, the DI Coder Module is designed to provide a uniform platform for injury coding tools to all DI Trauma registry products.
  - With the DI Coder Module, DI envisions that timely updates to ICD and AIS codes will be delivered to clients on a consistent basis.
  - The DI Coder Module also allows multiple coding methods to be offered to all DI clients and is not tied to any specific implementation of a trauma registry software system.

## Software Introduction

- **Accessing the DI Coder Module**
  - Entry and Exit
  - Layout and Features
  - What happened to Tri-Code?

## Software Introduction

Entering the DI Coder Module – NTRACS

## Software Introduction

Entering the DI Coder Module – CV4 Collector

## Software Introduction

DI Coder Module – AIS 9x – Injury Narrative

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## Software Introduction

DI Coder Module – AIS 9x – Injury Codes

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## Software Introduction

DI Coder Module – AIS 2005

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## Software Introduction

- Current and Upcoming Coding Methods Available in the DI Coder Module:
  - AIS 90 Coding
    - AIS Drill Down Coding – Supports AIS 98 revisions
    - ICD9 Rubric coding using Tri-Code
    - Narrative Coding using Tri-Code
  - AIS 2005 Coding
    - AIS Drill Down Coding – Supports AIS 2005 revisions and can generate ICD9-CM or ICD10-CA codes
    - Reverse Lookup using ICD – Support ICD9-CM or ICD10-CA codes. Uses a sophisticated system of targeting AIS codes possible based on ICD codes entered
    - Narrative Coding for AIS 2005 (expected Fall 2009 release)

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## AIS Drill Down Coding

- Example – AIS 90

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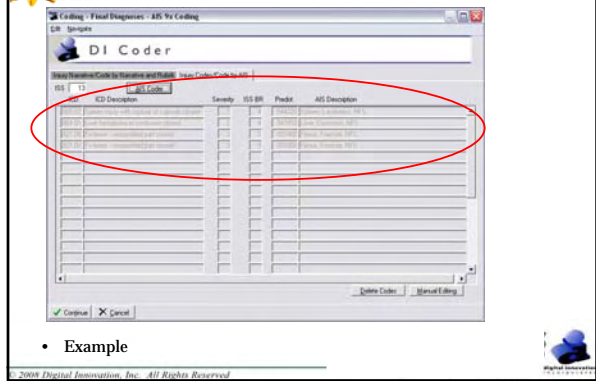
## AIS Drill Down Coding

- Example – AIS 90

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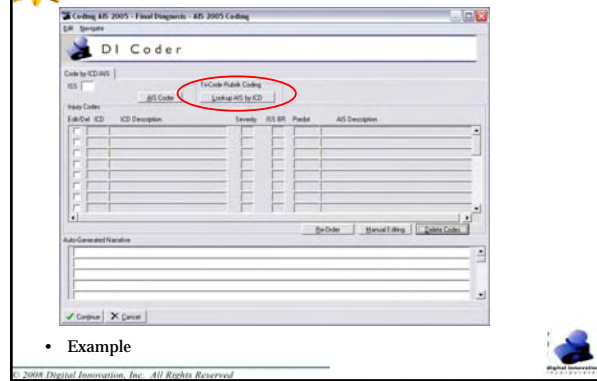
## Tri-Code Narrative Coding



- Example

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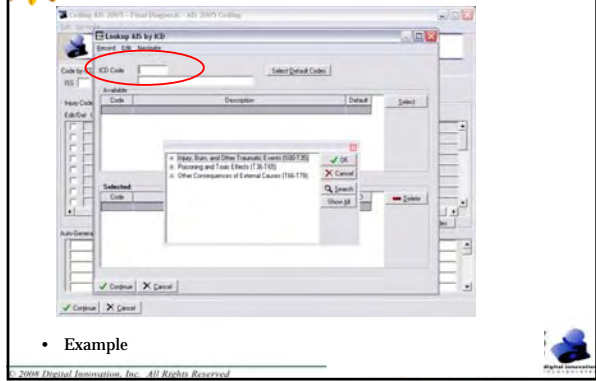
## ICD to AIS Lookup Coding



- Example

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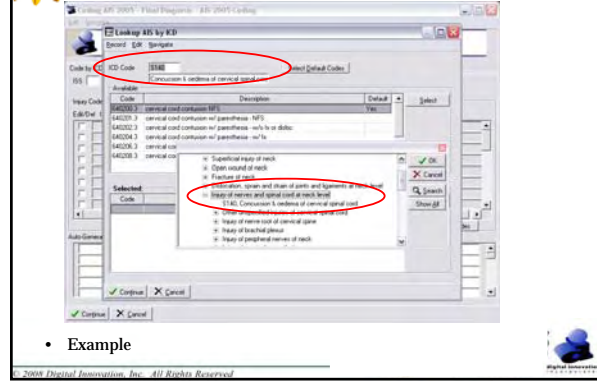
## ICD to AIS Lookup Coding



- Example

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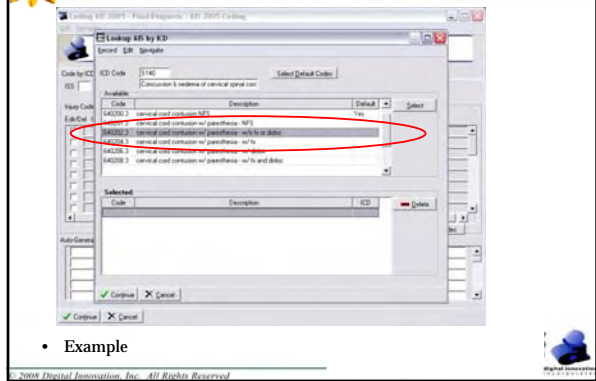
## ICD to AIS Lookup Coding



- Example

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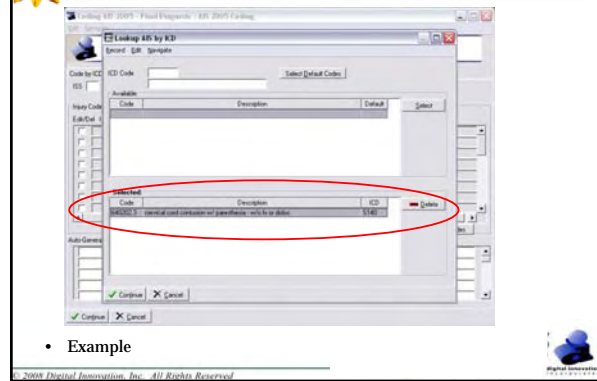
## ICD to AIS Lookup Coding



- Example


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## ICD to AIS Lookup Coding




- Example


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 **Editing Previously Coded Cases**

**Software Demonstration**

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 **Questions?**



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