

Kansas Trauma Registry User's Group
Webinar
December 14, 2011 1- 2:15 pm

Attending:

Kathy Auten, Amy Bucholtz, Mary Caldwell, Vicki Davidson, Rita Demeter, Voncille Dirks, Debra Edwards, Sharon Gehring, Melissa Henning, Michele Hinger, Teresa Holcom, Donna Hughes, Janet Jilka, Cassie Look, Natha Manges, Annice Masse, Scott Messer, Paula Mills, Ramie Ramsey, Rachel Reimer, Michelle Schrag, Stacy Scott, Keri Smith, Kim Smith, Kathy Tucker, Angela Whalen, Maria Zimmerman, Dee Vernberg, Rosanne Rutkowski, Nancy Akin.

The webinar started at 1:00 pm.

Program Update

Rosanne Rutkowski

Level IV Regulations: The trauma regulations have been approved by the Attorney General and a hearing has been scheduled for February 9, 2012 at 10 a.m. in Topeka. Please contact Rosanne if there are any questions or concerns.

Level IV Workshop: Currently we are working on a one day basic workshop on how to become a level IV trauma center class. We hope to have this available in late February or early March. We are also considering offering later in the year a 2 day class offered by the American Trauma Society.

Trauma Registry: We have requested a proposal from the trauma registry vendor to upgrade the current system including outsourcing the hosting of the registry. This change is expected to be a seamless transition for hospitals. As part of the change we will be enhancing the system so hospitals can utilize their own data easier. A question was asked previously about the need for business associate agreements and the trauma registry is deemed to be HIPPA exempt and as such, business associate agreement are not necessary.

Regional PI: For regional performance improvement to be meaningful, we need hospitals to work on providing accurate and timely reporting of cases to the trauma registry. In the future, hospitals that have not met the deadline for reporting quarterly may be contacted by a representative of their regional council. The intent is to offer whatever assistance may be needed in order to assist them with submitting data in a timely manner.

DVD: A new Trauma Systems DVD was produced this past fall and copies are available upon request, available at regional meetings and on our website at: <http://www.kstrauma.org/>.

Facebook: Kansas Trauma Program now has their own Facebook page titled "Kansas Trauma Program"

Next Collector Update

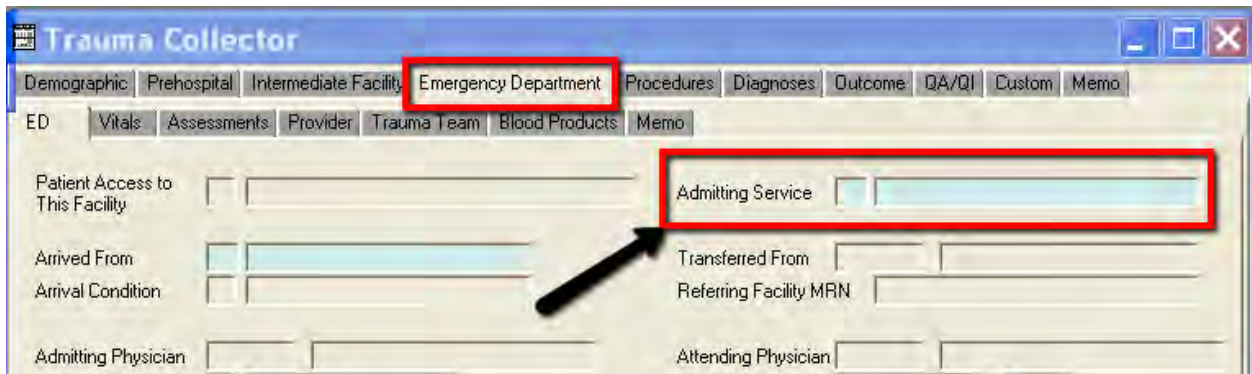
Dee Vernberg

The next Collector update is scheduled for January, 2012. The most notable changes to expect are described below.

Please note: Web users are not affected if a variable is considered “comprehensive”.

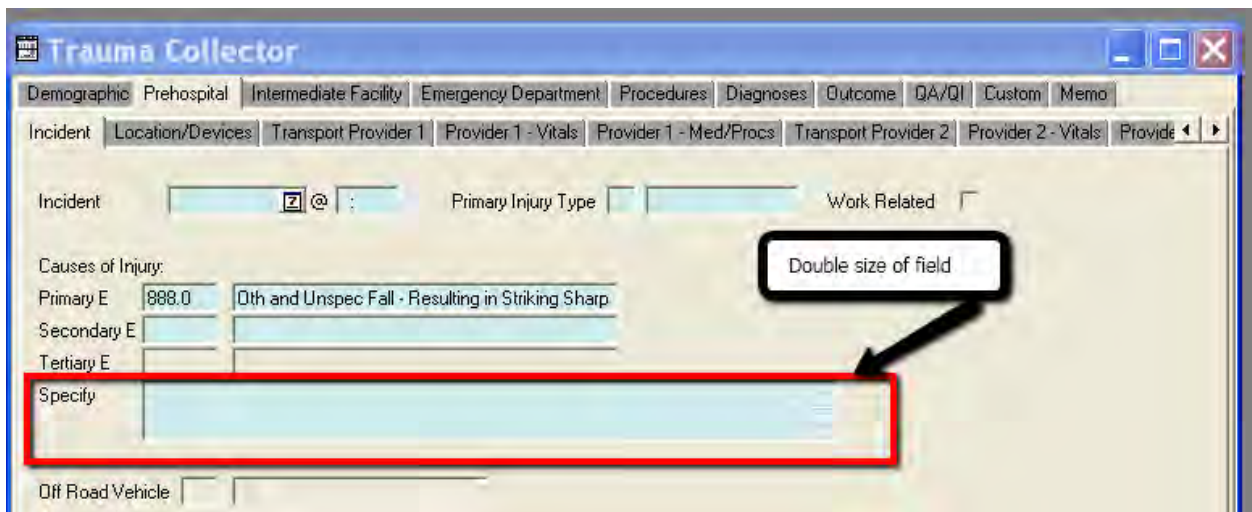
Core changes in next update:

1. Admit service field will be changed from core to comprehensive. Please note: This variable will remain in the comprehensive dataset.



The screenshot shows the 'Trauma Collector' application window with the 'Emergency Department' tab selected. The 'Admitting Service' field is highlighted with a red box, and a black arrow points to it from the left. Other fields visible include 'Patient Access to This Facility', 'Arrived From', 'Arrival Condition', 'Admitting Physician', 'Transferred From', and 'Referring Facility MRN'.

2. Size of “Specify” memo field will be doubled. This will allow registrars more room to describe the circumstances surrounding the injury.



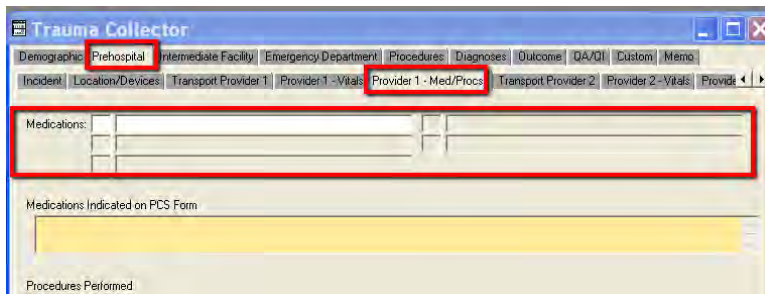
The screenshot shows the 'Trauma Collector' application window with the 'Specify' memo field highlighted by a red box. A callout box with a black border and white background contains the text 'Double size of field' with a black arrow pointing to the 'Specify' field. Other fields visible include 'Incident', 'Primary Injury Type', 'Work Related', 'Causes of Injury', 'Primary E', 'Secondary E', 'Tertiary E', and 'Off Road Vehicle'.

3. Menu updates (several hospitals have changed their names). The most notable changes have taken place with the Via Christi Hospitals. Please note: The Level I Trauma Center – Via Christi has changed its name (See below). Central Kansas Medical Center in Great Bend is now an Ambulatory Care Center and has changed its name to St. Rose Ambulatory and Surgical Center.

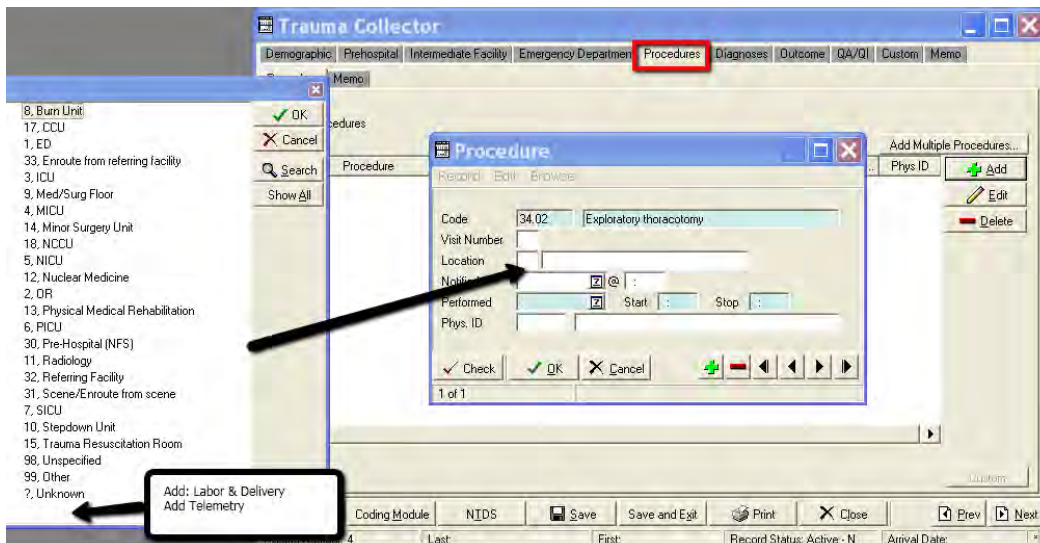
Previous Name	New Name
Via Christi Medical Center – St. Francis	Via Christi Hospital – St. Francis (Wichita Trauma Ctr)
Via Christi- Our Lady of Lourdes	Via Christi Hospital – Rehab -Wichita
Via Christi – Good Shepherd	Via Christi Hospital – Behavioral Health-Wichita
Central Kansas Medical Center –Great Bend	St. Rose Ambulatory & Surgical Center – Great Bend (Kansas Other Facility)

Comprehensive Data changes in the next Update.

1. Retire prehospital EMS Medications. (The Medications variable in the Intermediate Tab will be retired in the midyear update).



2. Procedure location menu changes. (Add Labor & Delivery and Telemetry).



Registry Announcements

Dee Vernberg

1. Nancy Akin nakin@kdheks.gov 785-296-3184 is working with the registry and should be the first contact for issues related to the registry.
2. The trauma program with working with the vendor on ICD-10 solutions for 2013. These changes will not result in a charge for hospitals.
3. There is a trauma registrar guide on the trauma program's website. This guide is a nice overview of the responsibilities that a registrar may have and gives definitions of many of the terms that are used in the registry and in system development.
<http://www.kstrauma.org/download/TraumaRegistrarGuide.pdf>

Issues with the Registry?

Open Discussion

EMS Linkage Module – No issues at the present time.

Web Registry – some web users are experiencing problems with the registry closing while they are entering data. The Trauma Program will follow-up on this.

Dee encouraged everyone to contact Nancy Akin nakin@kdheks.gov if they experience any concerns or issues with the registry.

Inclusion Criteria Changes

Beginning January 1, 2012, all trauma patients (as defined by the ICD-9 diagnosis codes listed on the card below) and transported from the scene of injury by air ambulance to a hospital will meet the criteria for inclusion in the registry regardless of the length of stay of the patient. The new inclusion cards will replace the red cards that registrars currently have. As shown in the figure below, the new cards will be green. The Trauma Program will begin to distribute these new cards beginning in January, 2012. This change will primarily affect Level I and Level II Trauma Centers and may affect some of the Level III Trauma Centers and larger regional hospitals. This new change in inclusion criteria will not affect most hospitals.



Registry Inclusion Criteria

Enter patients in the registry if they meet **both the Diagnosis Criteria AND Status Criteria**. Do not enter patients meeting the *Exclusionary Diagnosis Test*.

Diagnosis Criteria

To meet the diagnosis criteria, a patient must have at least one of the following ICD-9 diagnosis codes:

- 800-904.9, or
- 925-929.9, or
- 940-959.9, or
- 994.0 (lightning strikes), or
- 994.1 (drowning), or
- 994.7 (hanging), or
- 994.8 (electrocution).

Status Criteria

To meet the status criteria, a patient must be:

- Transported from the scene by air ambulance.
- Pronounced dead in the Emergency Department (even if no intervention performed), or
- Dead on arrival, or
- Pronounced dead after receiving any evaluation or treatment during hospital admission, or
- Acutely transferred into the facility from another facility, or
- Acutely transferred out to another acute care facility, or
- For adult patients (>14 years): Hospital length of stay for at least 48 hours, or observed for > 48 hours



NEW

Inclusion Criteria

- Air Medical from Scene to hospital
 - Any length of time in hospital
- Will affect
 - Mostly larger trauma centers
 - Some regional centers
- Cards will be distributed starting in January, 2012



Please Note: The new criteria does not change the existing criteria of including patients transferred from your hospital to higher level of care by air ambulance (continue to capture these patients).

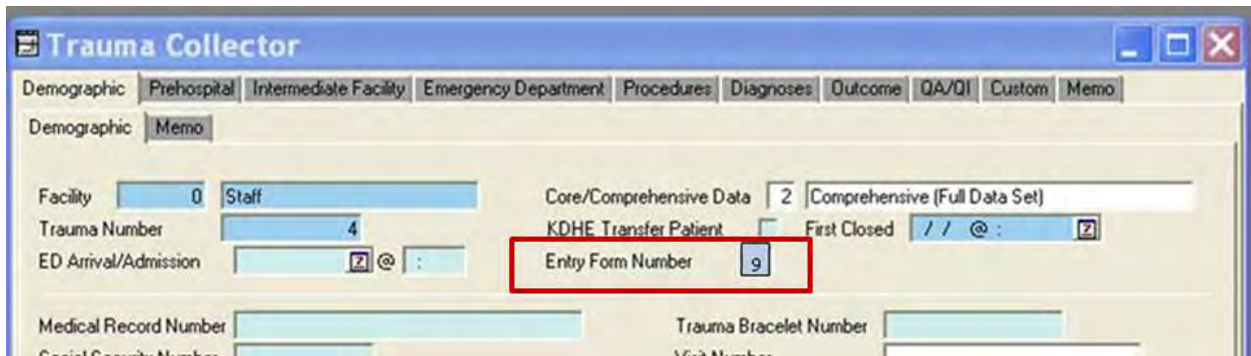
Trauma Registry Paper Abstracts (Trauma Registry Worksheets)

The Trauma Registry Worksheet has been revised and a copy was included in the materials for this meeting. [Click here](#) to access a copy of the revised form. Nancy Akin will be working to format this worksheet so that it is not so long. Contact Nancy Akin nakin@kdheks.gov for a copy of this new worksheet.

Scenarios

Scenario 1: Entry Form Number

You are entering data into a patient trauma record and you notice that the entry form number for the record is 9. What questions would you ask? What might you do about this?

The image shows a screenshot of the 'Trauma Collector' software interface. The window title is 'Trauma Collector'. At the top, there are several tabs: 'Demographic', 'Prehospital', 'Intermediate Facility', 'Emergency Department', 'Procedures', 'Diagnoses', 'Outcome', 'QA/QI', 'Custom', and 'Memo'. The 'Demographic' tab is selected. Below the tabs, there are several input fields. The 'Entry Form Number' field is highlighted with a red rectangular box and contains the number '9'. Other visible fields include 'Facility' (0), 'Staff' (empty), 'Trauma Number' (4), 'ED Arrival/Admission' (empty), 'Core/Comprehensive Data' (2), 'Comprehensive (Full Data Set)' (empty), 'KDHE Transfer Patient' (checkbox), and 'First Closed' (// @ :). At the bottom, there are fields for 'Medical Record Number' and 'Trauma Bracelet Number'.

1. The Entry Form Number is autopopulated in Collector and refers to the version of Collector that you are using or were using when you started a record.
2. **Web registry Users:** If you are a web user, you don't have to worry about this variable as the Trauma Program applies all the updates for you. For example,
 - a. If you have Entry Form Number 9 in a record, it means you started the record before the last update that occurred in September, 2011 but after the update before then.
 - b. If you start or started a new record since September, 2011 until the next update (scheduled to occur in January, 2012), then you will have Entry Form Number 10.
3. **Local Registry Users:** This variable is important for you. It will tell you if you have the most current update for Collector.
 - a. If you open a new record today (December, 2011) and the Entry Form Number is 9, then you need to contact the Trauma Program and Digital Innovations to have the latest update sent to you. Remember, it is your job as the registrar to know how updates are applied in your hospital and to make sure that the updates are applied by your IT or IS Department.

Scenario 2: To include or not to include?

- **Scenario 2a:** A 21 year-old trauma patient is transported by helicopter from the scene to your hospital. He is admitted to your hospital for 24 hours. Would you include this patient in the registry if the EDA arrival date is in December, 2011?
- Answer: No. He would not meet the current status criteria.
- **Scenario 2b:** A 21 year-old trauma patient is transported by helicopter from the scene to your hospital. He is admitted to your hospital for 24 hours. Would you include this patient in the registry if the EDA arrival date is on or after January 1, 2012?
- Answer: Yes, starting January 1, 2012, he meets the status criteria for inclusion to the registry.

Scenario 3: To include or not?

A patient is in a one car motor vehicle crash in a rural area and is found several hours later. When EMS arrives at the scene, the patient does not have any signs of life. No resuscitation efforts are made, but the patient is brought to your hospital to obtain fluids for law enforcement. Would you include this patient in the registry?

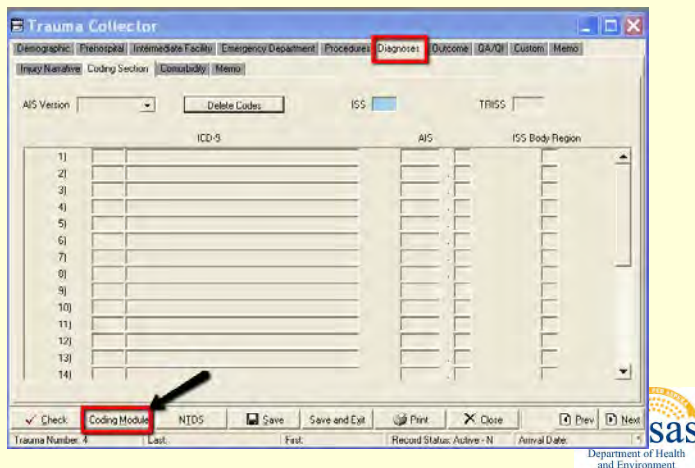
- Answer: No. This patient is considered Dead at the Scene and was not treated at your hospital.

Scenario 4: ISS Score

A trauma patient is assessed in your Emergency Department for an ankle injury. Your hospital does not have the resources to treat this injury and the patient is transferred to higher level of care. The ICD-9 diagnosis code for this injury is 959.7. What ISS score would you get with this injury? Why?

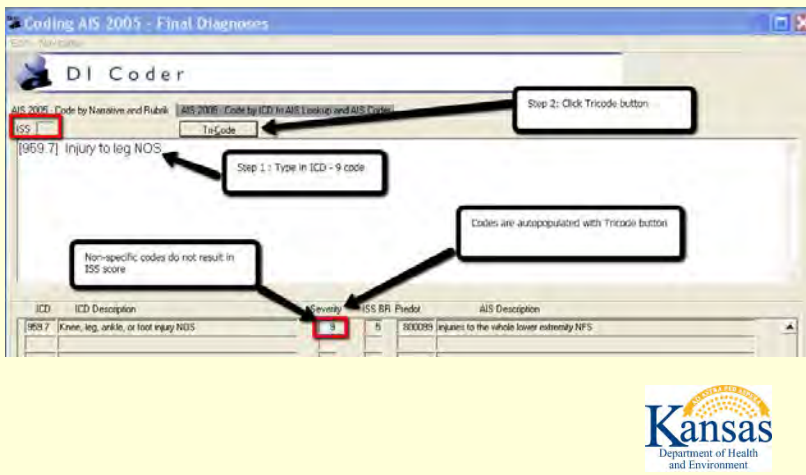
To code this diagnosis, first click: "coding module" (see slide below)

Coding Trauma Diagnoses- Step 1



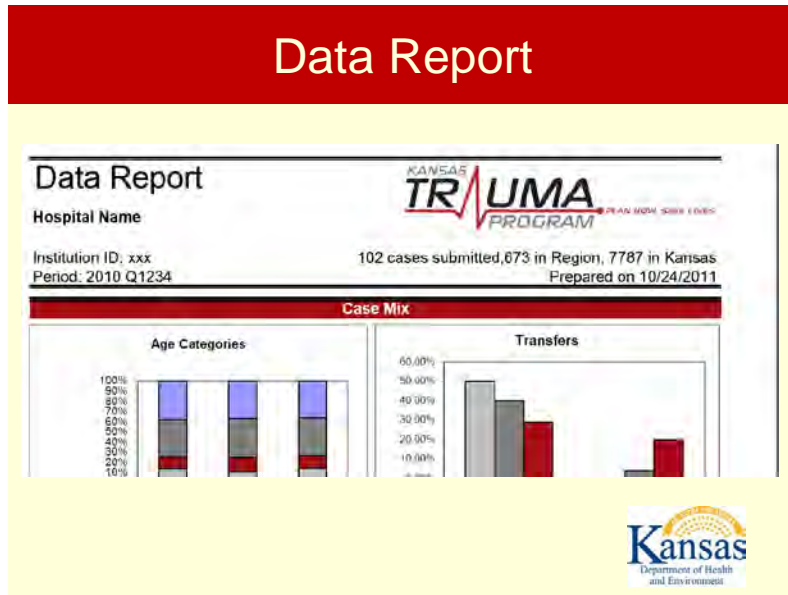
No Injury Severity Score (ISS) will be autopopulated after clicking the Tricode button (see procedure in slide below), because the ICD-9 diagnosis code 959.7 is a non-specific trauma diagnosis. Make sure you have codes populated in the grey area of the coding module (see slide below). You should have an AIS description and an ICD description.

No ISS Score for non-specific codes



The reason you care about the Injury Severity Score (ISS) is because this indicator is being measured on the Data Report on the Documentation page (See next two slides below). If you have not received this data report, please contact the Trauma Program. It

is your job as the registrar to distribute this report to the appropriate individuals in your hospital.




Ideally, you would want to have your hospital to have 100% ISS Scores on this report but you may not if you have non-specific diagnoses. This often happens when patients are transferred to higher level of trauma care and diagnostic studies, such as radiology are not performed before transfer, because they will not change treatment at your hospital and will be repeated at the next facility.

Data Report

Documentation

The following clinical measures will be documented in the ED.

	Hospital		Region		Kansas	
Glasgow Coma Scale	98/102	96.08%	643/673	95.54%	6972/7787	89.53%
Injury Date & Time	94/102	92.16%	642/673	95.39%	6370/7787	81.80%
Respiratory Rate	101/102	99.02%	665/673	98.81%	7595/7787	97.53%
Systolic Blood Pressure	98/102	96.08%	650/673	96.58%	7546/7787	96.91%
Temperature	83/102	81.37%	668/673	96.34%	7143/7787	91.73%
ISS (Injury Severity Score)	68/102	66.87%	454/529	82.04%	5262/5830	90.26%
Discharge Date & Time	100/102	98.04%	671/673	99.70%	7771/7787	99.79%



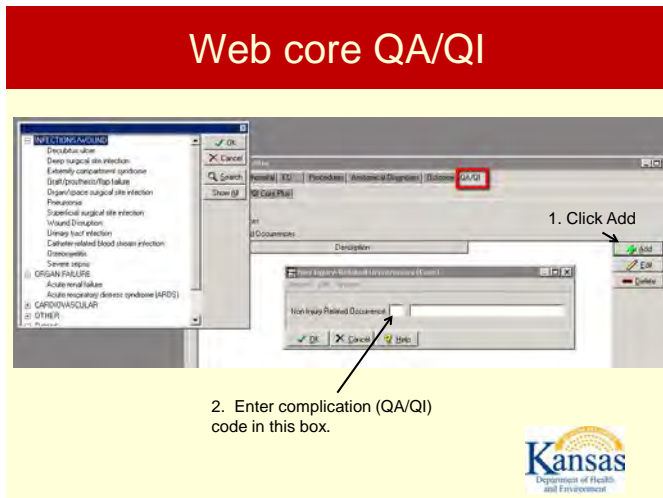
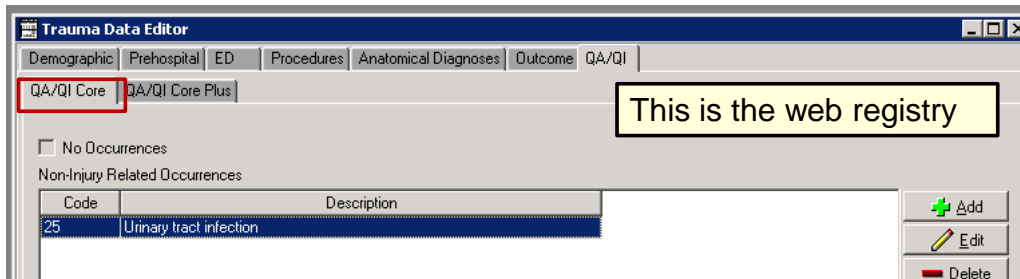
Scenario 5: Urinary Tract Infection

A patient is treated in your hospital for a fall and subsequently develops a urinary tract infection. She has a temperature of 38.2 C (100.8 F) and suprapubic tenderness. How would you code this event?

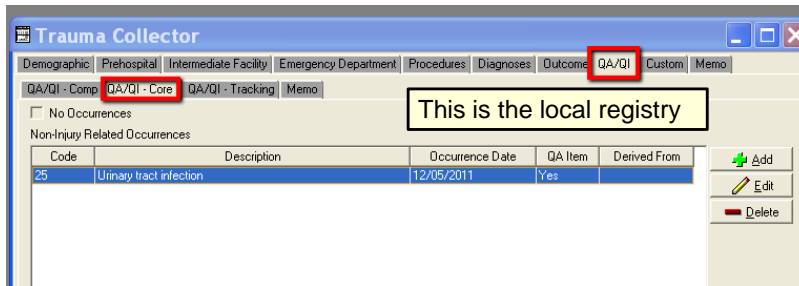
Answer: This information should be coded under the Core QA/QI tab (see figures below). Options in the QA/QI tab refer to complications the patient may have experienced while in your hospital.

Please note:

1. If you enter data with the **web registry**, you code “Urinary Tract Information” in the first QA/QI Core tab (see figures below)

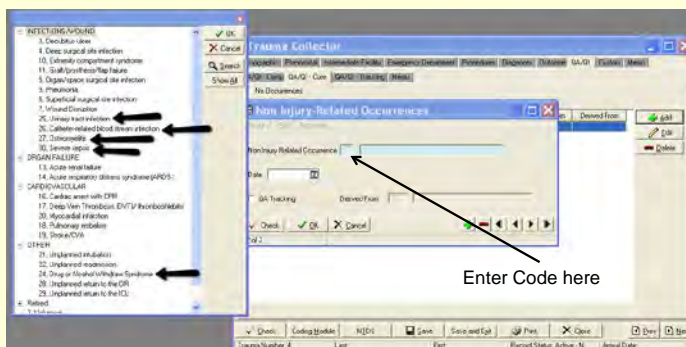


2. If you enter data with the **local registry** and **collect Core data ONLY**, then enter this information in the Core QA/QI tab (this is the second QA/QI tab)—see figure below.



Recently, the core QA/QI core options have been updated. The slide below shows all the new complication codes in the options list and where you would enter a code if you use the **local version of Collector**.

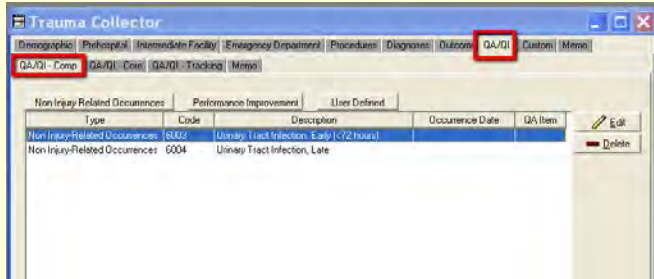
Local Collector & new QA/QI options



3. If you enter data with the **local registry** and collect **Comprehensive data**, enter complications in the Comprehensive QA/QI tab (this is the first QA/QI tab)—see figure below. The core variables will be autopopulated to the Core QA/QI tab if there is a comprehensive code. Check the Core QA/QI tab to make sure it is autopopulated. Please note: There are a few core QA/QI codes that are not listed in the comprehensive list.

The slide below shows the possible codes that might be used in the comprehensive dataset for *urinary tract infection*.

Comprehensive QA/QI



- Make sure code is in core QA/QI



It is possible to collect comprehensive QA/QI options in the web registry. These options are under the QA/QI Core Plus tab (see slide below).

Web Core +



2012 User Group Meeting Dates (see slide below)

2012 User's Group Meeting Dates

- March 14, 2012
- June 13, 2012
- September 12, 2012
- December 12, 2012



Trauma Registry Worksheet

Trauma Registry # _____

Patient: _____ Account #: _____ Date(s): _____

Transfer to other facility ___ Transfer from other facility ___ Admitted ___ Expired ___

Screen	Field	Response
1-Demographic Data	Institution Number	_____
	Trauma Number	(see top of worksheet)
	Core/Comprehensive Data (Y 1/N 2)	_____
	KDHE Transfer Patient (Y 1/N 2) (If Web User, this should always be a "Y")	_____
	ED Arrival/Admission (M/D/Y @ H:M)	___/___/____ @ ___:___
	Medical Record Number	_____
	Last 4 digits of Social Security Number	_____
	DOB (MM/DD/YYYY)	___/___/____
	Address of patient's most used residence.	Address: _____ Address2 _____ City: _____, State: ____ Zip _____
	Race 1-White 4-Am Indian or AK Native 2-Black or African Am 5-Asian 3-Native HI or other Pac Island 6-Other	_____ (More than one race is acceptable)
Ethnicity 1-Hispanic 2-Non Hisp 3-Not Doc	___	
Gender 1-Male 2-Female ?Unk	___	
2-Prehospital Data	Incident Date and Time	___/___/____ @ ___:___
	Primary Injury Type 1-Blunt 3-Burn ?Unk 2-Penetrating 4-Drown	___
	Causes of Injury (E-codes) Please enter all relevant E-codes	Primary E: _____. Tertiary E: _____. Secondary E: _____.
	Specify (Enter a narrative describing how the injury occurred)	_____
	Off-Road Vehicle *This field only opens when certain Ecodes are entered into causes of injury.* 1-All Terrain Vehicle 2-Off-road Motorcycle 3-Other Off-road Motorcycle 4-Farm Implement Vehicle	_____
	Places of Injury (E-codes) (E849) 0-Home 1-Farm 2-Mine 3-Industry 4-Recreation 5-Street 6-Public Building 7-Residential Facility 8-Other 9-Unspecified	Primary E: 849.____
	Zip Code (Injury Location)	_____
	City (Injury Location)	_____ (Topeka: 2071000)
	County (Injury Location)	_____ (Shawnee: 20177)
	State (Injury Location)	____ (Kansas: 20)

	<p>Protective Devices 00-None 04-Child Car seat 01-Lap Belt 05 Child booster seat 02- Shoulder Belt 06 Child seat- unspecified 03 Infant car seat 07- uninstalled Car seat ?Unknown / Not applicable</p>	<p>— —</p>
	<p>Airbag 1- Airbag equipped vehicle – not deployed 2- Airbag deployed front 3- Airbag deployed side 4- Airbag deployed other (knee, airbelt, curtain, etc) 5- Airbag deployed unspecified 6- 0 No Airbag in Vehicle ? Unknown / NA</p>	<p>—</p>
	<p>Equipment 0- None 1- Helmet (e.g. bicycle, football, motorcycle) 2- Protective clothing (eg. Padded leather pants) 3- Protective non-clothing gear (eg. Shin guard) 4- Eye Protection 5- Personal Floatation device 9- Other ? Unknown / Not Applicable</p>	<p>—</p>

Scene of injury to initial hospital or to 2 nd transport to initial hospital Transport Provider 1	Mode (Transport Provider 1) 01-Land amb 07-Police 02-Helicopter amb 08-Commercial Flight 03-Fixed wing 09 – Other 04-Charter Fixed Wing ? Unknown 05- Charter Helicopter 06-Private vehicle/walk in	—
	Report Available 1- Received, Complete & Legible, in a timely manner 2- Received, complete & legible, not in a timely manner 3- Received, Incomplete 4- Received, Illegible ? Unknown / Not applicable	—
	EMS Agency Name	
	Call Received Date and Time	___/___/___ @ ___:___
	Dispatch Date and Time	___/___/___ @ ___:___
	En Route Date and Time	___/___/___ @ ___:___
	Arrived Location Date and Time	___/___/___ @ ___:___
	Patient Contact Date and Time	___/___/___ @ ___:___
	Departed Location Date and Time	___/___/___ @ ___:___
	Arrived Hospital Date and Time	___/___/___ @ ___:___
	(Transport 1 Provider/Clinical)	
	Blood Pressure SBP/DBP	___/___
	Heart Rate	___
	Initial Unassisted Respiratory Rate	___
	Airway 00- No Intervention 01- Assisted by Bag & Mask 02- Cricothyrotomy 03- Esophageal Obturator Airway 04- Nasal Endotracheal Tube 05- Oral Airway 06- Oral Endotracheal tube 07- Oxygen Mask 08- LMA 09- Combi Tube 10- Nasal Pharyngeal Tube 11- Blow By 12- Non-Rebreather Mask Oxygen 13- Nasal Canula 14- Tracheostomy 15- Unspecified 16- Unsuccessful ? Unknown	Airway: ___
	CPR 0- No intervention 1- CPR done enroute 2- CRP done at the scene 3- CPR done at scene and enroute ? Unknown	CPR: ___
	Fluids 1. Less than 500 ml administered 2. 500 to 2000 ml administered 3. Greater than 2000 ml administered 4. IV fluids- unknown amount 5. Unsuccessful 7- Venous Access – no fluids given 8- No Venous Access 9- Patient refused IV fluids ? Unknown	Fluids: ___

	GCS 1-Ø 2-To Pain 3-To Voice 4-Spontaneous	Eye: ___
	1-Ø 2-Incomp sound 3-Inapp word 4-Confused 5-Oriented	Verbal: ___
	1-Ø 2-Extension 3-Flexion 4-Withdraw 5-Localize 6-Obey	Motor: ___
	GCS Qualifier 1-No qualifier 2- Chemically altered mental status 3-Obstruction to patient's eye 4-Patient intubated 9 Not Documented ? Unknown	GCS qualifier _____
2nd prehospital transport from scene of injury to initial Transport Provider 2	(Transport Provider 2) Mode 01-Land amb 07-Police 02-Helicopter 08-Commercial Flight 03-Fixed wing 09-Other 06-Private vehicle/walk in	(Enter "/" if only one transport provider) ___
	Call Received Date and Time	___/___/___ @ ___:___
	Dispatch Date and Time	___/___/___ @ ___:___
	En Route Date and Time	___/___/___ @ ___:___
	Arrived Location Date and Time	___/___/___ @ ___:___
	Patient Contact Date and Time	___/___/___ @ ___:___
	Departed Location Date and Time	___/___/___ @ ___:___
	Arrived Hospital Date and Time	___/___/___ @ ___:___
	(Transport 2 Provider/Clinical)	
	Blood Pressure SBP/DBP	___/___
	Heart Rate	___
	Initial Unassisted Respiratory Rate	___
	Airway 00- No Intervention 01- Assisted by Bag & Mask 02- Cricothyrotomy 03- Esophageal Obturator Airway 04- Nasal Endotracheal Tube 05- Oral Airway 06- Oral Endotracheal tube 07- Oxygen Mask 08- LMA 09- Combi Tube 10- Nasal Pharyngeal Tube 11- Blow By 12- Non-Rebreather Mask Oxygen 13- Nasal Canula 14- Tracheostomy 15- Unspecified 16- Unsuccessful ? Unknown	Airway: ___
	CPR 0- No intervention 1- CPR done enroute 2- CRP done at the scene 3- CPR done at scene and enroute ? Unknown	CPR: ___
	Fluids 1- Less than 500 ml administered 2- 500 to 2000 ml administered 3-Greater than 2000 ml administered 4-IV fluids- unknown amount 5-Unsuccessful 7-Venous Access – no fluids given 8-No Venous Access 9-Patient refused IV fluids ? Unknown	Fluids: ___
	GCS 1-Ø 2-To Pain 3-To Voice 4-Spontaneous	Eye: ___

	1-Ø 2-Incomp sound 3-Inapp word 4-Confused 5-Oriented	Verbal: __
	1- Ø 2-Extension 3-Flexion 4-Withdraw 5-Localize 6-Obey	Motor: __
	GCS Qualifier 1-No qualifier 2- Chemically altered mental status 3-Obstruction to patient's eye 4-Patient intubated 9 Not Documented ? Unknown	GCS qualifier _____

3rd prehospital transport from scene of injury to initial hospital	(Transport Provider 3) Mode 01-Land amb 07-Police 02-Helicopter 08-Commercial Flight 03-Fixed wing 09-Other 06-Private vehicle/walk in	(Enter “/” if only two transport providers) —
	Call Received Date and Time	___/___/___ @ ___:___
	Dispatch Date and Time	___/___/___ @ ___:___
	En Route Date and Time	___/___/___ @ ___:___
	Arrived Location Date and Time	___/___/___ @ ___:___
	Patient Contact Date and Time	___/___/___ @ ___:___
	Departed Location Date and Time	___/___/___ @ ___:___
	Arrived Hospital Date and Time	___/___/___ @ ___:___
	(Transport 3 Provider/Clinical)	
	Blood Pressure SBP/DBP	___/___
	Heart Rate	___
	Initial Unassisted Respiratory Rate	___
	Airway 00- No Intervention 01- Assisted by Bag & Mask 02- Cricothyrotomy 03- Esophageal Obturator Airway 04- Nasal Endotracheal Tube 05- Oral Airway 06- Oral Endotracheal tube 07- Oxygen Mask 08- LMA 09- Combi Tube 10- Nasal Pharyngeal Tube 11- Blow By 12- Non-Rebreather Mask Oxygen 13- Nasal Canula 14- Tracheostomy 15- Unspecified 16- Unsuccessful ? Unknown	Airway: ___
	CPR 0- No intervention 1- CPR done enroute 2- CRP done at the scene 3- CPR done at scene and enroute ?Unk	CPR: ___
	Fluids 1- Less than 500 ml administered 2- 500 to 2000 ml administered 3-Greater than 2000 ml administered 4-IV fluids- unknown amount 6-Unsuccessful 7-Venous Access – no fluids given 8-No Venous Access 9-Patient refused IV fluids ? Unk	Fluids: ___
	GCS 1- Ø 2-To Pain 3-To Voice 4-Spontaneous	Eye: ___
	1-none 2-Incomp sound 3-Inapp word 4-Confused 5-Oriented	Verbal: ___
	1- none 2-Extension 3-Flexion 4-Withdraw to pain 5-Localize to pain 6-Obey commands	Motor: ___
	GCS Qualifier 1-No qualifier 2- Chemically altered mental status 3-Obstruction to patient’s eye 4-Patient intubated 9 Not Documented ? Unknown	GCS qualifier _____

4-This Facility-ED/Admit	Arrived From 01-Home 06-Office 10-Other 02-Nursing Home 07-Med Emrg Clinic ? -Unknown 03-Referring Hosp 08-Urgent Care Facility 05-Scene of Injury 09-Jail/Prison	___ __
	Transferred From	=====
	ED Disposition/Admit to 00-DOA 02-OR 99-Other 09-Floor bed 16-Monitored telemetry bed 20-Home 21-Transfer other hospital 03-ICU 22-Morgue/died (patial list)	___ __
	Referring Facility MRN	
	OR Disposition 09-Floor bed 21-Transfer to other hospital 16-Telemetry bed 22-Morgue/died 03-ICU 99-Other (partial list)	___ __
	Blood Pressure SBP/DBP	___ __ ___ / ___ __
	Heart Rate	___ __
	Unassisted Respiratory Rate	___ __
	O2 Administered Check box: Yes or No	
	O2 Saturation Percentage	___ %
	Base Deficit mmol/l (same as BE)	___
	Temp/Units 1-F 2-C 1-T 2-O 3-A 4-R	___ . ___ ___ - ___ - ___
	GCS 1-Ø 2-To Pain 3-To Voice 4-Spontaneous	Eye: ___
	1-Ø 2-Incomp sound 3-Inapp word 4-Confused 5-Oriented	Verbal: ___
	1-Ø 2-Extension 3-Flexion 4-Withdraw 5-Localize 6-Obey	Motor: ___
	GCS Qualifier 1-No qualifier 2- Chemically altered mental status 3-Obstruction to patient's eye 4-Patient intubated 9 Not Documented ? Unknown	GCS qualifier ___
	ETOH/Drug Screen (list values if positive) 1-Suspected 3-Yes-negative 5-Not tested 2-Yes-positive 4-Yes-unk results ? unknown	ETOH : ___ / ___ ___ Drug Screen : ___ / ___
	Abdominal CT Results 1-Negative 3-Not performed 2-Positive 4-Not documented	___
	Chest CT Results (see Abd. CT options)	
	Head CT Results (see Abd. CT options)	___
	Airway 00- No Intervention 01- Assisted by Bag & Mask 02- Cricothyrotomy 03- Esophageal Obturator Airway 04- Nasal Endotracheal Tube 05- Oral Airway 06- Oral Endotracheal tube 07- Oxygen Mask 08- LMA 09- Combi Tube 10- Nasal Pharyngeal Tube 11- Blow By 12- Non-Rebreather Mask Oxygen 13- Nasal Canula 14- Tracheostomy 15- Unspecified 16- Unsuccessful ? Unknown	Airway: ___ __

	<p>Team Leader Timely Response (M/D/Y @ H:M)</p> <p>Role:</p> <p>1-Emergency Physician 2-Trauma Surgeon 3-Neurosurgeon 4- Orthopedic Surgeon 5-Anesthesiologist 6- Surgical Chief Resident Midlevel (Nurse Practitioner, PA) Other Health Care Professional ? Unknown / Not Applicable</p>	<p>Team Leader Role: _____</p> <p>Team Leader called: _/_/_/____ @ _: _</p> <p>Team Leaders arrived: _/_/_/____ @ _: _</p>
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5-This Facility- Procedures	Procedures-Code/Date/Start/Stop_ _ . _ _ _	(Check the 'No Procedures' check box if not procedures were performed) _ _ _ / _ _ _ / _ _ _ _ _ _ - _ _ _ : _ _ _ : _ _ _ _
	Procedures-Code/Date/Start/Stop_ _ . _ _ _	_ _ _ / _ _ _ / _ _ _ _ _ _ - _ _ _ : _ _ _ : _ _ _ _
	Procedures-Code/Date/Start/Stop_ _ . _ _ _	_ _ _ / _ _ _ / _ _ _ _ _ _ - _ _ _ : _ _ _ : _ _ _ _
	Procedures-Code/Date/Start/Stop_ _ . _ _ _	_ _ _ / _ _ _ / _ _ _ _ _ _ - _ _ _ : _ _ _ : _ _ _ _
6-Diagnoses Injuries	Anatomical Diagnoses ISS[] TRISS[] The ISS and TRISS scores are automatically calculated from the injury data entered into this section.	
	(enter dx or codes)	_ _ _ _ . _ _ _ _
	(enter dx or codes)	_ _ _ _ . _ _ _ _
	(enter dx or codes)	_ _ _ _ . _ _ _ _
	(enter dx or codes)	_ _ _ _ . _ _ _ _
	(enter dx or codes)	_ _ _ _ . _ _ _ _
Diagnoses Comorbidity	Comorbidities (pre-existing conditions) Example: Obesity, Hypertension, etc. Enter ICD-9 Code	
7-Outcome	Discharge (M/D/Y @ H:M)	_ _ _ / _ _ _ / _ _ _ _ _ _ @ _ _ _ : _ _ _ _
	Discharge Status: 6-Alive 7-Dead	_ _
	Discharge to 01-DOA 02-Death in ED 03-Death in hosp 04-Home 05-Home w/Health Care 06-Mental health facility 07-Other acute care hosp-higher level 21-Other acute care hosp-same or lower level 08-SNF (Facility, unit, swing bed) 09-Jail 10-Nursing home 11-Rehab center 12-Specialty hosp 13-AMA 16-Non-medical transfer (pt. choice) 20-Hospice 14-Other	_____
	Transport Mode (when discharged to other acute care hospital) 1-Ground Amb 2- Helicopter Amb 3- Fixed Wing 7- Police 9- Other ? Unknown / Not applicable	_____
	Transport Mode Called Date and Time	_ _ _ / _ _ _ / _ _ _ _ _ _ @ _ _ _ : _ _ _ _
	Transport Mode Arrived Date and Time	_ _ _ / _ _ _ / _ _ _ _ _ _ @ _ _ _ : _ _ _ _
	Facility discharged to	(KUMC: 170040; CM 263302)
	Vent Days (3 digits)	_ _ _
	ICU Days (3 digits)	_ _ _

	<p>Disabilities (At Discharge/Prognosis) <u>First Code</u> 1-Dep-Ttl Help 2-Dep-Part Help 3-Indep w/device 4-Independent <u>Second Code</u> 1-Temp – likely to improve 2-Perm. Unlikely to improve</p>	<p>Feeding: __ / __ Ambulation: __ / __ Communication: __ / __ FIM Score: (computer fills in)</p>
	<p>If status is Dead: Was an autopsy performed? 1. Yes 2. No 3. Refused by Coroner</p>	<p>_____</p>
	<p>Primary Payor 1. Auto 2. Commercial Insurance 3. Medicare 4. Medicaid 5. Private Charity 6. Workers Compensation 7. Self Pay 8. Military 9. Other</p>	<p>_____</p>
	<p>Secondary Payor See options for Primary Payor.</p>	<p>_____</p>
	<p>Total Hospital Charges</p>	
	<p>Total Hospital Collection</p>	
<p>8-QA/QI</p>	<p>Non-Injury Related Occurrence (An occurrence that happened after the patient’s injury)</p> <p>13 Acute Renal Failure 14 Acute respiratory distress syndrome (ARDS) 16 Cardiac arrest with CPR 26 Catheter-related blood stream infection 3 Decubitus Ulcer 4 Deep Surgical Site Infection 17 Deep vein thrombosis (DVT)/thrombophlebitis 24 Drug or alcohol withdrawal syndrome 10 Extremity compartment syndrome 11 Graft/prosthesis/flap failure 20 Myocardial infarction 5 Organ/space surgical site infection 27 Osteomyelitis 3 Pneumonia 18 Pulmonay embolism 30 Severe Sepsis 19 Stroke/CVA 6 Superficial surgical site infection 22 Unplanned readmission 21 Unplanned intubation 29 Unplanned return to the ICU 28 Unplanned return to the OR 25 Urinary Tract infection</p>	<p>(Check the ‘No Occurrences’ check box if no occurrences were documented)</p>