General Information

The ASTR was established as part of the Data and Quality Assurance (DQA), to collect trauma data from hospitals for insight on trauma related injuries. This database is currently comprised of two datasets:

- A Full Data Set of 187 data elements (required or auto-calculated) and a
- Reduced Data Set of 70 data elements (required or auto-calculated).

Levels I, II, and III Trauma Centers submit the Full Data Set while Level IV and non-designated hospitals have the option of submitting the full or reduced. Only Level I Trauma Centers are required to submit AIS 2005 injury codes; all hospitals submit ICD-9-CM injury diagnosis codes.

At the end of quarter 2 in 2012, the Bureau collected trauma data from 27 reporting facilities:

- (8) Level I Trauma Centers,
- (2) Level III,
- (4) Level IV full,
- (10) Level IV reduced, and
- (3) Non-designated.

The volume of trauma records continues to increase as additional hospitals apply for designation. There are additional hospitals that have been designated or will become designated. The DQA team has three main priorities:

- patient protection,
- the validity of the database, and
- utilizing trauma data to measure and improve Arizona’s Trauma System.

Data Validity Efforts:

The validation tool was developed collaboratively by ADHS staff and the software vendor to increase the quality of ASTR data. More than 800 data checks are performed per record for the full data set and more than 240 data checks are performed per record for the reduced data set. The validation tool includes both state and national checks, thus assisting reporting hospitals with their data submission to both ASTR and the National Trauma Data Bank. The DQA Section also performs statewide Inter-Rater Reliability (IRR) testing as a quality assurance tool to continuously improve on trauma data entry standardization and data reliability. The Trauma Registry Users Group (TRUG) meets quarterly to review quality assurance practices, provide data entry discussion and education, answer questions, and request feedback from participating hospitals.

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