



**Arizona Department of Health Services
Bureau of EMS & Trauma System
Trauma Registry Users Group (TRUG)**

**Trauma Registry Users Group (TRUG) Meeting Minutes
Wednesday, April 22, 2009 - 9:30 a.m. – 11:00 a.m.
Location: Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
Contact: Anita Ray Ng 602-542-1245 raya@azdhs.gov**

Attendees:

Paul Bowlby	Joel Bunis	Jane Burney	Vatsal Chikani	Vicki Conditt
Kathi Coniam	Lillian Duncan	Elisa Flores	David Harden	Karen Helmer
Julie Herrera	Valerie Hill	Claire Holmes	Shawna Hosler	Suzanna Hubbard
Xan Hummel	Rose Johnson	Kelley Lewellyn	Cynthia Marks	Beth Mlenar
Melissa Moyer	Angela Parker	Donna Quay	Anita Ray Ng	Eugenia Sims
Philomene Spadafore	David Villa	Bianca Wade	Cristina Wong	Heather Young

- A) Introduction of TRUG members – Welcome to new TRUG member Elisa Flores.
- B) Anita’s upcoming leave schedule
 - 1) Anita will go on maternity leave for several months this fall, likely starting in August. During her absence, please contact her supervisor Joel Bunis, Section Chief for Data Quality and Assurance, bunisi@azdhs.gov, 602-364-3189.
- C) Hospital and State Databases – ensuring consistency
 - 1) Schema changes should be completed by now.
 - a) Lancet recently updated the Toolbox to resolve some table order problems that were affecting the 2009 blank check report. Let Trauma Registry Manager know if you still notice any inconsistencies with the 2009 blank check report.
 - b) Are any hospitals still having problems with the field “Vital Sign Designation”? Each set of referring vitals should have this field to specify if you are entering vitals from the 1st or 2nd referring hospital.
 - 2) List of database checks for hospitals to review – see handout. Refer to the list of database checks and have Lancet update your system if necessary.
- D) Data entry of prehospital vital signs in Trauma One®
 - 1) Prehospital vitals were updated for 2009 so that each leg of EMS care now has its own set of vital signs.
 - 2) 2008 data was captured differently, so we now have the 2008 and 2009 prehospital vitals stored in different locations in the database.
 - a) TRUG decision was made that we will leave the prehospital vitals the way it is in the database (stored differently for 2008 and 2009). When running reports on prehospital vital signs, users need to be careful in selecting the correct reporting variables.
- E) Updates to ASTR data dictionary

- 1) The ASTR 2008-2009 data dictionary has been updated to reflect a few schema-related field name changes, but none of these changes affect data entry instructions.
 - 2) An updated ASTR data dictionary will be emailed to TRUG and placed on the BEMSTS website.
 - 3) City of Residence and City of Injury picklists – In 2008, Lancet extended the field width for City of Residence and City of Injury to allow more characters. We were not aware that this change was made, so the state picklists were not updated. Now we have 2008-2009 cities showing up with more than one system code (For example, Black Canyon City is showing up as “BLACK CANYON CI” and “BLACK CANYON CITY”.) In addition, some of the short text values on the state picklist do not match the Lancet zip autofill (ex: zip autofill of “WILLCOX” versus picklist value “WILLCOX (MONUMEM)”. These types of errors were excluded from the invalid picklist reports. Anita will talk to Lancet about the best way to handle this. The city lists may need to be updated.
- F) Updated 2009 Blank check report (for state-required fields)
- 1) Hospitals must make sure the Data Completeness button on the Discharge page is updated by Lancet for 2009. During data entry, hospital registrars can click the button to run the blank check for that specific record.
 - 2) The report can also be run by day, week, month, quarter or year. The 2009 blank check report is found under Exception Reports and is called “09 AZ BLANK_LVL 1” for Level I Trauma Centers or “09 AZ BLANK_NOT_LVL 1” for non-Level I facilities. The difference is that the Level 1 report checks for AIS 2005 data.
 - 3) The blank checks will be incorporated into the upcoming AZ Data Validation Tool, but for now hospitals should use this report to check their 2009 data completeness.
- G) Data Validation
- 1) Status of the NTDB export program and validator
 - a) The NTDB 2008 submission deadline is May 15, 2009. As mentioned previously, ASTR does not have statutory authority to submit hospital data.
 - b) Lancet is installing the NTDS validator for hospital database but problems have been detected. If you find errors in the national export/validation, please email Lancet and copy Anita. It is helpful if you provide a sample record's State Unique ID so we can look up the XML file.
 - c) NTDB will reject files containing Level 1 or 2 errors. You can generate a list of Level 1 and 2 errors by checking the first two boxes on the NTDS export screen.
 - d) After all Level 1 and 2 errors are corrected, we can focus on cleaning up any remaining AZ quality checks and Level 3 errors.
 - 2) Status of the AZ Data Validation Tool
 - a) Timeframe for testing and completion – Lancet has the information necessary to develop the AZ Data Validation Tool, but work has been put on hold to focus on NTDB submission. More work on the tool will begin again in May. We hope to start testing the tool mid to late June.
 - b) The AZ data validation tool will be similar to NTDS, in that every error will generate a Rule ID, Error Level and Message. ASTR will require error levels 1, 2 and 3 to be corrected.
 - 3) 2008 data quality checks - The plan is to use a combination of the blank field checks, “not on picklist” reports, NTDB validator, and AZ-specific checks to clean up the 2008 data.
 - a) NTDB validator – As mentioned, hospitals should start running national checks and clean up the data.

- b) AZ Quality check reports / blank checks from ADHS
 - (i) 2008 blank check reports were already sent out to all reporting hospitals
 - (ii) Invalid picklist entry reports were already sent out to all reporting hospitals – every state and national picklist was tested except AIS 2005. The AIS report will be ready next week.
 - (a) Some hospitals have fields that were entered incorrectly for the entire 2008 reporting period! It is very important to check your drop down menus (picklists), autofill rules, and data links to ensure they match the ASTR data dictionary format.
 - (b) Any ongoing errors must be fixed ASAP! Invalid entries for 2009 data will result in your data being rejected by ASTR.
 - (c) State-required picklists, valid date ranges, field calculations and data entry instructions are clearly documented in the ASTR 2008-2009 Data Dictionary. Hospital staff should be using the data dictionary on a regular basis when entering or reviewing their trauma data.
 - c) 2008 ASTR case number verifications – please review your hospital's case number report and advise Trauma Registry Manager if there are any discrepancies.
 - d) Other 2008 quality check reports will be sent out as they are completed.
 - e) 2008 data will be re-exported to ASTR after the blank and quality checks are complete. Reports will be re-run at the state level to confirm that corrections were made.
- 4) 2009 data quality checks - The AZ Data Validation Tool will be used to check the 2009 data. This validation program will incorporate a combination of the blank field checks, the NTDB checks, and any AZ state-specific checks.
- H) Diagnosis fields – ICD-9-CM and AIS 2005
- 1) Data entry of ICD-9-CM and AIS 2005 codes – This issue was discussed at a previous TRUG meeting. For 2008 forward, the ICD and AIS diagnoses are no longer connected. ICD and AIS have separate body regions, severities and ISS scores. Please do NOT leave spaces, *ND or *NA in the middle of the diagnosis data to get the coding to line up!
 - 2) A picklist problem was identified for ICD9 and AIS Body Region and Severity. We need Lancet to update the autofill so it does not flag blank fields with a “filled” check mark.
 - a) In the meantime, if the body region or severity is unknown for a diagnosis code, please flag the fields with the *ND key.
- I) Drug Use Indicator / Toxicology Substances Found – fields pertain to patient use only
- 1) 2008 statewide toxicology reports suggest that some of our reporting hospitals are not following the data dictionary instructions.
 - 2) ASTR and NTDS have defined “Drug Use” as “Use of drugs by the patient (prescription and illegal).” EMS and hospital administration of medication do not apply to these toxicology fields. ONLY enter information for legal and illegal drugs that were taken by the patient at, or before, the time of injury.
 - 3) The ASTR data dictionary clearly indicates that only drugs used by the patient should be entered. From the ASTR data dictionary for “Drug Use Indicator” and “Toxicology Substances Found”: “Field applies to drugs used by patient prior to, or at the time of injury. **This field does NOT pertain to drugs given to patient by EMS provider or drugs given at your hospital.**”
 - 4) *ASTR will not make hospitals go back and fix the 2008 toxicology data, but if you have entered 2009 data incorrectly for “Drug Use Indicator” or “Toxicology Substances Found”, you must fix the data before submitting to ASTR.*

- J) Trauma Registrar certification program - American Trauma Society (ATS)
- 1) ATS has a certification exam for Trauma Registrars - CSTR (Certified Specialist in Trauma Registry)
 - 2) Congratulations to Rose, Jane and Erzsebet for earning the designation of CSTR! ☺
 - 3) For more information on becoming certified, check out the ATS website at:
http://www.amtrauma.org/courses/exam_cert.html
- K) Future Trainings – We have one Lancet training available in the contract that would have to be completed by June 30th. TRUG members indicated that an Advanced Report Writing class would be helpful. ADHS will research this training option.
- L) Any user questions on 2008 quality checks, database changes, data entry?
- 1) Question was raised regarding the definition for the EMS Triage Criteria regarding “vehicle telemetry data”.
 - a) More information on the ACS triage criteria can be found on the CDC website. In order to select “High-risk crash: Per vehicle telemetry data”, there needs to be some type of electronic crash analysis technology involved. For example, an OnStar vehicle crash report would qualify as telemetry data. A bystander report of excessive speed would not. Instead use “High-risk crash: Other criteria NOT listed”.
 - b) To learn more about what each criteria refer to and why ACS added or deleted certain criteria, check out this CDC link:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5801a1.htm>
 - 2) Reporting hospitals are investigating ICD-9-CM coding training, since ADHS was unable to host it. More information to follow.
- M) Remaining 2009 TRUG meeting schedule (posted online):
- Wednesday, July 22 - 9:30 am - ADHS Conference Room 540-A
 - Wednesday, September 30 - 9:30 am - ADHS Conference Room 540-A

Miscellaneous checks for hospital databases:

- Export wizard should default to ED/Hospital Arrival Date, not Admit Date. If the text still says ED Entry Date, change to ED/Hospital Arrival Date. Export wizard should also default to NO boxes checked. User can check boxes if necessary but most of the time will send all cases in date range.
- Confirm that every new record automatically defaults as Y (Yes) for "State Patient" field (on the Discharge page). User can change to N (No) if they don't want the record to export. Records with State Patient = N should not export to ASTR.
- The Export to ASTR should not require the "Record Complete" field to be = Y. This field should not affect the state export at all.
- In the state database, we set ED/Hospital Arrival Date as the default for the reporting date range. The reason is that all records will have an ED/Hospital Arrival Date. (Not all patients will have an Admit Date.) You can decide if you want this change to avoid missing records in reports.
- All databases should have the State Unique ID field at the bottom of the Demographics page. This field should be grayed out as read-only. (TableName: MAINDATA, FieldName: FULLNAME) The State Unique ID is your hospital's four character Site ID + your hospital's Lancet Account Number.
- Under the Patient Find screen, the Registration Number field may be labeled as EMR #. You may want to change the title to Registration Number if you ever use Registration Number for searching.
- ED/Hospital Arrival Date cannot be blank. This is the only field in the database that should require you to type in a valid entry before exiting the data entry page.
- Every database should have both 1st and 2nd referring hospital fields (dates/times, transferring and destination hospital, LOS). There should also be an option to enter vital signs from both 1st and 2nd referring hospitals. The Vital Signs Designation field identifies if the vital signs pertain to the 1st or 2nd referring hospital. If either 1st or 2nd referral does not apply, the fields must be flagged as *NA.
- Check that all of your Length of Stay calculations are calculating according to the ASTR data dictionary instructions.
- Check that you have correctly imported the 2009 blank check report under Exception Reports. The report is titled 09 AZ BLANK_LVL 1 or 09 AZ BLANK_NOT_LVL 1. Also check that your Data Completeness button on the Discharge Page has been updated to use this report in checking for 2009 blanks. If you see any problems with this report, please notify Lancet asap to make sure your schema and report are ok. Copy the Trauma Registry Manager on your email.
- State-required picklist fields may only contain data that matches the choices from the ASTR data dictionary. Your data will be rejected if your entries are invalid. There are 3 types of data entry functions to check for this: 1) Make sure that every drop-down menu matches the state data dictionary and that the picklist only allows entries that are on the state list. 2) If you have any rules in place that autofill data, make sure the rules are up-to-date. 3) If you are importing using a data link to medical records or billing, make sure all possible values are mapped to a state picklist choice. Check this regularly if the values are likely to change (ex: payer fields).
- Under the File menu, you should now see an option for the NTDB export/validator. If the validator report generates errors that seem incorrect, contact Lancet and copy Trauma Registry Manager.