# Arizona State Trauma Registry
# Trauma Registry Users Group (TRUG)

**Trauma Registry Users Group Meeting Minutes**
**Wednesday January 21, 2015 9:30 am – 10:50 am**
**Location: Arizona Dept. of Health Services**
**150 North 18th Avenue Phoenix AZ 85007**
**5th Floor – 540A Conference Room**
**Arizona State Trauma Registry Contacts:**
**Mary Benkert 602-542-1245 Mary.Benkert@azdhs.gov or**
**Rogelio Martinez 602-542-2246 or Rogelio.Martinez@azdhs.gov**

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|---|---|
| ADHS– Mary Benkert | Scottsdale Healthcare Osborn – Jane Burney (p) |
| ADHS – Rogelio Martinez | Scottsdale Healthcare Osborn – Karen Helmer (p) |
| Banner Good Samaritan – Jeannette Williams (p) | Scottsdale Healthcare Osborn – Tina Sheppard (p) |
| Chandler Regional Medical Center – Cornelia Encinas (p) | Scottsdale Healthcare Osborn – Barbara Szerlag (p) |
| Chandler Regional Medical Center – Jennifer Larson (p) | Scottsdale Healthcare Osborn – Cristi Harbison |
| Chandler Regional Medical Center – Elizabeth Smith | St. Joseph's Hospital– Elisa Flores (p) |
| Copper Queen Community Hospital – Claudia Romo (p) | St. Joseph's Hospital – Rose Johnson (p) |
| Flagstaff Medical Center– Beth Latrell (p) | St. Joseph's Hospital– Shawna Hosler (p) |
| Flagstaff Medical Center– Erzsebet Szabo | St. Joseph's Hospital– David Villa |
| John C Lincoln North Mountain– Melissa Moyer (p) | Tuba City Regional Health Care – Shannon Johnson (p) |
| John C Lincoln North Mountain– Jennifer Kennedy (p) | Tuba City Regional Health Care – Jennifer Greyhatt (p) |
| John C Lincoln North Mountain–Xan Hummel (p) | University of AZ-South Campus – April Bennett (p) |
| La Paz Regional Hospital – Maria Martinez (p) | University of AZ-South Campus – Lydia Moor (p) |
| Maricopa Medical Center– Lillian Namagembe (p) | University of AZ–UNIVERSITY Campus– Paul Bowlby (p) |
| Maricopa Medical Center– Shari Herrin (p) | University of AZ–UNIVERSITY Campus– Amy Finkel (p) |
| Northern Cochise Hospital – Pam Noland (p) | West Valley Hospital – Angela Minchella (p) |
| Phoenix Children's Hospital – Justin Slotman (p) | West Valley Hospital – Maria Carbajal (p) |
| Phoenix Children's Hospital – Kelly Jansson (p) | West Valley Hospital – Tiffiny Strever (p) |
| Phoenix Children's Hospital – Danelle Alexander (p) | Yuma Regional Medical Center – Eugenia Sims (p) |

A) Minutes from last meeting / Outstanding Items
There were no amendments to the meeting minutes from October 22, 2014.

Follow-up from Last meeting: If you used the ICU days' calculator in Trauma One, please contact John Bennett at Lancet to have your system corrected. As we discussed last meeting, we are correcting data for 2014 submissions; any prior years' corrections are at the discretion of the individual sites. If you calculate ICU days manually, there is no need to correct your data.

B) ASTR Quarterly Data Submission

| Reporting Quarter | ED/Hospital Arrival Dates | ASTR Due Date | Case Export Date Range |
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| Quarter Two | April 1 – June 30 | October 1 of the same year | January 1 – June 30 |
| Quarter Three | July 1 – September 30 | January 2 of the following year | April 1 – September 30 |
| Quarter Four | October 1 – December 31 | April 1 of the following year | July 1 – December 31 |

Quarter 3 2014 data was due on January 2, 2015 (ED/Hospital Arrival Dates Jul – Sep 2014). Thanks to all who have submitted Q3. For those who have not, please let me know when to expect your data. It is important that I receive your data on time, especially as we approach year-end. We have organizations in addition to EMS who utilize trauma registry data based on our submission schedule. Please remember to send me your data submission form each quarter so I know how many records you are sending and when your data entry was complete. The forms can be found on our website, http://www.azdhs.gov/bems/data/ASTR.htm ; one applies to full data set sites that send me an export file, and the other applies to reduced data set sites.

C) Race / Ethnicity Change:

We discussed how race/ethnicity information is entered in the registry when one or the other is missing for a patient. Based on the feedback from TRUG members, each site has its own way of resolving these situations. When race is missing and ethnicity is Hispanic, some sites complete race as WHITE and some use OTHER based on the policy of their administration. The bottom line is that we use race and ethnicity in many of our reports/analyses and we like to see it completed whenever possible. However, if either is missing, it's better to answer 'NOT DOCUMENTED' in the registry rather than make assumptions. We can then be confident in the validity of these data elements. Effective January 1, 2015, if race and/or ethnicity are missing for a patient, please answer NOT DOCUMENTED in the registry, per the data dictionary. Rogelio will plan to bring this up at STAB for discussion as well.

D) Trauma Triage Criteria items

| | |
|---|---|
| GCS < 14 | Glasgow Coma Scale <=13 |
| TIME SENS EXT INJ | Time sensitive extremity injury |
| ENDSTAGE RENAL | End-stage renal disease requiring dialysis |

Melissa had asked about TIME SENS EXT INJ and ENDSTAGE RENAL as she did not have those in her system until the last picklist update I sent out. We discussed possibly removing them, but some sites do use them and the decision was made to leave them in the picklist.

For GCS < 14, I had changed the long text to Glasgow Coma Scale <=13 to match the NTDB change; however many TRUG members find it confusing. To change the short text to GCS <= 13 would require a lot of time and effort on the part of Lancet to backfill the new value for every system back to the beginning of data collection. Instead TRUG has agreed that I will change the long text back to Glasgow Coma Scale < 14 to be consistent with the short text value. The current value is already mapped to NTDB so nothing changes from that perspective. I will send a picklist update to include that revision.

E) IRR (Inter-rater Reliability Project)

We will be doing the IRR project a little differently this year. We'd like a few volunteers to assist with the selection of the sample chart and the creation of the answer key. Several TRUG members made a couple of suggestions. One, that we use a chart that is well-documented so the information is consistent throughout. We might even want to 'assemble' a chart using different pieces from different patients to create a good sample. Secondly, it was suggested that we select a sample that is not the most unusual or most injured patient one has encountered. The idea is to find one that will provide us with good discussion without taking the registrars hours to complete. Each registrar's results are confidential and will be reported only to the individual by ADHS.

Beth Latrell, Cristi Harbison, Erzsebet Szabo, Melissa Moyer and Rose Johnson have volunteered their expertise for this IRR project. Thank you!!

F) DocMatter

DocMatter is a secure website community I would like to use for our TRUG membership as a forum to ask questions, share ideas, best practices and disseminate information. We will have our own private group for the Arizona Trauma Registry. We also have the option to be connected to national groups regarding Trauma and Trauma Program Management if we would like.

The website is free. It does contain links to other medical professionals, such as medical equipment suppliers. You are free to click on those links and get information, but if you choose not to you will not be solicited and you will not be subjected to advertising.

I accessed the website for TRUG so we could all see what it looks like and decide if we should try DocMatter. Based on the feedback from TRUG, I will get the group set up and we will give it a try. Once it is set up and I learn more about how to use it, I will provide more information to the group.

G) CEU Certificates – I am working on these and will get them out to you as soon as possible. Thanks for your patience.

H) Updated Picklist – I will be sending out an updated picklist with the following changes:
- Add Dignity Health - Arizona General Hospital to the facility list;
- Correct the order of St. Joseph's Hospital and St. Joseph's Westgate;
- Make the System Access and the Discharge Disposition picklists 'one-click' access;

Per TRUG members, there are some facility name changes coming soon. Let me know when these name changes are effective and I will send out another updated picklist.

I) Erzsebet had a question regarding the discharge date and time in death cases. They use the clinical definition of 'brain' death which can precede 'cardiac' death by several hours, especially in cases when organs are being harvested for donation. This conflicts with TQIP withdrawal of care and she has sent them an E-mail asking for clarification. Rose told the group she had requested clarification in the past regarding this and TQIP does not recognize 'brain' death, they want 'cardiac' death recorded. Erzsebet will wait for TQIP response to her inquiry and will follow up with TRUG at the next meeting.

J) Remaining 2015 TRUG meeting schedule:
- Wednesday April 22, 2015 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday July 22, 2015 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday, October 21, 2015 / 9:30 – 11:30 am / ADHS 540-A Conference Room

# Arizona State Trauma Registry
# Trauma Registry Users Group (TRUG)

**Trauma Registry Users Group Meeting Minutes**
**Wednesday April 22, 2015 9:30 am – 10:30 am**
**Location: Arizona Dept. of Health Services**
**150 North 18th Avenue Phoenix AZ 85007**
**5th Floor – 540A Conference Room**
**Arizona State Trauma Registry Contacts:**
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**Rogelio Martinez 602-542-2246 or Rogelio.Martinez@azdhs.gov**

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| ADHS – Rogelio Martinez | HonorHealth Scottsdale Osborn – Cristi Harbison |
| Abrazo West Campus – Angela Minchella (p) | Maricopa Medical Center– Lillian Namagembe (p) |
| Abrazo West Campus – Maria Carbajal (p) | Maricopa Medical Center– Shari Herrin (p) |
| Abrazo West Campus – Tiffiny Strever (p) | Maricopa Medical Center – Linda Tuck (p) |
| Banner - University MC Phoenix – Jeannette Williams (p) | Northern Cochise Hospital – Pam Noland (p) |
| Banner - University MC Phoenix – Vicki Bennett (p) | Payson Regional Medical Center – Becky Nissila (p) |
| Banner Baywood – Dawn Polkabla (p) | Phoenix Children's Hospital – Justin Slotman (p) |
| Banner – University MC Tucson – Carol Bailey | Phoenix Children's Hospital – Kelly Jansson (p) |
| Banner – University MC Tucson – Paul Bowlby (p) | Phoenix Children's Hospital – Danelle Alexander (p) |
| Banner – University MC Tucson – Terry Burns | Oro Valley Hospital – Tricia Creviston (p) |
| Benson Hospital – Lois Turner (p) | Rural Health – Joyce Hospodar (p) |
| Chandler Regional MC – Cornelia Encinas | St. Joseph's Hospital– Elisa Flores |
| Chandler Regional MC – Jennifer Larson (p) | St. Joseph's Hospital – Rose Johnson |
| Chandler Regional MC – Elizabeth Smith | St. Joseph's Hospital– Shawna Hosler |
| Chandler Regional MC – Lori Wass (p) | St. Joseph's Hospital– David Villa |
| Flagstaff Medical Center– Beth Latrell (p) | Tuba City Regional Health Care – Shannon Johnson (p) |
| Flagstaff Medical Center– Erzsebet Szabo | Tuba City Regional Health Care – Jennifer Greyhatt (p) |
| HonorHealth Deer Valley – Maria Salas (p) | Yavapai Regional East – Chris Thompson |
| HonorHealth Deer Valley – Sheila Humphreys (p) | Yavapai Regional West – Donna Quay (p) |
| HonorHealth Deer Valley – Lori Kennedy (p) | Yuma Regional Medical Center – Eugenia Sims (p) |
| HonorHealth John C Lincoln – Melissa Moyer | |
| HonorHealth John C Lincoln – Jennifer Kennedy | |
| HonorHealth John C Lincoln –Xan Hummel | |
| | |

A) Minutes from last meeting / Outstanding Items
There were no amendments to the meeting minutes from January 21, 2015.

Update: I sent you a picklist update with multiple facility name changes. There are more to come in my next Picklist update:
Sonoran Health and Emergency Center to HonorHealth Sonoran Health and Emergency Center
Sierra Vista Regional Medical Center to Canyon Vista Medical Center (effective 4-23-2015)

B) ASTR Quarterly Data Submission

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Quarter 4 2014 data was due on April 1, 2015 (ED/Hospital Arrival Dates Oct – Dec 2014). Thanks to all who have submitted Q4. For those who have not, please let me know when to expect your data. It is important that I receive your data on time, especially as we approach year-end. We have organizations in addition to EMS who utilize trauma registry data based on our submission schedule. Please remember to send me your data submission form each quarter so I know how many records you are sending and when your data entry was complete. The forms can be found on our website, http://www.azdhs.gov/bems/data/ASTR.htm ; one applies to full data set sites that send me an export file, and the other applies to reduced data set sites. Data should be validated and corrected before you submit – each site has the same validation tool as ADHS. At year end, I need the entire year exported so I have all the corrections/updates that you have at your site.

C) Inclusion Criteria review
http://www.azdhs.gov/bems/documents/data/ASTR/astr-trauma-patient-inclusion2013.pdf
I had a request from a registrar to go over the existing inclusion criteria for ASTR. I pulled up the inclusion criteria from our website (above link) and walked through it. There were no questions.

D) Web Registry Update
Lancet is working on the NTDB export piece; once that is complete we can bring on sites that send data to NTDB. We should have something to test by May 15.
Most sites transitioning to the web from this point forward will need a custom pathway; each site has its own data schema and screens. The only pathways that will be available to me and ADHS are the Full and the Reduced, which display only the data elements collected for ASTR.
New sites coming on will utilize the web registry, unless part of a multi-site system.

E) Change in Orange Book requirements for Registrars – Rose Johnson

According to the Orange book, new registrars must attend or have previously attended two courses within 12 months of being hired: (1) the American Trauma Society's Trauma Registrar Course or equivalent provided by a state trauma program and (2) the Association of the Advancement of Automotive Medicine's Injury Scaling Course (CD 15–7). The question was raised as to whether there is interest in bringing these trainings to Arizona. The AAAM course is available online, although Rose pointed out that some benefit more from a live, in-person training. Lori Wass said she ordered a disk for $199 for her registrars to use. Vicki Bennett said she researching what the cost would be to host a course here. ADHS can do a poll if necessary to see how much interest there is in bringing classes to Arizona.

F) Missing picklist item for GCS qualifier – Erzsebet Szabo
Erzsebet said that TQIP told their site that they should have an additional picklist item to indicate a Valid GCS, no Intubation/Sedation/Paralytic. A discussion ensued regarding the use of Not Applicable (*NA) in these cases and how it is thought that Lancet is mapping these to the appropriate NTDB Valid GCS response. Based on the discussion, we need Lancet to help us resolve this issue. I will contact Lancet and come back to TRUG with a resolution.

**GCS Qualifier - 2012 FORWARD PICK LIST CHOICES:**
**Pick list Data Values Pick list Descriptions (Long Text)**
**Pick list title: YES Intubation & NO Eye Obstruction:**
3 Intubated Only (NO Chemical Sedation or Paralytic Agent)
A Intubated & Chemically Sedated & Paralytic Agent
4 Intubated & Chemically Sedated
B Intubated & Paralytic Agent
**Pick list title: NO Intubation & YES Sedation or Paralytic Agent:**
1 Chemically Sedated Only
C Paralytic Agent Only
D Chemically Sedated & Paralytic Agent
**Picklist title: YES Intubation & YES Eye Obstruction:**
6 Intubated & Eye Obstruction
7 Intubated & Eye Obstruction & Sedated
G Intubated & Eye Obstruction & Paralytics
H Intubated & Eye Obstruction & Sedated & Paralytics
**Proposed: Valid GCS, no Intubation/Sedation/Paralytic**

G) IRR 2015
The IRR team has chosen a sample case. I have done some redaction and sent it out to the team to do the initial abstraction. Together we will review the case and remove any inconsistencies and make sure it's properly redacted. The team will also identify the proper procedures and diagnoses before I send it out to the group in May. I hope to give registrars a couple of weeks to abstract the case so we can discuss it at the July TRUG meeting. I will give 3 training CEU's to those who participate in this project. I am looking forward to a great discussion.

H) DocMatter
I hope to post the IRR case to DocMatter in May. If anyone has questions for the group, DocMatter is a great forum to ask questions, share ideas, best practices and disseminate information.

I) Gathering data for work comp injuries - what is working at your site?
I had a registrar ask about how other sites are gathering data regarding work comp injuries. I put the question to the group; the response I received is that other registrars are not doing anything extra in reference to work comp. This is the type of question that would be great for DocMatter.

J) Medical Marijuana information
I had a registrar ask for medical marijuana information. I know that as registrars, you are mainly concerned with whether or not the patient has a marijuana card, but just in case, here are some websites that may answer your questions regarding medical marijuana in Arizona:

http://azdhs.gov/preparedness/medical-marijuana/
This site is the Arizona Department of Health site. The information here pertains mainly to fees and regulations for dispensaries, providers and patients seeking a marijuana card.
http://azmarijuana.com/marijuana-info/health-benefits-marijuana/
This is the Arizona Marijuana Industry site, where you can find all kinds of information about the composition of medical marijuana, how it's grown and the medical benefits.

K) ICD-10 Training
Lori Wass will possibly host an ICD-10 training class at Chandler Regional Medical Center. Pomphrey Consulting will be doing the training. There is a maximum of 30 per class. It's 2.5 days of training and it costs $500 per registrar. The ICD-10 training class is also available online with Pomphrey Consulting for the same cost. Lori is currently looking at dates in July or August of

2015. If necessary, Shari Herrin at Maricopa Medical Center said she would host a class as well. Once Lori gets some dates, we will get a count of how many are interested in attending so we can set it up. Stay tuned…

L) Remaining 2015 TRUG meeting schedule:

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Arizona State Trauma Registry
Trauma Registry Users Group (TRUG)

**Trauma Registry Users Group Meeting Minutes**
**Wednesday July 22, 2015 9:30 am – 12:15 pm**
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| Abrazo West Campus – Brielle Caddell (p) | Maricopa Medical Center– Jonelle Treto |
| Banner – University MC Phoenix -- Beth Latrell | Maricopa Medical Center – Linda Tuck (p) |
| Banner – University MC Phoenix – Susan Lunsford (p) | Mt. Graham Regional Medical Center (p) |
| Banner – University MC Phoenix – Julie Lopez (p) | Northern Cochise Hospital – Leslie Garwood (p) |
| Banner – University MC Tucson – Paul Bowlby (p) | Northern Cochise Hospital – Osa Sanchez (p) |
| Banner – University MC Tucson – Terry Burns (p) | Oro Valley Hospital – Tricia Creviston (p) |
| Banner Page – Bridget Schuldies (p) | Phoenix Children's Hospital – Justin Slotman (p) |
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| HonorHealth Deer Valley – Olivia Barron | Verde Valley Medical Center – Deborah Verkyk |
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| HonorHealth John C Lincoln –Xan Hummel (p) | Yavapai Regional West – Donna Quay |
| | |

A) Minutes from last meeting / Outstanding Items
There were no amendments to the meeting minutes from April 22, 2015.
Look for a picklist update soon. I will send the update and a list of all the changes.

B) ASTR Quarterly Data Submission

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| | | | |
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C) EPIC data project – 2007- 2013 data:

Excellence in Prehospital Injury Care (EPIC) is a public health initiative funded by the State of Arizona and the National Institute of Health (NIH) in collaboration with the University of Arizona, to improve the quality of patient care for traumatic brain injury. This very important project recently requested assistance to locate missing but essential data. In the next few weeks, ADHS will be contacting Level I Trauma Centers to backfill and locate some missing elements. If the data is available we will work with Lancet and the individual sites to retrieve this essential information for this project.

D) ICD-10 Training Update

So far there are 41 people signed up for ICD-10 training at Chandler Regional Medical Center August 20-21, 2015. The class maximum is 50. You can contact Pomphrey Consulting to register as the class is not listed on the website. The cost is $500 for the first registrar at each hospital. The second registrar gets a 10% discount; the third and subsequent registrars get a 20% discount. You need to purchase your own books – the ICD-10 CM and the ICD-10 PCS. The cost is approximately $80 per book. You may want to check with your Medical Records coders to see if there is any discount through them.

Lunch is on your own both days. There will be coffee, water, pastries in the morning and a light snack provided in the afternoon.

E) Inter Rater Reliability Project 2015

Thanks to all who have participated in this project. Special thanks to Rose Johnson and Melissa Moyer for their time and expertise on the IRR panel. This project is not possible without a cooperative effort between the state and the hospital registrars. The final answer key is attached with points if you would like to calculate your score. Here is a summary of the discussion:

1. Not Applicable (*NA) means the data element does not apply, i.e. patient has no middle name, therefore Middle initial is *NA; or patient is white with no secondary race, therefore secondary race is *NA. These are not the result of missing information.

   Not Documented (*ND) means the date element is missing from the documentation, i.e. times are missing on the run sheet, or the temperature of the patient was taken but it's not in the chart.

2. Time of injury is almost always estimated. Per the state data dictionary for Incident Injury Time, estimate whenever it is reasonable to do so; however, do not use the 911 call time or other proxy times as the time of injury. This is also documented in the NTDB data dictionary, Incident Injury Time, page 16.

3. Format for street addresses in Trauma One:

The data dictionary outlines a standardized format for entering street addresses, cross streets, mileposts, etc. Here is an excerpt from the dictionary:

*Enter the full street address using the abbreviations provided below.*
*Example1: 123 N 19TH AVE APT 12; Example2: 1234 S 8TH ST*

- *Please use the following abbreviations (with no punctuation): North = N, South = S, West = W, East = E, Street = ST, Apartment = APT, Avenue = AVE, Road = RD, Drive = DR, Circle = CIR, Boulevard = BLVD, Suite = STE, Highway = HWY, Milepost = MP;*
- *If you are entering a location name plus an address, first enter the street address, followed by the location name in parentheses. Example1: 26700 S HWY 85 (ASPC LEWIS).*
- *If you are entering a place name without an address, enter the place name in parentheses. Example1: (LAKE POWELL); Example2: (SUPERSTITION MOUNTAINS)*
- *If only the intersection is known, please enter intersection using the & sign. Example1: 7TH ST & MCDOWELL; Example2: 19TH AVE & VAN BUREN*
- *If only the milepost is known, please enter the highway, followed by the milepost (abbreviate as MP) Example1: I-10 E MP 145; Example2: HWY 89 MP 470*
- *Not Documented may be used if an approximation or place name cannot be determined. Registrar should make attempts to obtain this information.*
- *Not Applicable should not be used.*

I will update the dictionary to include 'State route' format, i.e. for State Route 51 use 'SR 51; Loop 101 for 101.'

4. Complete Trauma Team Arrival is hospital specific. If your trauma team is complete when your trauma surgeon arrives, use that time. If your team is complete when multiple team members arrive, use the latest of those times.

5. Respiration rate can be captured in the ED whether assisted or unassisted. There was discussion regarding a TQIP meeting where if the patient is intubated the respiration rate is zero; however unless we have documentation to support that, respiration rate is the first measured rate whether assisted or not.

6. There was an addendum in the chart regarding the patient status after discharge. The patient was in fact discharged to a SNF; it appeared to some of us that the patient left the hospital AMA; however, it was pointed out the addendum is a day later and the patient left the SNF, not the hospital.

7. Procedures: the procedures highlighted in green should have been coded for sure; those highlighted in yellow are not required, but may be coded if the hospital wants to capture them. Many hospitals do not code X-rays, Foleys and other routine procedures in the trauma record.

8. Loss of consciousness (LOC):

   The subarachnoid and subdural hemorrhages should have been coded as follows:

   **ICD-9:**
   **852.20 4 1 SUBDURAL HEMORRHAGE FOLLOWING INJURY, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, WITH STATE OF CONSCIOUSNESS UNSPECIFIED**
   **852.00 3 1 SUBARACHNOID HEMORRHAGE FOLLOWING INJURY, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, WITH STATE OF CONSCIOUSNESS UNSPECIFIED**

**AIS:**
**140652 CEREBRUM SUBDURAL SMALL HEMATOMA (<= 50CC IN ADULTS; <= 25CC IF <= 10YRS.; 0.06 - 1 CM THICK; SMEAR; MODERATE)**
**140694 CEREBRUM - SUBARACHNOID HEMORRHAGE (NOT ASSOCIATED WITH COMA > 6 HOURS)**

We do not code for LOC in this case. In the IRR record, the patient was unconscious when EMS arrived as documented on the run sheet. However, there is no validation of LOC by the physician in the test record. Based on an E-mails from Jan Price at AAAM (2010) and notes from previous TRUG meetings, the physician must validate the LOC in order for it to be coded. If EMS documents LOC but there is no physician validation, LOC cannot be coded. It was also noted by Jan Price that if the physician validates LOC you may code it, no matter the source, i.e. EMS, patient, family member, bystander, etc. The key is the physician must validate LOC.

9. Notes for next IRR:

   (i) The panel will spend more time with the test record to make sure only the necessary documents are included in order to keep the record shorter and more manageable. We will more clearly define times in the test record to avoid generating confusion with inconsistent terminology.
   (ii) I will spend more time documenting the answers prior to the TRUG meeting in order to expedite the discussion and avoid unnecessary time spent searching through the data dictionaries.

If you have other suggestions or ideas for IRR 2016 please E-mail me and also consider being part of next year's panel. This project requires collaboration in order to be successful and I welcome your input. As promised, I will send certificates for 3 CEU's for those who submitted a record this year.

F) Remaining 2015 TRUG meeting schedule:

- Wednesday, October 21, 2015 / 9:30 – 11:30 am / ADHS 540-A Conference Room

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# Trauma Registry Users Group (TRUG)

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**Wednesday October 21, 2015 9:30 am – 11:30 pm**
**Location: Arizona Dept. of Health Services**
**150 North 18th Avenue Phoenix AZ 85007**
**5th Floor – 540A Conference Room**
**Arizona State Trauma Registry Contacts:**
**Mary Benkert 602-542-1245 Mary.Benkert@azdhs.gov or**
**Rogelio Martinez 602-542-2246 or Rogelio.Martinez@azdhs.gov**

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|---|---|
| ADHS– Mary Benkert | HonorHealth Deer Valley – Maria Salas |
| ADHS – Rogelio Martinez | HonorHealth Deer Valley – Lori Kennedy |
| Abrazo West Campus – Angela Minchella (p) | HonorHealth Deer Valley – Olivia Barron |
| Abrazo West Campus – Tiffiny Strever (p) | HonorHealth John C Lincoln – Jennifer Kennedy |
| Banner – University MC Phoenix -- Beth Latrell (p) | HonorHealth John C Lincoln – Melissa Moyer |
| Banner – University MC Phoenix – Susan Lunsford (p) | HonorHealth John C Lincoln – Lisa Alvarado |
| Banner – University MC Phoenix – Jeanette Williams (p) | HonorHealth John C Lincoln –Xan Hummel (p) |
| Banner – University MC Phoenix – Julie Herrera (p) | HonorHealth Scottsdale Osborn – Barbara Szerlag (p) |
| Banner – University MC Tucson – Lydia Moor (p) | HonorHealth Scottsdale Osborn – Tina Sheppard (p) |
| Banner – University MC Tucson – Carol Bailey (p) | La Paz Regional – Veo Daly (p) |
| Banner – University MC Tucson – James Rocha | Maricopa Medical Center– Lillian Namagembe (p) |
| Banner – University MC Tucson – Terry Burns (p) | Maricopa Medical Center– Jonelle Treto (p) |
| Banner – University MC Tucson – Jeffrey Schaff (p) | Mountain Vista MC – Nicole Schultis (p) |
| Banner Page – Bridget Schuldies (p) | Northern Cochise Hospital – Pam Noland (p) |
| Banner Payson – Mike Ward (p) | Oro Valley Hospital – Tricia Creviston (p) |
| Banner Payson – Linda Gregory (p) | Phoenix Children's Hospital – Justin Slotman (p) |
| Canyon Vista RMC – DeAnna Richardson (p) | Phoenix Children's Hospital – Kelly Jansson (p) |
| Canyon Vista RMC – Brenda Smith (p) | Phoenix Children's Hospital – Danelle Alexander (p) |
| Chandler Regional MC – Cornelia Encinas | St. Joseph's Hospital– Elisa Flores |
| Chandler Regional MC – Jennifer Larson | St. Joseph's Hospital – Rose Johnson |
| Chandler Regional MC – Elizabeth Smith | St. Joseph's Hospital– Shawna Hosler |
| Chandler Regional MC – Denise Dublin | St. Joseph's Hospital– David Villa |
| Chandler Regional MC – Lori Wass (p) | Yuma Regional MC – Eugenia Sims (p) |
| Chandler Regional MC – Roshandra Guilford | |
| Copper Queen Community Hospital – Claudia Romo (p) | |
| Flagstaff Medical Center– Erzsebet Szabo | |
| Havasu Regional MC – Damian Ball (p) | |

A) Minutes from last meeting / Outstanding Items
There were no amendments to the meeting minutes from July 21, 2015.

I updated the picklist for Airway Management to include Supraglottic Airway Devices; however TRUG has agreed that it would be better to amend Laryngeal Mask Airway (LMA) to include all supraglottic devices. I will send out another picklist update to reflect this.

B) ASTR Quarterly Data Submission

| Reporting Quarter | ED/Hospital Arrival Dates | ASTR Due Date | Case Export Date Range |
|---|---|---|---|
| Quarter One | January 1 – March 31 | July 1 of the same year | January 1 – March 31 |
| Quarter Two | April 1 – June 30 | October 1 of the same year | January 1 – June 30 |
| Quarter Three | July 1 – September 30 | January 2 of the following year | April 1 – September 30 |
| Quarter Four | October 1 – December 31 | April 1 of the following year | July 1 – December 31 |

Quarter 2 2015 data was due on October 1, 2015 (ED/Hospital Arrival Dates Apr – Jun, 2015); Data should be validated and corrected before you submit – each site has the same validation tool as ADHS. At year end, I need the entire year exported so I have all the corrections/updates that you have at your site.

**I need the completed submission form each quarter when you complete your data entry. For web registry users, this is really important because I need to know when you completed your quarterly data and how many patients you entered so I can track your submissions.**

Please keep a log of patients you delete from your system. It makes it much easier to reconcile with ASTR at quarter and year end.

Lancet is working on the validator for ICD-10. If you are seeing 'errors' that are not errors Please contact support@lancettechnology.com and copy me so I can follow up as well.

C) EPIC data project – Update:
Excellence in Prehospital Injury Care (EPIC) is a public health initiative funded by the State of Arizona and the National Institute of Health (NIH) in collaboration with the University of Arizona, to improve the quality of patient care for traumatic brain injury. As mentioned in the last TRUG meeting, this very important project requested assistance to locate missing but essential data. I sent a list of State Unique ID's and a spreadsheet with the fields needed to Paul Bowlby at Banner University Medical Center-Tucson. He returned the requested data to me in a spreadsheet format which I have forwarded to EPIC for their review. If this format meets their needs I will make the same request to all the Level I sites.

D) 2016 NTDB Change Log
We briefly reviewed the NTDB changes for 2016 and have agreed to make the following changes to ASTR for 2016:

1. Retire 'Foreign Visitor' from the Alternate Resident picklist. The zip code field is being updated to allow Canadian and zip code formats for other countries so this item is no longer needed.
2. Add 'Minutes' as a picklist item for Age;
3. NTDB is re-defining ED Discharge Date and Time and Inpatient Discharge Date and Time. They have changed the definition to mean "The date the order was written for the patient to be discharged." The feedback from the TRUG membership is that this is not what has been collected in the past and the date the order was written can be vastly different than the actual discharge date and time. Many TRUG member who are attending TQIP will be communicating this to NTDB given the opportunity. The ASTR fields will not be re-defined since we do not wish to collect data based on this new NTDB definition. Also, ASTR will not be adding these 'new' fields in either the FULL or REDUCED data sets. In order to comply with NTDB, your site will need to have Lancet add these fields to your Trauma One. I have advised John at Lancet of our decision. You will need to follow up at your site with Lancet as well.
4. I have attached a table of other changes to the end of these minutes. Please review this so you are familiar with some of the picklist and other changes for 2016.

E) ICD-10 Update

There are a few sites that are using ICD-10. Erzsebet very kindly shared an ICD-10 Procedure cheat sheet she has created. There is also a cheat sheet provided by Pomphrey Consulting. I have sent both out to the TRUG membership. If anyone has more helpful aids that they are willing to share, I will be happy to distribute them to TRUG. Erzsebet shared that the more she gets accustomed to the way ICD-10 is organized, the more she likes it. TRUG members have found some instances of lower severity in the Trauma One software with diagnoses. Please contact support@lancettechnology.com if you experience issues with your software. If you are using the Web Registry and have issues, please contact me as well.

F) Inter Rater Reliability Project 2015

A summary of the 2015 IRR project was presented to STAB by Rose Johnson and Melissa Moyer in September. I will E-mail the summary to TRUG with the minutes for your review. The overall results indicate that for this case registrars coded more conservatively based on the ISS, RTS and Probability of Survival. It was noted that the participation was low for this project; we hope to have better participation in 2016.

G) Overview of AZ-PIERS Hospital Hub – Anne Vossbrink

Anne is the data quality manager for AZ-PIERS. She did a brief overview of Hospital Hub, which is replacing Hospital Dashboard and will allow display of both AZ-PIERS Version 2 and AZ-PIERS Version 3 ePCRs. Hospital Hub is free to Hospitals – please see AZ-PIERS Hospital Application to apply for access.

Once a Hospital (usually Pre-hospital coordinator, ED users, and Trauma Registry staff) has access to Hospital Hub, the only two requirements to view the patient records coming in via EMS are:

1. ePCR must have been successfully uploaded to the AZ-PIERS V2 or V3 state bridge
2. The Destination Name must be selected and uploaded as that hospital

If you have questions regarding Hospital Hub please contact Anne Vossbrink.

H) 2016 TRUG meeting schedule:

- Wednesday, January 13, 2016 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday, April 20, 2016 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday, July 20, 2016 / 9:30 – 11:30 am / ADHS 540-A Conference Room
- Wednesday, October 19, 2016 / 9:30 – 11:30 am / ADHS 540-A Conference Room

| Change Date | Admission Year | Field Name | Change Location | Change Text | ASTR |
|---|---|---|---|---|---|
| Jul-15 | 2016 | ALTERNATE HOME RESIDENCE | Field Value | Retired 4. Foreign Visitor | Y |
| Jul-15 | 2016 | ALTERNATE HOME RESIDENCE | Additional Information | Removed: "Foreign Visitor is defined as any person legally visiting a country other than his/her usual place of residence for any reason." | |
| Jul-15 | 2016 | AGE UNITS | Field Value | Added: 5. Minutes | Y |
| Jul-15 | 2016 | INITIAL ED/HOSPITAL SYSTOLIC BLOOD PRESSURE | Additional Information | Added: "Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused." | |
| Jul-15 | 2016 | INITIAL ED/HOSPITAL PULSE RATE | Additional Information | Added: "Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused." | |
| Jul-15 | 2016 | ALCOHOL USE INDICATOR | Additional Information | Changed 1st bullet to read: "Blood alcohol concentration (BAC) may be documented at any facility, unit, or setting treating this patient event." | |
| Jul-15 | 2016 | DRUG USE INDICATOR | Additional Information | Changed 1st bullet to read: "Blood alcohol concentration (BAC) may be documented at any facility, unit, or setting treating this patient event." | |
| Jul-15 | 2016 | ED DISCHARGE DATE | Additional Information | Added: "If ED Discharge Disposition is 5 Deceased/Expired, then ED Discharge Date is the date of death as indicated on the patient's death certificate." | |
| Jul-15 | 2016 | ED DISCHARGE DATE | Definition | Changed to: "The date the order was written for the patient to be discharged from the ED." | N |
| Jul-15 | 2016 | ED DISCHARGE TIME | Additional Information | Added: "If ED Discharge Disposition is 5 Deceased/Expired, then ED Discharge Time is the time of death as indicated on the patient's death certificate." | |
| Jul-15 | 2016 | ED DISCHARGE TIME | Definition | Changed to: "The time the order was written for the patient to be discharged from the ED." | N |
| Jul-15 | 2016 | ICD-9 HOSPITAL PROCEDURES | Additional Information | Changed to: "The null value "Not Applicable" is used if not coding ICD-9." | |
| Jul-15 | 2016 | ICD-10 HOSPITAL PROCEDURES | Additional Information | Changed to: "The null value "Not Applicable" is used if not coding ICD-9." | |
| Jul-15 | 2016 | CO-MORBID CONDITIONS | Additional Information | Added: "For any Co-Morbid Condition to be valid, there must be a diagnosis noted in the patient medical record that meets the definition noted in Appendix 3: Glossary of Terms." | |
| Jul-15 | 2016 | CO-MORBID CONDITIONS | Definition | Updated: Alcohol use disorder | |
| Jul-15 | 2016 | CO-MORBID CONDITIONS | Definition | Updated: Dementia | |
| Jul-15 | 2016 | CO-MORBID CONDITIONS | Definition | Updated: Drug use disorder | |

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| Jul-15 | 2016 | AIS PREDOT CODE | Additional Information | Removed: "This variable is considered optional and is not required as part of the NTDS dataset." | |
| Jul-15 | 2016 | AIS SEVERITY | Additional Information | Removed: "This variable is considered optional and is not required as part of the NTDS dataset." | |
| Jul-15 | 2016 | AIS VERSION | Field Values | Retired: 1. AIS 80 | |
| Jul-15 | 2016 | AIS VERSION | Field Values | Retired: 2. AIS 85 | |
| Jul-15 | 2016 | AIS VERSION | Field Values | Retired: 3. AIS 90 | |
| Jul-15 | 2016 | AIS VERSION | Field Values | Retired: 4. AIS 95 | |
| Jul-15 | 2016 | AIS VERSION | Field Values | Retired: 5. AIS 98 | |
| Jul-15 | 2016 | ISS BODY REGION | Data Field | Retired | |
| Jul-15 | 2016 | LOCALLY CALCULATED ISS | Data Field | Retired | |
| Jul-15 | 2016 | HOSPITAL DISCHARGE DATE | Definition | Changed to: "The date the order was written for the patient to be discharged from the hospital." | N |
| Jul-15 | 2016 | HOSPITAL DISCHARGE DATE | Additional Information | Added: "If Hospital Discharge Disposition is 5 Deceased/Expired, then Hospital Discharge Date is the date of death as indicated on the patient's death certificate." | |
| Jul-15 | 2016 | HOSPITAL DISCHARGE TIME | Definition | Changed to: "The time the order was written for the patient to be discharged from the hospital." | N |
| Jul-15 | 2016 | HOSPITAL DISCHARGE TIME | Additional Information | Added: "If Hospital Discharge Disposition is 5 Deceased/Expired, then Hospital Discharge Time is the time of death as indicated on the patient's death certificate." | |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Field Values | Retired: 16. Graft/prosthesis/flap failure | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Field Values | Retired: 20. Pneumonia | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Field Values | Retired: 27. Urinary tract infection | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Field Values | Retired: 28. Catheter related blood stream infection | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Field Values | Added: 33. Catheter-associated urinary tract infection (CAUTI) | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Definition | Added: Catheter-associated urinary tract infection (CAUTI) | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Field Values | Added: 34. Central line-associated bloodstream infection (CLABSI) | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Definition | Added: Central line-associated bloodstream infection (CLABSI) | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Field Values | Added: 35. Ventilator-associated pneumonia (VAP) | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Definition | Added: Ventilator-associated pneumonia (VAP) | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Definition | Changed: Acute Kidney Injury | |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Definition | Changed: Osteomyelitis | |

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| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Field Values | Changed Title: 14. "Deep Vein Thrombosis (DVT)/thrombophlebitis" To: "Deep vein thrombosis (DVT)" | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Field Values | Changed Title: 8. "Cardiac arrest with resuscitative efforts by healthcare provider" To: "Cardiac arrest with CPR" | Y |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Additional Information | Add: "For any Hospital Complication to be valid, there must be a diagnosis noted in the patient medical record that meets the definition noted in Appendix 3: Glossary of Terms." | |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Additional Information | Add: "For all Hospital Complications that follow the CDC definition [e.g., VAP, CAUTI, CLABSI, Osteomyelitis] always use the most recent definition provided by the CDC." | |
| Jul-15 | 2016 | TRANSFUSION BLOOD (4 HOURS) | Additional Information | Changed: "Must also complete the fields Transfusion Blood Measurement and Transfusion Blood Conversion when product is transfused." | |
| Jul-15 | 2016 | TRANSFUSION BLOOD (4 HOURS) | Additional Information | Added: "If packed red blood cells are transfusing upon patient arrival, count as 1-unit. Or, if reporting CCs, report the amount of CCs transfused at your center." | |
| Jul-15 | 2016 | TRANSFUSION BLOOD (24 HOURS) | Additional Information | Changed: "Must also complete the fields Transfusion Blood Measurement and Transfusion Blood Conversion when product is transfused." | |
| Jul-15 | 2016 | TRANSFUSION BLOOD (24 HOURS) | Additional Information | Added: "If the patient meets the collection criteria and packed red blood cells are transfusing upon patient arrival, count as 1-unit. Or, if reporting CCs, report the amount of CCs transfused at your center." | |
| Jul-15 | 2016 | TRANSFUSION BLOOD (24 HOURS) | Additional Information | Added: "The null value "Not Applicable" is used if no blood was given" | |
| Jul-15 | 2016 | TRANSFUSION BLOOD MEASUREMENT | Additional Information | Added: "The null value "Not Applicable" is used if no packed red blood cells were transfused." | |
| Jul-15 | 2016 | TRANSFUSION BLOOD CONVERSION | Additional Information | Added: "The null value "Not Applicable" is used if reporting transfusion blood measurements in CCs." | |
| Jul-15 | 2016 | TRANSFUSION BLOOD CONVERSION | Additional Information | Added: "The null value "Not Applicable" is used if no packed red blood cells were transfused." | |
| Jul-15 | 2016 | TRANSFUSION PLASMA (4 HOURS) | Additional Information | Added: "If the patient meets the collection criteria and plasma is transfusing upon patient arrival, count as 1-unit. If reporting CCs, report the amount of CCs transfused at your center." | |
| Jul-15 | 2016 | TRANSFUSION PLASMA (4 HOURS) | Additional Information | Changed: "Must also complete the fields Transfusion Plasma Measurement and Transfusion Plasma Conversion when product is transfused." | |
| Jul-15 | 2016 | TRANSFUSION PLASMA (24 HOURS) | Additional Information | Changed: "Must also complete the fields Transfusion Plasma Measurement and Transfusion Plasma Conversion when product is transfused." | |

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| Jul-15 | 2016 | TRANSFUSION PLASMA (24 HOURS) | Additional Information | Added: "If the patient meets the collection criteria and plasma is transfusing upon patient arrival, count as 1-unit. If reporting CCs, report the amount of CCs transfused at your center." | |
| Jul-15 | 2016 | TRANSFUSION PLASMA MEASUREMENT | Additional Information | Added: "The null value "Not Applicable" is used if no plasma was transfused." | |
| Jul-15 | 2016 | TRANSFUSION PLASMA CONVERSION | Additional Information | Added: "The null value "Not Applicable" is used if reporting transfusion plasma measurements in CCs." | |
| Jul-15 | 2016 | TRANSFUSION PLASMA CONVERSION | Additional Information | Added: "The null value "Not Applicable" is used if no plasma was transfused." | |
| Jul-15 | 2016 | TRANSFUSION PLATELETS (4 HOURS) | Additional Information | Changed: "Must also complete the fields Transfusion Platelets Measurement and Transfusion Platelets Conversion when product is transfused." | |
| Jul-15 | 2016 | TRANSFUSION PLATELETS (4 HOURS) | Additional Information | Added: "If the patient meets the collection criteria and platelets are transfusing upon patient arrival, count as 1-unit. If reporting CCs, report the amount of CCs transfused at your center." | |
| Jul-15 | 2016 | TRANSFUSION PLATELETS (24 HOURS) | Additional Information | Changed: "Must also complete the fields Transfusion Platelets Measurement and Transfusion Platelets Conversion when product is transfused." | |
| Jul-15 | 2016 | TRANSFUSION PLATELETS (24 HOURS) | Additional Information | Added: "If the patient meets the collection criteria and platelets are transfusing upon patient arrival, count as 1-unit. If reporting CCs, report the amount of CCs transfused at your center." | |
| Jul-15 | 2016 | TRANSFUSION PLATELETS MEASUREMENT | Additional Information | Added: "The null value "Not Applicable" is used if no platelets were transfused." | |
| Jul-15 | 2016 | TRANSFUSION PLATELETS CONVERSION | Additional Information | Added: "The null value "Not Applicable" is used if reporting transfusion platelets measurements in CCs." | |
| Jul-15 | 2016 | TRANSFUSION PLATELETS CONVERSION | Additional Information | Added: "The null value "Not Applicable" is used if no platelets were transfused." | |
| Jul-15 | 2016 | CRYOPRECIPITATE (4 HOURS) | Additional Information | Added: "If the patient meets the collection criteria and cryoprecipitate is transfusing upon patient arrival, count as 1-unit. If reporting CCs, report the amount of CCs transfused at your center." | |
| Jul-15 | 2016 | CRYOPRECIPITATE (4 HOURS) | Additional Information | Changed: "Must also complete the fields Cryoprecipitate Measurement and Cryoprecipitate Conversion when product is transfused." | |
| Jul-15 | 2016 | CRYOPRECIPITATE (24 HOURS) | Additional Information | Added: "If the patient meets the collection criteria and cryoprecipitate is transfusing upon patient arrival, count as 1-unit. If reporting CCs, report the amount of CCs transfused at your center." | |
| Jul-15 | 2016 | CRYOPRECIPITATE (24 HOURS) | Additional Information | Changed: "Must also complete the fields Cryoprecipitate Measurement and Cryoprecipitate Conversion when product is transfused." | |

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| Jul-15 | 2016 | CRYOPRECIPITATE MEASUREMENT | Additional Information | Added: "The null value "Not Applicable" is used if no cryoprecipitate was transfused." | |
| Jul-15 | 2016 | CRYOPRECIPITATE CONVERSION | Additional Information | Added: "The null value "Not Applicable" is used if reporting transfusion cryoprecipitate measurements in CCs." | |
| Jul-15 | 2016 | CRYOPRECIPITATE CONVERSION | Additional Information | Added: "The null value "Not Applicable" is used if no cryoprecipitate was transfused." | |
| Jul-15 | 2016 | SURGERY FOR HEMORRHAGE CONTROL TYPE | Field Values | Added: 8. Other skin/soft tissue | |
| Jul-15 | 2016 | INITIAL ED/HOSPITAL PUPILLARY RESPONSE | New Data Field | | |
| Jul-15 | 2016 | MIDLINE SHIFT | New Data Field | | |
| Jul-15 | 2016 | MULTIPLE | Associated Edit Checks | Flags that previously allowed blanks based upon conditional logic tied to other fields have been changed to unversally restrict the submission of blanks. These are also now universally level 2 flags. | |
| Jul-15 | 2016 | MULTIPLE | Associated Edit Checks | Changed all ICD-10 flags to accommodate the Canadian ICD-10 version. | |
| Jul-15 | 2016 | MULTIPLE | Associated Edit Checks | Patient's Home Location and Injury Location fields (ZIP/Postal Code, Country, State, County, City) changed to accommodate universal ZIP/postal code acceptance. For Non-US locations, all variables must be Not Applicable except for Country or ZIP/postal code. | |
| Jul-15 | 2016 | MULTIPLE | Associated Edit Checks | Updated logic of existing calculated edits checks to reflect the addition of Minutes as an Age Units field value | |
| Jul-15 | 2016 | POLICY LEVEL VALIDATION FLAG | Associated Edit Checks | Added: #9908 (level 3) "Greater than 10% of your patients have been submitted with uknown complication information" | |
| Jul-15 | 2016 | PATIENT'S HOME COUNTRY | Associated Edit Checks | Added: #0104 (level 2) "Field cannot be Not Applicable" | |
| Jul-15 | 2016 | PATIENT'S HOME COUNTRY | Associated Edit Checks | Added: #0105 (level 2) "Field cannot be Not Known/Not Recorded when Home ZIP is not: (1) blank, (2) Not Applicable, or (3) Not Known/Not Recorded" | |
| Jul-15 | 2016 | INCIDENT COUNTRY | Associated Edit Checks | Added: #2104 (level 2) "Field cannot be Not Applicable" | |
| Jul-15 | 2016 | INCIDENT COUNTRY | Associated Edit Checks | Added: #2105 (level 2) "Field cannot be Not Known/Not Recorded when Home ZIP is not: (1) blank, (2) Not Applicable, or (3) Not Known/Not Recorded" | |
| Jul-15 | 2016 | REPORT OF PHYSICAL ABUSE | Associated Edit Checks | Added: #9203 (level 2) "Field cannot be blank" | |
| Jul-15 | 2016 | INVESTIGATION OF PHYSICAL ABUSE | Associated Edit Checks | Changed: #9302 (level 2) to read "Field cannot be blank" | |
| Jul-15 | 2016 | CAREGIVER AT DISCHARGE | Associated Edit Checks | Added: #9402 (level 2) "Field cannot be blank" | |
| Jul-15 | 2016 | TRAUMA CENTER CRITERIA | Associated Edit | Added: #9502(level 2) "Field cannot be blank" | |

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| | | | Checks | | |
| Jul-15 | 2016 | VEHICULAR, PEDESTRIAN, OTHER RISK INJURY | Associated Edit Checks | Added: #9603 (level 2) "Field cannot be blank" | |
| Jul-15 | 2016 | INITIAL ED/HOSPITAL RESPIRATORY ASSISTANCE | Associated Edit Checks | Retired: #5103 | |
| Jul-15 | 2016 | SIGNS OF LIFE | Associated Edit Checks | Added: #6208 (level 3) "Field is 1 (Arrived with NO signs of life) when Initial ED/Hospital SBP > 0, Pulse > 0, OR GCS Motor > 1. Please verify." | |
| Jul-15 | 2016 | SIGNS OF LIFE | Associated Edit Checks | Added: #6209 (level 3) "Field is 2 (Arrived with signs of life) when Initial ED/Hospital SBP = 0, Pulse = 0, AND GCS Motor = 1. Please verify." | |
| Jul-15 | 2016 | ICD-9 HOSPITAL PROCEDURES | Associated Edit Checks | Changed: #6503 (level 2) to read "Field cannot be blank" | |
| Jul-15 | 2016 | ICD-10 HOSPITAL PROCEDURES | Associated Edit Checks | Changed: #8803 (level 2) to read "Field cannot be blank" | |
| Jul-15 | 2016 | AIS PREDOT CODE | Associated Edit Checks | Changed: #7004 (level 3) to read "AIS codes submitted are not valid AIS 05, Update 08 codes" | |
| Jul-15 | 2016 | AIS PREDOT CODE | Associated Edit Checks | Retired: #7005 | |
| Jul-15 | 2016 | AIS PREDOT CODE | Associated Edit Checks | Retired: #7006 | |
| Jul-15 | 2016 | AIS PREDOT CODE | Associated Edit Checks | Added: #7007 (level 2) "Field cannot be blank" | |
| Jul-15 | 2016 | AIS SEVERITY | Associated Edit Checks | Added: #7103 (level 2) "Field cannot be blank" | |
| Jul-15 | 2016 | AIS VERSION | Associated Edit Checks | Added: #7302 (level 2) "Field cannot be blank" | |
| Jul-15 | 2016 | HOSPITAL COMPLICATIONS | Associated Edit Checks | Added: #8103 (level 3) "Hospital Complications include Pneumonia although Total Ventilator Days is 0. Please verify." | |
| Jul-15 | 2016 | HIGHEST GCS TOTAL | Associated Edit Checks | Added: #10004 (level 2) "Field should be Not Applicable as the AIS codes provided do not meet the collection criteria" | |
| Jul-15 | 2016 | HIGHEST GCS TOTAL | Associated Edit Checks | Added: #10005 (level 2) "Field should not be Not Applicable as the AIS codes provided meet the collection criteria" | |
| Jul-15 | 2016 | HIGHEST GCS MOTOR | Associated Edit Checks | Added: #10104 (level 2) "Field should be Not Applicable as the AIS codes provided do not meet the collection criteria" | |
| Jul-15 | 2016 | HIGHEST GCS MOTOR | Associated Edit Checks | Added: #10105 (level 2) "Field should not be Not Applicable as the AIS codes provided meet the collection criteria" | |
| Jul-15 | 2016 | GCS ASSESSMENT QUALIFIER COMPONENT OF HIGHEST GCS TOTAL | Associated Edit Checks | Added: #10204 (level 2) "Field should be Not Applicable as the AIS codes provided do not meet the collection criteria" | |

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| Jul-15 | 2016 | GCS ASSESSMENT QUALIFIER COMPONENT OF HIGHEST GCS TOTAL | Associated Edit Checks | Added: #10205 (level 2) "Field should not be Not Applicable as the AIS codes provided meet the collection criteria" | |
| Jul-15 | 2016 | CEREBRAL MONITOR | Associated Edit Checks | Added: #10304 (level 2) "Field should be Not Applicable as the AIS codes provided do not meet the collection criteria" | |
| Jul-15 | 2016 | CEREBRAL MONITOR | Associated Edit Checks | Added: #10305 (level 2) "Field should not be Not Applicable as the AIS codes provided meet the collection criteria" | |
| Jul-15 | 2016 | CEREBRAL MONITOR DATE | Associated Edit Checks | Changed: #10409 (level 3) to read "Field should be Not Applicable when Cerebral Monitor is Not Applicable or None" | |
| Jul-15 | 2016 | CEREBRAL MONITOR TIME | Associated Edit Checks | Changed: #10508 (level 3) to read "Field should be Not Applicable when Cerebral Monitor is Not Applicable or None" | |
| Jul-15 | 2016 | VENOUS THROMBOEMBOLISM PROPHYLAXIS DATE | Associated Edit Checks | Retired: #10704 | |
| Jul-15 | 2016 | VENOUS THROMBOEMBOLISM PROPHYLAXIS TIME | Associated Edit Checks | Retired: #10804 | |