



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



**Trauma Registry Users Group Meeting Minutes**  
**Wednesday April 20, 2016 9:30 am – 11:00 a m**  
**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](mailto:Mary.Benkert@azdhs.gov) or**  
**Rogelio Martinez 602-542-2246 or [Rogelio.Martinez@azdhs.gov](mailto:Rogelio.Martinez@azdhs.gov)**

ADHS– Mary Benkert	HonorHealth Deer Valley – Maria Salas
ADHS – Kim Boehm	HonorHealth Deer Valley – Olivia Barron
ADHS – Rogelio Martinez	HonorHealth Deer Valley – Lori Kennedy
Abrazo Scottsdale – Cristi Harbison (p)	HonorHealth John C Lincoln – Jennifer Kennedy (p)
Abrazo Scottsdale – Teresa McClelland (p)	HonorHealth John C Lincoln – Cecile D'Huyvetter
Abrazo West Campus – Angela Minchella (p)	HonorHealth John C Lincoln –Xan Hummel (p)
Abrazo West Campus – Maria Carbajal (p)	HonorHealth Scottsdale Osborn – Barbara Szerlag (p)
Abrazo West Campus – Tiffiny Strever (p)	HonorHealth Scottsdale Osborn – Laurie Jones (p)
Banner – University MC Phoenix -- Beth Latrell	Maricopa Medical Center– Lillian Namagembe (p)
Banner – University MC Phoenix – Jeanette Williams (p)	Maricopa Medical Center– Jonelle Treto (p)
Banner – University MC Phoenix – Julie Herrera (p)	Maricopa Medical Center– Linda Tuck (p)
Banner – University MC Phoenix – Susan Lunsford (p)	Maricopa Medical Center– Summer Magoteaux (p)
Banner – University MC Tucson – Terry Burns (p)	Mt. Graham Regional Medical Center – Shanna Cluff (p)
Banner – University MC Tucson – Carol Bailey (p)	Phoenix Children's Hospital – Kelly Montgomery (p)
Banner – University MC Tucson – Teresa Matheson (p)	Phoenix Children's Hospital – Danelle Alexander (p)
Banner Payson – Mike Ward (p)	Phoenix Children's Hospital – Justin Slotman (p)
Banner Payson – Linda Gregory (p)	St. Joseph's Hospital– Elisa Flores (p)
Canyon Vista Medical Center – Brenda Smith (p)	St. Joseph's Hospital – Rose Johnson
Chandler Regional MC – Jennifer Larson	St. Joseph's Hospital– Pam Goslar (p)
Chandler Regional MC – Josie Delgado	St. Joseph's Hospital– Shawna Hosler (p)
Chandler Regional MC – Denise Dublin	St. Joseph's Hospital– David Villa (p)
Chandler Regional MC – Lori Wass (p)	Summit Healthcare Regional – Julie Solomon (p)
Chandler Regional MC – Jaeci Perez	Tuba City Regional – Jennifer Greyhatt (p)
Copper Queen Community Hospital – Claudia Romo (p)	Tuba City Regional – Shannon Johnson (p)
Flagstaff Medical Center – Jennifer Faden (p)	Verde Valley Medical Center – Deborah Verkyk (p)
Flagstaff Medical Center– Sheri Reiff (p)	Yavapai Regional Medical Center – Chris Thompson
Havasu Regional MC – Damian Ball (p)	Yuma Regional Medical Center – Eugenia Sims (p)
	Yuma Regional Medical Center – Megan Barry (p)

- A) Minutes from last meeting / Outstanding Items  
 There were no amendments to the meeting minutes from January 13, 2016.

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 4 2015 data was due on April 1, 2016 (ED/Hospital Arrival Dates Jul – Sep, 2015); Data should be validated and corrected before you submit. At year end, I need the entire year exported so I have all the corrections/updates that you have at your site. I also ask that you send me the validation report from your site for the year and let me know if Q4 is ICD-9 or ICD-10. I want to compare the web validator to each site’s validator to make sure they are consistent.

**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.

C) Trauma One Data Entry Screens for 2016 Forward

For 2016 forward complete only the screens for ICD-10 in Trauma One. Here are the current screens for both pathways. For those sites with their own pathways, the screens should be named similarly:

<b>REDUCED PATHWAY</b>
PATIENT INFO
INJURY/PREHOSP 10
ED/ADMIT
DIAGNOSIS 10
<b>FULL PATHWAY</b>
DEMOGRAPHICS 10
AZ-INJURY 10
PREHOSPITAL
REFERRAL
AZ-TRAUMA
AZ-TOXICOLOGY
AZ-D/C 10
AZ-DIAGNOSES 10
FINANCIAL

The old pages cannot be removed because they must appear in a pathway in order to access the ICD-9 fields for reporting. I will see if Lancet can create an historical pathway for those screens or at least move them to the back of the pathway. Stay tuned.

D) Picklist Update for 2016

I will be sending a picklist update shortly:

Facilities	Add MED6159 Dignity Health Arizona General Hospital Emergency (Gilbert)
Facilities	Add MED6272 Dignity Health Arizona General Hospital Emergency (Ray Rd)
Facilities	Add MED6390 Northwest Emergency Center at Vail
Facilities	Add MED6475 Dignity Health Arizona General Hospital Emergency (Ahwatukee)
Facilities	Add MED6304 Dignity Health Arizona General Hospital Emergency (Mesa)
Alt Residence	Retire: Foreign Visitor
Hospital Complications	Retire: 16. Graft/prosthesis/flap failure
Hospital Complications	Retire: 20. Pneumonia
Hospital Complications	Retire: 27. Urinary tract infection
Hospital Complications	Retire: 28. Catheter related blood stream infection
Transporters	Add FRN0188 Williamson Valley Fire Dist. as ground transporter
System Inclusion	Add: ICD10_REVIEW - Admission or Death and met ASTR ICD-10-CM Inclusion Codes

Once all sites have completed 2015 data entry, I will retire ICD9\_REVIEW. For those sites that have been using ICD9\_REVIEW in 2016, no need to update records entered to date.

Also, I have seen ICD9\_REVIEW selected in patients that were not admitted or died and had no injuries. I will pull a report to see how many of these I find.

E) ICD-10 Cheat Sheet Discussion

Now that everyone is working with ICD-10 several registrars have found multiple codes for the same procedures. I asked them to bring these to TRUG so we can discuss and find consistency:

1. Massive Transfusion Protocol – many times this is ordered and never actually given. Per our TRUG discussion, code MTP only when it is given.
2. Craniotomy – there are many codes for craniotomy in ICD-10 depending on the objective. Per our TRUG discussion, use these codes:
  - a. 0N8 = Division; use for elevated skull fracture with no drainage;
  - b. 0090 thru 0097 = EVAC/ Drainage; select appropriate region;
  - c. 00C = Extirpation; use when involves removal of solid matter;

F) DocMatter- for those of you who are new, DocMatter is a website/group dedicated to the AZ State Trauma Registry. I know there are some of you who have not been extended an invitation to join this group. It's not required but I do encourage everyone to join and participate in discussions relating to the AZ State Trauma Registry. Please E-mail me if you would like to be included and I will forward your E-mail address to the DocMatter administrator. Here is a synopsis of the most recent discussion on DocMatter:

'Example: Patient is involved in a motor vehicle rollover. Patient is activated but after examination has no code able injuries. When putting this patient in the registry do you:

1. Enter the appropriate Primary External Cause Code for the circumstances and then put Not Applicable for diagnoses or;
2. Do you enter Not Applicable for Primary External Cause Code because there were no injuries and Not Applicable for diagnoses.

This is not a test; I'm just interested in how everyone is doing this from a consistency standpoint. Thanks.

Most registrars responded that #1 is what they are already doing. In order to provide the most complete and consistent information regarding External Cause in the absence of injury, I would encourage you to follow response #1 in the above scenario. Thanks to all for your input.

- G) Question regarding Cardiac Arrest – what can be coded in the event of a motor vehicle crash with cardiac arrest when there are no codeable injuries? Per TRUG discussion, you may need to wait for the Medical Examiner’s report to find final diagnoses. If there is nothing there or you don’t receive the ME’s report, you may be able to check with the doctor; he/she may be able to do an addendum to the chart with something you can use, such as an abrasion, etc. There must be documentation in order to code diagnoses. In the absence of any codeable injuries, it is perfectly acceptable to use Not Applicable.
- H) Discussion regarding the current status of the web registry:  
All of the REDUCED pathway sites and most of the FULL stand-alone Level IV sites are using the web registry. There are a couple of Level III sites using the web registry. The prerequisite for the Level III sites was the availability of the NTDB export function. This is now available and is currently in use.

Lancet will continue to contact and transition stand-alone sites. Sites will have to decide whether they will transition or opt out of the web registry transition. There is no current timeline for transition imposed by the state at this time.

Sites should understand that all future transitions will require Lancet to custom build web pages for each site and any future transitions will be dependent upon their workload. ADHS will continue to provide costs associated with state required updates for web based users. Additional customization or work not associated with the state requirements will be the responsibility of the trauma center.

Trauma centers who decline to transition to the web based registry will be responsible for any associated costs as determined by Lancet. Lancet has expressed to ADHS that there are no shifts in annual maintenance costs for sites wishing to comply with state requirements. It is important to note that the new relationship for centers that decide to not transition to the web registry excludes ADHS and is only between Lancet and the trauma center. New trauma centers not using either the Full or Reduced pathways in the web are required to pay their own fees as determined by Lancet Technology.

Discussion regarding the Quality Assurance:

Per ARS 36-2401, 36-2402, 36-2403, 36-2220, 36-2221, ARS 36, Title 21.1, Article 14 **Quality assurance data is not available for release or subpoena.**

- I) 2016 remaining TRUG meeting schedule:
- 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