

Trauma Management Information Systems:

Prereview Questionnaire

- 1. Which agency has oversight of the trauma MIS? Describe the role and responsibilities of the lead agency in collecting and maintaining the data. How are the completeness, timeliness, and quality of the data monitored?**

Agency Oversight:

The Department of State Health Services (DSHS) has oversight of the EMS/Trauma Registry. The Registry resides in the Injury and EMS/Trauma Registry Group (in the Environmental and Injury Epidemiology and Toxicology Unit, in the Environmental Epidemiology and Disease Registries Section, in the Prevention and Preparedness Division) which maintains the Registry in collaboration with the DSHS Office of EMS and Trauma Systems Coordination and the DSHS Information Technology Section.

Agency Responsibilities:

The Injury and EMS/Trauma Registry Group is the program within the agency that is responsible for the implementation of statutes requiring the collection, management, and monitoring of data submissions. The Office of EMS and Trauma Systems Coordination is the area within the agency that is responsible for the enforcement of data submission requirements. The DSHS Information Technology Section is responsible for the operation and maintenance of the registry system and ongoing technical IT support.

Monitoring of Completeness, Timeliness, and Quality of Data:

The completeness, timeliness, and quality of data are monitored by agency Registry staff. Data quality reports are run on an ad hoc basis to determine issues that require attention. Staff works with providers to improve data quality and to resolve other issues as they arise. Staff also provides customer service to providers on issues pertaining to data submission, system access, and use. Injury epidemiologists clean the data, prepare public use data files, respond to individual data requests from the public and data reporters, conduct research and write reports on special topics. Completeness and quality of data are monitored by data quality reports run by Registry staff showing the percentage of providers reporting and the percent of entities who report accurately on key data fields that have been identified as most important to meaningful data analysis. Since submission of data is required only every 90 days, completeness of data is used as a surrogate measure for timeliness.

- 2. Specify which of the following data sources are linked to the information system. Describe the method of linkage (for example, probabilistic or deterministic).**

- Motor-vehicle crash or incident data
 - Probabilistic linkage occurred in the early 2000's when DSHS had the CODES grant from NHTSA. Currently the program is working to

obtain a data set from the new Crash Records Information System (CRIS) to be able to conduct more linkages.

- Law enforcement records
 - not available
- EMS or other transporting agency records
 - available in EMS/Trauma Registry but not currently being linked with any other data sets
- ED records
 - no systematic statewide collection
- Hospital records (hospital trauma registries)
 - available in EMS/Trauma Registry but not currently being linked to any other data sets
- Hospital administrative discharge data
 - Current state statute prohibits linking these data with other data sets
- Rehabilitation data
 - not available
- Coroner and medical examiner records
 - no statewide collection
- Financial or payer data
 - available in the hospital discharge data set but these data cannot be linked
- Dispatch
 - available in EMS/Trauma Registry but not currently being linked to any other data sets

3. What are the regional trauma registry inclusion criteria?

EMS providers are required to report all runs (medical and trauma). A run is a resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to, or transports a person, emergency and non-emergency, transport and non-transport runs.

Hospitals are required to submit all major trauma cases where the patient died or arrived dead, was admitted for more than 48 hours, was transferred to *their* hospital, or was transferred out to *another* hospital. Hospitals also submit all traumatic spinal cord injuries, traumatic brain injuries, and submersions.

4. Which stakeholders had a role in selecting the data elements for inclusion into the regional registry?

Hospital and EMS stakeholders provided input into the set of data elements used in the current Registry. We are in the process of replacing the current Registry with a registry that is NEMESIS and NTDB compliant and all stakeholders were provided the opportunity to provide input. Consultants were hired to hold 19 meetings at 10 locations around the state to which all stakeholders were invited to solicit input for the

new Registry. Over 200 individuals representing 60 EMS providers and 80 hospitals provided input.

- From what source(s) were the data field definitions derived? –

The current EMS/Trauma Registry data field definitions were developed through a stakeholder process. Currently the department is undertaking a project to replace the current registry and plans to be both NEMESIS gold and NTDB compliant.

- What pediatric data elements are captured?

None, currently in EMS/Trauma Registry; these elements will be addressed in the new EMS/Trauma Registry.

5. What local or system-wide reports are routinely generated and at what frequency?

An annual allotment report is provided to the Office of EMS and Trauma Systems Coordination to assist in funds distribution. Individual entities and Regional Advisory Councils request system-generated reports on an Ad Hoc basis. Research staff also analyzes data and produce reports on an “as needed” basis. Registry staff will be developing a list of standardized annual reports.

6. Are data contributed to the National Trauma Data Bank (NTDB) or other outside agencies? If so, please specify which agencies.

Individual hospitals submit data to the NTDB. When new system is operational, the plan is to be able to submit data to NTDB and NEMESIS for those providers that do not have the capacity to submit directly.

Documentation Required

Before site visit:

- ✓ Policies and procedures related to release of data

On-site:

- ✓ Data dictionary for the trauma registry
- ✓ A typical regional registry report, redacted to maintain confidentiality