

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 334
Subject	Trauma Registry Data Collection	Page 1 of 3
References	California Code of Regulations, Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 7. Trauma Care Systems	Effective 12/15/2014

I. POLICY

The EMS Agency is responsible for monitoring the Central California EMS Region's Trauma System. Data collection and management are critical components to monitoring the system, and essential to performance improvement and patient safety programs. This policy defines the means of collection of data for Quality Improvement of the Trauma System.

II. PROCEDURE

A. EMS AGENCY

1. The EMS Agency shall maintain a Trauma Registry and Trauma Information System. The data submitted by the hospitals shall be utilized for trauma system monitoring, evaluation, and research. Data will be used for periodic reports to the Regional Trauma Audit Committee.
2. The Trauma Registry will be utilized for quality improvement purposes and will be protected from disclosure per the California Evidence Code, Section 1157.7. The data base is not subject to the mandated patient authorization procedures of HIPPA.
3. Data from the Trauma Registry shall be integrated into the State EMS Authority data management system as required.

B. TRAUMA CENTERS

1. Trauma Centers shall use the Trauma Registry Program approved by the EMS Agency.
2. Trauma Registry Data will be completed by all trauma centers for all patients who meet the inclusion criteria for the trauma registry as outlined in Attachment A. Trauma Nurse Coordinators /Managers or Trauma Registrars at the trauma centers will be responsible for completing the documentation of registry patients.
3. Trauma registries should be concurrent. At a minimum, 80 percent of cases must be entered within 60 days of discharge.

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4. The completed registry data will be forwarded to the EMS Agency electronically on a monthly basis. If a trauma registry record is updated at the trauma center, the revised record will be submitted to the EMS Agency.

C. NON-TRAUMA HOSPITALS

1. Non-trauma hospitals will complete a Non-Trauma Hospital Patient Registry Form (Attachment B) on the following critical trauma patients who present at a non-trauma hospital:
 - a. Trauma patients meeting any of the trauma triage criteria/destination criteria to a designated trauma center.
 - b. Trauma patients with a final disposition to a Trauma Center.
 - c. Trauma transfers from other facilities.
 - d. All traumatic arrests, trauma related deaths in the ED or after hospital admission.
2. Completed registry forms will be emailed to the EMS Agency within 60 days of patient discharge, transfer or death.
3. The registry form is to be completed by designated personnel from the non-trauma hospital. The names of designated personnel will be forwarded to the EMS Agency.

D. INSTRUCTIONS FOR COMPLETION OF THE NON-TRAUMA HOSPITAL PATIENT REGISTRY FORM

1. Section 1 – Identification
 - a. EMS Number
 - b. Incident Location: Enter the original location of the incident
 - c. Hospital: Enter the name of the non-trauma hospital completing the form.
 - d. Patient: Enter the name of the patient.
 - e. Date of birth
 - f. Age: Enter the patient's age.
 - g. Sex: Check male or female.
2. Section 2 – Emergency Department Admission Data
 - a. Date of Arrival: Enter month, date, year admitted to the ED.
 - b. Time of Arrival: Enter time of arrival to the ED.
 - c. Method of Arrival: Check applicable; if "Other", describe.
 - d. Mechanism of Injury: Check one; if "Other", describe.

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- e. Vital Signs Upon Arrival: Enter initial GCS and vital signs taken in the ED.
 - f. Procedures: Check any applicable procedure and enter time; if “Other”, describe.
 - i. Blood products: Enter time of first unit and the total number of units given, if any products were given.
 - g. Injuries: Check applicable.
 - i. All trauma related hospital admits with at least one injury ICD-9 diagnosis code between 800.0-959.9.
3. Section 3 – Emergency Department Disposition
- a. Admitted: Check if applicable, enter time, and specify hospital unit under comments.
 - b. OR: Check if applicable, enter time, and specify procedure(s) if known under comments.
 - c. OR Disposition: Check if applicable, enter time, and specify hospital unit under comments.
 - d. Discharged: Check if applicable, and enter time.
 - e. Transfer to a Trauma Center ED: Check if applicable, enter time, and specify destination under comments.
 - f. Interfacility Transfer (Patient transferred to inpatient unit): Check if applicable, enter time, and specify destination under comments.
 - g. Ground Transport: Check if applicable, and enter time.
 - h. Air Transport: Check if applicable, and enter time.
 - i. Other: Check if applicable, enter time, and include explanation under comments.
4. Section 4 - Comments:
- a. Include anything pertinent, explanatory, or interesting information.
 - b. Include any transfer questions or problems.

ATTACHMENT A
TRAUMA REGISTRY – TRAUMA CENTER SELECTION CRITERIA

Reference: Current Version of the National Trauma Data Bank (NTDB) Data Dictionary and the State of California Data Dictionary.

1. All trauma related hospital admits with at least one injury ICD-9 diagnosis code between 800.0 – 959.9
 - A. Fractures (all)
 - B. Dislocations (all)
 - C. Intracranial injuries (all—includes concussion)
 - D. Internal injuries of chest, abdomen, and pelvis
 - E. Open wounds
 - F. Injuries to blood vessels
 - G. Crushing injuries
 - H. Burns (burn registry)
 - I. Injuries to optic nerves
 - J. Spinal cord injuries
 - K. Certain traumatic complications
 1. Air/fat embolism
 2. Secondary and recurrent hemorrhage
 3. Post traumatic wound infection
 4. Traumatic shock
 5. Subcutaneous emphysema
 - L. Excludes:
 1. 905-909 (late effects of injury—defined as “those things that occur at any time after an acute injury)
 2. 910-924 (blisters, contusions, abrasions, insect bites)
 3. 930-939 (foreign bodies)
 4. Isolated sprains/strains/contusions
2. All injury-related deaths in ED or after admission
3. All trauma transfers from other facilities

ATTACHMENT B
CENTRAL CALIFORNIA EMS AGENCY
NON-TRAUMA HOSPITAL PATIENT REGISTRY FORM

1. IDENTIFICATION

EMS Number _____

Incident Location _____

Hospital _____

Patient _____

DOB _____

Age _____ Male ☐ Female ☐

2. EMERGENCY DEPARTMENT ADMISSION DATA

Date of Arrival _____

Time of Arrival _____

Method of Arrival:

Walk-in ☐ BLS Ambulance ☐

ALS Ambulance ☐ Air Ambulance ☐

Other ☐ If other, describe: _____

Mechanism of Injury:

Motor Vehicle Crash ☐ Motorcycle ☐ Bicycle ☐

Pedestrian ☐ Assault ☐ Stabbing ☐ Gun Shot ☐

Ground Level Fall ☐ Fall from Height ☐ Sports ☐

Industrial ☐ Farming ☐

Other ☐ If other, describe: _____

Vital Signs Upon Arrival:

Eyes: _____ Verbal: _____ Motor: _____

GCS: _____

HR: _____ RR: _____ BP: _____

Procedures:

Time _____ Time _____

Intubation ☐ _____ Blood Products ☐ _____

of Units Given _____

CT Scan ☐ _____ Chest Tube ☐ _____

Other ☐ _____ If other, describe: _____

Injuries: (ICD -9-CM 800-959.9)

Fractures:

Skull ☐ Neck/Spine ☐ Limbs ☐

Dislocations ☐ Intracranial Injury ☐ Sprains/Strains ☐

Open wounds ☐ Burns ☐ Foreign Body ☐

Internal Injury to: Chest ☐ Abdomen ☐ Pelvis ☐

Injuries involving: Blood Vessels ☐ Crushing ☐

Optic nerves ☐ Spinal Cord ☐

3. EMERGENCY DEPARTMENT DISPOSITION

Time

Time

Admit ☐ _____ Transfer to Trauma Center ED ☐ _____

OR ☐ _____ Interfacility Transfer ☐ _____

OR Disposition : Ground Transport ☐ _____

Admit ☐ _____ Air Transport ☐ _____

Transfer ☐ _____ Other ☐ _____

Discharged Home ☐ _____

Please include comments concerning difficulties with the interfacility transfer arrangements, procedures, patient care, etc.

4. COMMENTS

Submitted by: _____

Within 30 days of patient discharge, transfer or death, email the completed form to Mato Parker at mkparker@fresnocountyca.gov