

Trauma Registry Advisory Subcommittee (TRAS) Summary July 21, 2010 Meeting

Approval of TRAS' Roles & Responsibilities: At past meetings, TRAS developed their roles and responsibilities. TRAS' roles & responsibilities have been approved by Trauma Committee.

Approval of OTR Admission Criteria Change as Proposed by TRAS: Trauma Committee approved the proposed changes made by TRAS to the OTR admission inclusion/exclusion criteria. TRAS' changes include clarification of the transfer patient (into or out of any hospital by ambulance and/or aeromedical helicopter regardless of length of stay); clarification of first initial admission (initial admission to the hospital or observation as defined by physicians orders regardless of length of stay) and removal of the inpatient 48-hour stay requirement. Superficial abrasions and contusions (910.0-924.9) will be excluded from the OTR inclusion criteria if they are the ONLY injury identified. Patients who have an injury within the ICD-9-CM inclusion range as well as 910.0-924.9 injury would be included in the registry.

Charge from the State Trauma Committee to Collect Trauma-Related Isolated Hip Fractures while Excluding Fragility-Related Hip Fractures in the OTR: Per the request of Trauma Committee, TRAS made a motion to exclude isolated hip fractures in persons age ≥ 70 that result from a fall on the same level from slipping, tripping or stumbling. This will be taken to Trauma Committee. It was noted that this was deviating from the National Trauma Data Standards (NTDS) definition. A suggestion was made to poll the AOTR members on the mechanisms of injuries in their registry for those with an age of ≥ 70 years old. The poll to the AOTR will ask registrars to include patients from their registry for calendar year 2009, including # patients ≥ 70 years old, grouped by age, outcome and e-code.

Update on Stakeholder Education Process Related to the OTR: Discussion was held on how to update and educate stakeholder on OTR related items. Suggestions included:

- Trauma System listserv, emails can be sent as needed anytime to everyone who signs up on the listserv. To join one or more of the Ohio Department of Public Safety Division (ODPS) of EMS listservs go to: http://ems.ohio.gov/ems_outreach.stm.
- Those in attendance from the AOTR and OSTNL should take back any information learned to their groups.
- Placing information in The Siren, ODPS' newsletter which is published quarterly.
- Add a FAQ page to the data center page and the trauma page on ODPS' website.

OTR Data Dictionary Revisions: TRAS members reviewed and made suggested changes. The draft data dictionary was approved by TRAS with the suggested changes made at the meeting. The data dictionary will go to Trauma Committee for approval. The dictionary will not go live until the OTR database can be updated by a programmer; it's currently not known when this will happen.

OTR Staffing Gap: Review of Other State's Data: Tim shared data on the number of records (patients) collected in other state's trauma registry per a survey of the National Council of State Trauma Managers. The OTR collects about 40,000 records per year (excluding hip fractures and patients admitted less than 48) with one FTE. Approximately 11,400 patients are being collected per FTE from those who responded

to the survey. **Comparison to the ODH Ohio Violent Death Reporting System (OH-VDRS):** September 2009, Ohio Department of Health, was awarded a 4 year grant of \$273,727 a year to develop a new death surveillance system and to become the 18th state to participate in the National Violent Death Reporting System (NVDRS). Staffing for this program includes a Program Manager, Data Manager, Abstractor (Registrar) and Epidemiologist. The data comes from multiple sources and sent to the CDC and used in Ohio. In 2007, there were approximately 2,007 deaths that met the criteria for this program. **Action Plan Discussion to Address Staffing Gap:** A letter from the chairs of TRAS will be sent to Trauma Committee (TC) and the EMS Board addressing the issues and the need for additional staff. A draft of the letter will be brought back to TRAS before sending to TC and the EMS Board.

Review of TRAS Committee Membership and Delegated Seats: Discussion was held on current members of TRAS and if additional members were needed. It was noted that several people at the meeting regularly attend and provide input but aren't official members of the committee. Those attendees were encouraged to apply to be members of TRAS. The application process is open, anyone can apply. Tim will forward the application to TRAS members for dissemination to others who may be interested in joining. Trauma Committee ultimately approves all members to TRAS.

In the interest of time the remainder of the agenda was tabled until the next meeting.