Name of Policy: Trauma Registry Policy Number: 3364-141-01		UT OLEDO HEALTH
Approving Officer : Chief Nursing Officer		
Responsible Agent: Director, Trauma Servi	Effective date:	
Medical Director, Trauma Program		Original effective date: 11/1/2007
Scope : University of Toledo Medical Center		
Key words: Trauma, Registry, Data Collection	n, Qua	llity Assurance, Clinical Research
New policy proposal	\boxtimes	Minor/technical revision of existing policy
Major revision of existing policy		Reaffirmation of existing policy

(A) Policy Statement

The Trauma Registry collects and stores information on trauma patients, prepares reports on data collected, and provides information for Quality Assurance and Clinical Research for the medical staff and other departments at UTMC.

(B) Purpose of Policy

To maintain a consistent manner of identifying trauma patients for the Trauma Registry.

(C) Procedure

- 1. Identification of cases for inclusion in the database.
 - a. The trauma registry shall include data on the following:
 - All Trauma Activations, Level I or II
 - Transferred into or out of acute care facility regardless of LOS at transferring facility or mode of transfer
 - All trauma patients with an appropriate mechanism of injury who are admitted to UTMC (Floor, ICU, OR, OPS, GI, or direct admit) with one of the following criteria (or are transferred to another facility) or are dead on arrival/death after attempted resuscitation
 - Trauma patients with appropriate mechanisms of injury, evaluated in Emergency Department only and discharged to Hospice

Most Common Inclusion Criteria

International Classification	ICD-10-CM Diagnoses Descriptions	
of Disease, Tenth Revision,		
Clinical Modification (ICD-		
10-CM) -		
J70.5	Respiratory conditions due to smoke inhalation	
S00-S99	With 7 th character modifiers of A, B or C. Injuries to specific body parts-Initial	
	encounter	
T07	Unspecified multiple injuries	
T14	Injury of unspecified body region	
T20-T28	With 7 th character modifier of A only (burns by specific body parts-Initial	
	encounter	
T30-T32	Burns of multiple & unspecified body regions by TBA percentage	
T33-T34	Frostbite with A modifier only	
T59	A modifier only	
T68-T69	Hypothermia & Other effects of reduced temperature	
T70.4; T70.8; T70.9	Effects of high-pressure fluids, air, and water pressure	
T71	Asphyxiation	
T74	Physical abuse, confirmed; shaken infant syndrome	
T75.0, T75.1 & T75.4	Lightening, Electrocution, Drowning; A modifier only	
T79.A1-T79.A9	Traumatic compartment syndrome-initial encounter with 7 th modifier of A only	

2. Case Finding/Data Sources:

- a. Reports from the electronic medical record will be reviewed to identify admission diagnosis of trauma.
- b. The Trauma Criteria sheet will be completed to identify all Trauma Alerts/Consults, DOA, DAA, & Transfers associated with a trauma diagnosis.
- c. Concurrent data collection by Trauma Registrars. Trauma P.I. Coordinator will review for hospital events and critique within the Trauma Department.

3. Maintenance of Trauma Registry

- a. Data Entry Storage
 - 1) All information will be entered into the computer on all cases, followed by complete information from trauma abstract.
 - 2) A hard copy of all data sheets will be stored in the Trauma Registry office file according to the month of discharge for at least 14 months.

3) Generation of Reports

- a. Standard reports will be generated on a monthly or quarterly basis for the needs of the Trauma Committee
- b. Trauma Registry request files will be maintained.

Information to be included in request:

- i. Date of request
- ii. Topic of report
- iii. Period covered in report
- iv. Variables included in report
- v. Person/persons requesting report

- Purpose of report Date needed vi.
- vii.

Initial effective date: 11/1/2007 Review/Revision Date: 11/1/2007 11/15/2010 4/25/14 7/1/2017
7/1/2020
Next review date: