

p e n n s y l v a n i a
TRAUMA
SYSTEMS
f o u n d a t i o n

2019 Collector Update

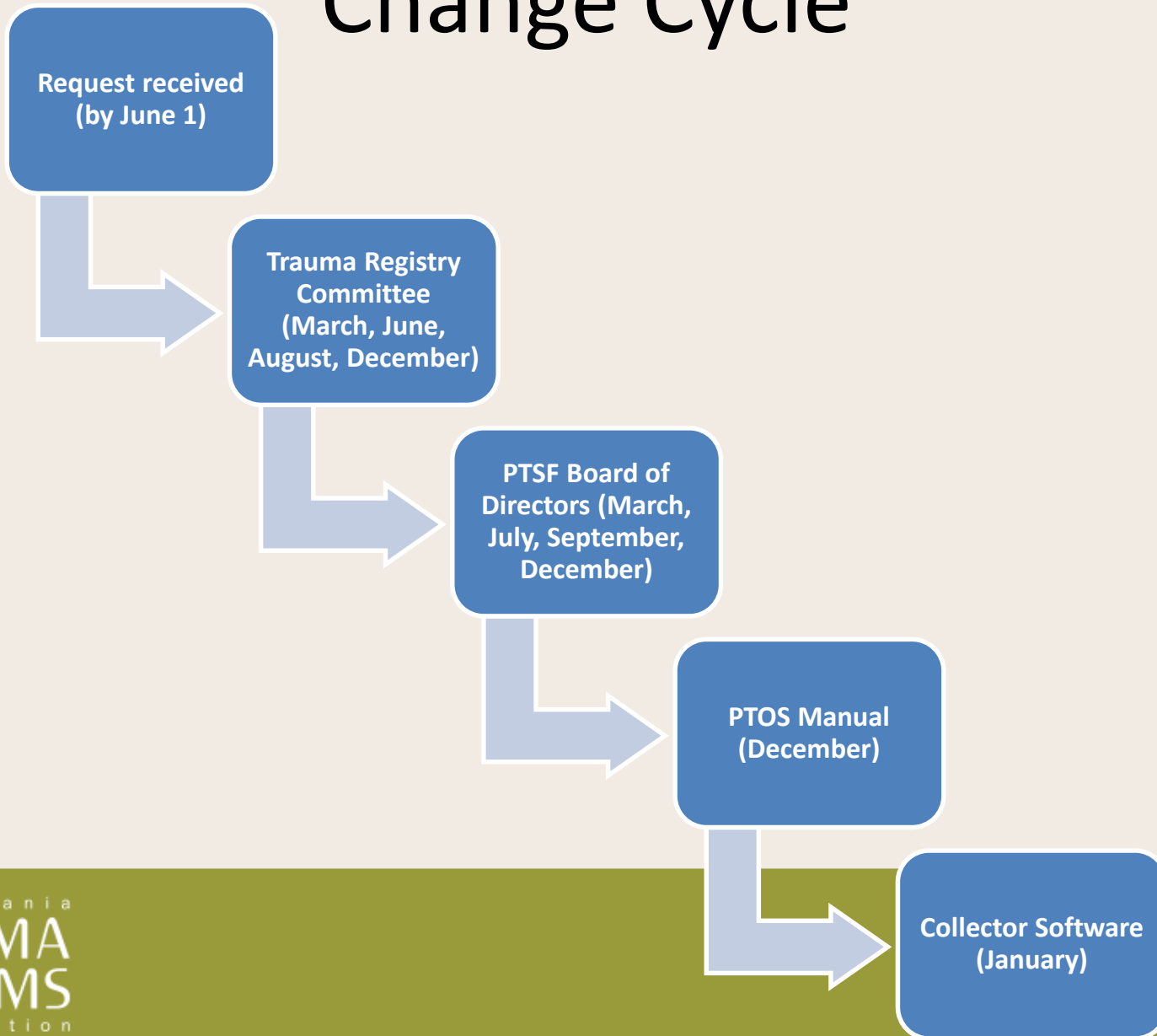
Lyndsey Diehl, RHIA, CHDA, CSTR
Manager of Trauma Data Quality

Stephanie Radzevick, CPC
Trauma Data Analyst

Breakdown

- Stephanie
 - 2019 PTOS/Collector Changes
 - 2019 Miscellaneous PTOS/Collector Changes
- Lyndsey
 - 2019 PTOS/Collector Changes based on 2019 NTDB/TQIP Changes
 - Registry Page
 - FYI Items

Change Cycle



- “Collector” refers the Trauma Registry software developed and maintained by Digital Innovation, Inc., PTSF’s Technology Partner.
- The trauma registry software screen shots included in this presentation are from Digital Innovation, Inc.’s “Collector” product.



Digital Innovation, Inc.
PTSF's Technology Partner

For more information on registry software products contact the DI Sales Department.

Website: www.dicorp.com

E-mail: Sales@dicorp.com

Phone: 800-344-3668, option 7



digital innovation
incorporated



TRAUMA
SYSTEMS

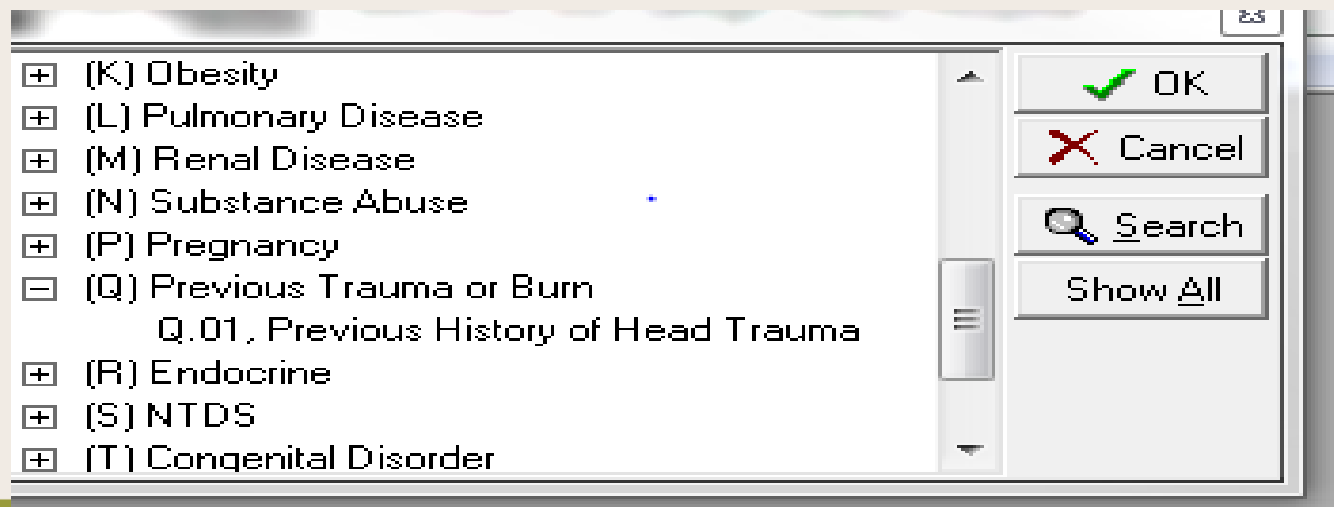
2019 PTOS/Collector Changes
&
2019 Miscellaneous PTOS/Collector Changes

Audit Filter #9 – Language update

- Delay in performing laparotomy/**laparoscopy** (from greater than 2 hours after admission)
- Trauma Patient; AND
- "Did patient require a laparotomy/**laparoscopy** that was not performed within 2 hours of ED arrival?"
- (LAPAROT) = 1 (Yes)

Pre-existing – Previous Trauma

- Change category Q in Pre-existing Condition menu in Collector
- Remove 'or burn' from title



Procedure 3 tab

- Add option for '1, inappropriate'

The screenshot shows a web form with three tabs: 'Procedures 1', 'Procedures 2', and 'Procedures 3'. The 'Procedures 3' tab is active. Below the tabs is a question: 'If patient had one or more of the following conditions, did he/she undergo a procedure for the conditions?'. To the left of the main form area, a dropdown menu is open, showing two options: '1, Yes' and '2, No'. The main form area contains a table with six rows of conditions and two columns of input boxes.

Condition	Input 1	Input 2
Tension Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>
Pericardial Tamponade	<input type="checkbox"/>	<input type="checkbox"/>
Epidural or Subdural Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>
Hemothoraces	<input type="checkbox"/>	<input type="checkbox"/>
Hemoperitoneum	<input type="checkbox"/>	<input type="checkbox"/>
Ruptured Aorta	<input type="checkbox"/>	<input type="checkbox"/>

Abuse coding, Secondary MOI

- New April 2018 – If suspected or confirmed abuse, abuse code must be entered as Primary Cause of Injury
 - T74 - Confirmed Abuse
 - T76 - Suspected Abuse
 - Does not apply to T74.3XXX or T76.3XXX (psychological abuse)
- Make Secondary Mechanism field **required** when Primary MOI starts with T74/T76
- The specific mechanism of injury (assault, fall, etc.) must be entered as Secondary Cause of Injury

Signs of Life

- Currently accepts '/' and unknown as responses
- Rules dictate that field cannot be blank, unknown, n/a
- Responses will be limited to
- **1- Yes**
- or
- **2 - No only**

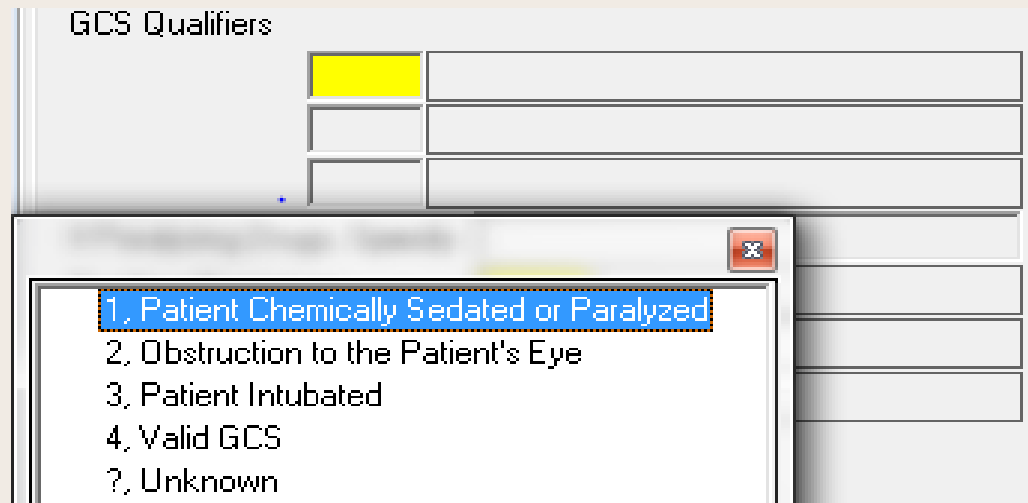
The image shows a screenshot of a software interface window titled "Signs of Life". The window has a yellow header bar. Below the header, there is a dropdown menu that is currently open, displaying a list of options. The options are: "1. Arrived with NO signs of life", "2. Arrived with signs of life", "?. Unknown", and "/. Not Applicable". The dropdown menu is highlighted with a yellow background. The window also has a close button in the top right corner.

Time Administratively Discharged from ED

- ~~Record the time the patient is administratively discharged from the ED~~
- The time the order was written for the patient to be discharged from the ED
 - Change to match NTDB definition

GCS Qualifier - Menu Choice #4

- Language added to software to match language in PTOS manual and NTDS Data Dictionary
- **4 = Valid GCS** – Patient was not sedated, not intubated, and did not have obstruction to eye



Quick Response Service (QRS)

- Remove skips associated with Quick Response Service (QRS) prehospital providers
 - Currently Dates/Times, PCR, Highest Level of Provider skip

Quick Response Service (QRS)

Trauma Collector [Window Controls]

Demographic | Prehospital | **Referring Facility** | Acute Care | Clinical | Outcome | Dx | Procedures | Misc | Rec Fac Dx | Level IV PI

Scene | **Transport** | Scene Time []

Was the patient extricated? []

Were scene provider and transport provider the same?
[1] Yes

Are any scene provider data available? []

Scene Provider [9] Quick Response Service

Dispatch [] : []

Arrive at Scene [] : []

Leave Scene [] : []

Ambulance Code [] []

Unit []

Was PCR available? []

PCR# []

Life Support:
Highest Level of Provider [] []

Highest Level of Care [] []

[Additional NTDS Elements] CONFIDENTIAL - FOR PEER REVIEW PURPOSES ONLY [Custom]

Was a complete set of vital signs (including GCS) taken prior to the patient leaving the scene? []

Pulse Rate [] /Minute

Unassisted Respiratory Rate [] /Minute

Systolic Blood Pressure []

GCS: Eye [] []

Verbal [] []

Motor [] []

Total [] RTS []

GCS Qualifiers [] []

[] []

[] []

If Paralyzing Drugs, Specify []

Intubated with Artificial Airway? [] []

Is patient's respiratory rate controlled? [] []

Controlled Rate [] []

[Check] [ITDX] [Save] [Save and Exit] [Close] [Prev] [Next]

Inst Num: 102 | Trauma Num: 20180013 | Coding Status: Unknown | AIS | Active | *

Quick Response Service (QRS)

- The following fields will open when Scene Provider is QRS on Prehospital tab
 - ‘Dispatch Date/Time’
 - ‘Arrive at Scene Date/Time’ and
 - ‘Leave Scene Date/Time’
- Ambulance Code through Highest Level of Care will continue to skip, and vital signs elements will remain open

Quick Response Service (QRS) (cont.)

- Mappings to NTDB will also be adjusted
 - Currently QRS = 'Other' in NTDB module
 - 2019 – will map to 'Ground Ambulance'
- NTDB will receive dates/times, and vitals from QRS providers, similar to all EMS providers

Weight

- Weight is now a required element for all patients
- Applies to both **Referring Facility** and **On Admission** Weight Elements
- **WEIGHT AND UNIT OF MEASUREMENT**
~~—(REQ FOR BURN PTS AT BURN CTRS AND PED PTS AT ALL TRAUMA
—CENTERS)~~
- Record weight of patient of admission
- **1 = Pounds**
- **2 = Kilograms**

Age – Auto-calculation

- Auto-calculation for Age will be added for 2019 admissions
- Age will be computed from **Injury Date**
 - If Injury Date is unknown, will compute from EDA Date
- Injury Date and Time elements will be moved before Age on the Demographics screen
- If patient is <2, age will auto-calculate in months
 - The cutoff for calculating age in months will be 2 years

Age

- Do not use 'fake' date when birthdate is unknown (i.e., 1/1/1901)
 - Enter unknown in birthdate field
 - Will be able to enter an estimated age in Age field

ICD-10 Location (Place of Injury)

- Remove Unknown, N/A options from the **ICD-10 Location Code (Place of Injury)** element
- **Y92.9** – Unspecified Place should be entered if unknown
- **Y92.89** – Other Specified Places should be used when the location is known, but no specific/appropriate code exists

Ambulance Unit

- Character width for Ambulance Unit # field will be increased to 4 characters for 2019
- Field width is currently 3 characters
- Some units have 4 digits
- The ambulance unit number is a ~~two or three digit~~ number identifying a specific vehicle within the emergency service agency

Referring Facility Occurrences

- Definition currently reads -
 - Referring Facility – Unresolved Occurrences – Any medical complication that occurred during the patient’s stay at the referring hospital
- Causing confusion – Report all occurrences or only unresolved?
- Title will be revised as follows for 2019
 - Referring Facility – ~~Unresolved~~ Occurrences

Post ED Destination

- Currently

1 = ICU/Critical Care Unit	8 = Labor & Delivery
2 = OR (including pre-op area)	9 = Burn Unit (In-House)
3 = Med/Surg Unit	10 = Home
4 = Prison Ward (In-House)	11 = Interventional Angiography
5 = Step Down Unit/Intermediate	12 = Pediatric Unit (In-House)
6 = Morgue (Coroner, death, DOA)	13 = Psychiatric Unit (In-House)
7 = Transfer to Other Hospital/Trauma Center	14 = Detox

- Request to add menu choice for 'Other'
- 'Other' will be added with a 'Specify' field
 - Use to capture any ED destination not listed on the menu

Initial Level of Alert

- Currently - Initial Level of Alert
 - Identify the initial level of alert that was called for the trauma patient
 - 1 = Highest Level
 - 2 = Second Level
 - 3 = Lowest Level
 - 4 = Trauma Consult
- Confusion for centers with **two** alert levels
 - Should you use 2 – Second Level or 3 – Lowest Level when 2nd level alert called?

Initial Level of Alert (cont.)

- 2019 Revision
 - 1 = First Level
 - 2 = Second Level
 - 3 = Third Level
 - 4 = Trauma Consult
- If a center has only two levels of alert, they will use Level 1 and Level 2
- Level 3 is only to be used if a center has three levels of activation
- Will allow for statewide consistent abstraction

Reason for Transfer Out

- Add
 - General/Trauma Surgery Capabilities
 - Family/Patient Request
 - Ear, Nose, Throat (ENT)
 - Plastics (not Orthopedic related)
 - Other with 'Specify' field
- Revise
 - Soft Tissue Coverage/**Free Flap** (Orthopedics*)
 - Other (Orthopedics*: **General**)
- Menu option will match the question in the eAFS and are intended to assist in reporting counts in the application
- These options are defined by each facility

Mode of Transfer Out

- New element - **Mode of Transfer Out**
 - Identifies the method used to transport the patient to another hospital
 - **1 = Ambulance**
 - **2 = Helicopter**
 - **3 = Other – Specify**
- Intent – to capture patients transferred out via helipad
- Patients are not considered transferred out unless transported via EMS

Isolated Hip Exclusion criteria – revision

- **To meet the exclusion criteria (non-PTOS), a patient must have a solitary hip fracture (ICD-10-CM diagnosis codes S72.00-S72.26), no other injuries (minor injuries such as external contusions and abrasions do not count as other injuries) and a fall on the same level (ICD-10-CM codes ~~V00.111A~~, ~~V00.121A~~, ~~V00.131A~~, ~~V00.141A~~, ~~V00.151A~~, ~~V00.211A~~, ~~V00.221A~~, ~~V00.281A~~, ~~V00.311A~~, ~~V00.321A~~, ~~W00.0XXA~~, W01.____A, W03.XXXA, W18.30XA, W18.31XA, W18.39XA, and W19.XXXA).**

Isolated Hip Exclusion criteria – revision

- ~~V00.111A – Fall from in-line roller-skates, initial encounter~~
- ~~V00.121A – Fall from non-in-line roller-skates, initial encounter~~
- ~~V00.131A – Fall from skateboard, initial encounter~~
- ~~V00.141A – Fall from scooter (nonmotorized), initial encounter~~
- ~~V00.151A – Fall from heellies, initial encounter~~
- ~~V00.211A – Fall from ice-skates, initial encounter~~
- ~~V00.221A – Fall from sled, initial encounter~~
- ~~V00.281A – Fall from other gliding-type pedestrian conveyance, initial encounter~~
- ~~V00.311A – Fall from snowboard, initial encounter~~
- ~~V00.321A – Fall from snow-skis, initial encounter~~
- W00.0XXA – Fall on same level due to ice and snow, initial encounter
- W01. ___ ___ ___ A – Fall on same level from slipping, tripping, and stumbling, initial encounter (includes with/without subsequent striking against object)
- W03.XXXA – Other fall on same level due to collision with another person, initial encounter
- W18.30XA – Fall on same level, unspecified, initial encounter
- W18.31XA – Fall on same level due to stepping on an object, initial encounter
- W18.39XA – Other fall on same level, initial encounter
- W19.XXXA – Unspecified fall, initial encounter

PTOS and TQIP Blood Product elements

- **Retire** PTOS ‘Units of Blood Hung’
- **Add** the following TQIP blood product elements
 - Transfusion Blood, Plasma, Platelets, Cryoprecipitate (4 hours)
 - Transfusion Blood, Plasma, Platelets, Cryoprecipitate (24 hours)
 - Transfusion Blood, Plasma, Platelets, Cryoprecipitate Measurement
 - Transfusion Blood, Plasma, Platelets, Cryoprecipitate Conversion
- Required for all level centers
- Will map directly to TQIP from PTOS when applicable

Acute Kidney Injury Occurrence Definition change

- **Adopt NTDB/TQIP KDIGO definition for Acute Kidney Injury Occurrence (effective July 2018)**
- 50 = ~~**Acute Kidney Injury: utilize the NTDB Complication definition for Acute Kidney Injury, which states:**~~ acute kidney injury (AKI) (stage 3), is an abrupt reduction of kidney function defined as: increase in serum creatinine (SCr) of more than or equal to 3x baseline OR; increase in SCr to ≥ 4 mg/dl (≥ 353.3 μ mol/l) OR; ~~patients > 18 years~~ with a decrease in $eGFR$ to < 35 ml/min per 1.73 m² OR; reduction in urine output of < 0.3 ml/kg/hr for ≥ 24 hrs OR; anuria for ≥ 12 hrs. OR; requiring renal replacement therapy (e.g., continuous renal replacement therapy (CRRT) or periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration). NOTE: If the patient or family refuses treatment (e.g., dialysis) the condition is still considered to be present if a combination of oliguria and creatinine are present. EXCLUDE patients with renal failure that were requiring chronic renal replacement therapy such as periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration prior to injury.

Acute Kidney Injury Occurrence Definition change

- **2019 updated definition**
- 50 = Acute Kidney Injury: utilize the NTDB Complication definition for Acute Kidney Injury which states:
- (Consistent with the March 2012 Kidney Disease Improving Global Outcome (KDIGO) Guideline.) Acute Kidney Injury, AKI (stage 3), is an abrupt decrease in kidney function that occurred during the patient's initial stay at your hospital.
- KDIGO (Stage 3) Table:
- (SCr) 3 times baseline **OR**
- Increase in SCr to ≥ 4.0 mg/dl (≥ 353.6 $\mu\text{mol/l}$) **OR**
- Initiation of renal replacement therapy **OR**, **In patients < 18 years**, decrease in eGFR to < 35 ml/min per 1.73 m² **OR**
- Urine output < 0.3 ml/kg/h for > 24 hours **OR** Anuria for > 12 hours
- A diagnosis of AKI must be documented in the patient's medical record. If the patient or family refuses
- treatment (e.g., dialysis,) the condition is still considered to be present if a combination of oliguria and
- creatinine are present.
- **EXCLUDE** patients with renal failure that were requiring chronic renal replacement therapy such as periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration prior to injury.

Phone Consults

- Fields for capturing phone consults will be added for 2019
- Separate date/time fields will only open if the phone consult checkbox is checked
- Phone consult will NOT be an option for Attending ED, EM Resident, or Attending Trauma Surgeon
- Will be applied to the ED Response and Consult tabs
- Capturing of phone consults will remain optional

Phone Consults

Was trauma alert called? (Trauma alert, trauma code, etc.)

Initial Alert Called : Initial Level of Alert Specify

Was initial level of alert changed?

Alert Called : Level of Alert Specify

Service/If Other	Called		Arrived		PGY	Phone Consult	Responded	Copy to Consults
Attending Emergency Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Emergency Medicine Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Attending Trauma Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Senior Trauma Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Trauma Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending Neurosurgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgical Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending Orthopaedic Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending Anesthesiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesiology Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others Called to ED:								
<input type="checkbox"/> 55 Anesthesiology Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 70 Trauma Advanced Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Phone Consults

Copy from ED Response

1) Specialty	2 Neurosurgery	If Other		PGY		Provider	
Called		Arrived		Phone Consult	<input checked="" type="checkbox"/>	Responded	
2) Specialty	3 Orthopedics	If Other		PGY		Provider	
Called		Arrived		Phone Consult	<input checked="" type="checkbox"/>	Responded	
3) Specialty	26 Plastic Surgery	If Other		PGY		Provider	
Called		Arrived		Phone Consult	<input checked="" type="checkbox"/>	Responded	
4) Specialty	28 Pulmonary	If Other		PGY		Provider	
Called		Arrived		Phone Consult	<input checked="" type="checkbox"/>	Responded	
5) Specialty	25 Physical Therapy	If Other		PGY		Provider	
Called		Arrived		Phone Consult	<input checked="" type="checkbox"/>	Responded	
6) Specialty	99 Other	If Other		PGY		Provider	
Called		Arrived		Phone Consult	<input checked="" type="checkbox"/>	Responded	

Monitoring During Radiology Studies

- Definition clarification
- Current
- 1 = Yes – an RN or a CRNA was present with the patient during radiological study. (The presence of the RN or CRNA, patient vital signs, care rendered must be documented).
- 2019
- 1 = Yes – an RN or a CRNA was present with the patient during radiological study. (The presence of the RN or CRNA, patient vital signs, **and/or** care rendered must be documented).

Audit Filter 3a

- ‘Within 2 hours of arrival at hospital’ is not currently calculating
- Working with Registry Committee and DI to have calculate correctly in audit filter query

Miscellaneous

- Research Download – Max severity by AIS region and ISS region have been added
- In the works -
 - Working to update standard reports to ICD 10 codes (instead of utilizing auto-map) as time allows
 - Hard stops – scenarios that will make a record not able to be submitted as transfer

2019 PTOS/Collector Changes based on 2019 NTDB/TQIP Changes

GCS 40

- Initial Field GCS 40 – Eye
- Initial Field GCS 40 – Verbal
- Initial Field GCS 40 – Motor
- Initial ED/Hospital GCS 40 – Eye
- Initial ED/Hospital GCS 40 – Verbal
- Initial ED/Hospital GCS 40 – Motor

What is GCS 40?

GCS = Glasgow Coma Scale

40 = At 40 Years

For more information:

<http://www.glasgowcomascale.org/>



<https://makeameme.org/meme/dont-panic-everything>

NTDS - Initial ED/Hospital Weight

2018:

First recorded, measured or estimated baseline weight upon ED/Hospital arrival.

2019:

First recorded weight within 24 hours or less of ED/hospital arrival.

PTOS – Weight and Unit of Measurement

- REFERRING FACILITY – WEIGHT AND UNIT OF MEASUREMENT
 - 2018: Record weight of patient at admission to the referring hospital
 - 2019: Record weight of patient at admission to the referring hospital **within 24 hours or less of arrival**
- ON ADMISSION – WEIGHT AND UNIT OF MEASUREMENT
 - 2018: Record weight of patient of admission
 - 2019: **First recorded weight within 24 hours or less of ED/hospital arrival.**

NTDS - ICD-10 Hospital Procedures -

2018

REBOA

2019

DIAGNOSTIC AND THERAPEUTIC IMAGING

Computerized tomographic Head *

Computerized tomographic Chest *

Computerized tomographic Abdomen *

Computerized tomographic Pelvis *

Diagnostic ultrasound (includes FAST) *

Doppler ultrasound of extremities *

Angiography

Angioembolization

REBOA (ICD10: 04L03DZ)

IVC filter



DIAGNOSTIC AND THERAPEUTIC IMAGING

Computerized tomographic Head *

Computerized tomographic Chest *

Computerized tomographic Abdomen *

Computerized tomographic Pelvis *

Computerized tomographic C-Spine*

Computerized tomographic T-Spine*

Computerized tomographic L-Spine*

Doppler ultrasound of extremities *

Diagnostic ultrasound (includes FAST) *

Angioembolization

Angiography

IVC filter

REBOA



NTDS – Co-Morbid Conditions

- Now referred to as **Pre-existing Conditions**
- No longer associated with a #, separated into individual elements

BLEEDING DISORDER

CC_06

Definition

A group of conditions that result when the blood cannot clot properly.

Field Values

1. Yes

2. No

Additional Information

- Present prior to injury.
- A Bleeding Disorder diagnosis must be documented in the patient's medical record (e.g. Hemophilia, von Willenbrand Disease, Factor V Leiden).
- Consistent with American Society of Hematology, 2015.
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available.

NTDS – Hospital Complications

- Now referred to as **Hospital Events**
- No longer associated with a #, separated into individual elements

DEEP VEIN THROMBOSIS (DVT)

HE_08

Definition

The formation, development, or existence of a blood clot or thrombus within the venous system, which may be coupled with inflammation.

Field Values

1. Yes

2. No

Additional Information

- Must have occurred during the patient's initial stay at your hospital.
- The patient must be treated with anticoagulation therapy and/or placement of a vena cava filter or clipping of the vena cava.
- A diagnosis of DVT must be documented in the patient's medical record, which may be confirmed by venogram, ultrasound, or CT.

PTOS - Occurrences

- Now referred to as **Hospital Events**

*This change will be made in the 2019 PTOS Manual and 2019 Collector software; however, this change will not be instituted in other PA products (i.e. eAFS, V5 Outcomes) immediately. You will still see “Occurrences” in various PA products until the next change cycle for these products is complete.

NTDS/TQIP – Antibiotic Therapy

ANTIBIOTIC THERAPY

Collection Criterion: Collect on all patients with any open fracture(s).

Definition

Intravenous antibiotic therapy was administered to the patient within 24 hours after first hospital encounter.

Field Values

1. Yes 2. No

Additional Information

- The null value “Not Applicable” is reported for patients that do not meet the collection criterion.
- Report intravenous antibiotic therapy that was administered to the patient within 24 hours after first hospital encounter, at either your facility or the transferring facility.

PTOS – Antibiotic Therapy

- Antibiotic Therapy
- Antibiotic Therapy Date
- Antibiotic Therapy Time

*Will match TQIP's new Antibiotic Therapy Elements

*Required for Levels 1-3, optional for Level 4's

Pre-existing Conditions

- Substance Abuse Disorder
- Prematurity

Substance Abuse Disorder

(Consistent with American Psychiatric Association (APA) DSM 5, 2013.) Documentation of Substance Abuse Disorder documented in the patient medical record, present prior to injury. A diagnosis of Substance Abuse Disorder must be documented in the patient's medical record.

2019 Substance Abuse Disorder

Definition

Documentation of substance abuse disorder in the patient medical record.

Additional Information

- Present prior to injury.
- Consistent with the American Psychiatric Association (APA) DSM 5, 2013.
- A diagnosis of Substance Abuse Disorder must be documented in the patient's medical record.
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available.
- **EXCLUDE: Tobacco Use Disorder and Alcohol Use Disorder**

Prematurity

Infants delivered before 37 weeks from the first day of the last menstrual period, and a history of bronchopulmonary dysplasia, or ventilator support for greater than 7 days after birth. A diagnosis of Prematurity, or delivery before 37 weeks gestation, must be documented in the patient's medical record.

2019 Prematurity

Definition

Babies born before 37 weeks of pregnancy are completed.

Additional Information

- Present prior to injury.
- A diagnosis of Prematurity, or delivery before 37 weeks of pregnancy are completed, must be documented in the patient's medical record.
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available.

Occurrences/Hospital Events

- Ventilator-Associated Pneumonia (VAP)
- Unplanned Intubation
- Pulmonary Embolism (PE)
- Acute Respiratory Distress Syndrome (ARDS)

Ventilator-Associated Pneumonia (VAP)

(Consistent with the January 2016 CDC defined VAP.) A pneumonia where the patient is on mechanical ventilation for > 2 calendar days on the date of event, with day of ventilator placement being Day 1,

AND

The ventilator was in place on the date of event or the day before. If the patient is admitted or transferred into a facility on a ventilator, the day of admission is considered Day 1.

2019 Ventilator-Associated Pneumonia (VAP)

Definition

A pneumonia where the patient is on mechanical ventilation for > 2 calendar days on the date of event, with day of ventilator placement being Day 1,

AND

The ventilator was in place on the date of event or the day before.

Additional Information

- Must have occurred during the patient's initial stay at your hospital.
- A diagnosis of pneumonia must be documented in the patient's medical record.
- Consistent with the January 2016 CDC defined VAP.

Unplanned Intubation

Patient requires placement of an endotracheal tube and mechanical or assisted ventilation because of the onset of respiratory or cardiac failure manifested by severe respiratory distress, hypoxia, hypercarbia, or respiratory acidosis. In patients who were intubated in the field or Emergency Department, or those intubated for surgery, unplanned intubation occurs if they require reintubation > 24 hours after extubation. Must have occurred during the patient's initial stay at your hospital.

2019 Unplanned Intubation

Definition

Patient requires placement of an endotracheal tube and mechanical or assisted ventilation manifested by severe respiratory distress, hypoxia, hypercarbia, or respiratory acidosis.

Additional Information

- Must have occurred during the patient's initial stay at your hospital.
- In patients who were intubated in the field or Emergency Department, or those intubated for surgery, unplanned intubation occurs if they require reintubation > 24 hours after extubation.

Pulmonary Embolism (PE)

A lodging of a blood clot in a pulmonary artery with subsequent obstruction of blood supply to the lung parenchyma. The blood clots usually originate from the deep leg veins or the pelvic venous system.

Consider the condition present if the patient has a V-Q scan interpreted as high probability of pulmonary embolism or a positive pulmonary arteriogram or positive CT angiogram and/or a diagnosis of PE is documented in the patient's medical record. Must have occurred during the patient's initial stay at your hospital.

2019 Pulmonary Embolism (PE)

Definition

A lodging of a blood clot in a pulmonary artery with subsequent obstruction of blood supply to the lung parenchyma. The blood clots usually originate from the deep leg veins or the pelvic venous system.

Additional Information

- Must have occurred during the patient's initial stay at your hospital.
- Consider the condition present if the patient has a V-Q scan interpreted as high probability of pulmonary embolism or a positive pulmonary arteriogram or positive CT angiogram and/or a diagnosis of PE is documented in the patient's medical record.
- Exclude sub segmental PE's.

Acute Respiratory Distress Syndrome (ARDS)

(Consistent with the 2012 New Berlin Definition.)

Timing: Within 1 week of known clinical insult or new or worsening respiratory symptoms.

Chest imaging: Bilateral opacities – not fully explained by effusions, lobar/lung collapse, or nodules

Origin of edema: Respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment (e.g., echocardiography) to exclude hydrostatic edema if no risk factor present

Oxygenation: $200 < PaO_2/FiO_2 \leq 300$ (at a minimum) With PEEP or CPAP ≥ 5 cmH₂O

A diagnosis of ARDS must be documented in the patient's medical record, and must have occurred during the patient's initial stay at your hospital.

2019 Acute Respiratory Distress Syndrome (ARDS)

Definition

Timing: Within 1 week of known clinical insult or new or worsening respiratory symptoms.

Chest imaging: Bilateral opacities – not fully explained by effusions, lobar/lung collapse, or nodules

Origin of edema: Respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment (e.g., echocardiography) to exclude hydrostatic edema if no risk factor present

Oxygenation:

Mild $200 \text{ mm Hg} < \text{PaO}_2/\text{FIO}_2 < 300 \text{ mm Hg}$ With PEEP or CPAP $\geq 5 \text{ cm H}_2\text{O}$

Moderate $100 \text{ mm Hg} < \text{PaO}_2/\text{FIO}_2 < 200 \text{ mm Hg}$ With PEEP $> 5 \text{ cm H}_2\text{O}$

Severe $\text{PaO}_2/\text{FIO}_2 < 100 \text{ mm Hg}$ With PEEP or CPAP $> 5 \text{ cm H}_2\text{O}$

Additional Information

- Must have occurred during the patient's initial stay at your hospital.
- A diagnosis of ARDS must be documented in the patient's medical record.
- Consistent with the 2012 New Berlin Definition.



<https://goo.gl/images/2TW1Ap>

Trauma Registry Tab



<https://memegenerator.net/instance/78133008/omgexcitedomg-im-sooooooo-soo-super-excited>

FYI



<http://www.memegen.com/meme/en82sg>

Epic Workgroup

This workgroup is intended for Epic users and will include discussion, problem-solving and process sharing for RIM/HL7 interfaces and best practices for abstraction.

Contact:

Robin Schrader, Trauma Registry PI Coordinator at LVHN
Cedar Crest

Email: Robin_L.Schrader@lvhn.org

Join In!!!

PTOS Manual Updates

Look for the 2019 PTOS Manual to be released
Mid-December 2018!

Throughout 2019 be on the look for...

- Minor corrections
- Clarification
- Possible changes to intent

Additional Resources

- Change Document
- PTOS vs NTDB Comparison
- Element History
- RW Dictionary
- Facility Lists
- PA EMS Affiliates

AIS 2015



<https://goo.gl/images/7vLn8F>

Thank You!



Lyndsey Diehl, RHIA, CSTR

Trauma Data Quality Specialist
AHIMA Approved ICD-10-CM/PCS Trainer
717-697-5512 ext. 105
ldiehl@ptsf.org
www.ptsf.org

Stephanie Radzevick, CPC

Trauma Data Analyst
AHIMA Approved ICD-10-CM/PCS Trainer
717-697-5512 ext. 109
sradzevick@ptsf.org
www.ptsf.org

Gabrielle Wenger, RHIT, CPC, CAISS

Trauma Registry Auditor
717-697-5512 ext. 110
gwenger@ptsf.org
www.ptsf.org

<https://www.lifewire.com/wednesday-memes-4160001>