


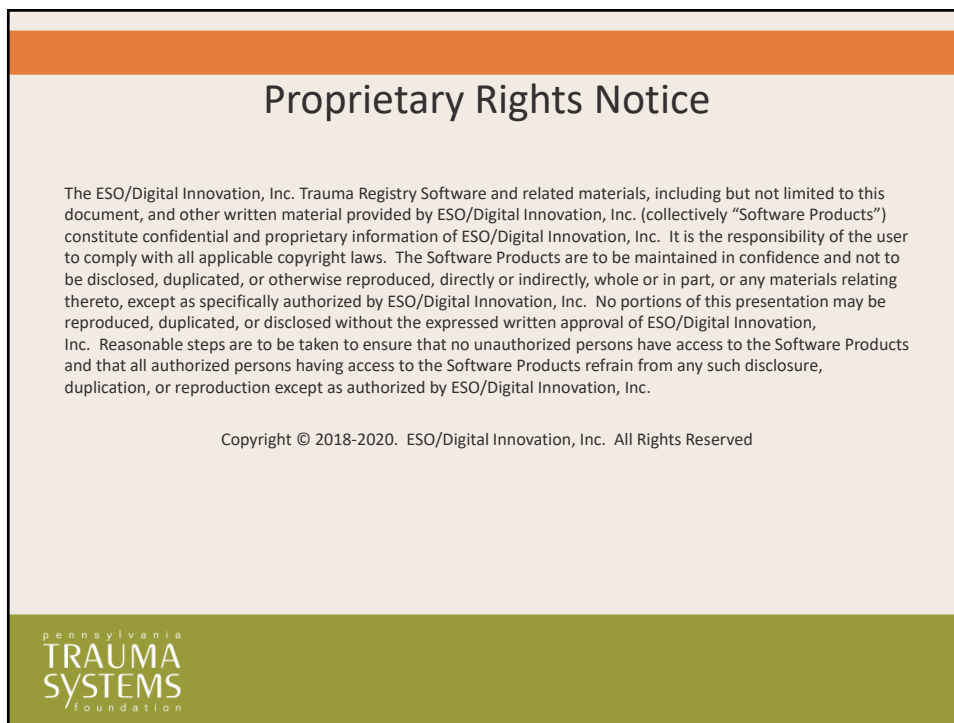
2021 COLLECTOR Update

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Stephanie Radzevick, CPC

Pennsylvania Trauma Systems Foundation




1



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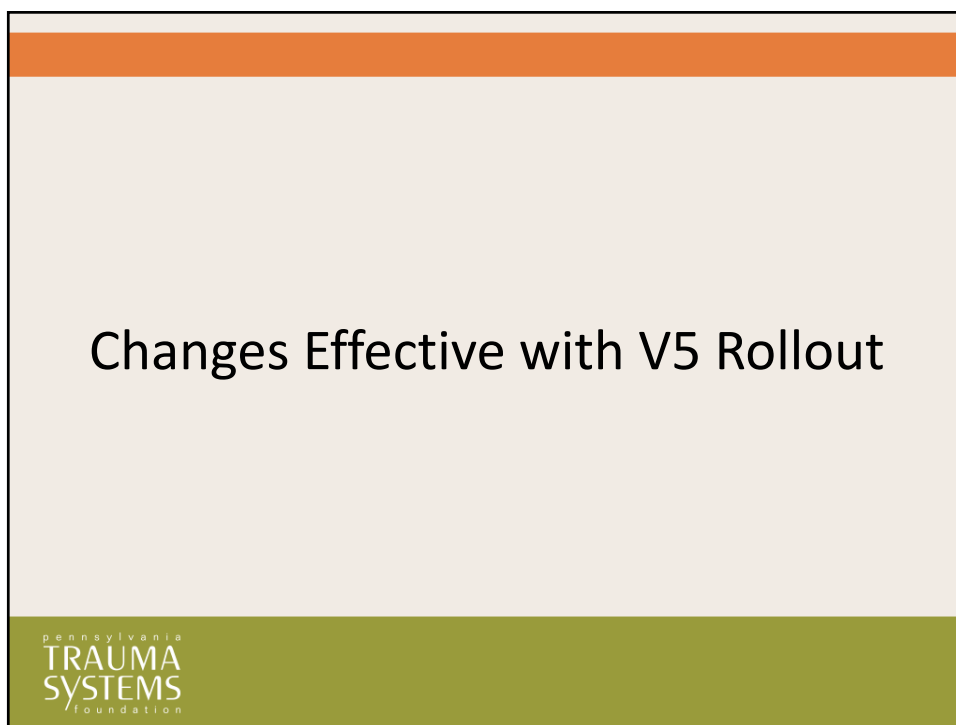
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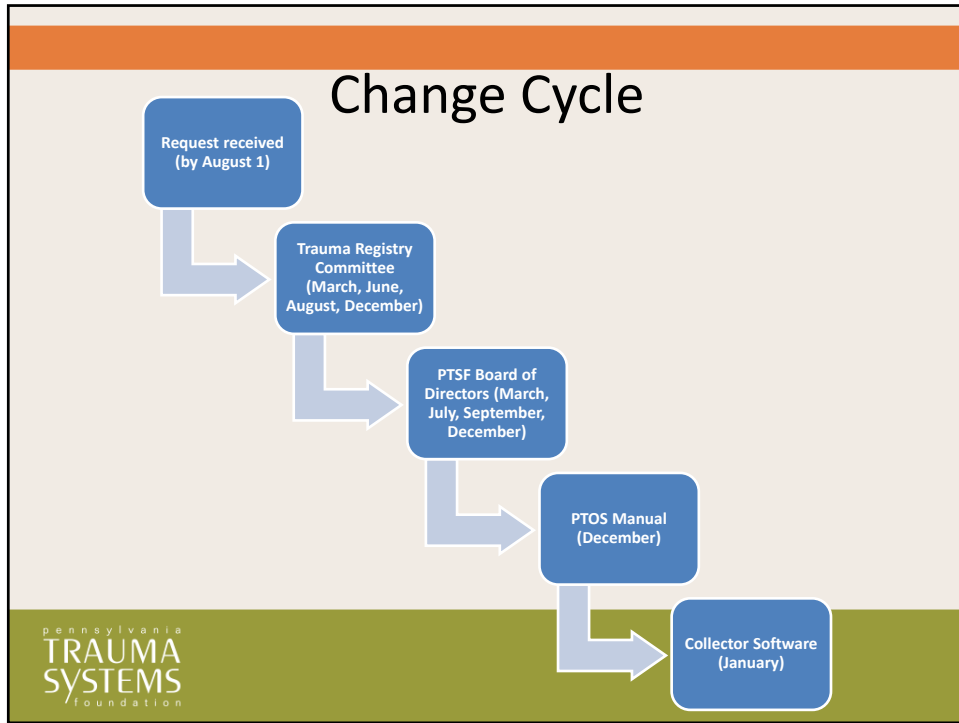
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3



4



5

Trauma Registry Tab

- Resources
- Education
- FAQ's

ptsf.org

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ABOUT US TRAUMA REGISTRY NEWS TRAUMA RES

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Our Trauma Centers
Learn More & Join

Community
Join A Group

Education
Take A Course

WHAT IS A TRAUMA CENTER? BECOME A TRAUMA CENTER TRAUMA CENTER STATUS

2020 annual confer

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6

Communications From PTSF



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KnowledgeConnex

<https://www.elearningconnex.com/ptsf/>



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AIS 2015

- AIS08 Coding Course still recommended!
- AIS15 coding training TDB



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9

PTOS Manual Updates

Look for the 2021 PTOS Manual to be released
Mid-December 2020!

Throughout 2021 be on the look for...

- Minor corrections
- Clarification
- Possible changes (rare!)
- V5 Transition to begin!!!

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10

Additional Resources

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

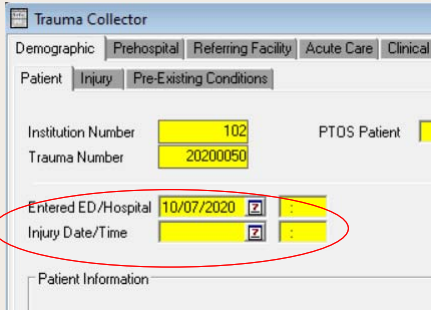
11

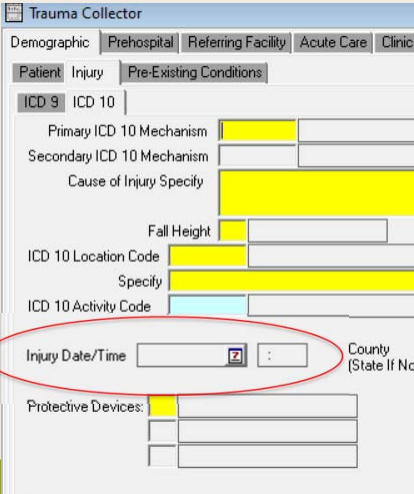
Proposed V5 Timeline

- To-Do:
 - Report Migration
 - Collector Standard and User Reports
 - Data Migration
 - V4 to V5
 - Individual Hospital Projects
 - RIM, HL7, Burn, any customizations
 - Education!
- Roll-out – July 2021
- Implementation – January 2022


12

Injury Date/Time






- Duplication Removed



13

Incident Location Information

- Additional Elements to be Added
- V4 (current)
 - “County of Injury (State if not PA)” is captured
- V5
 - Incident Location Zip/Postal Code
 - Incident Country
 - Incident State (N/A if Zip is recorded, N/A if country not U.S.)
 - Incident County (N/A if Zip is recorded, N/A if country not U.S.)
 - Incident City (N/A if Zip is recorded, N/A if country not U.S.)



14

Capturing of Multiple Prehospital Providers

- So long Scene and Transport tabs!

Scene/Transport Providers

ID	Agency	Unit	Mode	Arrived Destination Date	Time
1004	Fairfield Community Fire Compa...	3434	Ambulance	11/13/2019	15:00
1005	Liberty Fire Company #1 Ambul...		Helicopter		

15

Capturing of Multiple Prehospital Providers

Prehospital Provider

Record Edit Browse

Notes

Mode
 Scene EMS Report
 PCR #

Agency |

Unit

Role

Highest Level of Provider

Call

Call Dispatched

Rendezvous Pickup Location

Arrived at Location

Departed Location

Arrived at Destination

Scene Time Elapsed

Transport Time Elapsed

Check OK Cancel

1 of 2

16

Addition of Prehospital Procedures

Prehospital Procedures (All Providers)

ID	Agency	Unit	Code	Procedure

Buttons: Add, Edit, Delete, Custom

Menu: Demographic | Injury | Prehospital | Referring Facility | ED/Resus | Patient Tracking | Providers | Procedures | Diagnose | Outcome | PIPS | Memo | Custom

Status: Arrive: 1/1/2020 | Trauma Number: 20200002 | MRN: | Prev | Next

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Addition of Prehospital Procedures

Prehospital Procedures (Choose up to 20)

Provider: 1001 Alpha Fire Company No. 1 Inc. EMS - 123

Agency: [Dropdown] Unit: [Dropdown]

- None
- Airway - Nasal
- Airway Opened or Cleared
- Airway - Oral
- Arterial Line Maintenance
- Assisted Ventilation
- Bag Valve Mask
- Blood Draw
- Blood Glucose Analysis
- Cardiac Monitor
- Chest Tube
- Childbirth
- CNS Catheter
- Combitube
- CPR
- Cricohyrotomy
- Cricohyrotomy - Needle
- Decontamination
- Defibrillation - Automated
- Defibrillation - Manual
- Defibrillation - NFS
- Endotracheal Tube - Nasal
- Endotracheal Tube - Oral
- Endotracheal Tube Route Not Recorded
- Esophageal Obturator Airway
- Extrication
- Intra-Aortic Balloon Pump
- Intraosseous Access or Infusion
- Intravenous Fluids
- Laryngeal Mask Airway
- LT Blind Insertion Airway Device
- MAST
- Nasogastric Tube
- Pericardiocentesis
- Pharmacological Restraints
- Physical Restraints
- Rapid Sequence Intubation
- Rescue
- Spinal Immobilization
- Splinting
- Thoracostomy - Needle
- Tracheostomy
- Traction
- Urinary Catheterization
- Venous Access
- Ventilator
- Wound Care
- Other
- Tourniquet
- Not Applicable
- Unknown

Buttons: OK, Cancel

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18

Addition of Prehospital Procedures

19

Capturing of Multiple Referring Facility Providers

ID	Facility	Paralytic Agents	Sedated	Intubated	Resp Asst	SBP	DBP	O2 Sat	Pulse
111	Facility 111								
111	Facility 111	No							
112	Facility 112	Yes							
113	Facility 113		Yes						

20

Unassisted RR

- New organization of respiratory related data elements
- Additional automatic skips
- Alleviate confusion and improve quality of abstraction


Systolic Blood Pressure

Pulse Rate

Respiration Assisted? **N**

Unassisted Resp Rate

Assisted Resp Rate



21

NTDB Module Weight/Height Radio Buttons

2020 ITDX Editor

Edit Navigate

TQIP NTDB ITDX

Demographic Injury Prehospital ED Hospital Procedures Diagnoses Co-Morbid Conditions Outcome/Financial QA

Hospital Arrival Drug/Alcohol Screen

ED/Hospital Arrival 10/07/2020 7@ :


Height Timely Yes No Not Known Not Applicable

Weight Timely Yes No Not Known Not Applicable

Initial ED/Hospital Arrival Vitals

Height Centimeters GCS: Eye GCS 40: Eye

Weight Kilograms Verbal Verbal



22

ETC02

- End-Tidal CO2 will be added to PTOS
 - Collector Location: Clinical Tab – Admission Vitals
 - PTOS Manual: Definition TBD

23

General State and/or County Codes

- Will be pre-loaded in the appropriate Collector drop-down menu
- County Codes can be found in Appendix 4 of the PTOS Manual

24

General State and/or County Codes (Continued)

- EMS Affiliate
 - If the county or state of the service is known, but the identity of the service is not known, use the county code (Appendix 4) or state code followed by “8”s (i.e. 22888 for unknown service in Dauphin County).” (5 digits total)
- Referring Facility & Discharge to Facility #
 - For institutions beyond the neighboring states use the number “74” followed by all “8”s (6 digits total)

Bye!

(Pending Final Approval)

- SSN
- 24-hour CT Tech Coverage
- Audit Filter 20
 - Patient with diagnosis at discharge of cervical spine fracture, subluxation, or neuro deficit not addressed on admission excluding DOAs
- ≤ 24 hour surgery elements (abdominal, intrathoracic, vascular, cranial)
- Procedures 3 Tab (tension pneumothorax, pericardial tamponade, EDH, SDH, etc.)

Burn Specific Element Changes (Pending Final Approval)

- Bye!
 - Referring Physician (Required for Burn Patients at Burn Centers ONLY!)
- Expanded Burn Wound Management Specify Field
 - Required for Burn Patients at Burn Centers ONLY!
- Ability to enable/disable Nutrition Elements
 - Required for Burn Patients at Burn Centers ONLY!
(But utilized at many centers)

27

Standard Report for ED Response Provider Information

- All reports (Standard and User) need to be converted from the V4 platform to the V5 platform
- A new Standard Report for ED Response Provider Information will be developed

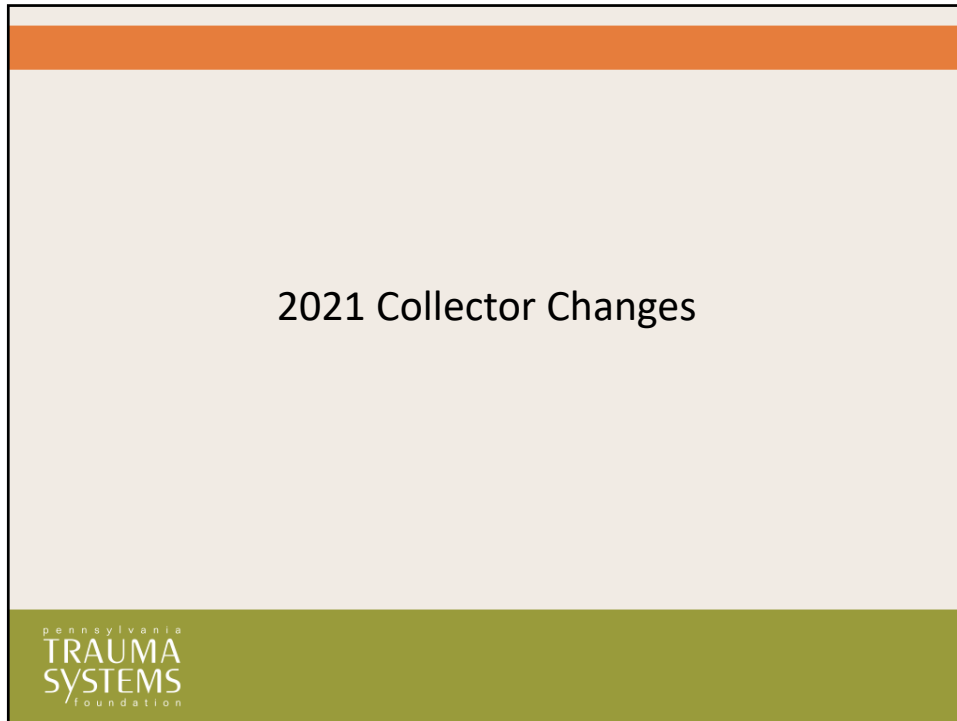
28

TRISS EOE

- EOE = Expected Outcome Evaluation
 - A custom score in PA to calculate a TRISS-like score when a TRISS is unable to be calculated (i.e. no unassisted respiratory rate documented)
- Calculation included in Collector prior to 2015
 - The transition to ICD-10-CM prevented the score from functioning correctly
- Will be reinstated in the V5 software

V5 Changes Wrap Up

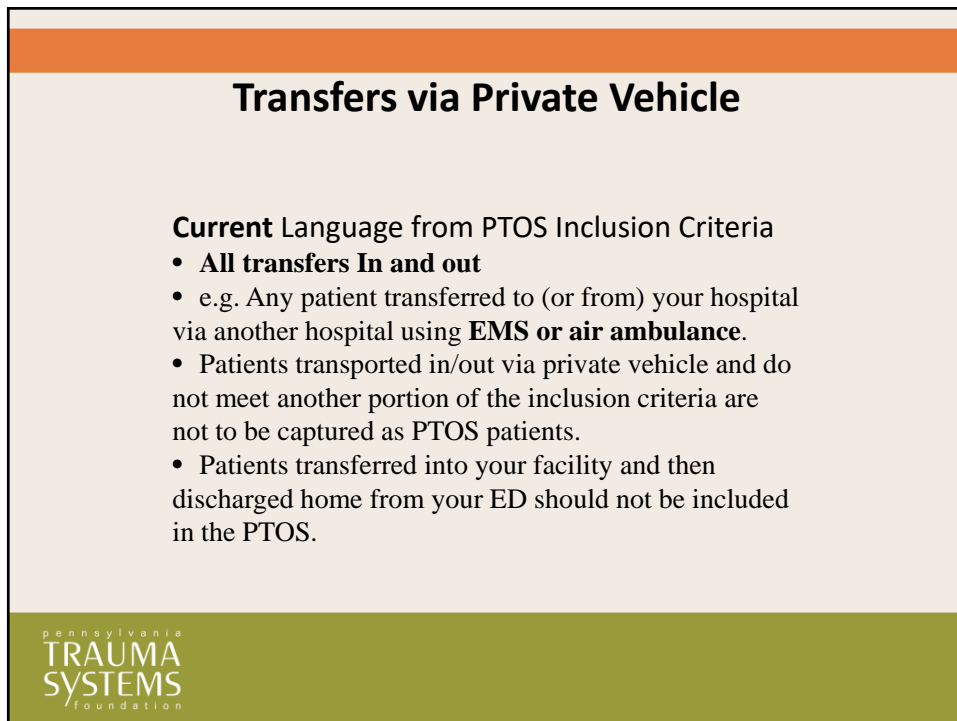
- More to come!
- Expect a lot of functionality (look and feel) differences!
- Have an open mind!
- Education will be provided!



2021 Collector Changes

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Transfers via Private Vehicle

Current Language from PTOS Inclusion Criteria

- **All transfers In and out**
- e.g. Any patient transferred to (or from) your hospital via another hospital using **EMS or air ambulance**.
- Patients transported in/out via private vehicle and do not meet another portion of the inclusion criteria are not to be captured as PTOS patients.
- Patients transferred into your facility and then discharged home from your ED should not be included in the PTOS.

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Transfers via Private Vehicle

2021 Change to PTOS Inclusion Criteria

- **All transfers In and Out**
- Patient transfer from one acute care hospital* to another acute care hospital.
- Patients transferred into your facility and then discharged home from your ED should not be included in the PTOS.
 - *Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition).

33

14-Day Timeframe

- NTDB added language in 2020 excluding patients injured > 14 days from hospital arrival
- Currently in PTOS – NO timeframe specified
- For 2021, a 14-day timeframe will be added to PTOS inclusion criteria
 - Patient must have sustained a traumatic injury within 14 days of initial hospital encounter
 - Includes referring facility

34

Capturing of Same Procedures

- **Current** – Procedures; Additional Information -
- The definition of surgery is “a procedure to control hemorrhage, repair the injury, and/or restore the anatomy its normal function”. This definition does include sutures because they are a repair of injury. However, this definition does not include casts, splints or traction. Maintenance or support procedures are excluded. Sutures used to close an operative approach are not required to be recorded. **Record only initial procedures.**

35

Capturing of Same Procedures

- Procedures; Additional Information -
- The definition of surgery is “a procedure to control hemorrhage, repair the injury, and/or restore the anatomy its normal function”. This definition does include sutures because they are a repair of injury. However, this definition does not include casts, splints or traction. Maintenance or support procedures are excluded. Sutures used to close an operative approach are not required to be recorded. **Record only initial procedures**

36

Capturing of Same Procedures – Appendix 11 (List B)

- For procedures with an asterisk (*) on this list, **report only the initial event**. If there is no asterisk, report each occurrence of the procedure.

Bronchoscopy* (1 X per ICD-10 code)	
Excision (Diagnostic, Cx).....	.0B8
Inspection, Lung.....	
Right.....	.0BJK
Left.....	.0BIL
Lavage.....	.0B9
Cervical Stabilization (It is not necessary to use the cast code)	
Head and Facial Bones- Halo Tongs.....	.0NH0
Neck.....	.0RH
Chest Tubes* - Unilateral, Bilateral (1 X per ICD-10 code)	
Left.....	.0W9B
Right.....	.0W99


- Language will be added explaining that debridements only need to be captured once per ICD- 10 code

EMS Antibiotic Pilot Study – **NEW** Element

- Was intravenous antibiotic therapy administered by a prehospital provider prior to the first hospital encounter?**
 - Definition - Record intravenous antibiotic therapy administered to the patient prior to the first hospital encounter
- Will not apply to interhospital transport
 - Prior to first hospital encounter

EMS Antibiotic Pilot Study – NEW Element


- **Prehospital Antibiotic Therapy Date**
 - MM/DD/YYYY
 - Unknown may be recorded



39

EMS Antibiotic Pilot Study – NEW Element


- **Prehospital Antibiotic Therapy Time**
 - HH:MM (military time)
 - Unknown may be recorded



40

Non-binary menu option add


- Currently -
- Sex
 - The patient’s sex
 - 1. Male
 - 2. Female



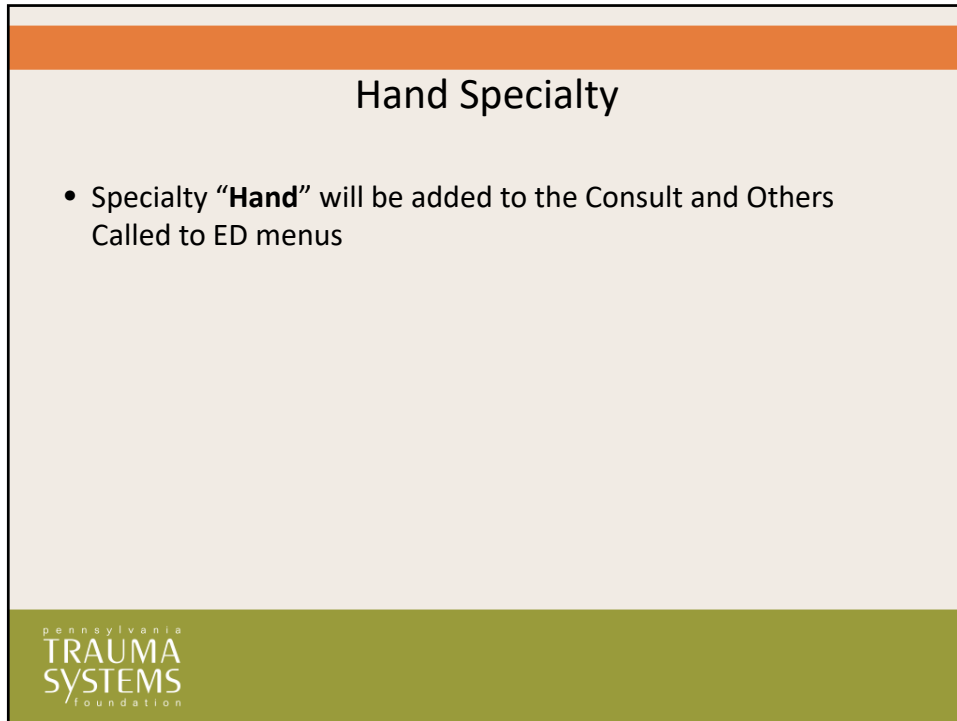
41

Non-binary menu option add

- Sex
 - The patient’s sex
 - 1. Male
 - 2. Female
 - 3. **Non-binary**
 - Additional Information
 - Patients who have undergone a surgical and/or hormonal sex reassignment should be reported using their current assignment



42



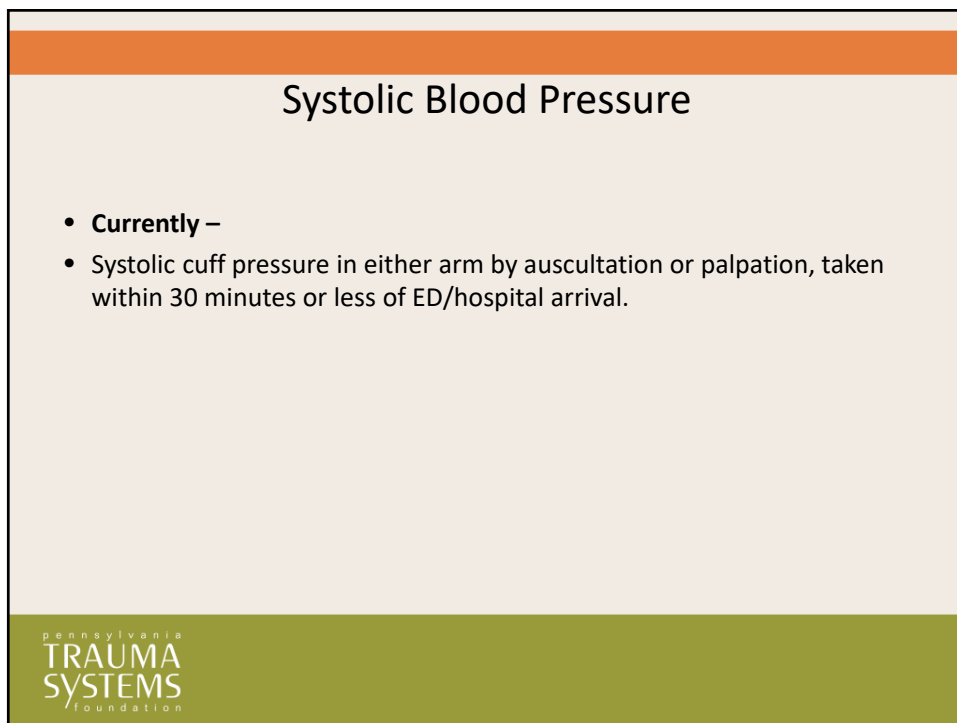
A presentation slide with a white background and a light orange header bar. The title "Hand Specialty" is centered in the header. Below the header, a bullet point states: "Specialty 'Hand' will be added to the Consult and Others Called to ED menus". At the bottom of the slide is a green footer bar containing the logo for the Pennsylvania Trauma Systems Foundation.

Hand Specialty

- Specialty "Hand" will be added to the Consult and Others Called to ED menus

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A presentation slide with a white background and a light orange header bar. The title "Systolic Blood Pressure" is centered in the header. Below the header, two bullet points describe the current procedure: "Currently –" and "Systolic cuff pressure in either arm by auscultation or palpation, taken within 30 minutes or less of ED/hospital arrival." At the bottom of the slide is a green footer bar containing the logo for the Pennsylvania Trauma Systems Foundation.

Systolic Blood Pressure

- **Currently –**
- Systolic cuff pressure in either arm by auscultation or palpation, taken within 30 minutes or less of ED/hospital arrival.

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Systolic Blood Pressure

- **Definition for 2021 -**
- **First recorded systolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.**
- Language for Prehospital, Referring Facility, Interhospital Transport SBP fields will be updated as well.
- Will match NTDB language for Systolic Blood Pressure

45

Alcohol Screen Results

- Definition -
- First recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter.
- Record BAC results within 24 hours after first hospital encounter, at either your facility or the transferring facility.
- **No change is being made to this definition**
- **For 2021 DI by ESO will map any BAC value entered within the referring facility section to the On Admission Vitals section in Collector.**

46

Pre-existing condition D.10 – Anticoagulant Therapy

- **Currently -**
- Additional Information
- Present prior to injury.
- Exclude patients whose only anticoagulant therapy is chronic aspirin.
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

47

Secondary Payor

- **Current recommendation -**
- When no secondary insurance is documented the Secondary Payor field should be left blank
 - “Self Pay” is being recorded when there is no secondary insurance documented
- For 2021, “None” will be added as an option to the Secondary Payor menu
 - Will not be added to Primary Payor menu
 - Self Pay only applies to the Primary Payor field

48

Abuse Coding Guidelines

- Current PTOS guidelines
- If suspected or confirmed abuse, the abuse code must be entered as the Primary Cause of Injury.
 - o Confirmed abuse – start at T74
 - o Suspected abuse – start at T76
- • The specific mechanism of injury (e.g. assault, fall) must be entered as Secondary Cause of Injury.

49

Abuse Coding Guidelines

- For 2021, guidelines will be changed to match NTDB
- These new abuse coding guidelines in PTOS will follow the ACS TRAUMA QUALITY PROGRAMS BEST PRACTICES GUIDELINES FOR TRAUMA CENTER RECOGNITION OF Child Abuse, Elder Abuse, and Intimate Partner Violence
- A tertiary external cause code element will be added to PTOS and be required to be completed for CONFIRMED abuse cases only

50

Abuse Coding Guidelines

- **Suspected Abuse** – Requires the abuse code (T code) first, secondary and tertiary codes not applicable.
 - Primary External Cause Code – T Code
 - Secondary External Cause Code – Not Applicable
 - Tertiary External Cause Code – Not Applicable

51

Abuse Coding Guidelines

- **Confirmed Abuse** - Requires the abuse code (T code) first, perpetrator code (Y code) second and mechanism of injury third.
 - Primary External Cause Code – T Code
 - Secondary External Cause Code – Y Code (Perpetrator)
 - Tertiary External Cause Code – Mechanism of injury code

52

ICU/Stepdown Days

- For 2021, change to the logic for the calculation of combined ICU and Stepdown days
- Check ensures Total ICU + Stepdown Days does not exceed Total Hospital Days
 - Check will function same as check on individual Stepdown days calculation

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53

Changes to Pre-existing Conditions, Hospital Events

Events

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54

Pre-existing condition D.10 – Anticoagulant Therapy

- **For 2021 - Add clarification to Additional Information**

Additional Information

- Present prior to injury.
- **Anticoagulant must be part of the patient's active medication**
- Exclude patients whose only anticoagulant therapy is chronic aspirin.
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available

55

Pre-existing condition L.05 – COPD

- **Currently**

- **L.05 - Chronic Obstructive Pulmonary Disease (COPD) – utilize the NTDB definition for Chronic Obstructive Pulmonary Disease (COPD) (Consistent with World Health Organization (WHO) 2015)** which states - Lung ailment that is characterized by a persistent blockage of airflow from the lungs. It is not one single disease, but an umbrella term used to describe chronic lung diseases that cause limitations in lung airflow. The more familiar terms "chronic bronchitis" and "emphysema" are no longer used, but are now included within the COPD diagnosis and result in any one or more of the following:
 - Functional disability from COPD (e.g., dyspnea, inability to perform activities of daily living [ADLs]).
 - Hospitalization in the past for treatment of COPD.
 - Requires chronic bronchodilator therapy with oral or inhaled agents.
 - A Forced Expiratory Volume in 1 second (FEV1) of < 75% or predicted on pulmonary function testing.

A diagnosis of COPD must be documented in the patient's medical record. Exclude patients whose only pulmonary disease is acute asthma. Exclude patients with diffuse interstitial fibrosis or sarcoidosis. **Present prior to injury.**

56

Pre-existing condition L.05 – COPD

- ~~L.05 – Chronic Obstructive Pulmonary Disease (COPD) – utilize the NTDB definition for Chronic Obstructive Pulmonary Disease (COPD) (Consistent with World Health Organization (WHO) 2015) which states – Lung ailment that is characterized by a persistent blockage of airflow from the lungs. It is not one single disease, but an umbrella term used to describe chronic lung diseases that cause limitations in lung airflow. The more familiar terms "chronic bronchitis" and "emphysema" are no longer used, but are now included within the COPD diagnosis and result in any one or more of the following:~~
 - Functional disability from COPD (e.g., dyspnea, inability to perform activities of daily living [ADLs]).
 - Hospitalization in the past for treatment of COPD.
 - Requires chronic bronchodilator therapy with oral or inhaled agents.
 - A Forced Expiratory Volume in 1 second (FEV1) of < 75% or predicted on pulmonary function testing.
- A diagnosis of COPD must be documented in the patient's medical record. Exclude patients whose only pulmonary disease is acute asthma. Exclude patients with diffuse interstitial fibrosis or sarcoidosis. **Present prior to injury**

57

Pre-existing condition L.05 – COPD

- Chronic obstructive pulmonary disease (COPD) is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used but are now included within the COPD diagnosis.
- Element Values
- 1. Yes 2. No
- Additional Information
- Present prior to injury.
- A diagnosis of COPD must be documented in the patient's medical record.
- Exclude patients whose only pulmonary disease is asthma.
- Exclude patients with diffuse interstitial fibrosis or sarcoidosis.
- **Consistent with World Health Organization (WHO), 2019.**
- The null value "Not Known/Not Recorded" is only reported if no past medical history is
- Matches NTDB (L.05)

58

Hospital Event 210 – Alcohol Withdrawal Syndrome

- Currently
- 210 = Alcohol Withdrawal Syndrome: utilize the NTDB Hospital Event definition (***Consistent with the 2016 World Health Organization (WHO) definition Of Alcohol Withdrawal Syndrome.***) which states: Characterized by tremor, sweating, anxiety, agitation, depression, nausea, and malaise. It occurs 6-48 hours after cessation of alcohol consumption, and when uncomplicated, abates after 2-5 days. It may be complicated by grand mal seizures and may progress to delirium (known as delirium tremens). Must have occurred during the patient's initial stay at your hospital. Documentation of alcohol withdrawal must be in the patient's medical record.

59

Hospital Event 210 – Alcohol Withdrawal Syndrome

- 210 = Alcohol Withdrawal Syndrome: utilize the NTDB Hospital Event definition (***Consistent with the 2019 World Health Organization (WHO) definition Of Alcohol Withdrawal Syndrome.***) which states: Characterized by tremor, sweating, anxiety, agitation, depression, nausea, and malaise. It occurs 6-48 hours after cessation of alcohol consumption, and when uncomplicated, abates after 2-5 days. It may be complicated by grand mal seizures and may progress to delirium (known as delirium tremens). ~~Must have occurred during the patient's initial stay at your hospital. Documentation of alcohol withdrawal must be in the patient's medical record.~~

60

Hospital Event 208 - CAUTI

- Currently -
- A UTI where an indwelling urinary catheter was in place for > 2 calendar days on the date of event, with day of device placement being Day 1,
- AND
- An indwelling urinary catheter was in place on the date of event or the day before. If an indwelling urinary catheter was in place for > 2 calendar days and then removed, the date of event for the UTI must be the day of discontinuation or the next day for the UTI to be catheter-associated.

61

Hospital Event 208 - CAUTI

- **2021**
- A ~~UTI~~ **Urinary Tract Infection (UTI)** where an indwelling urinary catheter was in place for > 2 calendar days on the date of event, with
- day of device placement being Day 1,
- AND
- An indwelling urinary catheter was in place on the date of event or the day before. If an indwelling urinary
- catheter was in place for **more than 2 consecutive days in an inpatient location** ~~calendar days~~ and then removed, the date of event for the UTI must be the day of discontinuation or the next day for the UTI to be catheter-associated.

62

Hospital Event 207 - VAP

- Currently
- 207 = Ventilator-Associated Pneumonia = utilize the NTDB Hospital Event definition **(Consistent with the January 2016 CDC defined VAP)**, which states: 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.
- 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.
- **DO NOT** also code 100 = Pneumonia
- See NTDB Data Dictionary for VAP algorithm

63

Hospital Event 207 - VAP

- For 2021 - match NTDB definition
- 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.
- (VAP algorithm follows in NTDB Data Dictionary)

64

Deep Surgical Site Infection – New Hospital Event

- Definition consistent with NTDB and 2019 CDC Definition

DEEP SURGICAL SITE INFECTION		Table 1. Surveillance Protocol for Deep Incisional or Organ/Space Site Following Scheduled NDBB Operations Procedure Categories: Day 1 - 90 days after the procedure.	
Definition An infection of the wound, incision, or drain that occurs within 90 days after the NDBB operative procedure (see also 2-4 for procedure codes) as outlined in the Table 2.		ICD-9-CM Procedure Code 94.01-94.99	
ICD-9-CM Procedure Code 94.01-94.99		ICD-9-CM Procedure Code 86.00-86.99	
ICD-9-CM Procedure Code 94.01-94.99		ICD-9-CM Procedure Code 86.00-86.99	
ICD-9-CM Procedure Code 94.01-94.99		ICD-9-CM Procedure Code 86.00-86.99	
ICD-9-CM Procedure Code 94.01-94.99		ICD-9-CM Procedure Code 86.00-86.99	

Organ/Space Surgical Site Infection – New Hospital Event

- Definition consistent with NTDB and 2019 CDC Definition

ORGAN/SPACE SURGICAL SITE INFECTION		Table 2. Surveillance Protocol for Organ/Space Site Following Scheduled NDBB Operations Procedure Categories: Day 1 - 90 days after the procedure.	
Definition An infection of the wound, incision, or drain that occurs within 90 days after the NDBB operative procedure (see also 2-4 for procedure codes) as outlined in the Table 2.		ICD-9-CM Procedure Code 94.01-94.99	
ICD-9-CM Procedure Code 94.01-94.99		ICD-9-CM Procedure Code 86.00-86.99	
ICD-9-CM Procedure Code 94.01-94.99		ICD-9-CM Procedure Code 86.00-86.99	
ICD-9-CM Procedure Code 94.01-94.99		ICD-9-CM Procedure Code 86.00-86.99	
ICD-9-CM Procedure Code 94.01-94.99		ICD-9-CM Procedure Code 86.00-86.99	
ICD-9-CM Procedure Code 94.01-94.99		ICD-9-CM Procedure Code 86.00-86.99	

Superficial Incisional Surgical Site Infection – **New** Hospital Event

- Definition consistent with NTDB and 2019 CDC Definition
 - Definition Must meet the following criteria: Infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date)
 - AND involves only skin and subcutaneous tissue of the incision
 - AND patient has at least one of the following: a. purulent drainage from the superficial incision. b. organisms identified from an aseptically-obtained specimen from the superficial incision or sub cutaneous tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST)). c. superficial incision that is deliberately opened by a surgeon, attending physician** or other designee and culture or non-culture based testing is not performed. AND patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. A culture or non-culture based test that has a negative finding does not meet this criterion. d. diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee

Osteomyelitis – **New** Hospital Event

- Osteomyelitis must meet at least one of the following criteria: 1. Patient has organisms identified from bone by culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis and treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST)). 2. Patient has evidence of osteomyelitis on gross anatomic or histopathologic exam. 3. Patient has at least two of the following localized signs or symptoms: fever (>38.0°C), swelling*, pain or tenderness*, heat*, or drainage*
- And at least one of the following: a. organisms identified from blood by culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis and treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST)) in a patient with imaging test evidence suggestive of infection (e.g., x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation (i.e., physician documentation of antimicrobial treatment for osteomyelitis). b. imaging test evidence suggestive of infection (e.g., x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation (i.e., physician documentation of antimicrobial treatment for osteomyelitis). * With no other recognized cause

Hospital Event – Soft Tissue Infection

- **RETIRE for 2021**
- ~~79 – **Soft Tissue Infection:** documentation by a physician of cellulitis, gas gangrene, necrotizing fasciitis, or streptococcal myositis requiring treatment.~~

69

Hospital Event - Wound Infection

- **RETIRE for 2021**
- ~~99 – **Wound Infection (traumatic or incisional):** drainage of purulent material from the wound, active treatment of the wound, or administration of antibiotics for the wound.~~
- ~~An abdominal abscess would not be considered a wound infection and is not applicable as a hospital event.~~

70



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