Streamlining Trauma Registry Processes & Building an ICD-10 Favorites List

The Penn Trauma Network Experience

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Objectives:

1. Penn Presbyterian Medical Center’s experience with an Automated Data Import
   Alicia DiLeonardo & Lauren Platt

2. A Trauma Network’s experience with implementation of ICD-10 and Development of a Favorites List
   Karen Schaeffer

3. Reading Hospital’s development of a “My List” in EPIC
   Anthony Martin
Streamlining Trauma Registry Workload

- The workload of the trauma registrar has increased over the years
  - Data abstraction, Meetings, Webinars, Reports, Data Validation, CE compliance
- Progression of Submission over time:
  - PTOS data elements = 333
  - NTDB data elements = 50
    - Once a year submission
  - TQIP data elements = 40
    - Quarterly
  - Now there are upwards of 423 total data fields
  (not including your center’s customized elements)
Poll:

- Does your center use EPIC for your Trauma Resuscitation Documentation?

- Does your center have an automated import process to dump data from the EMR into Collector?
Importing Processes from EMR to Collector

- **History**
  - First experience with Automated Data Dump
    - Became possible after the go live of an EMR called TraumaTrac
EPIC Transition/Developing Auto Data Dump

- HUP Trauma Center move to PPMC
- Health system transitioning to EPIC
- Impact on workflow by losing import from TraumaTrac
- Needed to keep data import
- Possible expansion of data elements collected?
# EPIC Export to Collector

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
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<td>Description</td>
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</tbody>
</table>
Developing an Import process

- **Determine Data Elements to merge**
  - Cost based on number of FIELDS imported
  - Consistent location in EPIC
  - What fields will be added only once
  - What fields could be updated and merged again
  - What will the import use to determine whether a record already exists in the trauma registry (HSP_ACCOUNT_ID)
    - If the record does not already exist in the trauma reg, the record is added on import and a trauma reg number is automatically assigned
    - Trauma reg number is formatted according to PTOS guidelines based on the admit date
  - Mapping: EPIC exports file in CSV format with double quotes around each field

- **EPIC Report looks at ED as a location and trauma number**
- **Decision to create a report in the Clarity reporting workbench**
Imported Data Elements

- NGT : ICD-10 OD9670Z
- Changed procedure to ICD-10 conversion
Add/ Merge Fields

- Trauma Registry Number (YYYY + unique sequential number: to be assigned by Dicorp on ADD records)
- Linkage Number/HAR Number – to be used as key on Add/Merge logic, visit specific number
- Patient Last Name *
- Patient First Name *
- Patient Address (street address) *
- City *
- State *
- Zip Code *
- Telephone #- just area code comes over now (area code) (7 digit phone number) *
- SSN *
- MRN *
- Date of Birth *
- Scene Provider
- Admit Date
- Admit Time
- Date Transported to Post ED Destination
- Time Transported to Post ED Destination
- Was Trauma Alert Called? (yes or no)
- Date and Time Initial Alert Called—only time imports
- Highest Level of Alert (alert or response)

- Attending Emergency Physician arrival Date
- Attending Emergency Physician arrival Time
- Attending Trauma Surgeon arrival Date
- Attending Trauma Surgeon arrival Time
- Senior Trauma Resident arrival Date
- Senior Trauma Resident arrival Time
- Units of Blood Hung (PRBCs in bay)
- Pulse Rate on Admission
- Respiratory Rate on Admission
- SBP on Admission
- GCS on admission
- Common procedures performed in ED – code and procedure description/name:
  - Intubation (96.04)
  - FAST (88.79)
  - Central Line (38.93)
  - Chest Tube (34.04)
- Customized field - EDCARE1 (trauma Alert/response #)
- Customized field – EDCARE2 (trauma contact type)
- Customized field – CLINICAL3 (height in centimeters)
- Race *
- Ethnicity *
- Sex *
- Age (in years) *
- Weight (in kg)
- Trauma Vitals Downgraded – Vitals every 4 hours date and time map to orders to change vital signs greater than 1 hour

Merge: Only updates fields marked w an * all other fields bypassed on update
Importing Process

- Go into current collector
- Go to file
- CSV-upload trauma records
- Pick data file from Pennchart ED (which should automatically open) for current day (file is names TraumaRegistry_Export )
- Open
- Upload
- Patients import from midnight to midnight
- File accessible after 07:30
Benefits of Automated Import Process

- **Add**
  - Elements scheduled to import and populate a newly generated record

- **Merge Indicator**
  - set the logic to look for updates that occurred the prior day to any trauma patients who had presented in the last 30 days.
  - Specified fields that will overwrite as data in EPIC changes
    - Demographic fields
      - First and Last Name (replaces unknown QUB)
      - Street Address, City and State, Zip
      - Telephone Number
      - Last 4 SS#
      - DOB
      - Race, Ethnicity, Sex
      - Age (in years)
      - Weight (in KG)
    - Hard stop after 30 days
Caution!!!

- Vet process to determine which elements are consistently imported with accuracy and those needing validation
- Change in practice
  - Once elements are validate to be accurately populating
  - IRR spot check data validation
Pitfalls of Clarity Extract

- Down for maintenance every Sunday
- Import lag 12 hours
  - 12:00 am - 23:59 pm day prior
  - Miss concurrent entry of all patients that come in early am after midnight
  - Delays POPIMS entry
- Waiting until the File “drops”
- Occasionally Trauma Registry Report needs to be rescheduled and run manually
  - The following users need access to Business Objects Launch Pad (if they don't already have it) AND permission to view history and reschedule the TraumaRegistryExport report in the PennChart->ED/Trauma folder
- Continue to manually enter Trauma Consults
Dusting off Cobwebs

- **Re-visiting customized elements**
  - Schedule a time to review elements you collect
  - Retire ones that are no longer appropriate or meaningful
  - Adding new ones
    - Who are the stakeholders
    - How long will it be needed
    - Can it be captured elsewhere (EPIC report)
    - How much time will you spend finding it
  - Once you add it, capture it and then decide it is no longer needed… don’t remove it
Next Steps

- Expand import to capture more standardized fields
- EPIC phase 2 will allow for some inpatient fields to be captured
- Streaming old customized elements
ICD-10 and Collector Integration

ICD-10

That's one way to deal with it . . .
Benefits of Standardized List

- Efficiency
- Uniformity
- Inter-rater reliability
- Data accuracy
2 Types of Lists – Everyone should have

- **Standardized List**
  - Comprehensive

- **Favorites List**
  - Quick reference
Evolution of Standardized/Favorites List

- From Memory
Evolution of Standardized/Favorites List

- The Paper List
### Evolution of Standardized/Favorites List

**Computerized**

<table>
<thead>
<tr>
<th>ICD10 CODE</th>
<th>Procedure</th>
<th>Comments</th>
<th>ICD9 CODE</th>
<th>BOOK page #</th>
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<tr>
<td>y BW281ZZ</td>
<td>CT Head with low osm contrast</td>
<td></td>
<td>87.03</td>
<td>633</td>
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<tr>
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<td>CT HEAD AND NECK with low osm contrast</td>
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<td>633</td>
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<td>y BW262ZZ</td>
<td>Computerized Tomography (CT Scan) of Head without</td>
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<tr>
<td>y BW2510Z</td>
<td>CT Scan Chest, Abd &amp; Pelvis w/ L Osm Contrast, Unenh, Enhance</td>
<td>Per PTSF</td>
<td></td>
<td></td>
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<tr>
<td>y BW211ZZ</td>
<td>CT Abdomen &amp; Pelvis with low osm contrast</td>
<td>88.01</td>
<td>633</td>
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<tr>
<td>y BW2510Z</td>
<td>CT Chest / Abdomen &amp; Pelvis with low osm contrast (if done at same time)</td>
<td></td>
<td></td>
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<tr>
<td>y BN251ZZ</td>
<td>CT Facial Bones with</td>
<td>88.38</td>
<td>623</td>
<td></td>
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<tr>
<td>y BN251ZZ</td>
<td>CT Facial Bones without</td>
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<td>y BN221ZZ</td>
<td>CT B/L orbits with low osm contrast</td>
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</tbody>
</table>
Where do we start?

- Frequency Report – Find out what codes you are currently
How to Run Frequency Reports

• Enter Collector Report Writer

• Select From List of Standard Reports; Frequency Report

• Tab 1, select date range
• Tab 2, Report Options

• From the List drop down, Select # 10, Procedure Codes

• Choose Total Column Only

• Show Codes Yes
Frequency Report

- Sort by most commonly used

- Use as a basis for
  - Validating IRR
  - Variations of practice
  - Favorites List creation
Vetting Process

- **Team collaboration**
  - Decide which codes to add
  - Decide How to organize
  - Split work load
  - Develop in excel table

- **Code verification**

- **Enter in an organized fashion**
  - Body region (AIS)
  - Procedure type (CT, MRI, Ultrasound)
  - Code
RESOURCES FOR CREATING A FAVORITES LIST

- ICD-10 Manual
- Your PI Department/Research
- PTSF
  - Website - ICD-10 Q&A
  - B List/Appendix 11
  - Personnel
- NTDB Manual
- Other PA Trauma Centers
  - Teleconference
  - Chat room
- Journal Articles
- Online References
# Standardized Code List

<table>
<thead>
<tr>
<th>A</th>
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<td>y B31K2ZZ</td>
<td>CT Angio Upper extremity Arteries, Bilateral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>y BP2T1ZZ</td>
<td>CT Scan of Right Upper Extremity using Low Osmolar Contrast</td>
<td></td>
<td>88.38</td>
<td>610</td>
</tr>
<tr>
<td>28</td>
<td>y BP2U1ZZ</td>
<td>CT Scan of Left Upper Extremity using Low Osmolar Contrast</td>
<td></td>
<td>88.38</td>
<td>610</td>
</tr>
<tr>
<td>29</td>
<td>y BP2V1ZZ</td>
<td>CT Scan of Bilateral Upper Extremities using Low Osmolar Contrast</td>
<td></td>
<td>88.38</td>
<td>610</td>
</tr>
<tr>
<td>30</td>
<td>y BQ2R1ZZ</td>
<td>CT Scan of Right Lower Extremity using Low Osmolar Contrast</td>
<td></td>
<td>88.38</td>
<td>610</td>
</tr>
<tr>
<td>31</td>
<td>y BQ2S1ZZ</td>
<td>CT Scan of Left Lower Extremity using Low Osmolar Contrast</td>
<td></td>
<td>88.38</td>
<td>610</td>
</tr>
</tbody>
</table>
KEEP THE FAVORITES LIST CURRENT/CONSISTENT

- Standardized procedure for adding new codes
- Education Among Registry Staff
- Standing Agenda item

Communicate
Commit
Maintain
Creating an ICD-10 Favorites List
ICD-10 Favorites List

[Image of a window with options to select ICD-10 Procedure Favorites or ICD-10 Mechanism Favorites, with buttons to edit or close.]
Search for code & Add to favorites
Updating the Favorites List

- One designated trauma registrar should have administrative access

- Enter the Collector Admin Module (all users must exit Main Collector)

- Tools Menu – Update Report as Text

- Next time you view favorites list codes will be updated
Organizing your Favorites List

- Main Collector Module
- Setup
- Favorites Editor
- Select a menu to edit

- Group the Frequently used codes into Body Region
  - Free text between codes
  - Space between sections with ;
Challenges

- Must be a living document
- Tedious
- No Cut and Paste
- Multi-user conflict
- Takes time to communicate changes
- Can’t build out whole codes
- ICD-10 updates and new codes
Wish List for Future State

- **PTSF to build a standard list and send out with Collector Updates**
  - Ensure uniformity

- **Consider including this as an agenda item for the PTSF registry committee or create a sub committee**

- **More collaboration between centers**
  - Each one building on their own
  - Favorites list edit ability during business hours (while
TRACKING OPEN CHARTS IN EPIC
Tracking Open Charts in EPIC

- How many times a day do you type in a patient’s MRN?
- What if you only had to type a patient’s MRN into EPIC…
  
  ONCE!!!
Tracking Open Cases in Epic

- EPIC Patient List
Step 1: Have IT setup a “My List”
**Step 2:**
Decide on Column Headings

<table>
<thead>
<tr>
<th>Julie's Worklist</th>
<th>50 Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name/Age/Sex</td>
<td>Admission Date</td>
</tr>
</tbody>
</table>

"EPIC Patient List"
EPIC Patient List

Step 3: Adding a Patient
Step 4: Deleting a Patient

Image: EPIC Patient List interface showing patient lists with options to edit, remove, and add patients.
**EPIC Patient List**

- **Benefits:**
  - No more typing in MRN’s
  - No more guessing what cases you have open
  - Keep yourself organized
  - Know how to prioritize

Deleting a patient is so rewarding!!!
Summary

If you don’t like to waste time!
If you can overcome the fear of change!
If you can get your hospital to build you a “My List”

You can take back 15 minutes everyday!

15min X 5wd/wk X 52wk/yr = 3900 minutes
65 hours per year!!!