

# Registry Roundup

August 2014

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## FYI



### **Don't Wait!**

Do you have a question for PTSF staff? Do you have recommendations for changes? Don't wait! Contact PTSF staff! There is no need to hold any questions or changes until the end of the year. The sooner you bring an issue to our attention, the sooner we can address it.

**Nathan McWilliams**, Director of Technology/Trauma Registry – [nathan@ptsf.org](mailto:nathan@ptsf.org)

**Stephanie Radzevick**, Trauma Data Analyst – [sradzevick@ptsf.org](mailto:sradzevick@ptsf.org)

**Lyndsey Smith**, Trauma Data Quality Specialist – [lsmith@ptsf.org](mailto:lsmith@ptsf.org)



### **digital innovation incorporated DI Support Personnel Change**

Josh Stein has been a member of the DI Technical Support team for approximately the past six years. He has been an integral Support team member for all of DI's clients, especially the users in Pennsylvania. Josh was recently promoted within DI to their Professional Services division where he will be a Project Coordinator. Josh will continue to have an opportunity to have a positive impact by assisting DI's client base but in project related activities. Josh is still a key member of the DI team but will not directly be handling Support related calls/inquiries received from users. Prior to joining the Professional Services team Josh transitioned his knowledge of the PA products to members of the Technical Support team – so everyone is ready to help PA users when they call in for assistance. In addition, the Support Team can consult with Josh at any time if they have questions. Congratulations, Josh!



### **ICD-10-CM/PCS Delay**

As of May 1, 2014 Centers for Medicare & Medicaid Services (CMS) announced an expected interim final rule with an **October 1, 2015** implementation date for ICD-10-CM/PCS. On July 31, 2014 the Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors approved an ICD-10-CM/PCS implementation date of **January 1, 2016**. It is important to not lose momentum in the transition to ICD-10, and we encourage everyone to continue to move forward with ICD-10 education.



### **Trauma Registrar's Community**

Take advantage of the Trauma Registrar's Community on the PTSF website! The Trauma Registrar's Community is a great place for registrars to interact with one another. The community allows registrars to initiate and participate in discussions. The PTSF staff also posts valuable information to this community. To get started, sign-in or create an account on the PTSF website. This can be done by going to [www.ptsf.org](http://www.ptsf.org) and clicking the sign-in or sign up today icons. Once you are signed in, click on the Community tab at the top of the PTSF homepage. Here you will see a list of many different communities. Scroll down to the Trauma Registrar's Community and click 'join.'



## **DATA ABSTRACTION**



### **Ambulance List**

The ambulance list is not under the control of the PTSF. The Foundation is provided a current ambulance list each year by the Bureau of EMS.

The ambulance list within Collector is customizable at each facility. Therefore, it is the responsibility each facility to add and/or remove providers as needed. You may contact the PTSF for assistance if you cannot find information for a specific provider.



### **Facility # Updates**

Please go to the [Trauma Registrar's Community](#) on the PTSF website for a list of facilities that have been added/changed on the facility lists since the last Collector Update. These facilities and their corresponding numbers will not be updated in Collector until the next update is available. Please make a note of these additions/changes on your personal facility lists if needed.



### **Unknown Date of Birth**

When a patient's date of birth is truly unknown, it is acceptable to record U's for this field within Collector. Do not estimate the patient's date of birth or use a generic date assigned by your facility. For example, some facilities assign a generic date as the date of birth for Jane Doe and John Doe patients. Although this generic date is recorded in the patient's medical record, you should not carry this date over into Collector. Instead, enter U's for this situation. An example of a generic date can include, but is not limited to 01/01/1900.



### **Pre-Existing Conditions**

Pre-existing Conditions are pre-existing co-morbid factors present before patient arrival at the ED/hospital. A list of Pre-existing Conditions can be found in Appendix 12 of the PTOS Manual. If a patient does not have any pre-existing conditions to capture, record "0.00, None." If a patient does have pre-existing conditions to capture, record the appropriate code. It is not necessary to record U's in any remaining pre-existing condition spaces.



### **Solitary Hip Fractures**

PTSF staff has received many questions involving hip fractures from the same level that are not pathological osteopenic in nature. For example, a patient that trips over an object and falls sustaining an isolated hip fracture and the fracture is not pathological or osteopenic in nature. Although the intent of the solitary hip fracture exclude is to exclude solitary hip fractures that are pathological or osteopenic in

nature, situations like this one also fall into this category. Therefore all solitary hip fractures (ICD-9-CM code 820.00 - 820.9 with no other injuries) that are a result of a fall on the same level should be excluded from PTOS.



### **NTDS 2015 Admissions Data Dictionary**

The 2015 NTDS Admissions Data Dictionary has been released! To download a copy, go to the following link and follow the instructions.

<http://www.ntsdictionary.org/dataElements/datasetDictionary.html>



### **TriCode Tips**

#### **Check Your Spelling:**

Not receiving an ISS or TRISS after entering diagnoses? It could be an error in spelling. Please go back and check your spelling if you do not receive an ISS or TRISS after entering the patient's diagnoses.

#### **Peri-Prosthetic Fractures:**

The 2014 PTOS Manual states, "Peri-prosthetic fractures with a traumatic mechanism should be coded to the traumatic fracture area." PTSF and DI are aware that TriCode does not recognize the term "peri-prosthetic." DI is currently working on resolving this issue. For now, the best way to code peri-prosthetic fractures is to use the @ symbol. For example, femur fracture @periprosthetic.

#### **Spinal Regions:**

Some registrars are receiving an error when typing a diagnosis that spans spinal regions in TriCode. If the spinal injury spans across the cervical thoracic or thoracic lumbar regions, always code to the upper region only.

#### **Base or Vault?**

Below are some guidelines for coding basilar vs vault skull fractures:

- Code all skull fractures under vault unless specified as base. If skull fractures to both vault and base are documented, code both fractures. If a single skull fracture involves both base and vault, code the more severe. If both are of equal severity, code the fracture to point of origin.
- Fracture of the base of the skull (basilar) may involve any of the following bones: ethmoid, sphenoid, orbital roof, and portions of the occipital and temporal bones (petrous and mastoid portions of the temporal bone).
- Given evidence of head injury, any of the following clinical signs can be used to corroborate a diagnosis of basilar skull fracture: hemotympanum, perforated tympanic membrane with blood in canal, mastoid hematoma (battle sign), CSF otorrhea, CSF rhinorrhea, periorbital ecchymosis (raccoon eyes). Do NOT automatically assume that all cases of periorbital ecchymosis are basilar skull fractures. This could also indicate orbit fractures or simply soft tissue contusions.
- Fracture of the vault of the skull may involve any of the following bones: frontal, occipital, parietal and temporal (squamous portion only).



### Unique Cases

Have you received any unusual cases? Need help? Please contact the PTSF if you feel you need any guidance. We will try to provide you with the best answer as quickly as possible. See below for this edition's unique cases.

#### Case #1:

#### **The Scenario:**

Transfer in of an infant for broken bones during birth.

#### **The Question:**

Should this patient be picked up as a PTOS patient?

#### **The Answer:**

~~The PTSF recommends that the infant be picked up as a PTOS patient because the patient sustained an injury and was a transfer in for that injury. PTSF also suggests that E928.8 be used for the mechanism of injury code.~~

After further research, the PTSF recommends that this patient **not** be picked up as a PTOS patient. Birth injuries fall outside of the inclusion criteria code range. Birth injuries are category 767 (Birth Trauma) in ICD-9 and category P13-P15 (Birth Trauma) in ICD-10. Please note that traumatic injuries sustained after the birthing process may qualify as PTOS. For example, a newborn transferred into your facility with fractures due to being dropped by the physician.

Case #2:

**The Scenario:**

Admitted trauma patient fatally injures themselves after jumping out of a 6<sup>th</sup> floor window of the hospital.

**The Question:**

Should this patient be considered a new patient and given a new trauma number?

Should the injuries that the patient was initially admitted for be included in the new record as active injuries?

**The Answer:**

This case was taken to the Trauma Registry Committee. The committee agreed that this patient should be considered a new patient and be given a new trauma number for their new injuries. The committee also agreed that the injuries this patient sustained as a result of his/her previous incident should not be picked up within the new record. These previous injuries could be included with an @ symbol in the diagnoses section of the record.

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## **DATA REPORTING**



### **PTSF Dashboard**

Dashboard data is now current and will be updated on a quarterly basis! The Dashboard functionality allows you to compare your data to the rest of the state. Take advantage of this wonderful tool!



### **PTOS Quarterly Reports**

Second Quarter reports have been released.

### **Deadlines for Data Submission**

Mark your calendars! Here are the deadlines for data submissions for 2014:

- Third Quarter 2014 – September 30, 2014
  - Fourth Quarter 2014 – December 31, 2014
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## **REGISTRY-RELATED COMMITTEE UPDATES**



### **Trauma Registry Committee Update**

#### **Next Meeting:**

August 28, 2014 (Conference Call)  
2:00pm-3:00pm

Please be sure to e-mail PTSF staff with any issues or concerns regarding Collector™ or the PTOS manual for discussion at the above registry committee meeting!

#### **Board-approved Changes for PTOS for 2015 Implementation**

1. **Requested Change** – Move ICD-10 implementation date from January 1, 2015 to January 1, 2016 based on recent federal delay.

**Board Approved Change** – PTSF implementation date will be January 1, 2016.

2. **Requested Change** – Calculate NTDS and PTOS ICU length of stays more efficiently and accurately.

**Board Approved Change** – Registrars will enter the admit and discharge dates for each individual ICU stay and use those entries to compute both the PTOS Total ICU Days and the NTDB Total ICU Days separately. The grid within Collector would be several rows of arrival and departure dates. This same grid will be used for Step-Down days as well.

3. **Requested Change** – Ability to capture diagnoses obtained from post-mortem procedures. For example, skeletal surveys and post-mortem ophthalmologic exams.

**Board Approved Change** – Allow centers to capture diagnoses obtained from post-mortem diagnostic procedures.

4. **Requested Change** – Clarify the word “unexpected” within the cardiopulmonary arrest occurrence definition.

**Board Approved Change** – Utilize the NTDB definition, “Cardiac arrest with CPR: The absence of a cardiac rhythm or presence of chaotic cardiac rhythm that results in loss of consciousness requiring the initiation of any component of basic and/or advanced cardiac life support. Excludes patients that arrive at the hospital in full arrest.” Replace with a new number and retire 48.

5. **Requested Change** – Match the Occurrence Location Menu and the Procedure Location Menu.

**Board Approved Change** – Match Procedure Location Menu to Occurrence Location Menu.

- Add 15 EMS
- Add 16 Referring Facility
- Add 14 Postmortem
- Remove 12 Pre-Hospital

Both Occurrence and Procedure Menus:

- Split special unit and angiography (11), which will be retired and create new menu option for each. The new options will appear as (17) Special Procedure Unit and (18) Angiography
- Remove the word ‘provider’ from EMS Provider option.
- Include ‘(optional)’ under Referring Facility option and educate within PTOS manual to explain why there is an option for referring facility when there is a referring facility section within Collector.

6. **Requested Change** – Remove audit filter #12.

**Board Approved Change** – Remove audit filter #12.

7. **Requested Change** –Match the NTDB timeframe of 30 minutes or less for capturing initial vital signs.

**Board Approved Change** – Add “within 30 minutes or less of ED/Hospital arrival” to PTOS initial vital signs definitions.

8. **Requested Change** –Level 4 use of POPIMS

**Board Approved Change** –Require Level 4 trauma centers to use POPIMS as of January 1, 2016.

9. **Requested Change** – Combine pre-existing conditions that utilize the same definition.

**Board Approved Change** – Combine the following pre-existing conditions that utilize the same NTDB definition.

- B.01 and B.02 → B.03 Diabetes Mellitus
- L.01, L.02, L.03, and L.04 → L.05 Respiratory Disease
- C.02 → C.06 Esophageal Varices

The complete 2015 Change Document will be posted to the Trauma Registrar Community on the PTSF website shortly.

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## **EDUCATIONAL OPPORTUNITIES**



### **ICD-10 Webinar Series**

The Pennsylvania Trauma Systems Foundation (PTSF) has launched a webinar series designed to provide trauma registry staff with the tools necessary to prepare for ICD-10 implementation, and it is free for PA registry staff! This webinar series is designed specifically for trauma program staff. Each month, topics focus on coding trauma specific injuries. Although the first webinar took place on January 30, 2014, it's not too late! Each ICD-10 monthly webinar will be recorded and made available for registrants to watch at any time. These recordings will also be available until ICD-10 is implemented. Visit the ICD-10 page of the PTSF website for more information or to register for this webinar series.



### **Basic Registrars Course**

This course is designed for individuals new and/or inexperienced to the trauma program and particularly to the trauma registry including: coordinators, registrars, and trauma prevention personnel. This course is intended for those individuals with two (2) years or less experience in the trauma registry. This Basic Registrar Course will provide a basic knowledge of the trauma system in Pennsylvania, the Collector trauma registry software, Pennsylvania data definitions, scoring mechanisms, registry best practices, classification systems and more! The PTSF does not have any in-person Basic Registrar Courses scheduled at this time; however, The Basic Registrar Course can be taken online! To take the Basic Registrars Course online, sign-up or sign-in on the PTSF website. After signing in, click on the education tab at the top of the PTSF homepage.



### **Free Anatomy Courses**

With the increase in the coding specificity of ICD-10-CM and ICD-10-PCS, one's knowledge of anatomy and physiology is vitally important. To help better prepare you for the change to ICD-10, the Foundation has purchased, for PA trauma centers, a series of 12 audio conferences with handouts on anatomy and physiology. These seminars were developed by the Pennsylvania Health Information Management Foundation (PHIMA, [www.phima.org](http://www.phima.org)). It is up to you how many of the 12 conferences you watch. Watch them all or just a few!

On January 17, 2014, an e-mail was sent by Nathan McWilliams to all registrars. This e-mail contained links to each of the 12 conferences. Please contact the PTSF if you would like these links sent to you again.



### **Educational Visits Are Underway!**

Thank you to all the trauma center staff for your patience as we begin to resume trauma registry educational visits in 2014. We will begin scheduling visits for 2015 shortly. For 2015, we will be focusing on trauma centers that have not had a visit in numerous years. It is our goal to get all of our trauma centers back onto at least a two or three year educational visit schedule.

We still have a desire to test remotely accessing trauma centers' electronic medical records in order to conduct inter-rater reliability reviews remotely. Please contact Nathan at [nathan@ptsf.org](mailto:nathan@ptsf.org) if your center would be interested in testing this capability.



### **PTSF/Pa-COT 18<sup>th</sup> Annual Conference and Meeting**

Mark your Calendars now! The PTSF/Pa-COT 18<sup>th</sup> Annual Conference and Meeting will be held October 22, 2014-October 24, 2014 at the Sheraton Harrisburg Hershey Hotel. Additional information will be provided in the near future.



**We hope you are having a great Summer!**





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*Pennsylvania Trauma Systems Foundation – Trauma Registry Staff*

- ❖ *Nathan McWilliams, MPA, RHIA – Director of Technology/Trauma Registry – [nathan@ptsf.org](mailto:nathan@ptsf.org)*
- ❖ *Stephanie Radzevick, CPC – Trauma Data Analyst – [sradzevick@ptsf.org](mailto:sradzevick@ptsf.org)*
- ❖ *Lyndsey Smith, RHIA – Trauma Data Quality Specialist – [lsmith@ptsf.org](mailto:lsmith@ptsf.org)*