

## 107 – Trauma Data Collection and Evaluation

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### **PURPOSE:**

The trauma registry is a disease-specific data collection composed of a file of uniform data set that describe the injury event, demographics, prehospital information, diagnosis, care, outcomes, costs, and Performance Improvement and Patient Safety information. This process will promote compliance with the National EMS Information System and the California Emergency Medical Services Information Systems.

### **AUTHORITY:**

Title 22, Division 9, Chapters 7 & 12

### **PREHOSPITAL RECORDS:**

1. In addition to normal patient information, prehospital providers will document the applicable trauma triage criteria for which trauma activation was made and complete additional trauma information requested on the PCR/written form.
2. The original of the Prehospital Care Report must be filed in the patient's medical record within twenty-four (24) hours and a copy forwarded to Nor-Cal EMS per the Documentation Reporting and Retention policy.
3. It is critical to trauma data collection to have the prehospital care record available at the Receiving Facility as required.

### **RECEIVING FACILITY RESPONSIBILITIES:**

1. Provide staff to enter Trauma Registry information and perform case reviews on all trauma cases. It is recommended that another staff member, besides the Trauma Program Manager, function as the Trauma Registrar to abstract and enter the information into the trauma registry. This allows the Trauma Program Manager time to perform the PIPS review on all trauma cases and enter their analysis into the Trauma Registry CQI screen.
2. Enter injury event, demographics, prehospital information, diagnosis, care, outcomes, costs, and Performance Improvement and Patient Safety information into COLLECTOR software. This software is distributed by Digital Innovations to all Receiving Facilities in the Nor-Cal EMS region.
3. Maintain a memorandum of Understanding will outline the individual Receiving Facility's responsibility involving the maintenance and support for the registry software.
4. Maintain the Nor-Cal EMS Trauma Registry Manual. Updates must be incorporated within fourteen (14) days of distribution.
5. Complete a trauma registry entry for all patients who receive care at the Receiving Facility and meet inclusion criteria as outlined in the Operational Dictionary located in the Trauma Registry Manual.
6. Abstract and enter all possible patient information available to complete the COLLECTOR record accurately and completely.
7. Submit all requested downloads and reports as scheduled by Nor-Cal EMS within the timelines established by Nor-Cal EMS.
  - a. An annual download schedule will be distributed in January at the beginning of each year.
  - b. Recurring appointments shall be set up with Nor-Cal EMS to review cases, to identify which cases need to be reviewed at Trauma Audit Committee (TAC).
  - c. If the Receiving Facility had zero (0) patients for a reporting quarter, a electronic Excel report provided by Nor-Cal EMS will be submitted to the Nor-Cal EMS staff processing downloads.
8. Assist in providing any requested information to Nor-Cal EMS relating to data submission to the National Trauma Data Bank.

9. Provide training to Receiving Facility staff responsible for inputting of trauma registry information and performing the PIPS process. Periodically, when grants are available, Nor-Cal EMS helps the Receiving Facility to meet this training requirement.

**TRAUMA REGISTRY SUPPORT:**

Trauma Registry Support and data management support for COLLECTOR is available to each Trauma Center by: Phone: (800) 344-3668, ext. 4 or by e-mail: support@dicorp.com.