

# Procedure

<b>CCHMC Trauma Services Operation Manual</b>	<i>Procedure Number</i>	TR-12
<b>Trauma Registry Base Location Inclusion Criteria</b>	<i>Effective Date</i>	06/2015
	<i>Page</i>	1 of 1

## 1.0 SCOPE

- 1.1. The Trauma Registry is a database of trauma patient information. It allows one to analyze and evaluate patient care, including epidemiologic and demographic characteristics of a population of patients. The trauma registry information is used on a national level, a state level, regionally and within hospitals to provide data to determine and define public health issues, performance improvement activities within various levels of a trauma system, for outcomes research and resource utilization.

## 2.0 DEFINITIONS

- 2.1. All children admitted to CCHMC for treatment of injuries
- 2.2. Injured children observe <24 hrs. – CCHMC outpatient bedded
- 2.3. Children injured severely enough to require activation of the trauma resuscitation team (for a stat or alert) but who were subsequently discharged.
- 2.4. Injured children who die in the Emergency Department or prior to arrival at CCHMC are also included.
- 2.5. Patients transferred from CCHMC ED by ground or air ambulance to another acute hospital (established Jan. 1, 2005)
- 2.6. Patients transferred to by ground or air ambulance CCHMC from another acute hospital or urgent care center who subsequently discharge from the CCHMC ED (established Jan 1, 2006)

## 3.0 PROCEDURES

- 3.1. ICD-9 Diagnoses **inclusions**:
  - 3.1.1. ICD-9 injury diagnosis range of 800.00 - 995.09 (range was expanded from the traditional 800.00 – 959.9 to include poisonings and cases of child abuse).
- 3.2. ICD9 injury diagnosis that are **excluded** from registry;
  - 3.2.1. ICD9 range 930-938 (foreign body entering through orifice)
  - 3.2.2. ICD9 range 905 – 909 (**late effects** on injury)
  - 3.2.3. ICD9 range 910 – 919 (only those with last digit of .4 or 5 **insect bites**)
- 3.3. Contact Trauma Services Department Data Management Team to obtain a list of Trauma Registry Data Elements that are available.

## 4.0 LIST OF ATTACHED FORMS

- 4.1. N/A

## 5.0 REFERENCES

- 5.1. Trauma Base 9.21b - Clinical Data Management, Inc.
- 5.2. International Classification of Diseases 9<sup>th</sup> Revision Clinical Modification
- 5.3. Kansas State Nurses Association May 2001

## 6.0 APPROVALS

The Injury Data Management section of the Trauma Department and appropriate content experts will periodically review and update this policy as appropriate. Policies will be reviewed at least every 3 years. Questions regarding this policy shall be directed to, and authority over this policy shall vest with, the Application Specialist of the Trauma Service.

HISTORY
<b>Original Date</b>
11/10
<b>Revision Date</b>
10/13, 6/15
<b>Review Date</b>