

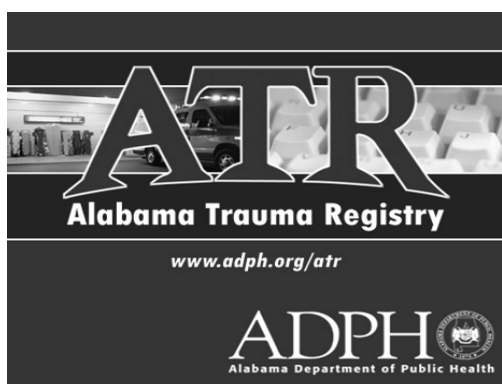
Alabama Trauma Registry

Satellite Conference and Live Webcast
Wednesday, March 30, 2011
11:00 a.m. - 1:00 p.m. Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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Alabama Department of Public Health



Alabama Head and Spinal Cord Injury Registry (AHSCIR)

- May 1998
 - Alabama Law 98-611 passed requiring every Alabama hospital to report head and spinal cord injuries to the Alabama Department of Public Health (ADPH) within 90 days of admission

Alabama Head and Spinal Cord Injury Registry (AHSCIR)

- Provides for timely patient referral to rehab programs administered by state agencies

Alabama Trauma Registry (ATR) Overview

- In 1999 ATR began requesting additional information about trauma injuries to increase knowledge regarding trauma on a statewide level

Legislation

- 2007 Alabama approved the expansion of the statewide trauma system
- Senate Bill 278, Section 6.(a)
 - “The department shall establish a statewide trauma registry to collect and analyze data on the incidence, severity, causes of trauma, including traumatic brain injury...

Legislation

... The registry shall be used to improve the availability and delivery of pre-hospital or out-of-hospital care and hospital trauma care services.”

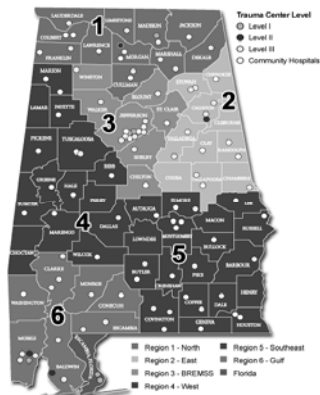
Alabama Trauma Center Designation

- Trauma facilities criteria
 - Appendix A Trauma Rules categorizes trauma criteria as:
 - Essential (E)
 - Desirable (D)
- Participation in state trauma registry is E for Level I, II, and III trauma centers

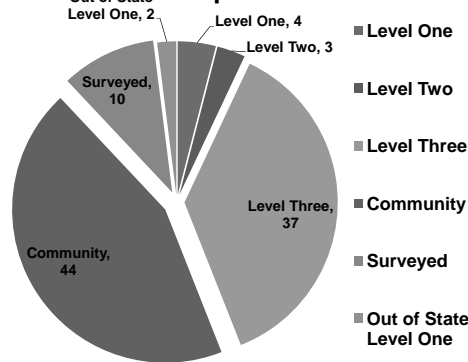
Alabama Trauma Center Designation

- An in-house trauma registry is E for Level I and II trauma centers
 - D for Level III trauma centers

Alabama Trauma Regions



Hospital Levels



Hospital Data Submission

- **Injury Case Criteria for State Trauma Registry**
 - ICD-9 diagnosis code 800.00 – 959.9 AND
 - Assigned an ATCC number
 - Admitted to hospital for 24 hours or greater, OR

Hospital Data Submission

- Transferred from one hospital to another hospital, OR
- Death resulting from the traumatic injury
 - Independent of hospital admission or hospital transfer status

Injury Case Criteria for State Trauma Registry

- **Injuries excluded**
 - 910-924.9 – superficial injuries
 - Blisters, contusions, abrasions, and insect bites
 - 930-939.9 – foreign bodies

ATR Data Points

- 232 data points
- Web portal contains 10 major tabs and 2 sub-tabs
 1. Demographics
 2. Injury
 3. Ambulance
 4. Referring hospital

ATR Data Points

5. ED
 - Assessment One
 - Assessment Two
6. Diagnosis
7. Procedures
8. Co-morbidity/complications
9. Outcome
10. Financial

Alabama Trauma Communication (ATCC) Number

- The Alabama Trauma System (ATS) patient is identified by the ATCC number
- Hospitals are having difficulty reading the run sheets

Alabama Trauma Communication (ATCC) Number

- The Pre-hospital Care Report should be carefully detailed and legible
 - It is viewed as a legal document and is part of the patient’s medical record

Prehospital Care Report
FOR BLS PR USE ONLY

Insert ATCC number in upper right corner of run sheet

No Trauma Cases (NTC)

- When there is no data for a particular month, the hospital shall submit a NTC form using the online system within 90 days of that month

Alabama Trauma Registry No Trauma Cases

Alabama Department of Public Health Alabama Trauma Registry
Healthcare Facility; NTC Form (No Trauma Cases to report)

In an effort to meet reporting guidelines and requirements of the Alabama Trauma Registry (ATR) and the Alabama Head and Spinal Cord Injury Registry (AHSCIR) programs, this document serves to notify ATR/AHSCIR that during the reporting month, there were NO trauma or head and spinal cord cases diagnosed or treated at this facility and therefore no cases to report for this month.

* Form Submission Date
June 17 2011

* Reporting Hospital

* Select Reporting Month
Please Select
January
February
March

* Name of Reporting Individual

Please contact Verla Thomas at 334-296-5363 or Verla.Thomas@odph.state.al.us if you have any questions.

SUBMIT

Submission Confirmation

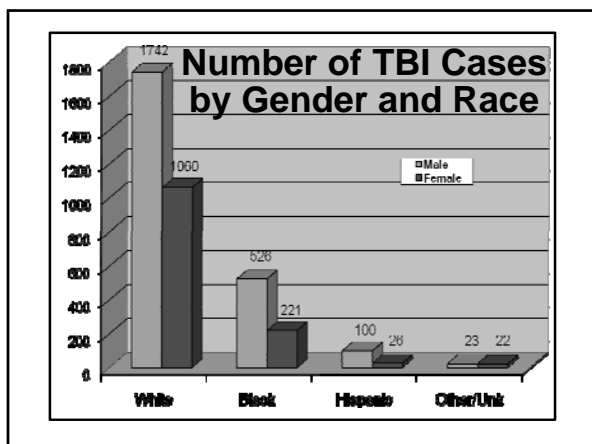
**Alabama Trauma Registry
No Trauma Cases**

Healthcare Facility No Trauma Cases Form

Thank you for your submission.
Please remember this form is to be completed every month there are No Trauma Cases diagnosed or treated in your facility.

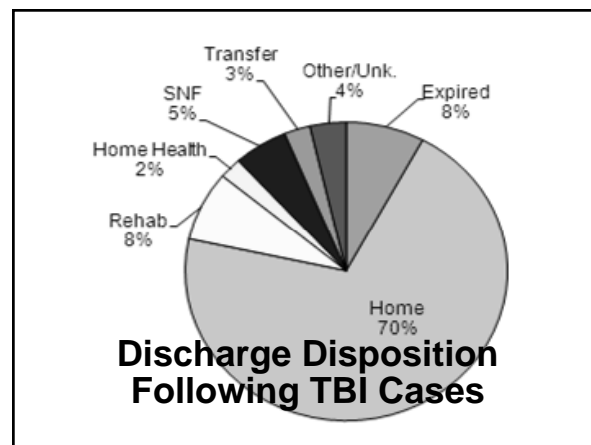
Why Submit Data?

- Legislation
- Maintenance of an effective trauma system
 - QA/QI
- Research
- Education
- Follow-up care



- ### Number of TBI Cases by Gender and Race
- 62% (n = 1,742) of TBI cases in whites were male
 - 70% (n = 526) of black cases were male
 - 80% (n = 100) in Hispanics were male

- ### Number of TBI Cases by Gender and Race
- 51% (n = 23) of the “Other” category, which includes those of Asian, American Indian and unknown ethnicity, were male
 - The overall percentages in this injury type were 64% male and 36% female



- ### Discharge Disposition Following TBI Cases
- By far the greatest portion, 73% (n = 1,928), were discharged home
 - From the data, it cannot be determined how many of these were referred to outpatient rehab facilities

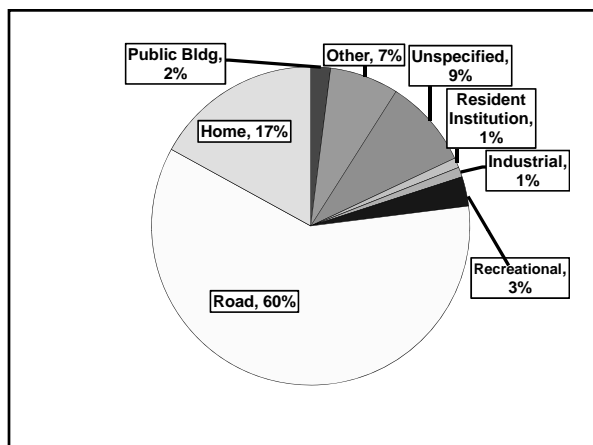
- ### Discharge Disposition Following TBI Cases
- 3% (n = 69) were discharged to home health services
 - 8% (n = 226) of TBI cases died
 - 2% (n = 58) were transferred to other acute care hospitals

Discharge Disposition Following TBI Cases

- 8% (n = 213) were transferred to inpatient rehab facilities
- 4% (n = 96) were sent to skilled nursing facilities (SNF)

Discharge Disposition Following TBI Cases

- The “Other” category includes psychiatric hospitals, hospices, and assisted living facilities, as well as “against medical advice,” and “undocumented” discharge destinations



Discharge Disposition Following TBI Cases

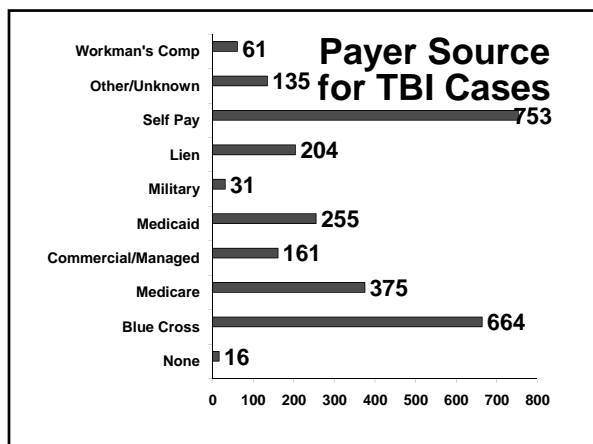
- Most traumatic brain injuries, 60% (n = 1,576), reported to the ATR occurred on roads, streets, and highways
- 17% (n = 444) occurred in the home
- 3% (n = 83) in places for sports and recreation

Discharge Disposition Following TBI Cases

- 2% in public buildings (n = 57)
- 1% (n = 23) in residential institutions such as hospitals and nursing homes
- 1% (n = 30) in industrial settings
- 7% (n = 190) in a variety of other settings

Discharge Disposition Following TBI Cases

- 9% (n = 236) of cases had no site specified



Payer Source for TBI Cases

- Individuals paid for their own care in 29% (n = 753) of cases according to information sent to the ATR
- 25% (n = 664), were paid for by various Blue Cross/Blue Shield plans
- Medicare and Medicaid paid 14% (n = 375) and 10% (n = 255), respectively

Payer Source for TBI Cases

- Various commercial insurance companies were primary payers in 6% (n = 161) of TBI cases reported to the Registry
- Military insurance plans paid in 1% (n = 31)
- Workman's compensation was the primary payer in 2% (n = 61)

Payer Source for TBI Cases

- Hospital liens were held in 8% (n = 204)
- There was no payment in only 1% (n = 16) of cases
- Payment source was not documented in less than 1% (n = 8) of these cases

Payer Source for TBI Cases

- The source of payment data sent to the ATR is particularly subject to misclassification for various reasons
 - Commercial group might include some managed care organizations or the primary payment source may not be properly submitted when there are multiple sources of payment

Then

- In the future . . . on ATR website
 - No trauma cases forms
 - Facility specific reports

Now

- NTC forms on ATR website
- Facility specific forms available to hospitals via web portal
- Report writer
 - Standard reports and user created reports
- Trauma dashboards

Contact Information

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**Help
traumaregistry@adph.state.al.us**

**ATR Website
<http://adph.org/atr>**