

NASEMSO TRAUMA SYSTEM QUIRY
Updated October 2, 2014

Original Question:

From: Juliet Geiger [mailto:jgeiger@ptsf.org]
Sent: Tuesday, September 16, 2014 8:56 AM
To: traumamanagers@lists.nasemso.org
Cc: Amy Krichten
Subject: [traumamanagers] Trauma System Questions

NASEMSO TraumaManagers List -

Dear NASEMSO Trauma System Manager Colleagues: PTSF will be involved in strategic planning sessions this week and I have a few brief questions regarding processes you have in place for your state:

1. Does your state (or individual trauma centers) have access to a rehab database that allows you to track trauma patient outcomes post discharge?
2. Who among you has a trauma system that designates ALL hospitals as trauma centers? And if so are all levels required to submit data to a central statewide database? Is there a penalty for those who won't participate?
3. For those of you who do not designate all hospitals as trauma centers, are there any states that require submission of trauma registry data from all hospitals?
4. Do any of you mandate that all trauma centers use the same PI software?

Thank you for your answers! As usual I will collate the responses and send out a summary. I may follow-up with a phone call or another email to some of you. Thanks and looking forward to seeing many of you in October at the NASEMSO meeting! - Juliet

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Summary of Results:

- Number of respondents: 29
- States that have rehab data submitted to their statewide database: 4 - Ohio, Indiana, Arkansas, Texas
- States that require all hospitals to be designated at some level as a trauma center: 5 - Michigan (as a goal), Maine, Arkansas, North Dakota, Wyoming
- States that don't require it but do have 100% of all hospitals designated: 1 – Delaware
- States that require all hospitals to submit data to the trauma registry even though not all hospitals are a trauma center: 7 - Utah, Montana, Indiana, Maryland, Texas, New Jersey (but not enforced), Ohio
- States that mandate that the same PI software be used: 6 - Pennsylvania (POPIMS), Delaware, West VA (DI), Montana (DI), Maryland (DI), North Dakota (Clinical Data Management)

Results by state

State	Access to a Rehab Database?	Designation of all trauma centers?	Trauma Registry data from all non-trauma centers required?	Same PI Software mandated?
1. Alabama	Yes By law must submit data TO rehab for f/u post discharge.	No	No	No Use Digital innovaions
2. Alaska	No	No "Designation is voluntary".	No	No "The state uses DI Collector web-based version. There are PI components built into the software and standard reports, the hospitals have the option to use it."
3. Arkansas	Yes "Our rehab centers send data to two different companies that supply reports	Yes	Yes	No

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	back to the state.”			
4. Delaware	No	Yes DE has a voluntary system but all our acute care hospitals have participated since 2000. Once a hospital chooses to pursue designation they do have to send their registry data to the system registry as part of the designation requirements. “There is no penalty other than negative press for a hospital who chooses not to participate in the state trauma system.”	No	Yes DI used.
5. Georgia	No	No	No “GA only requires TC’s to report trauma data. However all hospitals submit ED and hospital discharge data into a separate database that trauma has access to.”	No “All of GA trauma centers currently use the same software (DI). Our policy states that the centers can use a software program that is “approved” by our department and must be compatible with our system. Our office and our trauma coordinators have a good relationship with our vendor. Our collaboration together has afforded us some negotiating power as well as in state training resources that have been great. We now list DI as a “Sole Source” under our state contract because we have designed the system to a point

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				where they are the only vendor that can meet out state needs.”
6. Illinois	No	No	No ... at least not the same data set. “We currently have Level I and Level II only. Hospitals designated as one of these levels must report to the Illinois Trauma Registry. All other Illinois hospitals must report certain E-codes and other inclusion criteria into the Illinois Head Spinal and Violent Injury Registry (HSVI)”.	No
7. Indiana	YES “Rehab Hospitals are required to report to our state trauma registry:	No	Yes “The Trauma Registry Rule requires all EMS providers, hospitals with Emergency Departments, and Rehabilitation Facilities to report their trauma data to the state trauma registry. Those that do not submit data to the state trauma registry cannot receive trauma funding.”	No
8. Kentucky	No at the state level	No	No Gather and report ED discharge	No Can use any software that is NTDB

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			data for all, but not trauma data alone. No funding to implement this.	compliant, and can submit data to our state trauma registry (CDB eTraumaBase)
9. Louisiana	No	No	No	No
10. Maryland	No	No	Yes “Out of state MOU’s also submit a data set of MD patients to us. No penalty-expected!”	Yes “All use DI and does the MTR.”
11. Michigan	No	Yes “Our goal is “all inclusive” just began designation process so full participation not yet determined.” All levels are required to submit data. There is no penalty currently for those hospitals who do not participate.	n/a	No ...”but all must enter data into state registry quarterly or direct entry.”
12. Maine	No	Yes “ All of our Hospitals are designated as either Trauma Centers (we have 3; 1 ACS level 1, and 2 ACS level 2) or Trauma System Hospitals to create an inclusive system. We have it in our plan that they all have to submit data, but have not been successful in achieving compliance, and there is no penalty (nor would we be	Yes But noncompliant	No

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		successful in getting a penalty enacted)		
13. Minnesota	No	No	No	No
14. Montana	No	No	Yes "All hospital are required to submit registry data, regardless of designation status". There no penalty for non-submission and not incentive.	Yes "We provide DI: Collector to all our hospitals in the state. Our larger facilities use the software based and the smaller hospitals have been submitting paper abstracts to our office to enter. We are in the middle of training the smaller hospitals on the web-based version of Collector so they will start entering their own soon!"
15. Nebraska	No "Proposed legislation is currently pending to get this ball rolling."	No "We have an inclusive system, all hospitals are invited to apply, however, not all of them choose to participate."	No "We have a few hospitals that are not designated that voluntarily submit data to our system."	No
16. New Jersey	No	No	Yes "but it is not enforced at this time."	No "but they choose as a group to use the same software."
17. New Mexico	No	No	No (Except for those pursuing designation.)	No However, we mandate that all data must be submitted in a format that is consistent with our data dictionary.
18. New York	No	?	Yes – in future	No

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		“Our designations are now based on ACS-COT verification visits.”	“Our new trauma regs will require data submission from all hospitals that admit trauma patients as defined by our data dictionary (similar to NTDB inclusion criteria.)”	
19. Ohio	YES We have a trauma rehab registry as a module of the Ohio Trauma Registry (OTR). All inpatient rehab facilities are required to report.”	No Trauma centers are verified by the ACS.	Yes The penalty for those who don’t participate is: “Non-compliant hospitals are ineligible to receive grants. But THE big stick is one always available to all states with reporting required by law or rule: public reporting of compliance status. No numbers, just yes/no...are they compliant with the law? The <i>absolute last thing</i> any CEO wants is their facility’s name in the ‘No’ column. Paying a fine is far less painful for them than bad PR based on ignoring law/rule. This isn’t to say we jump straight to ‘name and shame’ but relegate that to last resort (see attached policy).”	No “We do, however, provide web-based direct entry into the Ohio Trauma Registry, free of charge, for any facility that wishes to use it.”
20. South Carolina	No	No	No	No
21. Utah	No	No “Designation is voluntary”.	“Yes, all levels and all hospitals, including non-designated	No

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			hospitals, are required to report trauma patients to the state registry. We can fine for non compliance but we haven't had a problem, but its been a requirement since 2001."	
22. Virginia	No	No	Yes "Virginia requires all hospitals that provide emergency services to report. All acute care hospitals and "free standing ED's" report.	No 3 different vendors used and non-trauma centers use the state's trauma registry (Image Trend)
23. West VA	No	No	No Only trauma centers	Yes All trauma centers in WV use DI Collector. There is PI components built into the software and the standard reports."
24. North Carolina	No	No	No	No
25. North Dakota	No	Yes It is a requirement for licensure.	n/a	Yes "All hospitals use Clinical Data Management for the registry."
26. Pennsylvania	No	No	No	Yes PA created their own PI software in collaboration with Digital Innovations called POPIMS. We mandated in 2003 that all trauma centers utilize this software as part of their PI process. We have also just finalized completion of a centralized statewide

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				PI database that 5 trauma centers are submitting PI data to on mortalities.
27. Tennessee	No	No	No	No "But DI is what everyone uses."
28. Texas	Yes "Rehab hospitals are required to report to our state trauma registry. The trauma hospitals would not have patient level data but would have access to aggregate data by either state or possibly regions (Texas is divided into 22 trauma regions)."	No	Yes "All levels and all hospitals, including non-designated hospitals, are required to report trauma patients to the state registry. Is there a penalty for those who won't participate? No penalty. Incentivized to participate with \$\$\$\$."	No
29. Wyoming	No	Yes This requirement is crossed over into the hospital licensing rules	Yes	No We do not mandate this, however, we do provide a trauma registry online-platform to every facility in the state (free for them) and all hospitals are currently

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				utilizing this option. We had one facility who did not want to use our registry but the data exchange proved to be too difficult for their vendor to code and they ended up switching to ours. We have a full registry, and are not like the NTDB which only requires a small portion of data collected.