Your TQIP Staff

Tammy Morgan, National TQIP Educator
Amy Svestka, Data Quality Specialist
Julia McMurray, TQIP Program Manager
Kate Moore, TQIP Coordinator
Announcements

• Call for Abstracts deadline extended to July 9, 2014

• Thank you for submitting your 1st quarter of 2014 data as well as any updates to your 2013 admissions.
Let’s talk about flags!

Appendix 2: Edit Checks for the National Trauma Data Standard Data Elements

The flags described in this Appendix are those that are produced by the Validator when an NTDS XML file is checked. Each rule ID is assigned a flag level 1 – 4. Level 1 and 2 flags must be resolved or the entire file cannot be submitted to NTDB. Level 3 and 4 flags serve as recommendations to check data elements associated with the flags. However, level 3 and 4 flags do not necessarily indicate that data are incorrect. Also listed in this appendix are level 5 flags. Level 5 flags are suggested “warnings” that software developers should consider incorporating into software to display during data entry.
Let’s get started!
“I would like to talk about how to validate using your submission frequency reports.”

Your Submission Frequency Report allows you to see what your data looks like on our end. This report may allow you to recognize areas of improvement and the need for future data field validation.
Submission Frequency Report

NTDS Element Name: SignsOfLife -- Indication of whether patient arrived at ED/Hospital with signs of life.
Number of Non-Null Incidences: 19
Percentage Non-Null Incidences: 1.16

<table>
<thead>
<tr>
<th>Element Value</th>
<th>Definition</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIU = 1</td>
<td>Not Applicable</td>
<td>1613</td>
<td>98.84</td>
</tr>
<tr>
<td>1</td>
<td>Arrived with NO signs of life</td>
<td>6</td>
<td>0.37</td>
</tr>
<tr>
<td>2</td>
<td>Arrived with signs of life</td>
<td>12</td>
<td>0.74</td>
</tr>
</tbody>
</table>
“Can you give us some black and white rules to say that your data should match? ex Lowest SBP # should be same as blood 4hours etc.”

If you are referring to your data validation, here are a few examples:

• If your ED Discharge Disposition = Intensive Care Unit (ICU), then your Total ICU Length of Stay should be ≥1.
• If Airbag Deployment is valued with field value 1-4, then your External cause code should include a description of Motor Vehicle Collision.
• If Initial ED/Hospital Height and Initial ED/Hospital Weight are calculated and = a BMI of ≥ 30, then Comorbid Condition should include Obesity.
Data Submission:

Our adult hospital is in TQIP but our pediatric center is not. Why don’t we submit our adult patients in a separate download from our pediatric patients?

For all data submissions, we ask that you send all patients that meet NTDS inclusion criteria. As you can see on page iv of your 2014 data dictionary, age is not an NTDS patient inclusion criterion. Separate data submissions are not necessary, as we select patients as needed for each report we provide, including TQIP benchmarking, and NTDB annual and benchmark reports.
Race (p. 11)

1. This field allows up to 2 choices. If only one is documented, what do you want in the other choice? NA or unknown?”

For the NTDS data field Race, it is stated in the Additional Information section of the definition that “The maximum number of races that may be reported for an individual patient is 2.” This does not mean that you must report two races for each patient. If you only have one race to report, choose the appropriate field value listed in the definition.

2. The patient's race is a variable used for risk adjusted modeling, can you provide definitions for your field values?”

The field values for this data field are not defined, as the definition states under Additional Information “Patient race should be based upon self-report or identified by a family member.”
“If the patient is Hispanic, what should we put for race?”

The definition for *Race* states under Additional Information “Patient race should be based upon self-report or identified by a family member.” If the patient’s race is not specifically listed as a data field value, then use the field value “3. Other Race.” Then, for the data field *Ethnicity* *(p. 13)*, choose the field value “1. Hispanic or Latino.”
Work-related (p. 17)

“Does this include injuries that occur while at work, but was not related to the occupation? Ex: passed out”

The definition for this data field states “Indication of whether the injury occurred during paid employment” (page 17). So, you would choose the field value “1. Yes” for this scenario.
Registry Software Question:

“Why do we not have an option for Suicide under the ED admissions tab for complaint? For example we had a patient that jumped from a 3rd floor window in attempt to kill herself, and we currently put this under fall.”

Your software vendor creates the field values or “tabs” in your trauma registry. However, ICD-9 and ICD-10 External Cause Codes usually allow you to report if the mechanism was self inflicted.
Protective Devices (p. 31)

When would we use NA for protective devices?"

The null value "Not Applicable" should not be used for this data field. All patients apply.
“TQIP May Education Experience: question 5 - protection device - seems a little confusing to answer none for a fall.”

The definition for Protective Devices states “Protective devices (safety equipment) in use or worn by the patient at the time of injury” (page 31). The definition does not instruct us to consider the mechanism of injury.

So, if the patient used any type of safety equipment at the time of injury, use the appropriate field values to report which type was used. If the patient was not using any type of safety equipment at the time of injury, use the field value “1. None.”
How should we identify the use of protective devices if unknown? Does “1. None” mean no protective devices were used? Does “11. Other” mean that a non-listed device was used?

You would use the null value “Not Known/Not Recorded.”

“None” – no protective devices were used at the time of injury

“Other” – use if protective devices other than what are listed as field values for this data field.
“Are the abuse fields (p. 34-36) meant to only capture domestic abuse (not just assaults in general)?”

Yes, that is correct!
Initial Field Oxygen Saturation (p. 49)

“If oxygen is given and no oxygen saturation is recorded, what is the null value?”

Not Known/Not Recorded
“I have a run sheet with the Trauma Triage Criteria stated identical as # 3 (Crash intrusion, > 18 in any site) in Vehicular, Pedestrian, Other risk injury field (page 56) which I picked for Vehicular, Ped, Injury field; No other Trauma Center Criteria is listed so would I use Not Applicable for Trauma Center Criteria field (page 55)? The EMS agency is not NEMSIS v3 compliant.”

If the reporting EMS agency is not NEMSIS v3 compliant, then use the null value “Not Known/Not Recorded” for these data fields.
“You cannot extract information from the EMS trip report and place in EMS triage rational section?”

If you are referring to the Trauma Center Criteria data field, then you are correct. You are reporting what the EMS agency is reporting for the reason they are taking the patient to a trauma center, using the same field values that are listed in our definition. If the EMS agency has not adopted the NEMSIS v3 data fields, then you would use the null value “Not Known/Not Recorded” (page 55).
Alcohol Use Indicator (p. 74)

If alcohol use is suspected but a test was not done, why would you choose "not known/not recorded" over “No (not tested)”?

If alcohol use is not suspected and not tested, use the field value “1. No (not tested). If alcohol is suspected but the patient was not tested, follow the instruction in the Additional Information section of the definition and use the null value “Not Known/Not Recorded.”
ED Discharge Disposition (p. 76)

“If a patient is sent to a psychiatric facility from the ED, should it be coded as ED T&R w/ services or to a Psychiatric Facility?”

If a patient is sent to a psychiatric facility from the ED, you should select Field value “6. Other (Jail, institutional care, mental health, etc.)”
Comorbid Conditions (p. 88)

“Concerning Advanced Directives, is this the same as a Patient Directive? If an Advanced Directive is not initiated, should we answer NA or NK/NR. If the patient does not have an Advanced Directive, should we answer NA or No care directive provided?”

If your “Patient Directive” meets the definition of our Comorbid Condition “Advanced directive limiting care” then you can consider it the same. The NTDS definition is: The patient had a Do Not Resuscitate (DNR) document or similar advanced directive recorded prior to injury (page A3.2).

If there are no Co-Morbid Conditions on your patient, you would use the null value “Not Applicable.” You can find this information in the Additional Information section of the definition (page 88).
Comorbid Conditions, cont. (p. 88)

‘The Co-Morbid Conditions, “History of angina within past 1 month” and “Ascites within 30 days” are difficult / impossible to collect. It's not typically noted by providers.“

This may be difficult to capture at your center, and may be an opportunity for improvement of your provider documentation.
“How do you document blood transfusion for pediatric patients if blood is not given in full units (e.g. 50 cc times two)?”

For the TQIP process measure Transfusion Blood Measurement field (page 122), you would choose the field value “2. CCs (MLs).”

And, for the TQIP process measure Transfusion Blood Conversion field (page 123), you would use the null value “Not Applicable” since you are not reporting in units.
“Under blood conversion ratio, how do we collect this for platelets that vary on volume? Also, what if there are multiple units?”

For the TQIP process measure *Transfusion Platelets Conversion* (page 131), you are reporting how many CCs are in a unit. If the amount varies, give us an average. You do not consider how many units the patient received for this field.
Angiography (p. 137)

1. TQIP added "interventional" to the definition of angiography in the data dictionary. Should we only count angios done by IR or does this also include angios done in the OR?”

Includes both, in OR or Radiology.

2. Should we include CT Angios?”

No. The Additional Information section of this definition states “Excludes CTA”.

American College of Surgeons
Inspiring Quality: Highest Standards, Better Outcomes

ACS TQIP® Trauma Quality Improvement Program
“Would you kindly consider expanding field values to account for an international perspective of those facilities outside USA?”

We have considered, and have made it possible for those centers outside the US to successfully pass the validator for their data submission. However, I am not aware of what data fields you are referring to.

If this does not answer your question, please contact us at tqip@facs.org with specifics of the data fields you are referring to.
Thanks for your participation!