

WISCONSIN TRAUMA NEWSLETTER

Wisconsin Department of Health Services
March 2017

IN THIS ISSUE:

Welcome

DHS 118

An update on the process of revising DHS 118 and opportunities to learn more.

Registry Transition Update

An update on the transition to the ImageTrend Patient Registry and a time line for 2016 data.

Registry FAQ

Frequently asked questions and troubleshooting information on the new trauma care system registry.

Data Highlights

A look inside the Injury Prevention Survey report.

Upcoming Events

CONTACT INFO:

Department of Health Services
Division of Public Health
Office of Preparedness and
Emergency Health Care
03/2017
www.dhs.wisconsin.gov/trauma
dhstrauma@dhs.wisconsin.gov



WELCOME

Bill Oemichen, Director

Office of Preparedness and Emergency Health Care

Welcome to the inaugural edition of the Wisconsin Trauma Newsletter. We intend to distribute the newsletter on a quarterly basis and our intent is to inform you, from the state's perspective, about the key activities that are occurring to support the Wisconsin trauma system. In this first edition we discuss the current status of the DHS 118 Trauma Rule modernization process, provide updates on the trauma registry and trainings, and summarize our recent injury prevention survey. We also intend, going forward, to highlight upcoming trauma education and training events.

Overall, we hope the information we present through this newsletter is helpful to you in your important trauma role. We also invite you to submit stories or information regarding advancements in your hospital's trauma program, including facility updates, innovative processes, and more for future editions.

DHS 118 UPDATE

Julie Forcier, State Trauma Coordinator

The DHS 118 Advisory Committee concluded its work in the fall of 2016 after meeting six times to discuss and make recommendations surrounding the inclusion criteria identified in the ACS 2014 Orange Book used to evaluate Level III and IV trauma care facilities.

The Department is currently preparing a draft rule order, based on the objectives contained in the Statement of Scope that was approved by the Governor, and based on input received from the

Advisory Committee. The department is continuing to assess whether the criteria should include pediatric standards surrounding the maltreatment of children, dosing guidelines and imaging, and the inclusion of pediatric and adult equipment checklists. The department is also considering trauma medical director qualifications, the location of attending trauma surgeons and the definition of an Intensive Care Unit (ICU). We continue to work with our partners and administration in addressing these issues.

There will be two in-person listening public hearings for public comment this spring; one in the Madison area and one in the Wausau area. If you are not able to attend in person, there will also be opportunities to provide comments in writing. Your input and feedback are important. You may comment on the proposed rule at any time throughout the process by accessing <https://www.dhs.wisconsin.gov/rules/permanent.htm>.

We would like to have this process and the new 2014 Orange Book criteria in place by July 1, 2017, with the goal of using the new criteria to evaluate the Level III and IV trauma care facilities in Wisconsin beginning January 1, 2018. This will be a year of learning and outreach as we all become educated on the new criteria. DHS and the site reviewers will be working closely with the hospitals as we transition to ensure that trauma patients continue to receive the highest level of care possible.

REGISTRY TRANSITION UPDATE

Eric Anderson, Trauma Registry Manager

The ImageTrend Patient Registry went live on January 1, 2017. For access to the Patient Registry, contact a user at your facility with hospital administrator privileges. We at DHS would like to recognize and thank Kristin Lehman, Jenny Mazur, Wayne Street, Michelle Armstrong, Michael Brazeau, Tina Brechlin, Kurrie Pelegrin, Brenda Demeuse, Ben Eithun, and Staci Burns for their time and expertise in facilitating regional trainings on the new registry. They have proven themselves to be essential to the successful transition in registry vendors.

A BIG THANK YOU TO THE MEMBERS OF THE DHS 118 ADVISORY COMMITTEE:

Kelly Jung, UW Hospital, who led and facilitated these meetings; Steven Rush, WHA,; Kerry Swanson, St. Mary's Janesville,; Ryan Neville, Memorial Medical Center,; Dr. Marshall Beckman, Medical College of Wisconsin,; Annette Bertelson, Froedtert Hospital,; Gary Rowland, Aurora Lakeland Medical Center,; Lacey Huset, Mayo Clinic Health System,; Patty Hinderman, Upland Hills Health,; and Cinda Werner, Children's Hospital of Wisconsin.

DATA SUBMISSION REMINDERS

Facility backlog of 2016 cases should be completed by the May 31 data submission deadline. Patient data should be entered in the registry with 80 percent of all cases in the registry within 60 days of patient discharge, per the American College of Surgeons standard. Moving forward, the State Trauma Registry will be tracking the timeliness of record submission and completion. In addition, the 2017 Data Dictionary has been published and can be found at:

<https://www.dhs.wisconsin.gov/publications/p01280.pdf>

IMAGETREND PATIENT REGISTRY FREQUENTLY ASKED QUESTIONS

Q: How far back into 2016 should we go to enter the data on this new site?

A: All 2016 cases not entered into the V5 registry must be entered into ImageTrend.

Q: Which data entry form should I use?

A: The core form consists of elements required by the National Trauma Data Bank (NTDB) and the State of Wisconsin. The comprehensive form includes additional elements that are required. Users wanting to enter supplemental data must use the comprehensive form.

Q: How do I use the new drug screen element?

A: The NTDB has changed the drug use field to select from a list of drugs for 2017 cases. Cases for patients with admission dates of 2016 will still use the "Drug Use Indicator," which will allow for the entry of drugs.

Q: When I complete a case, the Incident's tab indicates "No" for state inclusion. Why is this?

A: An issue was identified where patients meeting Wisconsin inclusion criteria were not being identified properly by the ImageTrend registry system. This issue has been submitted to ImageTrend for resolution. Always consult the data dictionary for information about inclusion criteria.

Q: Is it possible to add EMS agencies from surrounding states?

A: Yes. A list was sent to the Regional Trauma Advisory Council (RTAC) coordinators to identify the most commonly used out-of-state EMS agencies and facilities. Once these facilities have been identified and communicated to the Trauma Registry Data Manager, they will become available for use. These agencies and facilities must be sent in the template provided.

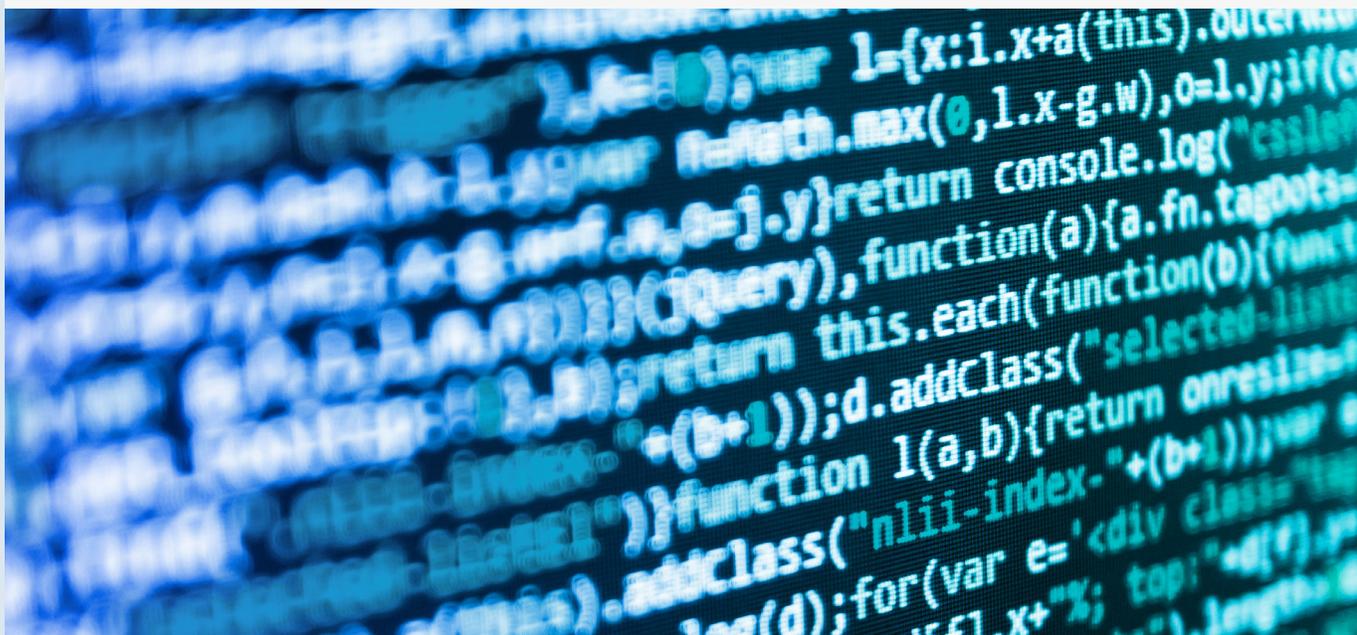
Q: How do I pull in an EMS record?

A: EMS records can be integrated with the Patient Registry through the Incidents Tab. Users can pull EMS data either using the "Search" feature on the Incidents homepage, or within the Pre-Hospital tab of an incident.

If your facility experiences issues locating and integrating EMS data to a patient record, please notify EricM.Anderson@dhs.wisconsin.gov with all pertinent and available details.

Q: When I pull in an EMS record, there is data missing. Can I enter the missing elements?

A: Yes, users can always manually enter information after an EMS record has been imported from WARDS V2 and Elite.



DATA HIGHLIGHTS: INJURY PREVENTION SURVEY

Ashley Bergeron, Epidemiologist

During the December 2016 State Trauma Advisory Council (STAC) meeting, results of a statewide injury prevention survey were presented during the trauma coordinators subcommittee meeting. These results have been formatted into a final report that will soon be available for distribution.

Here are some highlights from this report:

- » The most common injury prevention safety topics addressed are: fall prevention, car seat safety, helmet use, and general bicycle safety.
- » The top three barriers to injury prevention activities include time, funding, and staffing.
- » Forty eight percent of injury prevention staff time is spent on administration, while only seven percent of time is spent on injury prevention activities:
- » Trauma centers in Wisconsin participate in a wide variety of injury prevention activities that cover numerous topic areas and target multiple populations. Future surveys could target RTACs, non-profit organizations, and local health departments to contribute to the overall picture of injury prevention in our state.

UPCOMING EVENTS

1 Eric Anderson, DHS Trauma Registry Manager, will be conducting in-person registry trainings focusing on the new system. If you wish to attend a session, please email Eric at EricM.Anderson@dhs.wisconsin.gov. Please indicate your name, organization, and role. Attendees will need to bring a laptop computer for this training. Please note that if enrollment is extremely low (less than five people), the trainings may be conducted via webinar instead.

Trauma Care System Registry Trainings:

- Friday, March 31, from 10:00 a.m – 2:30 p.m. in Madison, WI (30 person maximum)
- Friday, April 7, from 10:00 a.m. – 2:00 p.m. in Woodruff, WI (20 person maximum)



WISCONSIN INJURY PREVENTION SURVEY

The purpose of Wisconsin's statewide trauma care system is to reduce death and disability that result from traumatic injury by providing trauma patients and their families with optimal care and collecting and analyzing traumatic injury data. Injury prevention (IP) initiatives/programs use strategies that aim to decrease or prevent injuries and improve the health of a community. These initiatives focus on environmental design, product design, human behavior modification, education, and legislative/regulatory requirements that support environmental and behavior change.

In July 2016, the Wisconsin Trauma Program conducted a survey among all trauma centers across the state. The purpose of the survey was to assess the state's injury prevention capacity and identify injury prevention activities, training needs, barriers, and collaboration opportunities. By gaining a larger perspective of how trauma care facilities educate and distribute resources to the public, the Wisconsin Trauma Program strives to improve patient care, provide resources for trauma and injury prevention training, and increase injury prevention knowledge throughout Wisconsin.

The survey was distributed to all Wisconsin trauma managers/coordinators and injury prevention coordinators identified in the current trauma coordinator distribution list. The survey consisted of 38 questions that address topics such as demographics, injury prevention activities, training needs, and potential barriers.

Survey results are presented in five different subgroups:

1. Background
2. Workforce
3. Practice and Outreach
4. Improvement and Resource Sharing
5. Conclusions and Next Steps

[Page 1]

2 The North Central Regional Trauma Advisory Council (NCRATAC) will be hosting a conference on May 5, 2017 from 8:00 a.m. – 4:15 p.m. at the Plaza Hotel and Suites in Wausau, WI. This program is intended for EMS providers of all levels, hospital trauma nursing staff, and all other providers interested in the care of the trauma patient.

For more information, please visit our DHS trauma website and click on the "Training and Resources" page for the conference website and link to register.