



Wisconsin Trauma Registry
Updates and Statistics

In support of the Wisconsin
Trauma Care Program

In this edition:



Quarter 2, 2018 Data



Slipping, Tripping,
Stumbling, and Falls



Pediatric Trauma



Registry Updates



Improvement
Initiatives



Educational
Opportunities

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Office of Health Informatics

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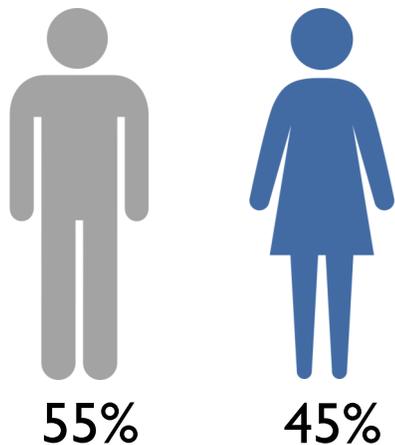
P-02087-18 (01/2019)

Quarter 2, 2018 Data



Analyses include patients discharged between April 1 and June 30, 2018.

Patient Sex



SUMMARY

8,660

7,891

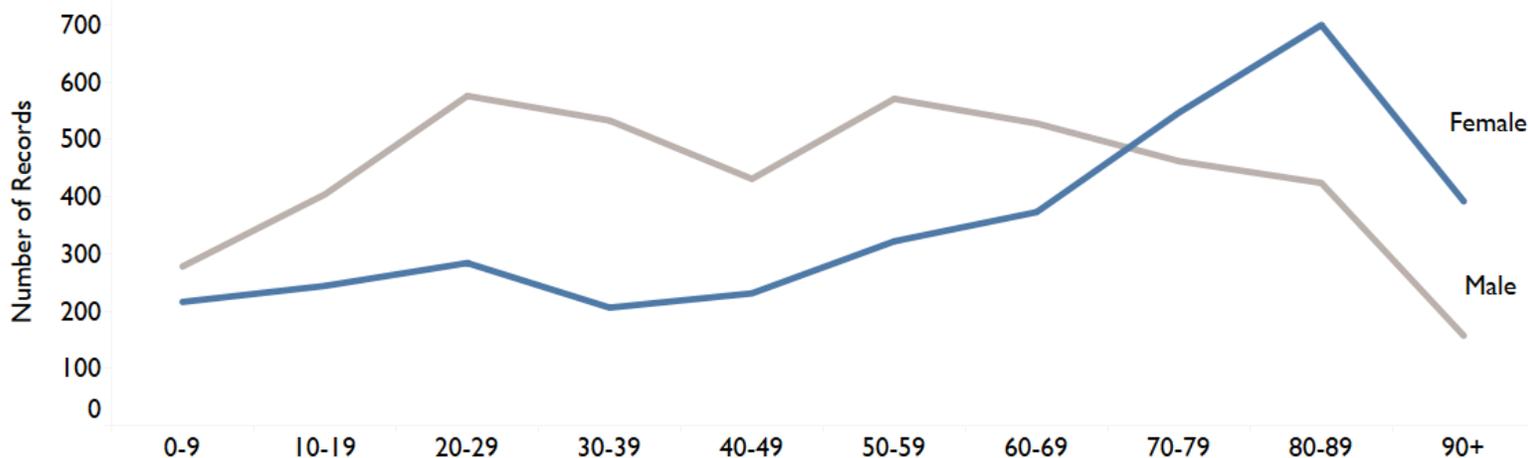
TRAUMA RECORDS

INJURY EVENTS

All data for this report were exported on November 7, 2018

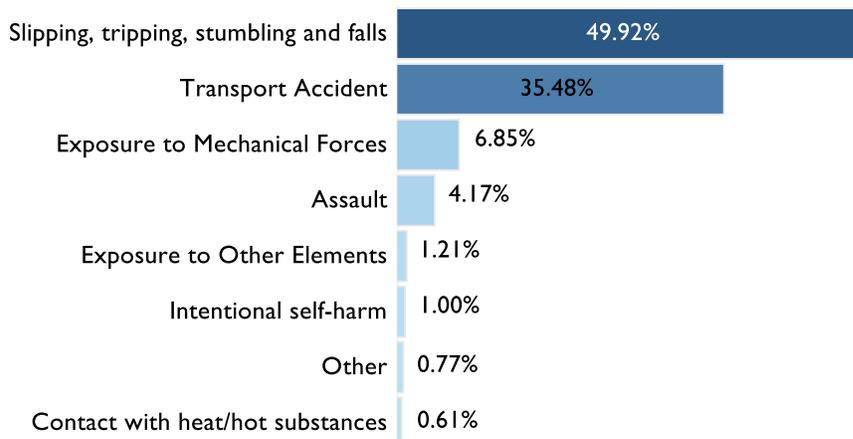
An injury event is unique to each reported injury incident. There are certain cases where a single patient sustains more than one traumatic mechanism in a single day. Thus, this patient has two injury events.

Volume of Patients by Sex

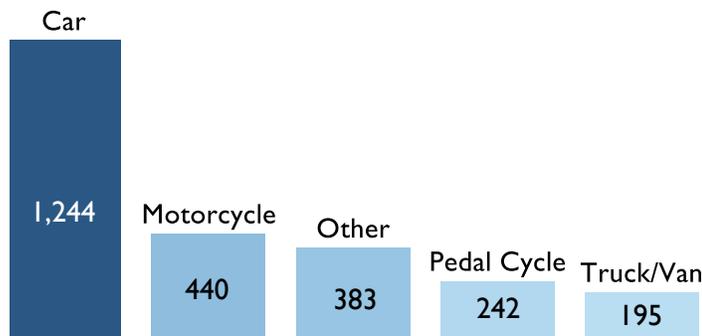


Share of Patients by Mechanism of Injury Category

Values have been grouped by ICD-10 injury category. Also provided is a breakdown of the transport accident type.



Top Five Transport Accident Causes



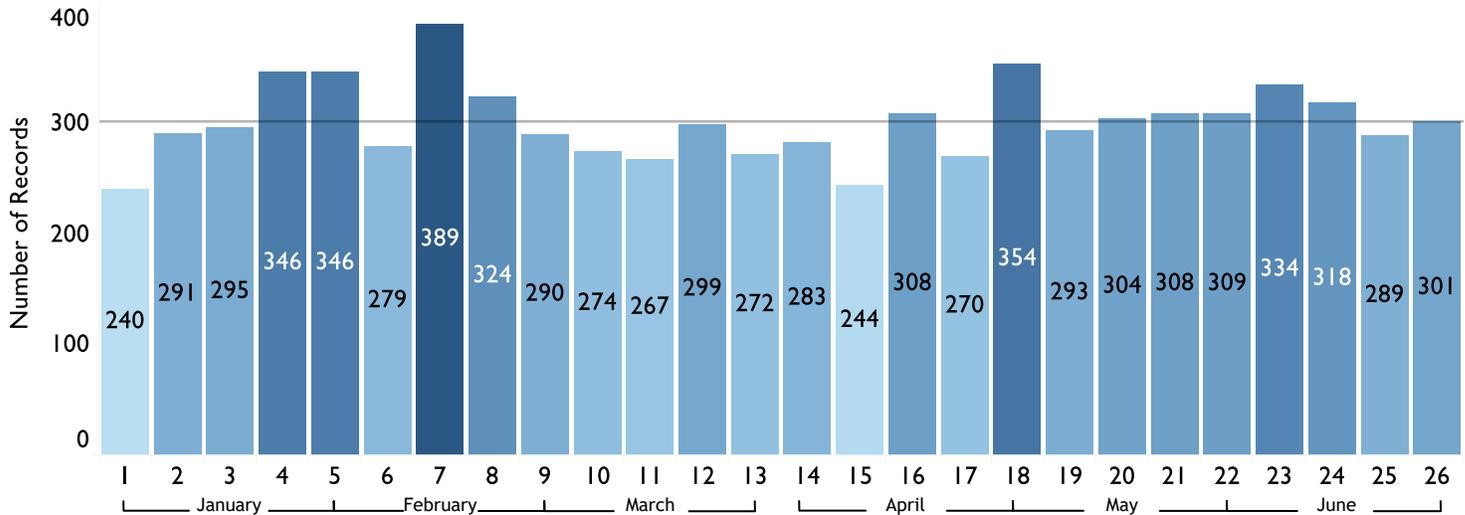
Slipping, Tripping, Stumbling, and Falls



Analyses include patients discharged between January 1 and June 30, 2018.

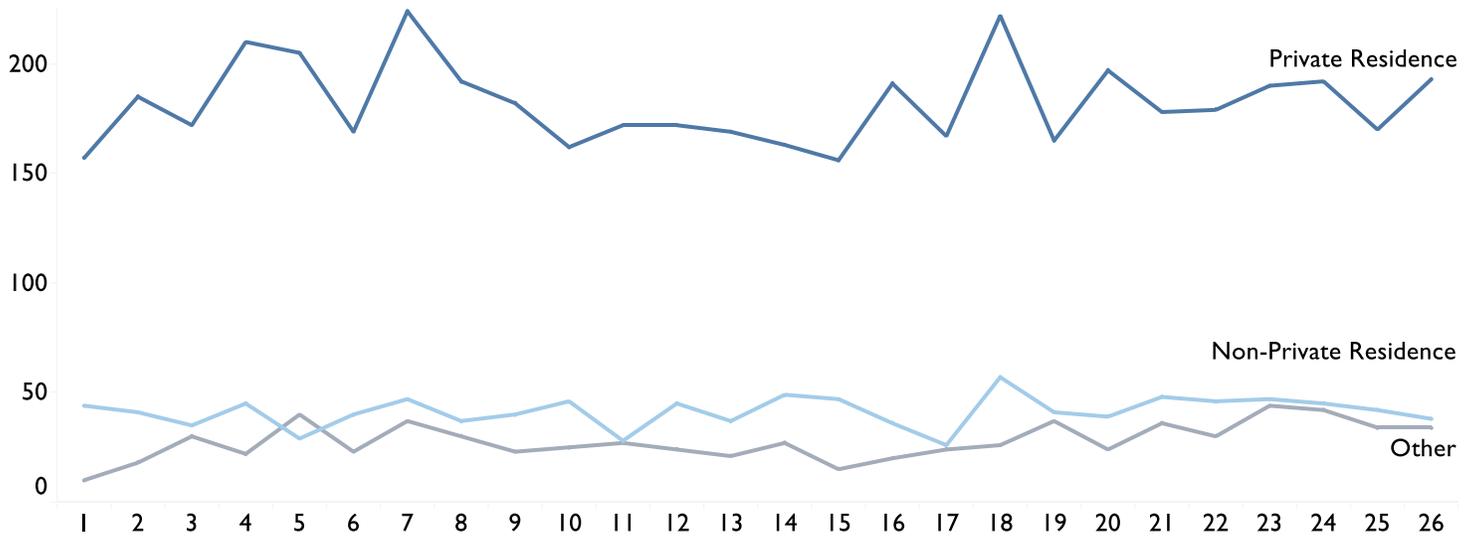
Falls By Week Number

See how your facility compares by running the report titled "Falls by Week" in the report writer



Injury Location Breakdown

Private residence had the highest share of injury locations. Non-private residence and other injury location have remained relatively stable throughout the year. Examples of non-private residence and other injury locations include nursing homes, paved roadways, and public areas.



How does your facility compare?

Falls are overwhelmingly the cause for the highest volume of trauma patients seen throughout Wisconsin. See how your facility compares to these values by generating the following reports.

- Falls by Day of Week
- Falls by Gender
- Falls by Hour of Day
- Falls by Month
- Falls by Week
- Fall Patients by Diagnosis Category and ISS





Pediatric Trauma



Analyses include patients discharged between April 1 and June 30, 2018.

OVERVIEW

In the context of this report, pediatric patients are ages 17 and under.

SUMMARY

1,049 TRAUMA RECORDS

918 INJURY EVENTS

All data for this report were exported on November 7, 2018

An injury event is unique to each reported injury incident. There are certain cases where a single patient sustains more than one traumatic mechanism in a single day. Thus, this patient has two injury events.

Missing Initial Assessment Systolic Blood Pressure (SBP)

Of all trauma records for patients aged 17 and under, **15.5%** had no documented initial assessment SBP. This field has the third highest rate of incompleteness for patients aged 17 and under behind patient weight and incident time. The following is an age range subcategory breakdown.

Patient Age Range in Years			
0-4	5-9	10-14	15-17
40% of patients aged 0-4 had no documented initial assessment SBP	13% of patients aged 5-9 had no documented initial assessment SBP	4% of patients aged 10-14 had no documented initial assessment SBP	1.5% of patients aged 15-17 had no documented initial assessment SBP

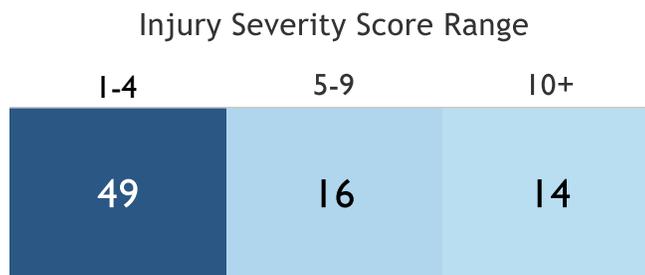


Utilize the reports available within the “Pediatric Trauma” folder of the report writer to track missing SBP in pediatric patients.



Number of patients admitted to non-pediatric trauma care centers by injury severity score (ISS)

A total of **79** patients aged 17 and under were admitted from the emergency department to a non-pediatric trauma care center. The highest share of these patients had an ISS between 1 and 4.



2019 Inclusion Criteria Updates

Wisconsin will align with 2019 National Trauma Data Bank standards regarding the collection of hip fractures and isolated distal extremity fractures. If the patient was admitted, transferred, had a leveled trauma team activation, or died from their injuries, and had a qualifying injury excluding superficial wounds, they are included in the registry.

Trauma team activation is no longer an automatic qualifier and has been made an additional qualifier for inclusion to the trauma registry. The intent of this change is to reduce the burden of submitting patients arriving as a leveled activation discharged home from the emergency department with either no injuries or superficial wounds. Facilities are still encouraged to collect all trauma team activations to evaluate over and undertriage.

Open User Calls Scheduled

To further support Wisconsin's trauma care system, monthly calls have been scheduled to serve as an open forum for questions regarding the Wisconsin trauma registry. These calls will be facilitated by the Trauma Registry Data Manager. Common topics of interest will be summarized and released in the registry dashboard notifications widget. The meeting room will close if there is no activity after 10 minutes.

Webinar Link: <https://connect.wisconsin.gov/dhsdphanderson/>

Audio: Internal computer audio within Adobe Connect

Open User Call Scheduled Dates

- January 17, 2019, 10:00-11:00a.m.
- February 21, 2019, 10:00-11:00a.m.

Frequently Asked Questions

I entered the wrong emergency department (ED) admission date when creating my case. Do I need to delete it?

No, you can update any dates entered when creating a record within the case. There is no need to delete the case and create a new record.

What's the difference between an attachment and an addendum?

An addendum allows you to attach a document to the trauma record with a description specific to each document. This function may be helpful when providing context to attached documentation. An attachment allows you the same document association function; however, you cannot add a document-specific description.

Does my validity score lock after a record has been marked as completed?

No. The validity score remains adaptive to the data included in the record, regardless of incident status.

New Reports Available

- Patients with one or more radiological procedures prior to transport from the emergency department
- Average Time to Transfer Decision compared to physical LOS by age range
- A "Pediatric Trauma" folder has been created, which includes various reports specific to pediatric patients
- Fall Patients 65 and Older on Anticoagulant Therapy by ED Disposition
- Fall Patients 65 and Older on Anticoagulant Therapy by Trauma Team Activation Level





Improvement Initiatives



Registry Improvement Initiative: Timeliness

Wisconsin's path to 80% of records submitted within 60 days of discharge—Orange Book Standard

Wisconsin trauma care facilities submitted 56% of trauma records within 60 days of patient discharge. This represents a decline of 13 percentage points from quarter 1, 2018 (69%). This value excludes records in progress. The goal is to reach 70% of trauma records submitted within 60 days of patient discharge by the end of 2018, with complete compliance achieved by 2020. This value only includes records marked as completed.

Description	Projected Annual Improvements			
	Current	2018	2019	2020
Percentage of cases completed within 60 days of discharge.	56% (-13%)	70%	75%	80%



CURRENT

53

Average minutes to complete a case

97.4

(+0.1%)

Average validity score



2018 GOAL

45

Average minutes to complete a case

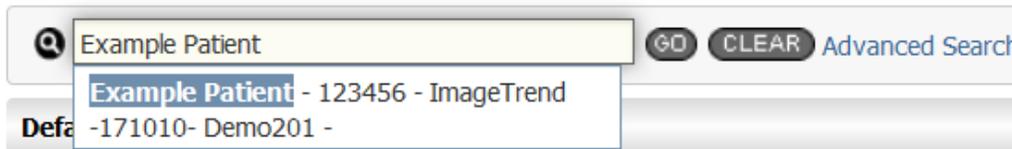
98.0

Average validity score



Prevent duplicate entries

If multiple staff are responsible for data entry, be sure to communicate and prevent time spent on duplicate records. Enter the patient's name or medical record number into the search bar on the incidents tab to see if there is an existing record for this injury event prior to beginning data entry. This takes only a few seconds and can save hours of work!



Educational Opportunities



Additional PI Webinar

The purpose of this webinar is to detail the performance improvement module of the ImageTrend patient registry. We will also discuss the process of building reports based on the data collected within this module.

Thursday, December 13, 2018

All webinars begin at 10:00am and end at 11:00a.m.

Webinar Link: <https://connect.wisconsin.gov/dhsdphanderson/>

Conference Line: 877-336-1829, Passcode 6413961#

2019 Webinars

- Advanced Report Writing: March 21, 2019
- Benchmark Reporting: June 20, 2019
- Quality Assurance: September 19, 2019
- Facility-Specific: December 12, 2019

