

Memorandum of Understanding

Regarding: Trauma Registry – Essential Elements Tier

Between

**Panamerican Trauma Society (PTS) / International Trauma System
Development Program (ITSDP)-Virginia Commonwealth University
(VCU)**

And

1. Participants

WHEREAS, the Panamerican Trauma Society, known in abbreviated form and legal purposes as PTS, with headquarters at VCU's West hospital 1200 East Broad Street P.O. Box 9804544, Richmond, Virginia 23298-0454, represented herein by Dr. Carlos A. Ordoñez, in his capacity as president and Dr. Edgar Rodas as chair of the Trauma Systems Committee and director of the Trauma Registry, and

WHEREAS the _____, known in abbreviated form and all legal purposes as _____, located _____ represented herein by _____ in capacity of _____, and _____ as _____ and active member of the Panamerican Trauma Society.

WHEREAS, the participants herein desire to enter into a Memorandum of Understanding setting forth the services to be provided by the collaborative; and

WHEREAS, the application prepared and approved by the collaborative through its partners is to be agreed up on the following statements on or before _____:

2. Objective of this collaboration

The objective of the collaborations between the Panamerican Trauma Society (PTS) /International Trauma System Development Program (ITSDP) at Virginia Commonwealth University (VCU) and the _____ is the implementation of a trauma registry that will allow identification and surveillance of the number, type and mechanism of trauma.

**ITSDP/PTS TRAUMA REGISTRY
ESSENTIAL ELEMENTS TIER
MEMORANDUM OF UNDERSTANDING**

3. Intent of participants

The intention of the participants is to use the PTS trauma registry, created by ITSDP-VCU: Essential Elements Tier. The Trauma Registry program is to be used in _____ located in _____. This registry is part of the initiative of the Panamerican Trauma Society to establish the use of a trauma registry in Latin America.

4. Activities of collaboration

In the framework of this memorandum, PTS/ITSDP and _____, will undertake the following activities:

Responsibilities of the Panamerican Trauma Society (PTS) / International Trauma System Development Program (ITSDP) at Virginia Commonwealth University (VCU)

4.1 The provision of a corresponding “Electronic Trauma Registry”

The PTS/ITSDP is responsible for providing the electronic trauma registry: Essential Elements Tier (See Annex for list of elements included in this tier) to collect information of patients involved in trauma and emergency care at the _____. The trauma registry provided will have the capability to capture pertinent data elements related to the care of the injured patients, including demographics, prehospital information, care emergency department data, hospitalization data, outcomes, and disposition, reference and counter-reference data. The PTS trauma registry will also provide basic reports for data analysis, quality improvement, and an imbedded web based help module with basic registry elements training.

In its current version, the PTS/ITSDP Trauma Registry is not intended to function as a hospital electronic medical record.

4.2 The provision of a “PTS/ITSDP Trauma Registry Abstract Form”

The PTS/ITSDP will provide upon request a trauma registry abstract form containing the data elements present on the trauma registry. The function of the abstract form is to facilitate the recollection of data that will be entered in to the Trauma Registry by the registrars. The use of the Abstract form is optional and not required for the use or implementation of the PTS/ITSDP registry.

4.3 The provision of a “PTS/ITSDP Trauma Emergency Department Form”

The PTS/ITSDP will provide upon request a trauma emergency department (ED) form to be used by health care personnel in the emergency department. The contents of this form coincide with emergency room data elements present in the Trauma Registry. The use of the ED form is optional and not required for the use or implementation of the PTS/ITSDP registry.

4.4 Informatics Technician (IT) support for the electronic registry

ITSDP-VCU will provide reasonable IT support services such as registry access, maintenance, repair and upgrade for the electronic trauma registry.

**ITSDP/PTS TRAUMA REGISTRY
ESSENTIAL ELEMENTS TIER
MEMORANDUM OF UNDERSTANDING**

4.5 Trauma registry server

All data elements will be housed securely on a VCU server with protected and restricted access to previous agreed upon data managers and users.

Responsibilities of the _____

4.6 Ensure the proper use and data entry of the electronic Trauma Registry

_____ will ensure the adequate use of the trauma registry and the appropriate data entry in the trauma registry. For these means _____ assures to provide:

- Assign staff with an adequate profile for the data entry position into the PTS/ITSDP trauma registry. The Staff must have at least basic knowledge regarding medical data. Examples can include nurses or paramedics.
- Assign staff with the adequate profile for surveillance of registrars and management of trauma registry data. Statisticians or trauma program directors (nursing and administrative degree) are recommended for this position.
- Data entered in the registry will be based on information taken from the trauma registry abstract form, trauma emergency department form and/or other forms used in the above mentioned hospital.
- Trauma registry inclusion and exclusion criteria should be selected prior to data entry.
- It is the responsibility of _____ Trauma Program leadership and administration to provide training in ICD 10 , injury and organ severity scoring, for proper entry and analysis of registry data

Note: The successful implementation and sustainment of the trauma registry depends on capacity of the hospital to provide the necessary resources for supporting the registrars and trauma program directors position (Read recommended Registry Resources document).

It is the understanding of both parties; PTS/ITSDP and _____ that the lack of appropriate hired personnel for proper data entry and surveillance will result in the termination of this agreement.

4.7 Provide equipped work stations for trauma registry personnel

_____ will provide the trauma registry personnel with equipped work stations. This meaning that a physical space, with computers (number depending on registrars) with windows operative system, internet connectivity and any other additional equipment (such as tablets for active data entry) must be available.

**ITSDP/PTS TRAUMA REGISTRY
ESSENTIAL ELEMENTS TIER
MEMORANDUM OF UNDERSTANDING**

It is the understanding of both parties PTS/ITSDP and _____ that the lack of appropriate equipment and support for proper data entry and surveillance will result in the termination of this agreement.

4.8 Allow the periodic auditing of data collected and entered

_____ will provide and allow PTS/ITSDP, analysis and auditing of the data collected and entered on a quarterly basis, for quality control and improvement purposes. This data will not be used by PTS/ITSDP for any type of publication, advertisement or announcement without previous approval and written agreement.

4.9 Provide feedback on trauma registry

_____ will provide feedback regarding the trauma registry. This will occur every six months on as needed basis until the termination of the year. The feedback will be in the form of teleconferencing, videoconferencing, or email. This will be used for registry improvements, modifications and updates.

4.11 Data access and permission

The Registry is property of the PTS and ITSDP-VCU. All _____ Data however is the property of _____. _____ will have access and permission to use the data corresponding to their hospital only. _____ will not be provided with access to other hospitals data.

5. Terms of agreement

This agreement is effective on the day after the date on which this M.O.U is signed by both parties and will be for the term of two (2) years, after which there will be an evaluation for continued collaboration.

6. Termination of the agreement

Either party wishing to terminate the agreement, shall provide a written notification, within 30 days prior to such action. The data collected before termination will be given to _____ in an excel format terminating alliances to the registry.

7. Responsibilities

Each participant agrees to provide a person responsible for the project in terms of providing guidelines for the objectives and expected results. In addition, each participant agrees to provide a contact person who will serve as the person responsible of ensuring that collaborative activities are achieved as are stipulated in this memorandum. The person responsible for the project for PTS/ITSDP will be Dr. Edgar B. Rodas AND for the person responsible for the project for _____ will be given to _____ and the contact person will be _____.

**ITSDP/PTS TRAUMA REGISTRY
ESSENTIAL ELEMENTS TIER
MEMORANDUM OF UNDERSTANDING**

8. Financial agreement

In his capacity as active member of the PTS, _____ and his team will be provided access to the ITSDP / PTSD Trauma Registry-Essential Elements Tier for the amount of zero dollars (\$0.00).

PER HOSPITAL ITEMIZED DELIVERABLES ARE LISTED BELOW:	PARTICIPATION CHARGE
Trauma Registry access (Essential Elements Tier) <ul style="list-style-type: none"> • Software access • Help Manual 	\$0.00
Online Training on: <ul style="list-style-type: none"> • Software basics • Data entry • Basic function of report sections • Onsite training is not included but may be requested (travel expenses will be host institution responsibility) 	\$0.00
Annual maintenance/support per hospital: <ul style="list-style-type: none"> • System & registry updates • Onsite support is not included 	\$0.00
TOTAL COST:	\$0.00 (Zero dollars)

9. Intellectual Property

The trauma registry is property of the PTS / ITSDP-VCU. Any research results or scholarly work pertaining to data collected by _____ during the program, shall, as far as possible, be published and copyrighted jointly by both parties; when this is not feasible, the parties agree after consultation with each other, to permit either organization to publish any of the results on its own or in collaboration with others, giving due recognition to the contribution of the other organization. For material published under joint copyright, each party shall, subject to prior written consent of the other, have the right to adapt the published material for its work in other regions outside the framework of this MOU. Such consent shall not be unreasonably withheld.

**ITSDP/PTS TRAUMA REGISTRY
ESSENTIAL ELEMENTS TIER
MEMORANDUM OF UNDERSTANDING**

This Memorandum of Understanding was agreed upon and signed on _____.

By:

**The Panamerican Trauma Society/
International Trauma System
Development Program- Virginia
Commonwealth University:**

_____:

**Dr. Carlos A. Ordoñez
President, PTS**

**Dr. Edgar B. Rodas
Chair, Trauma Systems Committee of
the PTS
Director, ITSDP / PTS Trauma
Registry**

**ITSDP/PTS TRAUMA REGISTRY
ESSENTIAL ELEMENTS TIER
MEMORANDUM OF UNDERSTANDING**

ANNEX 1.

LIST OF ELEMENTS IN ESSENTIAL ELEMENTS TIER:

TIER I OR ESSENTIAL ELEMENTS	
DEMOGRAPHIC INFORMATION	MEDICAL REC. NUMBER
	PATIENT ARRIVAL DATE AND TIME
	REFERRED
	PAT. LAST NAME
	MAT. LAST NAME
	GIVEN NAME
	AGE
	GENDER
	ADDRESS
	COUNTRY
	PROVINCE/STATE
	COUNTY/MUNICIPALITY
	CITY
POSTAL CODE	
CHIEF COMPLAINT, PAST HISTORY AND INJURY LOCATION	ALOHOL USE
	VIOLENCE
	ACTIVITY
	INJURY LOCATION
	INJURY DATE AND TIME
INJURY MECHANISMS	TRAFFIC INJURY
	INJURIES BY FIREARM
	STABBING/LACERATIONS
	BURNS
	DEGREE
	POISONING
	FALLS
	OTHER MECHANISMS/APARENT INTENT
PREHOSPITAL	
VITAL SIGNS	MODE OF TRANSPORT
	SIGNS OF LIFE
	HEART RATE
	BLOOD PRESSURE
	RESPIRATORY RATE
	RESPIRATORY RATE QUALIFIER
	GCS OCULAR
	GCS VERBAL
	GCS MOTOR
	TOTAL GCS
	GCS QUALIFIER
AVPU	
PHYSICAL EXAM	BODY PART
	INJURY
	PRIMARY MECHANISM
	NUMBER OF SERIOUS INJURIES
SEVERITY SCORES	INJURY SCORES (AIS / ISS / RTS)
	AIS
	HEAD
	FACE
	CHEST
	ABDOMEN
	EXTREMITY
	EXTERNAL
	ISS
	RTS
	KTS
TRISS	
ED MANAGEMENT AND DIAGNOSIS	
IN-PATIENT MANAGEMENT AND DIAGNOSIS	PATIENT'S DISPOSITION/ DESTINATION
	DISPOSITION/ DESTINATION DATE AND TIME
	DATE AND TIME OF DISCHARGE
REFERENCE OUTGOING	PATIENT DISPOSITION/DESTINATION
	FINAL DIAGNOSIS
	RECEIVING HOSPITAL
	REFERRING PHYSICIAN
	DATE OF REFERRAL
COUNTER-REFERENCE OUTGOING	REFERRAL REASON AND ADDITIONAL COMMENTS
	REFERENCE FORM SENT DATE
	CLINICAL FINDINGS
	NUMBER OF DAYS
	FINAL DIAGNOSIS (SOURCE I16/H3)
RECOMMENDATIONS	
DISCHARGE DATE	
COUNTER-REFERENCE SENT DATE	