



TRAUMA REGISTRY RESOURCE ASSESSMENT

This document contains a description of the resources needed for registry implementation, it was developed as a guide that will facilitate trauma registry implementation at the hospital or institution.

RESOURCE DESCRIPTION	REQUIREMENTS
<p><u>PROPERLY TRAINED PERSONNEL</u></p> <p>The trauma registry interface is set up so that there are different types of users to select from.</p> <p>There are 3 basic users:</p> <p>Data Viewer: will only have viewing privileges, meaning that they will only be able to run reports to view the data, they will not have access to data entry or modifying any data or assigning users to the registry. This role is often assigned to hospital administrators.</p> <p>Data Entry: this is equivalent to the trauma registrar, this user type only has access to data entry, meaning that they will only be able to enter records and modify them when needed. They will not have access to data or report viewing. Please keep in mind that if an employee needs to have data entry and report viewing privileges they should be assigned as a Data Manager.</p> <p>Data manager: this type of user will have both data entry and report viewing privileges as well as the capacity to assign users and their role type.</p>	<p>1. Data entry personnel: the staff with adequate profile for the data entry position must have at least a basic knowledge regarding medical data such as nurses or paramedics.</p> <p>The number of trauma registrar or data entry personnel needed for the registry will be based on the following:</p> <ul style="list-style-type: none"> • Number of injured patients/month or year. • Trauma registry inclusion criteria (The broader the inclusion criteria the more number of patients that will need to be entered and more registrars may be needed). • Amount of data elements that will be collected and tier that will be used. The essential elements tier has about 50 data elements to enter per patient compared to the full version of the registry which has 250+ elements. Keep in mind that the more data elements to be collected the more resources such as time and staff may be needed. <p>Recommendations on number or registrars needed:</p> <ul style="list-style-type: none"> • The American College of Surgeons suggests 750 to 1000 patients per registrar per year. • The National Trauma Data Bank suggests 500-750 patients per registrar per year. • For the PTS / ITS DP trauma registry Essential Elements tier we are suggesting 1000-1500 patients per registrar per year. Keep in mind this is just a recommendation that is dependent on the above statements. <p>2. Data manager: staff with adequate profile for surveillance of registrars and management of trauma registry data that</p>



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	<p>includes monthly reporting. Basic statistical knowledge may be required for this role. The director of the registry will also be assigned this role.</p> <p>3. Data viewer: this is an optional role and is open for whomever wants to look at the data in the registry.</p>
<p>Training and education</p> <ol style="list-style-type: none"> 1. The staff will need to be trained on how to use the ITS DP/PTS trauma registry website. 2. In addition to that they will need to have training on coding such as ICD 10 coding and Severity Scores. 	<ol style="list-style-type: none"> 1. Trauma registry personnel trained on how to use Trauma Registry Software. There are 2 types of training: <ul style="list-style-type: none"> • Online training will be free for Essential Elements Tier. • Site training: upon request an instructor and course director will be able to go to the site or location to do training. The site will be in charge of covering airfare, lodging and meals for the instructor and director. 2. Personnel should be trained on coding Trauma scores training (ISS, AIS, OIS, and NISS etc.). It is responsibility of the hospital Trauma Program leadership and administration to provide these required score training. 3. Any other educative workshops are the hospitals responsibilities.
<p><u>RESOURCES</u></p> <p>Internet and Equipped Work Stations</p> <p>The registry is designed to work through an internet connection and works in a browser independent of any device (Desktop, Laptop, Mobile phone, tablets etc.) The system is designed to work on following browsers with support for cookies and JavaScript enabled.</p> <ul style="list-style-type: none"> • Mozilla Firefox (version 3.6 and higher) • Internet Explorer (version 9 and higher) • Google Chrome • Apple Safari <p>In addition will need to provide the trauma registry personnel with equipped work stations and a space for the team.</p> <p>There are no specific internet requirements. Having high speed internet is preferred but not absolutely required. The system is designed to use as little bandwidth as possible, so that the site performs</p>	<ol style="list-style-type: none"> 1. A physical space were the trauma registry team can meet and use to enter data. 2. Computers or laptops (Tablets depending on resources) with internet connectivity, and access to supported browsers, as well as access to trauma registry). 3. Data collection forms, ICD 10 coding manual and ICD 10 proof of purchase or hospital ICD 10 license any other resources needed for data entry such as coding books. 4. Printers/copiers 5. Additional equipment: tablets for active data entry



<p>adequately over the high-speed (Fiber Optic, Cable, DSL) and wireless (wifi) internet connections.</p> <p>Other than the “Search”, “Reporting” and “Download” features, all registry page sizes are below 50 KB (kilobyte) which requires less bandwidth than using the email application.</p>	
<p><u>LOGISTICAL ORGANIZATION</u></p> <p>The logistics for registry implementation must be established before initiating data collection.</p>	<p>1. <i>Methods of abstraction:</i></p> <p><i>Retrospectively:</i> there may be a limited amount of trauma data collected, no ability to effect patient care management at the moment, registry not used to its full potential, does not require many resources. A pre-determined time frame is set up for completion of the chart in the registry, for example, 30, 60, or 90 days post discharge.</p> <p>Concurrent: or real-time data extraction allows trauma centers for prompt reporting and tracking, it requires committed efficient effort from the registrar since they will need to revisit the charts daily for any changes, requires more resources.</p> <p>2. <i>Method of patient inclusion criteria:</i></p> <p>The patient inclusion and exclusion criteria must be identified before initiating data collection. Please see inclusion criteria recommendation document.</p> <p>3. <i>Data collection process:</i> Once identified the method of abstraction and the inclusion criteria, the team must establish a process that will be used to collect the data.</p> <p>For example of collecting retrospective data and including only admitted patients than the process could be like this:</p> <p>Program manager will check for a list of patients (case finding) that have been discharged on the</p>



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previous day. Once identified the manager will assign each registrar with a patient/s.

Each registrar will be responsible for entering the elements in the registry. They may do this directly into the registry with the patient record or they can do this by using a data collection form and then transferring the data into the registry (this may take more time).

Once the patient has been entered the program manager must assure that this has been completed.

4. ***Data validity process:***

The data manager in conjunction with registrar must assure that the data entered into the registry is a true representation of what has been abstracted, meaning it should be complete and error free.

5. ***What will be done with the data?***

The team must decide how often reports will be done and what reports will be used as well as how data will be used.