

## Site Visit Chart Selection for State and ACS/State Site Visits

### Goal:

- To select charts that provide a representative sample of the patients cared for by that hospital to allow the assessment of the functioning of the trauma system within that hospital.

### Process:

- A conference call or visit between the North Carolina Trauma Registry (NCTR) Director, the Hospital's Trauma Registrar and Program Manager is to occur approximately 4 months pre-site visit to discuss data entry status, data quality issues, and coding issues that may impact methods used to select charts.
- Two downloads are to be sent to the NCTR Director:
  - The first download must be received no later than 3 months pre-site visit. Records on all patients with ED admission dates during the period of 6-12 months pre-site visit MUST be completed and included in the download. Two months pre-site visit you will receive the first list of records to be pulled for the site visit.
  - The second download must be received no later than one month pre-site visit. Records on all patients with ED admission dates during the period of 3-12 months prior to your site visit date MUST be completed and included in the download.. Two weeks before your site visit you will receive a second spreadsheet of charts to pull.
- The North Carolina Office of Emergency of Emergency Medical Services (OEMS) Hospital and Trauma Specialist expects the Registrar and Trauma Program Manager to converse with the NCTR Director regarding charts, to review any concerns regarding the selected charts well in advance of the site visit date. No additional charts are to be present for the site visit without explicit permission from OEMS.

### Chart selection criteria:

- The reporting year must include the 3-9 month pre site visit time period. The majority of charts shall be pulled from the 3-9 month pre-site visit time period, unless additional months are required to fill a category. It is expected that performance improvement review be completed on at least 90% of these charts.
- Preference will be given to charts with a hospital LOS of less than 30 days to reduce the number of multi-volume charts. If multi-volume charts are chosen, the hospital should pull only the volume(s) associated with the identified visit.

### Chart categories (number of charts):

#### 1. Admission to non-surgical services

Number of charts: All or 20. Pull all if > 10% total admissions (not including same height falls, drowning, poisoning, hanging, or ISS  $\leq$  4). If not >10% of total admissions, then pull 20.

Criteria:

- Ecode not in 830, 832, 850-869.9, 885, 885.0 - 885.9, 886, 886.0, 886.9, 888, 888.0-888.9, 905.6, 905.7, 910, 910.0-910.9, 913.8, 953.0, 963, 964, 978, 983.0 984
- ISS > 4
- ED Disposition not in DOA (Death), Death, Home)
- Admission service not in Burn, CT Surgery, ENT, Gen Surgery, Hand, Neuro, OB/Gyn, Ophthalmology, Oral Surgery, Ortho, Pediatric Surg, Plastics, Trauma, Urology, Vascular Surgery, Not Available, Not Performed, Not Recorded, Not Done/Doc
- Non-Surg admission services: Cardiology, Medicine, Other, Peds, Psychiatry

#### 2. Burns

Number of charts: 10

Criteria: 5 transfers and 5 non-transfers (based on hospital disposition field)

#### 3. Deaths

Number of charts: All, up to 50

Criteria: Includes ED and hospital deaths. Deaths are to be separated by the hospital into preventable, potentially preventable and non-preventable

#### 4. Epidural/Subdural

Number of charts: 10

Criteria: ICD-9 codes: 852.0 -852.5

#### 5. ISS $\geq$ 25 with survival

Number of charts: 10

- Criteria: Survival based on hospital disposition
6. Multi-system organ failure  
Number of charts: 5  
Criteria:
- Primary criteria: Ventilator days > 14, ED GCS  $\geq$  8, and ICD-9 codes of 860.0-866.9 or 879.2-879.5.
  - Secondary criteria: ICD-9 code of 958.4 or 958.5
7. Pediatric  
Number of charts: 10  
Criteria:
- Age definition: less than 12
  - 6-7 records with ISS > 15
  - 3-4 records with ISS  $\leq$  15
8. Pelvis/femur fracture, especially unstable with hypotension  
Number of charts: 10  
Criteria:
- Pelvic fractures: ICD-9 codes of 808.43, 808.53, or 808.0-808.1.
  - Femur fractures: ICD-9 codes of 821.00 - 821.39.
  - Systolic blood pressure < 90
  - Preference given to patients with relevant surgical procedures (as indicator of fx instability)
9. Penetrating abdomen  
Number of charts: 5  
Criteria:
- Primary criteria: Ventilator days > 14, ED GCS > 8, and ICD-9 codes of 860.0-866.9 or 879.2-879.5.
  - Secondary criteria: ICD-9 code of 958.4 or 958.5
10. Pregnancy  
Number of charts: 5  
Criteria:
- ICD9 codes: V22.0, V22.1, V22.2, V23
  - Prefer records that also contain trauma ICD-9 codes
11. Spinal cord injury  
Number of charts: 5  
Criteria:
- SCI: 806.01-806.09, 806.11-806.19, 806.21-806.29, 806.31-806.39, 806.41-806.49, 806.51-806.59, 806.61-806.69, 806.71-806.79
  - One with a spinal column injury with no documented cord injury: ICD-9 code of 805.0-805.9
12. Spleen and liver injuries  
Number of charts: 10  
Criteria:
- Five blunt spleen: ICD-9 codes of 864.01-864.04 with a blunt mechanism of injury
  - Five blunt liver: ICD-9 codes of 865.01-865.04 with a blunt mechanism of injury
13. Thoracic cardiac or thoracic aortic injuries  
Number of charts: 10  
Criteria:
- Seven penetrating chest injuries: ICD-9 codes of 860.1, 860.3, 860.5, 862.1, 862.3, 862.9, 861.10-861.13, 861.30-861.32
  - Three aortic transections: ICD-9 codes of 901.0, 902.0
14. Open tib/fib fractures  
Number of charts: 3  
Criteria: ICD-9 codes: 823.12, 823.32, 823.92
15. Transferred out  
Number of charts: 10  
Criteria: Based on hospital disposition field