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Contact	Stephanie Spain: Trauma Prgm Mgr Adult
Area	Trauma Surgical Critical Care
Applicability	Acute Care Hospitals

Trauma Registry Data Quality Plan

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1. Process/Procedure Description

The plan that allows for a continuous process that measures, monitors, identifies, and corrects data quality issues and ensures the fitness of data for use in the Erlanger Trauma Registry.

2. Who Should Read This Process/Procedure?

Trauma Medical Director (TMD), Trauma Program Manager (TPM), Trauma Process Improvement Coordinators, Trauma Registry PI Lead, Trauma Registrars

3. Process/Procedure

Step:	Process Instructions/Description:
	TRAUMA REGISTRY SCOPE OF PRACTICE Erlanger Health (EH) is verified by the American College of Surgeons (ACS) as a Level I Trauma Center and designated by the States of Tennessee and Alabama. EH adheres to the standards set forth by the American College of Surgeons Resources for the Optimal Care of the Injured Patient. The trauma registry is the foundation of performance improvement (PI), research, outreach and injury prevention efforts. Data is abstracted on all injured patients into a trauma registry database, systematically validated for use in the trauma program and submitted to Trauma Quality Improvement Program (TQIP), National Trauma Data Bank (NTDB), and the States of Tennessee and Alabama. Data integrity is assured by systematic validation using internal and external methods. Standard and customized reports are generated for PI, operations, research and injury prevention and provide additional opportunity for data validation.
	PURPOSE

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	To define a process for validating data entered into the EH trauma registry database. The trauma registry data is validated a number of ways to monitor data quality strengths and opportunities for improvement. High quality data is paramount for driving advancement within different facets of the trauma program including performance improvement and research. This is best achieved by well-trained registrars supported by trauma program leadership for continual professional development.
	AUTHORITY AND SCOPE The trauma registry is under the direction of the Trauma Services department at the discretion of the Trauma Medical Director (TMD), Trauma Program Manager (TPM), and Trauma Registry PI Lead.
	TRAUMA REGISTRY CRITERIA Please refer to the Erlanger Trauma Registry Resource Manual and National Trauma Data Standard (NTDS) Data Dictionary.
	DATA COLLECTION AND ANALYSIS **Identifying Erlanger Trauma Registry Patients for Inclusion** • Daily Trauma Log • Daily Epic Retrospective Admission Report • Daily Epic Direct Admission Report **Data Analysis** • Please refer to the Trauma Services Process Improvement Plan
	INTERNAL VALIDATION PROCEDURE **Self-validation by Trauma Registrars** • Examples include data entry for billing charges, related admissions, and SBIRT data elements **Peer validation by other Trauma Registrars and/or Trauma Registry PI Lead** • Inter-Rater Reliability (IRR) Process ◦ Registrars will complete IRR audits monthly on at least 5% of the trauma charts done in the registry each month. ◦ Charts are reviewed utilizing the departmental IRR form (Attachment 1). The secondary review is completed by another registrar with feedback and corrections given to the closing registrar. Forms are then turned into the adult and pediatric TPMS and Trauma Registry PI Lead with the percentages calculated. If two registrars have a disagreement on a data element, the final decision on who is correct is made by the TPM. ◦ 95% is the minimum acceptable score on the IRR. ◦ If at any time any registrar scores below 95% on any IRR form, their individual percentage of charts they have completed will be increased to 10% for 6 months.

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	◦ After 6 months, if the same registrar would again have any IRR percentage less than 95% that registrar would be placed on a work improvement plan. **Automated validation provided by registry software** • ITDX Vendor Validator **Miscellaneous reporting where opportunities for improvement of data entry are identified i.e. monthly records closed to monitor concurrency**
	EXTERNAL DATA VALIDATION **Pre-Submission Report** In preparation for data submission to TQIP and the State of Tennessee, use of the Vendor Aggregator website will identify charts with level 1 and/or level 2 errors. These are reviewed by the Trauma Registrar that closed the chart and clearance of the error is ensured prior to submission. **Post-Submission Report** A. The TPM and/or the Trauma Registry PI Lead will review and validate values for each element in the TQIP Submission Frequency Report. B. Elements with high null values (unknown) will be validated and corrected if needed. C. Records with discrepancies will be corrected and data will be re-submitted to the TQIP Data Center with Step B repeated. D. For elements with opportunities for improvement identified, education will be provided (either on an individual basis or as a group – whichever is most needed or appropriate). **TQIP Benchmark Validation** The TQIP Benchmark Reports are reviewed upon receipt by the Trauma Medical Director, Trauma Program Manager, and Trauma Process Improvement Coordinators. This review will monitor for high outlier categories and potential drill down projects for opportunities for improvement. When indicated, education is provided if data abstraction issues are identified. The information gleaned from these reports is shared in the Multidisciplinary Trauma Peer Review Committee (MTPRC) with members that include the specialty liaisons.
	CONFIDENTIALITY PROTECTION All registry data is Protected Health Information (PHI) under HIPAA. Requests may be made by authorized persons to review protected health information from the trauma registry. Authorized persons requesting registry data will complete a Request for Trauma Registry Data Form (Attachment 2) which is reviewed and approved by both the TMD and TPM.

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4. References:

American College of Surgeons Committee on Trauma Resources of Optimal Care for the Injured Patient

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Attachments

Attachment 1- IRR Form.xlsx

Attachment 2-Trauma Registry Data Request Form.docx

Approval Signatures

Step Description	Approver	Date
COO	Robert Maloney: Executive VP & Chief Operating Officer	06/2023
Trauma Services Committee Approval	Stephanie Spain: Trauma Program Manager	06/2023
	Stephanie Spain: Trauma Program Manager	06/2023

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Applicability

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