The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Care Safety and Quality

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**CIRCULAR LETTER: DHCQ-19-4-689**

**TO:** Acute Care Hospital Chief Executive Officers

**FROM:** Elizabeth Daake Kelley, MBA, MPH,

Director, Bureau of Health Care Safety and Quality

**RE:** Submission of Trauma Data

**DATE:** April 16, 2019

Please note that this circular letter supersedes DHCQ 18-03-678: Submission of Trauma Data.

The purpose of this memo is to provide updated guidance to all hospitals that offer emergency services and are required to submit data to the State Trauma Registry system for patients who receive medical care for traumatic injuries within Massachusetts hospitals. This guidance is consistent with other reporting years apart from one change for hospitals providing trauma services described on page 2 to align with the 2019 data submission requirements for the National Trauma Data Bank.

The Department of Public Health (the Department) hospital licensure regulation requires hospitals that provide emergency services to provide specific trauma data to the Center for Health Information and Analysis (CHIA)[[1]](#footnote-1) Hospitals fulfill the CHIA reporting requirement by using the Health Safety Net-hosted SENDS/INET software application to report trauma data.

As required by 105 CMR 130.851 (C): a hospital providing trauma services as a designated trauma center must provide: to the Center for Health Information Analysis (CHIA) the designated trauma center data set specified in Department guidelines.

As required by 105 CMR 130.852 (A), a hospital that is not a designated trauma center that seeks to provide emergency services must also provide to CHIA the trauma service hospital data set specified in this guideline.*.*

The Department has completed the necessary system upgrades for the reporting of trauma data to be used by hospitals for 2019 data submission to the State Trauma Registry. The trauma data submission period will begin on March 1, 2019 for 2019 Quarter 1 (10/1/2018 – 12/31/2018) submissions. The primary submission time period will run from March 1, 2019 until June 14, 2019; submissions may be accepted after this time but every effort should be made to submit during this time period.

**2019 Reporting Guidance**

In order to align with the 2019 data submission requirements for the National Trauma Data Bank, the Department has removed the “complications” and “comorbidity” fields from the previous requirements and replaced them with the yes/no indicator fields for all choices. These changes only affect hospitals with a designated trauma center. These changes are captured in the “Data Elements to Be Reported to the Department Table” on page 4.

Apart from the changes to these specific variables, the guidance outlined below is consistent with the previous data submission requirements.

**Trauma Patient**

A Trauma Patient is defined as a patient sustaining a traumatic injury and meeting the following criteria as a principal or primary diagnosis:

**International Classification of Diseases, 10th Edition-Clinical Modification (ICD-10-CM):**

* S00 – S99 with 7th character modifiers of A, B, or C only (injuries to specific body parts – initial encounter)
* T07 (Unspecified multiple injuries)
* T14 (Injury of unspecified body region)
* T20 – T28 with 7th character modifier of A only (Burns by specific body parts – initial encounter)
* T30 – T32 (Burn by TBSA percentages)
* T79.A1 – T79.A19 (upper extremity) with 7th character modifier of A only (Traumatic compartment syndrome (extremity only) – initial encounter)
* T79.A2 - T79.A29 (lower extremity) with 7th character modifier of A only (Traumatic compartment syndrome (extremity only) – initial encounter)
* T75.1 with 7th character modifiers of A only (Unspecified effects of drowning and nonfatal submersion – initial encounter)
* T71 with 7th character modifiers of A only (Asphyxiation / strangulation – initial encounter)

**Exclude the following isolated injuries from submissions:**

* S00 (Superficial injuries of the head)
* S10 (Superficial injuries of the neck)
* S20 (Superficial injuries of the thorax)
* S30 (Superficial injuries of the abdomen, pelvis, lower back, and external genitals)
* S40 (Superficial injuries of the shoulder and upper arm)
* S50 (Superficial injuries of the elbow and forearm)
* S60 (Superficial injuries of the wrist, hand, and fingers)
* S70 (Superficial injuries of the hip and thigh)
* S80 (Superficial injuries of the knee and lower leg)
* S90 (Superficial injuries of the ankle, foot, and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

**AND**

**Patient Admission Definition:**

* Hospital inpatient admission; **OR**
* Observation stay admission; **OR**
* Transfer patient via EMS transport (including air ambulance) from one hospital to another hospital (includes inpatient or observation or emergency department); **OR**
* Death (independent of hospital admission source or hospital transfer status)

**Note**: When coding out all the variable fields, use the best code to describe the direct injury or the information surrounding how the injury occurred. Avoid using non-specified codes unless there is no other code that is better suited for the field after reviewing all the necessary documentation around the injury.

**How to Submit Data**

The specifications for how hospitals submit trauma data, including full file layout information, file components, edit specifications, and future technical specifications, may be found under the State Trauma System heading at:

<https://www.mass.gov/service-details/state-trauma-registry-data-submission>

Note: Hospitals with affiliations may share resources for abstraction and submission of the trauma registry data into the Department. The hospitals need to make sure the hospital filing number (FilingOrgId) represents the hospital that is submitting the data to the trauma registry and the hospital submitting number (SiteOrgId) represents the hospital where the patient received care.

 If the hospital with affiliations operates under one license, then the hospital should submit the trauma cases under the appropriate hospital submitting number that is designated for the campus that received the trauma case.

Hospitals are required to submit trauma data quarterly. After the end of the first submission deadline on **July 31, 2019**, trauma data submissions are due according to the following schedule:

|  |  |  |
| --- | --- | --- |
| **Quarter**  | **Quarter Begin & End Dates**  | **Due Date for Data File: 75 days following the end of the reporting period\***  |
| 1  | 10/1 – 12/31 | 3/16 |
| 2  | 1/1 – 3/31 | 6/14 |
| 3  | 4/1 – 6/30 | 9/13  |
| 4  | 7/1 – 9/30 | 12/14 |

\* All dates are approximate and subject to change by the Department.

The Department may, at its discretion, and for good cause, grant an extension in time to a hospital submitting trauma data.

If the Department notifies a hospital that it is required to resubmit data because the submission was rejected or as part of a data verification process, the hospital must submit its data no later than 30 days following the date of the notice to resubmit.

**Data Elements To Be Reported to the Department**

Please refer to the attachment for the data elements that are required to be reported to the Department.

The Department requests that hospitals contact the state trauma registry when there are any changes in trauma registry personnel, email addresses, or changes in designation. The contact information needed is as follows: the name of the trauma registry contact(s), phone number(s), email address(es) and title(s). Please submit updated contact information to Bertina.Backus@state.ma.us

For questions regarding the Trauma registry, please contact Bertina Backus, at 617-753-8013, or Bertina.Backus@state.ma.us.

1. 105 CMR 130.850 - 130.854. [↑](#footnote-ref-1)