The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

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**Memorandum**

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

**FROM:** Elizabeth D. Kelley, MBA, MPH

Director, Bureau of Health Care Safety and Quality

**RE:** Submission of Trauma Data

**DATE:** May 11, 2023

Please note that this memorandum supersedes DHCQ 19-4-689: 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.

As required by 105 CMR 130.851 (C): a hospital providing trauma services as a designated trauma center must provide 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 the trauma service hospital data set specified in this guideline.

The Department of Public Health (Department) extended the FFY 2021/2022 data standard through the end of calendar year 2022. The final quarter submitted under the FFY 2021/2022 standard was October 1, 2022 to December 31, 2022. After January 1, 2023, new submissions and data standards are based on the calendar year.

For calendar year 2023 trauma submissions, changes have been made to better align with the National Trauma Data Standard and new pre-existing condition menu options have been added. Additionally, 11 data elements previously retired by the American College of Surgeons are being removed from the Massachusetts Trauma Registry data standard. The list of required fields is provided with this memorandum.

**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.A29 (upper extremity) with 7th character modifier of A only (Traumatic compartment syndrome (extremity only) – 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:**

* Patient sustained one or more traumatic injuries within 14 days of initial hospital encounter **AND**;
* Hospital inpatient admission; **OR**
* Observation stay admission; **OR**
* Transfer patient via EMS transport (including air ambulance) from one acute care hospital to another acute care hospital (includes inpatient or observation or emergency department); **OR**
* Death resulting from traumatic injury (independent of hospital admission source or hospital transfer status) **OR**
* Patient directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention)

**Note**: When coding 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.

\*Consistent with ACS, in-house traumatic injuries sustained after initial ED/Hospital arrival and before hospital discharge at the index hospital (the hospital reporting data), and all data associated with that injury event, are excluded.

**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>

Hospitals are required to submit trauma data quarterly. Data Submissions for the quarter 1/1/2023-3/31/2023 will be **due September 13, 2023**. Calendar year 2023 trauma data submissions are due per the following schedule:

|  |  |  |
| --- | --- | --- |
| **Quarter** | **Reporting Period** | **Data File Submission Deadline** |
| CY 2023 Q1 (CY 2023 Data Standard) | January 1-March 31 | September 13 |
| CY 2023 Q2 (CY 2023 Data Standard) | April 1-June 30 | September 13 |
| CY 2023 Q3 (CY 2023 Data Standard) | July 1-September 30 | December 14 |
| CY 2023 Q4 (CY 2023 Data Standard) | October 1-December 31 | March 16 |

\* 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 MDPH\_TraumaRegistry@mass.gov.

For questions regarding the Trauma registry, please contact MDPH\_TraumaRegistry@mass.gov.