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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Boston, MA 02111



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**Memorandum**

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

**FROM:** Margret Cooke, JD

Acting Commissioner

**RE:** Submission of Trauma Data

**DATE:** December 6, 2021

Please note that this circular letter 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. For federal fiscal year 2021 trauma submissions, the Department is transitioning to registry software provided by ESO. All trauma submissions will be transmitted to the State Trauma Registry which is hosted by Digital Innovations by ESO registry (DI by ESO); it is aligned with the 2021 data submission requirements for the National Trauma Data Bank. The list of required fields is provided with this guidance, and details changes in variable names and data capture. New variables added in FFY 2021 to continue to align with the National Trauma Data Bank include gender identity, first name, middle initial, last name, patient home state, and homeless status. For trauma centers, additional new variables include temperature unit, temperature route, height unit, weight unit, and universally unique identifier. Some elements have also been moved into multiple fields to accommodate the DI by ESO data infrastructure.

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 trauma data submission period will begin on December 6, for federal fiscal year 2021 and 2022 submissions.

**2021/2022 Reporting Guidance**

To align with the 2021 data submission requirements for the National Trauma Data Bank and DI by ESO Registry, the Department has made significant changes to the coding and required variables. Several fields will be added to meet the National Trauma Databank 2021 changes. A list of required variables and data submission guide will be provided.

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:**

* Patient sustained one or more traumatic injuries within 14 days of initial hospital encounter;
* 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) **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.

**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. FFY 2021 **data submissions will be due May 1, 2022**. After FFY 2022 Q1 submissions are dues on **June 1, 2022**, FFY 2022 trauma data submissions are due per 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 MDPH\_TraumaRegistry@mass.gov.

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