



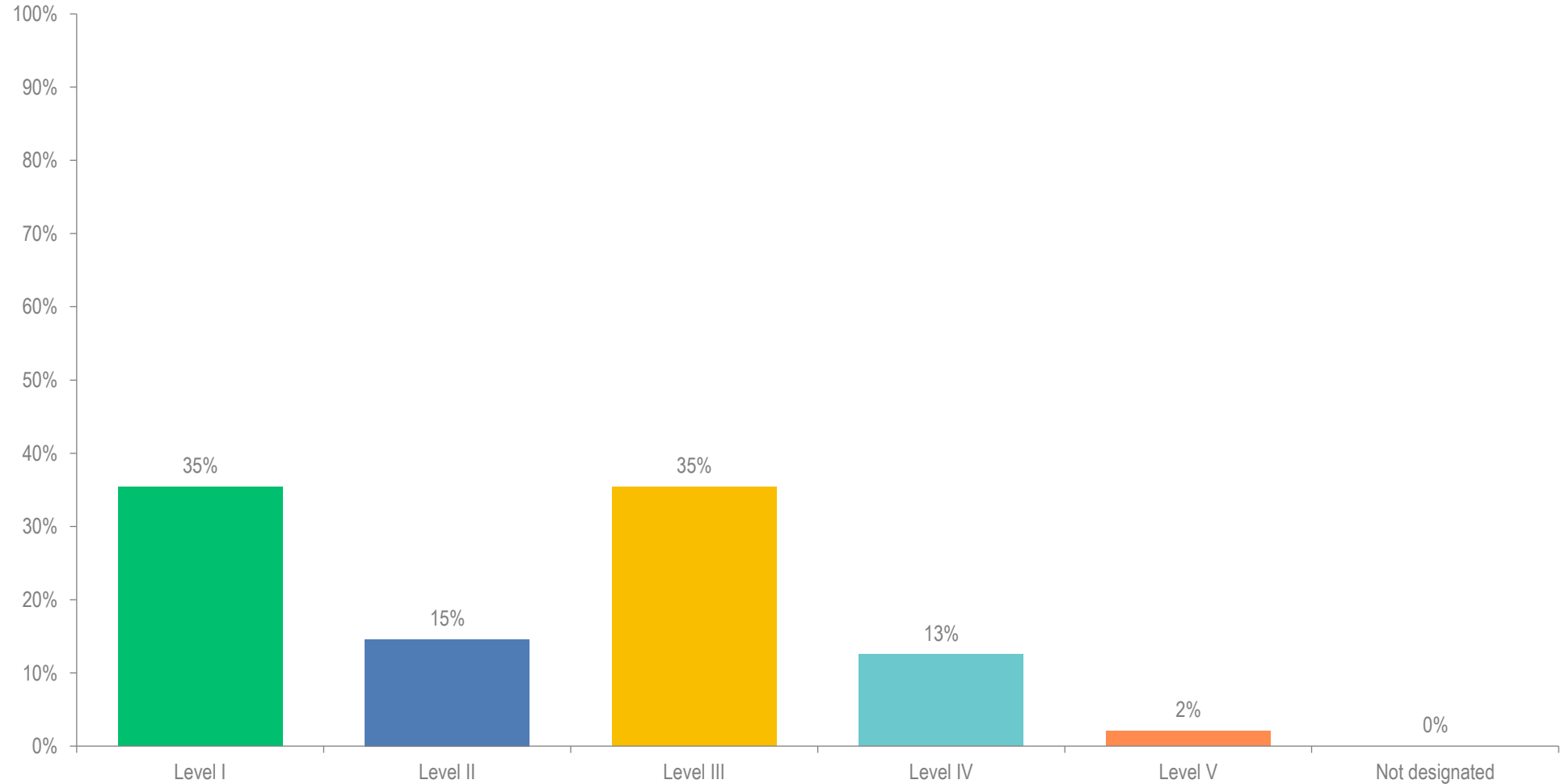
**COLORADO
TRAUMA NETWORK**

CARE • PREVENTION • EDUCATION

**CTN Summer 2022
Trauma Registry Quiz
Review**

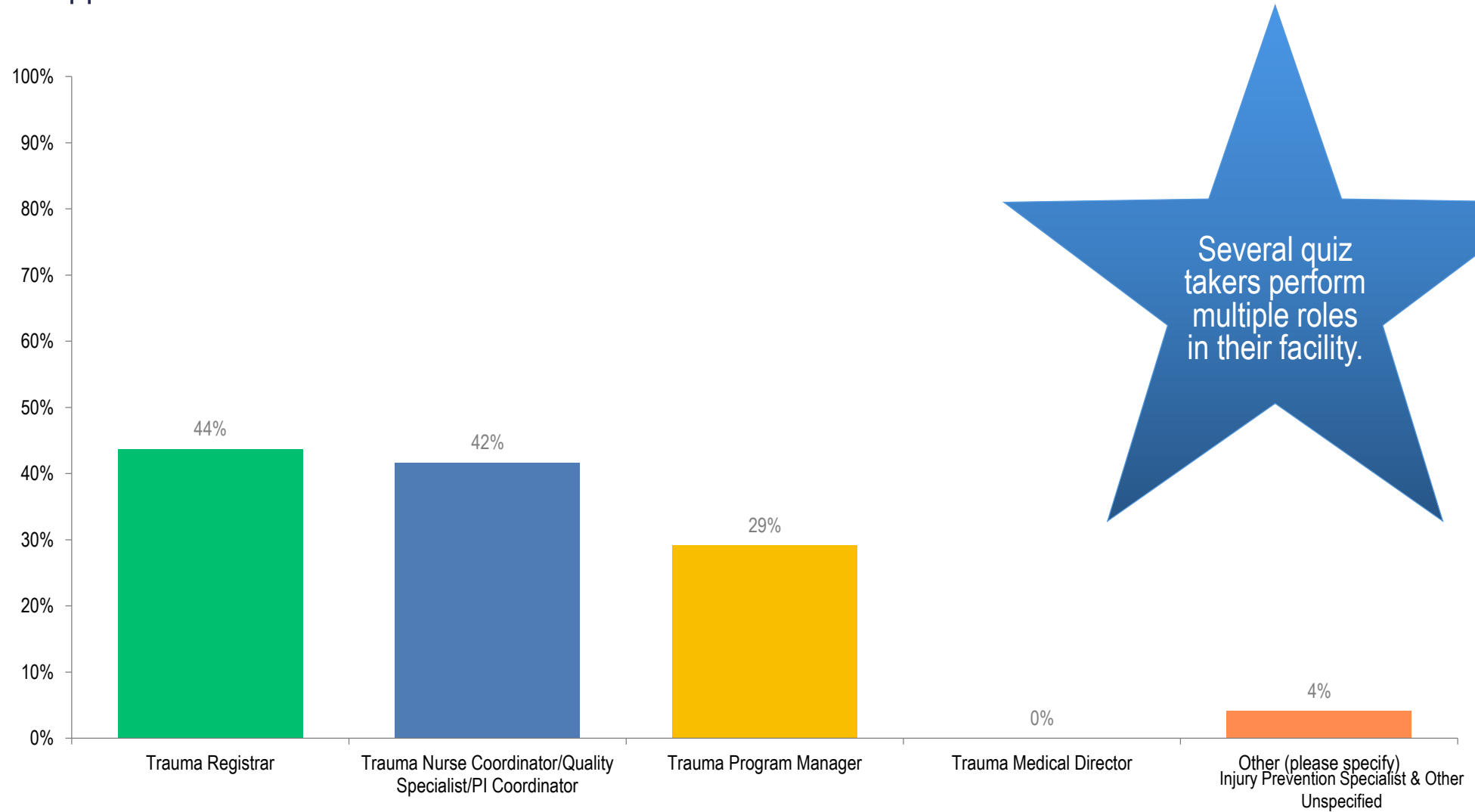
Q1: What is the State-Designation Level for your Trauma Center?

Answered: 48 Skipped: 0



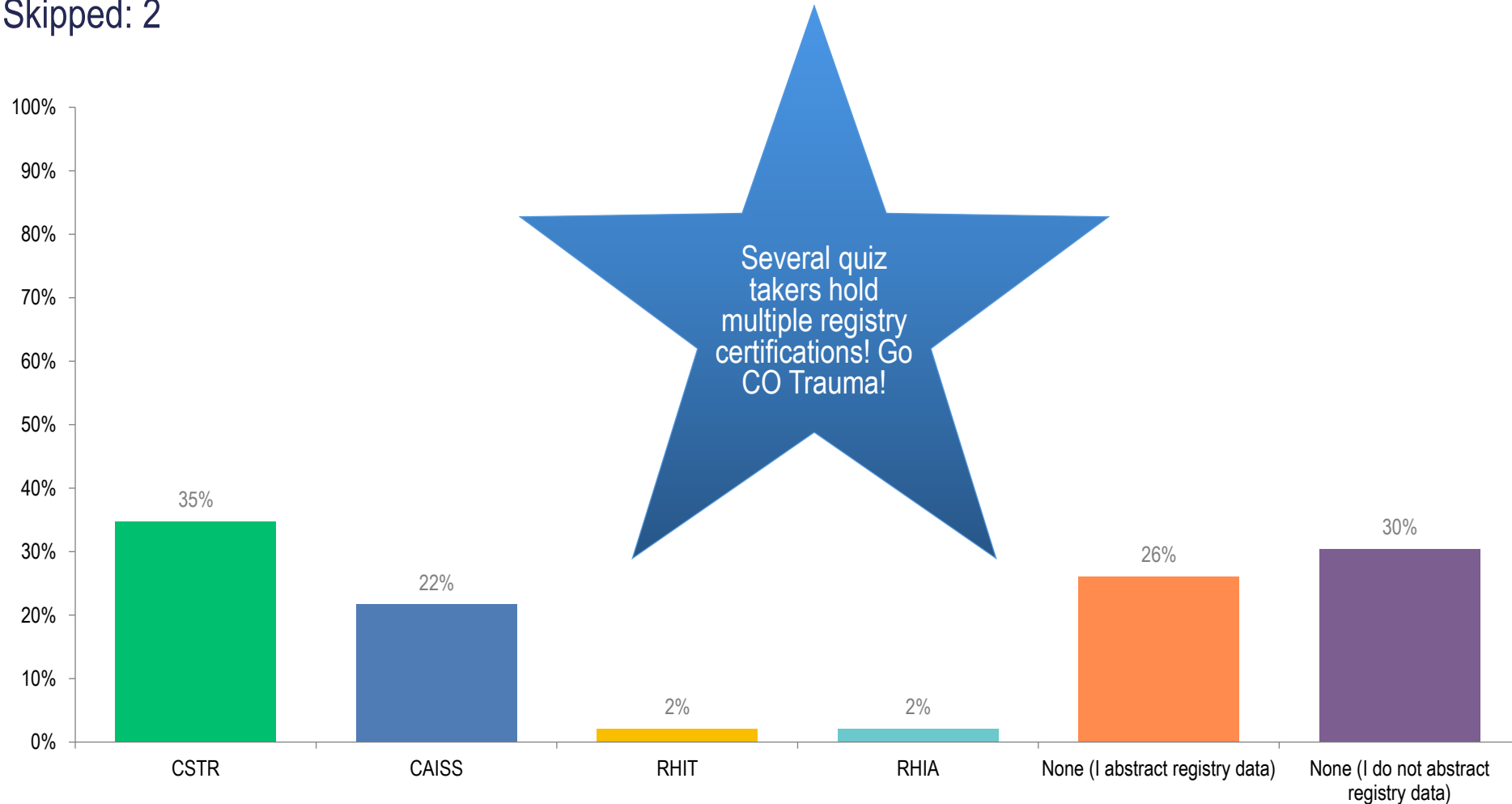
Q2: What is your role in your facility's trauma program? Select all that apply.

Answered: 48 Skipped: 0



Q3: If you have registry certifications, what do you have? Select all that apply.

Answered: 46 Skipped: 2



Q4: Data Hierarchy Question

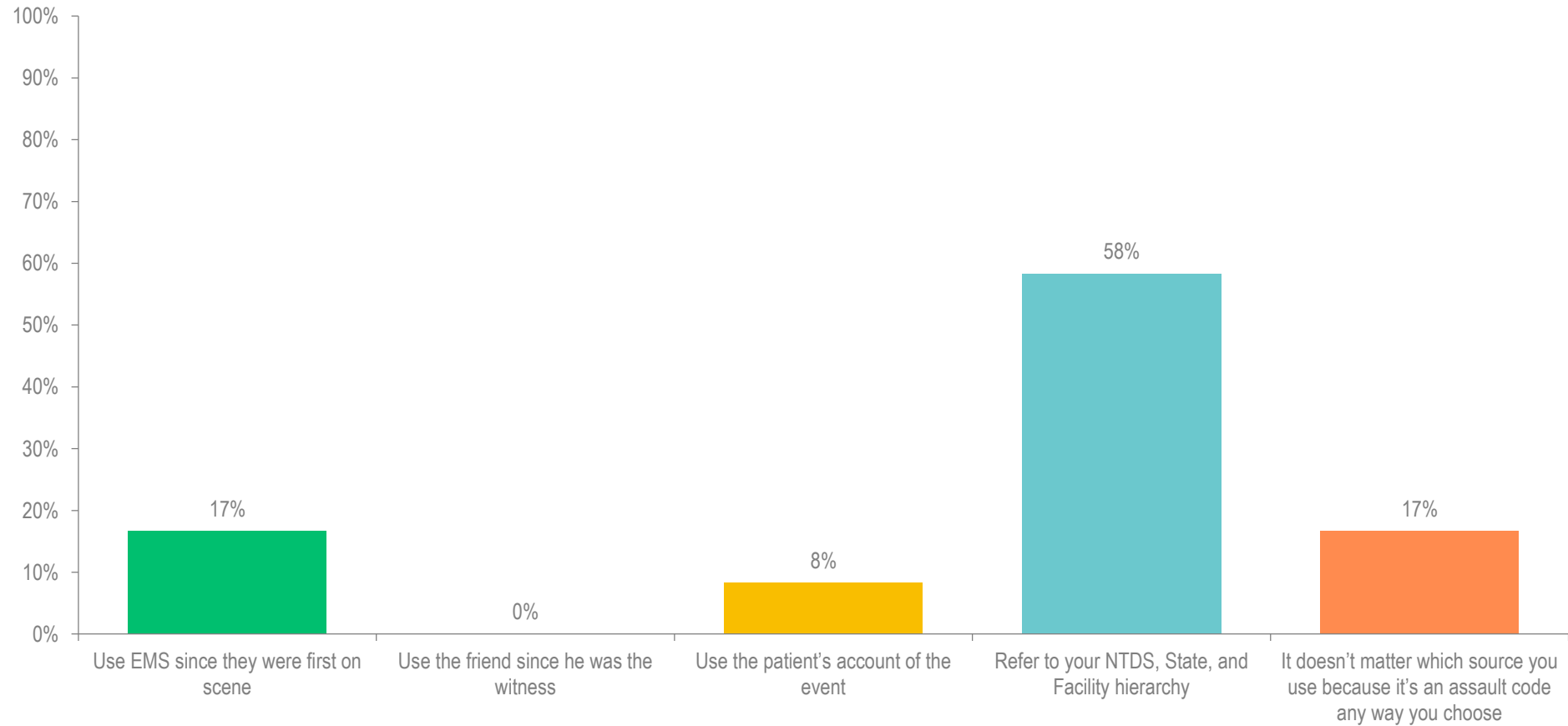
Mr. Cook is brought to your facility via EMS after an altercation at a local bar. EMS reports witnesses stated he was assaulted by another bar patron with bare fists. The ED provider documents that Mr. Cook's friend, who accompanied him to the hospital, saw the patient get struck with a glass bottle. Mr. Cook is intoxicated and later reports to the admitting trauma provider that he was pushed and struck the side of the pool table as he fell.

How do you best determine which source you will use to describe the injury mechanism?

- A. Use EMS since they were first on the scene.
- B. Use the friend because he was a witness.
- C. Use the patient's account of the event.
- D. Refer to your NTDS, State, and facility hierarchy.
- E. It doesn't matter which source you use because it's an assault code any way you choose.

Q4: Data Hierarchy Results

Answered: 48 Skipped: 0



Q4: Data Hierarchy Answer/Rationale

CORRECT ANSWER:

D “Refer to your NTDS, State, and facility hierarchy”

The key to choosing the source to describe injury mechanism and ICD-10 E-Code is to refer to the NTDS and CO State data dictionary hierarchies along with your facility’s discussion over a potential documentation location that may differ from these hierarchies.

Example: A facility’s Trauma admission provider’s H&P note is the only specific location in the patient’s record that remains consistent and most accurate for this information, so they decide that the Trauma H&P will be the first level in their hierarchy.

RATIONALE:

- A. Use EMS since they were first on the scene.
- B. Use the friend because he was a witness.
- C. Use the patient’s account of the event.

Answers A, B, and C could potentially be accurate, if they align with the NTDS, State, and your facility’s hierarchy, but should not be presumed to be the correct data source to use without referencing the above data dictionaries. The goal is to eliminate any bias or assumptions on the part of the registrar and help to assure consistency in data collection across registrars within a facility.

E. It doesn’t matter which source you use because it’s an assault code any way you choose. – Though we love the sarcasm of this answer, and to a degree it is correct, the type of assault does matter when considering the specific ICD-10 E-code to use.

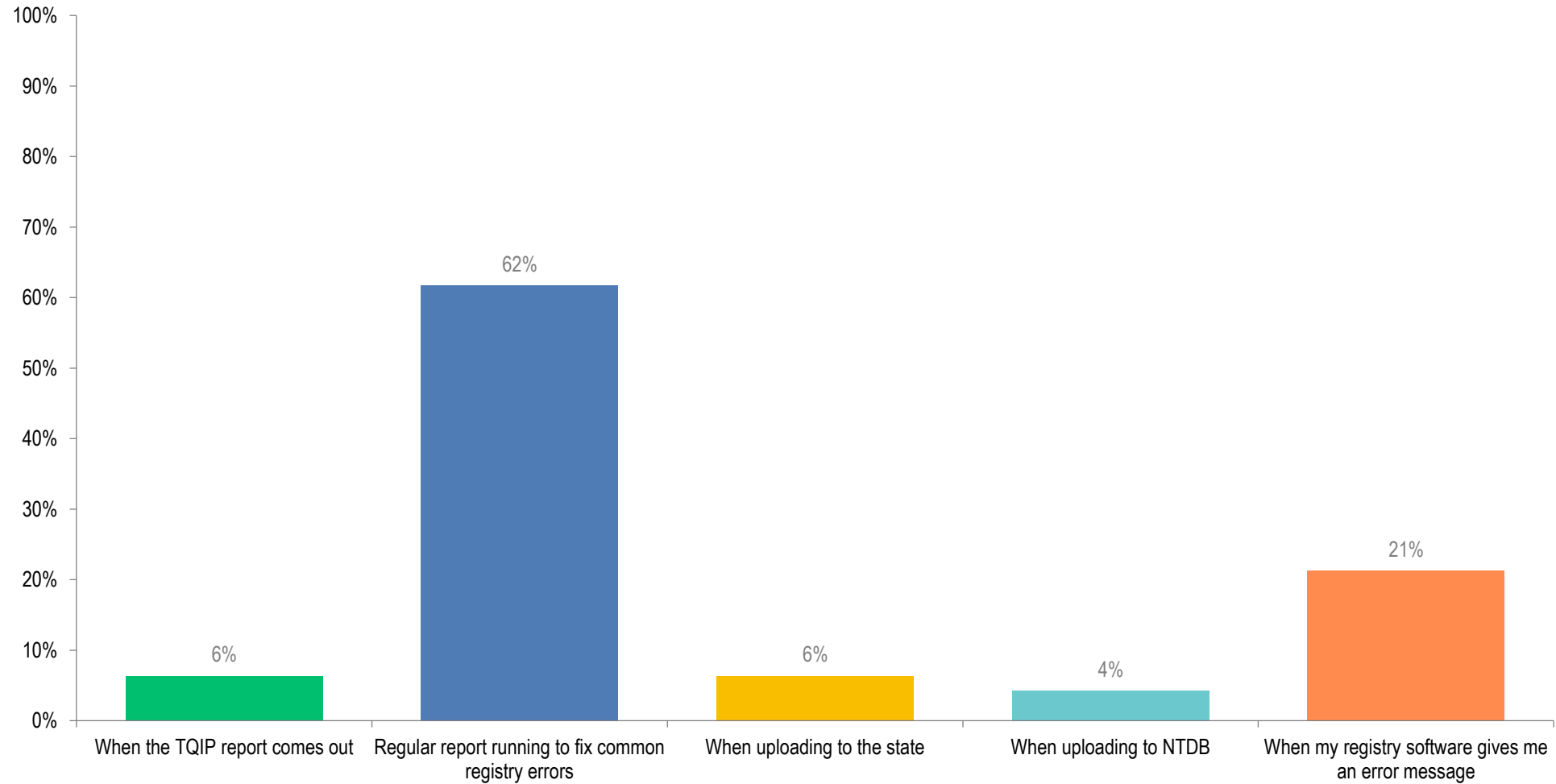
Q5: Data Validity (1) Question

In addition to interrater reliability, what are ways to concurrently validate your trauma registry data?

- A. When the TQIP report comes out.
- B. Regular report running to fix common registry errors.
- C. When uploading to the state.
- D. When uploading to NTDB.
- E. When my registry software gives me an error message.

Q5: Data Validity (1) Results

Answered: 47 Skipped: 1



Q5: Data Validity (1) Answer/Rationale

In addition to interrater reliability, what are ways to concurrently validate your trauma registry data?

CORRECT ANSWER:

B “Regular report running to fix common registry errors”

RATIONALE:

While answers A, C, and D are all opportunities to validate trauma registry data, the key word in the question above is “concurrent”, and these answers do not offer the benefit of concurrent validation.

Answer E is an opportunity to concurrently amend some trauma registry errors, however, this does not catch all registry validity points, so the benefit of running several regular reports will help to catch all areas of trauma registry data.

A. When the TQIP report comes out.

C. When uploading to the state.

D. When uploading to NTDB.

E. When my registry software gives me an error message.

SOURCE: <https://trauma-news.com/2020/06/trauma-registry-how-to-build-validation-rules-that-improve-data-quality-and-simplify-back-end-data-validation/>

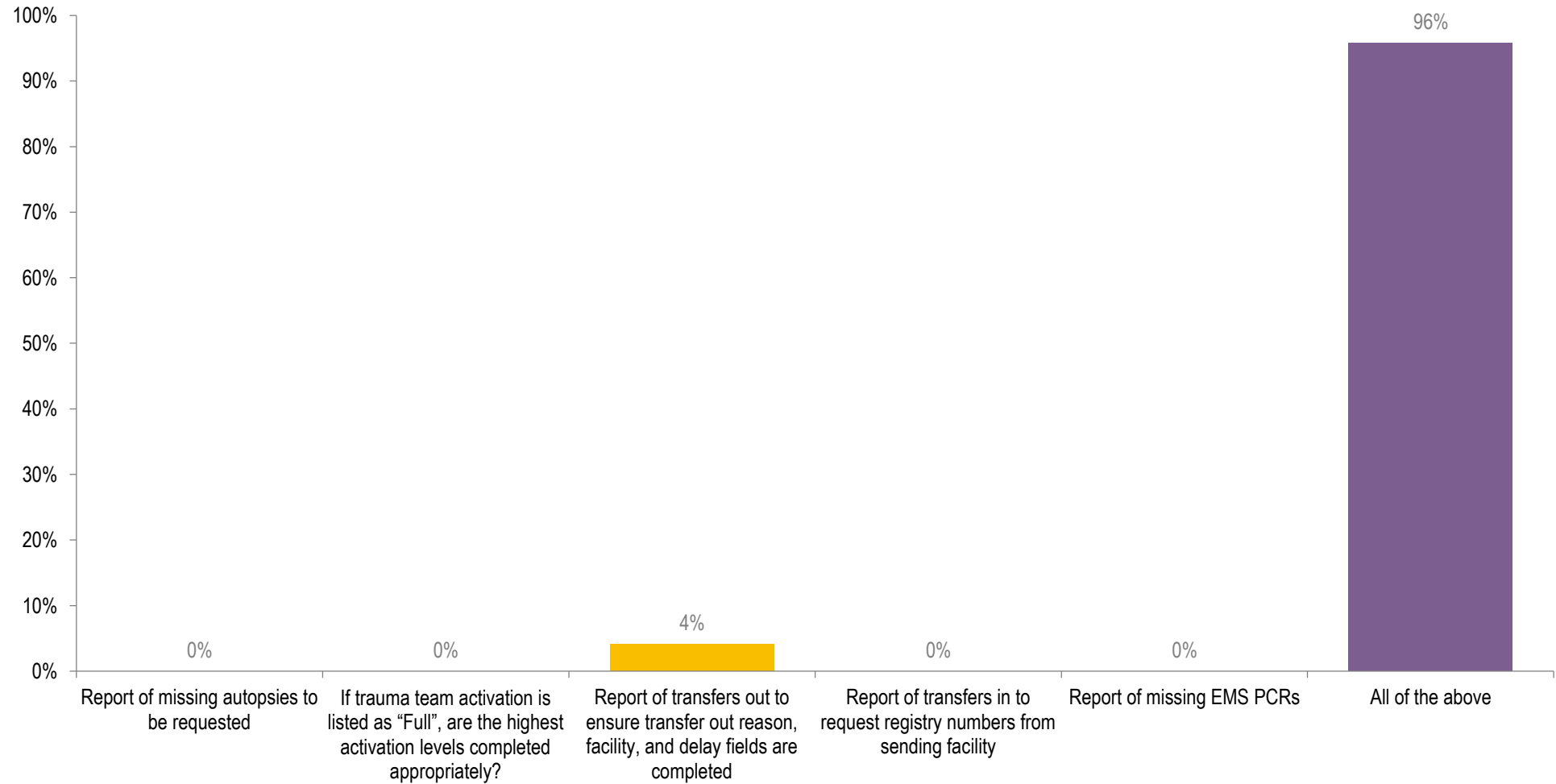
Q6: Data Validity (2) Question

Which of the following are examples of reports that can be run to ensure registry completeness and validate data?

- A. Report of missing autopsies to be requested
- B. If trauma team activation is listed as “Full”, are the highest activation levels completed appropriately?
- C. Report of transfers out to ensure transfer out reason, facility, and delay fields are completed
- D. Report of transfers in to request registry numbers from sending facility
- E. Report of missing EMS PCR's
- F. All of the above

Q6: Data Validity (2) Results

Answered: 48 Skipped: 0



Q6: Data Validity (2) Answer/Rationale

Which of the following are examples of reports that can be run to ensure registry completeness and validate data?

CORRECT ANSWER:

F “All of the above”

RATIONALE:

All examples listed are effective reports to run to ensure registry completeness and data validity. These are some excellent ideas if you are looking for some examples of reports that could be incorporated into your facility's data validity.

- A. Report of missing autopsies to be requested
- B. If trauma team activation is listed as “Full”, are the highest activation levels completed appropriately?
- C. Report of transfers out to ensure transfer out reason, facility, and delay fields are completed
- D. Report of transfers in to request registry numbers from sending facility
- E. Report of missing EMS PCR's

SOURCE: <https://trauma-news.com/2020/06/trauma-registry-how-to-build-validation-rules-that-improve-data-quality-and-simplify-back-end-data-validation/>

Q7: ACS Grey Book (1) Question

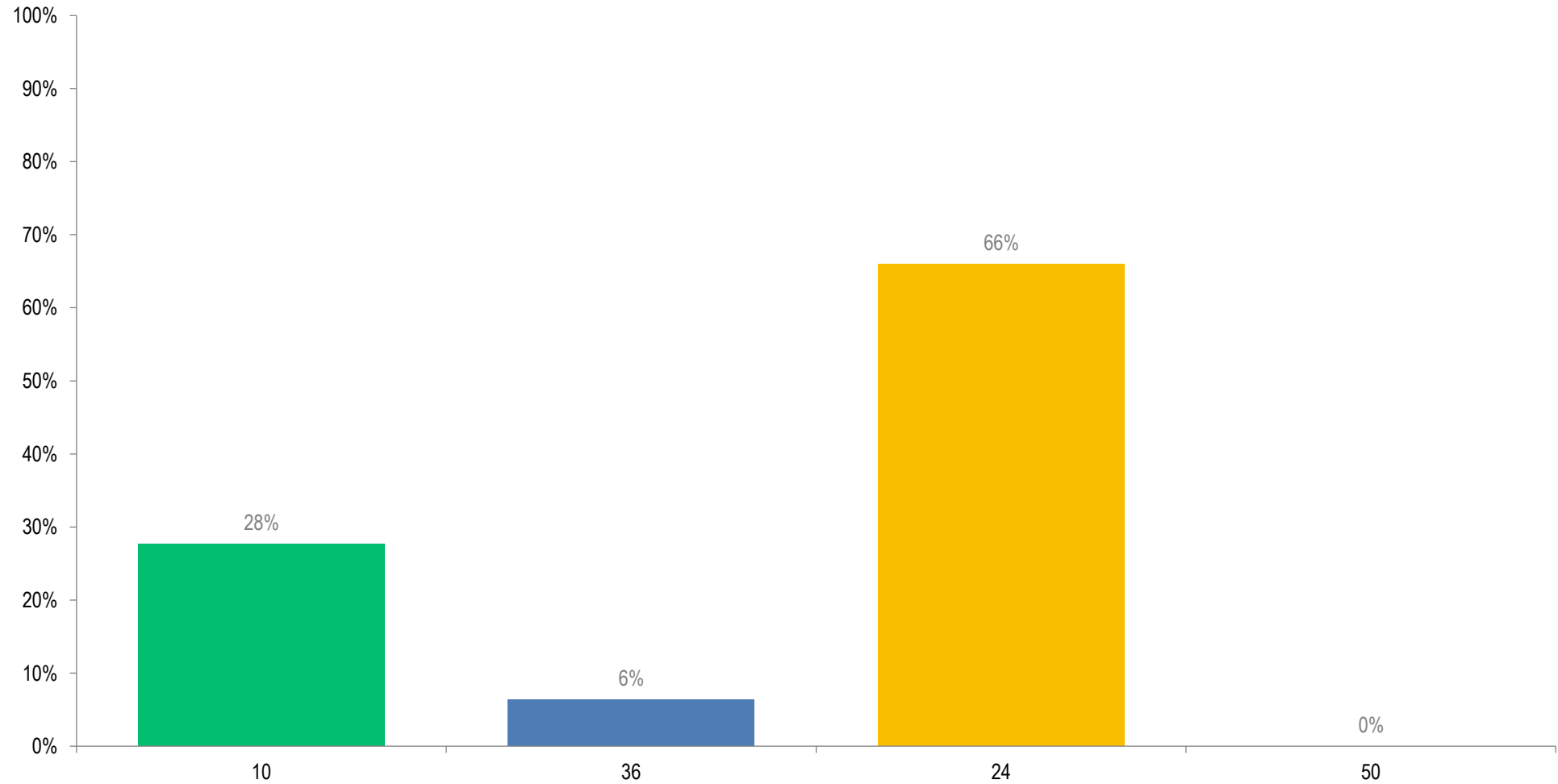
According to the ACS Resources for Optimal Care of the Injured Patients (2022 Standards) (grey book) in all applicable trauma centers, each trauma registrar must accrue at least ___ hours of trauma-related CE during the verification cycle.

Applicable Centers include: Level I, Level II, Level III, Pediatric Trauma Center Level I, Pediatric Trauma Center Level II.(These standards will be effective for verification/reverification visits beginning September 2023 & consultation visits beginning February 2023.)

- A. 10
- B. 36
- C. 24
- D. 50

Q7: ACS Grey Book (1) Results

Answered: 47 Skipped: 1



Q7: ACS Grey Book (1) Answer/Rationale

Each trauma registrar must accrue at least ___ hours of trauma-related CE during the verification cycle.

CORRECT ANSWER:

C “24 hours”

RATIONALE:

Key phrase to remember these hours are required during the verification cycle, not per year.

A. 10

B. 36

D. 50

Applicable Centers include: Level I, Level II, Level III, Pediatric Trauma Center Level I, Pediatric Trauma Center Level II.(These standards will be effective for verification/reverification visits beginning September 2023 & consultation visits beginning February 2023.)

SOURCE: Page 73, Definition & Requirements. <https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/>

Q8: ACS Grey Book (2) Question

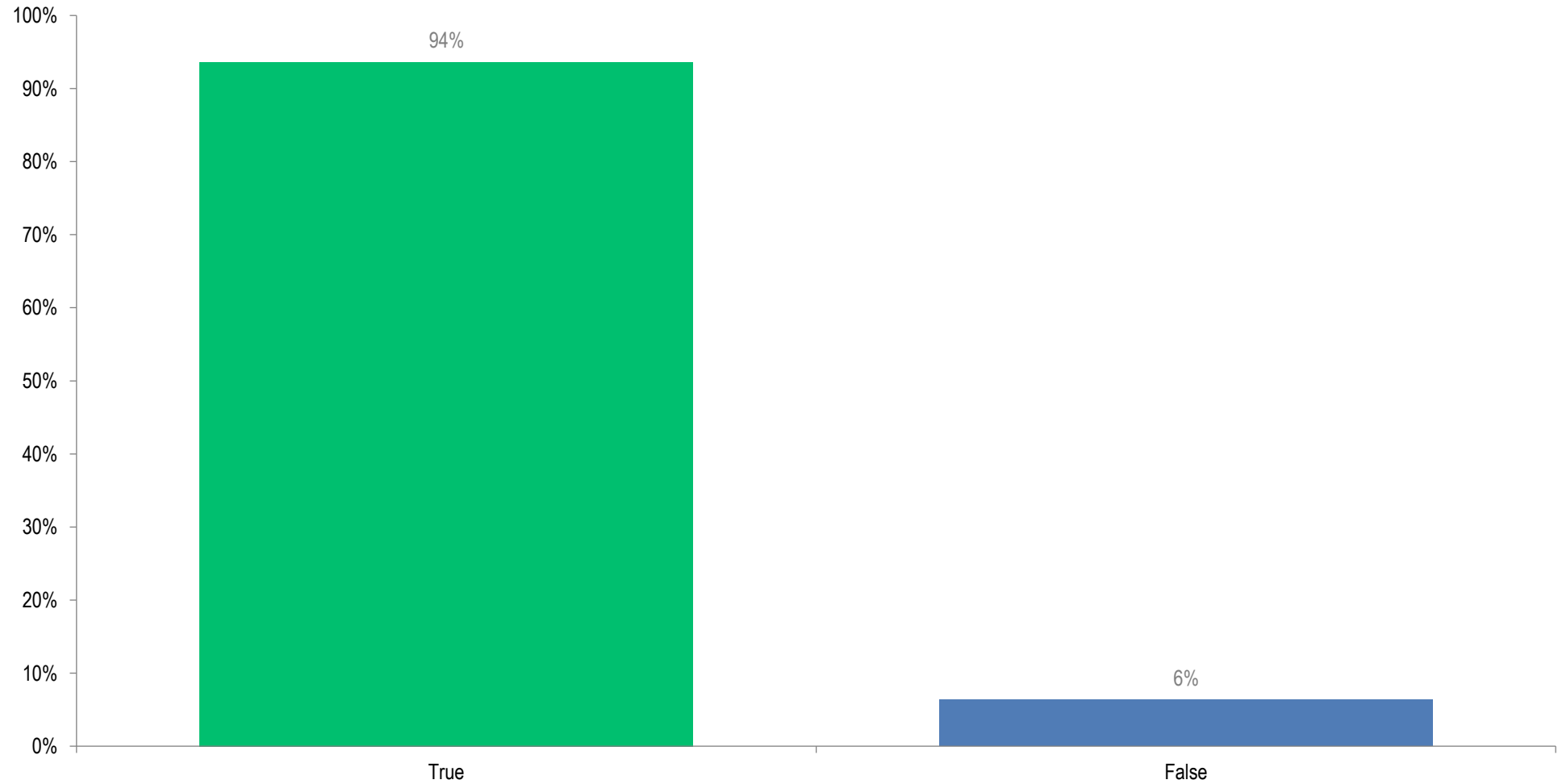
According to the ACS Resources for Optimal Care of the Injured Patients (2022 Standards) (grey book), in all applicable trauma centers, at least one Registrar must be a current Certified Abbreviated Injury Scale Specialist (CAISS).

Applicable Centers include: Level I, Level II, Level III, Pediatric Trauma Center Level I, Pediatric Trauma Center Level II. (These standards will be effective for verification/reverification visits beginning September 2023 & consultation visits beginning February 2023.)

- True
- False

Q8: ACS Grey Book (2) Results

Answered: 47 Skipped: 1



Q8: ACS Grey Book (2) Answer/Rationale

According to the ACS Resources for Optimal Care of the Injured Patients (2022 Standards) (grey book), in all applicable trauma centers, at least one Registrar must be a current Certified Abbreviated Injury Scale Specialist (CAISS).

CORRECT ANSWER:

True

SOURCE: Page 71, Definition & Requirements. <https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/>

Applicable Centers include: Level I, Level II, Level III, Pediatric Trauma Center Level I, Pediatric Trauma Center Level II. (These standards will be effective for verification/reverification visits beginning September 2023 & consultation visits beginning February 2023.)