Health, Department of

Trauma Program, Wyoming

Chapter 3: Designation Facilities' Requirements For Participation

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Chapter 3

DESIGNATED FACILITIES' REQUIREMENTS FOR PARTICIPATION

Section 1. Data Collection. For the purpose of improving quality of trauma care, all designated facilities within the state are required to participate in use of the state trauma registry and report a portion of that data to OEMS for systems evaluation.

(a) The OEMS shall:

(i) Establish a statewide data registry to collect and analyze data on the incidence, severity, and causes of trauma for the purposes of:

(A) Improving trauma patient care;

(B) Monitoring and providing information necessary to evaluate major trauma patient care and outcome;

(C) Assessing compliance with the standards of state trauma system operation and designation of prehospital providers, health care facilities, hospitals, and rehabilitation services;

(D) Providing information necessary for resource planning and management;

(E) Providing data for injury surveillance, analysis, and prevention programs; and

(F) Providing a resource for research and education.

(ii) Establish criteria to identify injury types to be included in the state trauma registry. These criteria shall be used by designated health care facilities.

(iii) Suggested sources of data for the trauma registry include but are not limited to:

(A) All prehospital providers;

(B) Medical examiners reports;

(C) Death Certificates;

(D) Wyoming Fire Incident Report System;

(E) Hospital discharge data;

(F) Law enforcement agency records; and

(G) Other sources, as available.

(iv) Establish, publish, and periodically review the required data elements to be submitted to provide information regarding injury, trauma care, and system operation, in the following categories:

(A) Demographic;

(B) Anatomic;

(C) Physiologic;

(D) Severity;

(E) Epidemiologic;

(F) Resource utilization;

(G) Quality assurance;

(H) Outcome; and

(I) Financial.

(v) Require a case specific patient identifier which complies with the patient confidentiality requirements of these rules common to all data sources used in the trauma registry.

(vi) Provide procedures for electronic submission of data including specifications for necessary software, or provide paper forms for manual submission of data, if needed.

(vii) Provide for data quality assurance by:

(A) Developing detailed protocols for quality control, consistent with the OEMS's most current data quality guidelines;

(B) Performing validity studies to assess the completeness and accuracy of case identification and data collection; and

(C) For each provider submitting data to the registry, providing a report on completeness and accuracy of data submitted.

(viii) Evaluate requests from the WTC and RACs for collection of

voluntarily submitted additional data elements from agencies and facilities in that region.

(b) The prehospital data shall include at least the following, when applicable:

(i) Total number of ambulance runs per year;

(ii) Number of trauma runs per year;

(iii) Transportation times; and

(iv) Patient outcomes.

(c) The hospital data shall include at least the following, when applicable:

(i) Data from a trauma center or hospital:

(A) Time of arrival and description of patient treatment in:

(I) Emergency department or trauma receiving area; and

(II) Operating room.

(B) Dates for:

(I) Initial admission;

(II) Intensive care; and

(III) Discharge.

(C) Discharge data including:

(I) Patient destination; and

(II) Patient outcome after rehabilitation.

(ii) Data from an intermediary hospital. In the event that a patient is first transported to a receiving hospital and subsequently transferred to another facility, the applicable information from the sections above shall be available from patient care. All related records will be supplied by the hospital the patient is transferred to and sent to the transferring hospital for entry into the trauma registry.

(d) Trauma Registry- Reports. Within three (3) months after receiving trauma registry data from the individual hospitals and facilities, the OEMS shall report to the submitting facilities:

(i) Semiannually and annually on all patient data entered into the trauma registry during the six (6) month reporting period;

(ii) Semiannually, on trends, patient care outcomes, and other data, for each region and for the state, for the purpose of regional evaluation; and

(iii) Periodically on reported financial data.

(iv) Aggregate regional data semiannually to the WTC and the Regional Advisory Council excluding any confidential or identifying data.

(e) Confidentiality. Patient identifiers shall be kept in such a way to assure that patient confidentiality is maintained. The OEMS shall comply fully with all federal and state laws and regulations concerning confidentiality.

(i) Data elements related to the identification of individual patient's, provider's, and facility's care outcomes shall be confidential and the OEMS shall comply with all federal and state laws and regulations concerning confidentiality.

(ii) Persons and organizations to whom the OEMS grants access to information collected under this Chapter shall use the information for only those purposes explicitly stated in the OEMS authorization for access.

(iii) All raw data collected and maintained by the OEMS is the property of OEMS.

(f) Provider Responsibilities.

(i) All facilities shall:

(A) Use the criteria set forth by the OEMS for inclusion of patient data in the trauma registry; and

(B) Submit required registry data to the OEMS.

(ii) Data collected shall be recorded upon the registry software provided by the OEMS, using the data elements provided.

(iii) Data shall be submitted to the OEMS on a semi-annual basis:

(A) Data for patients discharged between July 1 and December 31 shall be submitted by June 30 of the following year; and

(B) Data for patient discharged between January 1 and June 30, shall be submitted by December 31 of the same year.

(iv) If the patient is further transported from one acute care hospital to another acute care hospital, a follow-up report of the care the transferred patient received and the final disposition of the patient shall be provided by the receiving hospital to the transferring hospital. The transferring hospital shall complete the trauma registry data for that patient, based upon the information it receives.

Section 2. Trauma System Evaluation. All designated facilities will be required to participate in quality initiatives within these rules.

(a) The following key components shall be addressed by the quality improvement plan designed by each facility:

(i) Clearly stated goals and objectives;

(ii) An organizational structure which facilitates the process of quality improvement;

(iii) The development of standards of care;

(iv) Established quality indicators (audit filter);

(v) A plan to define adverse outcomes by using a code that describes the complications;

(vi) A systematic peer review process utilizing a multi disciplinary method and involving prehospital care providers;

(vii) A plan to incorporate autopsy information, where available, regarding all trauma patients; and

(viii) A facility plan that includes a method for computing survival probability and comparing patient outcome.

(b) All designated trauma care services shall:

(i) Document the trauma care quality assurance program's proceedings, findings, conclusions, recommendations, the actions taken, and the result of these actions, demonstrating that relevant findings are used to study and improve processes that affect trauma patient care;

(ii) Evaluate the results of the trauma quality assurance program and include them with the hospital's general quality assurance program; and

(iii) Participate in the state trauma registry as required by Section 1 of Chapter 2.

(c) A standard or protocol adopted or studied by the individual facilities may not be used by the OEMS to demonstrate negligence by a health care provider or health care facility to whom the standard or protocol applies.

Section 3: Superseding Effect. This Chapter supersedes all prior rules or policy statements issued by the Department including manuals, bulletins, and policy statements, which are inconsistent with this Chapter.