**2024 Supplemental Trauma Inclusion Criteria FAQ's**

**Q.** Patient arrives in the Emergency Department (ED) with a traumatic injury, and the physician determines that the patient has qualifying injuries and needs to be admitted to the hospital for treatment. Admission orders are written, but, before the patient is admitted, they leave Against Medical Advice (AMA). Would I include this patient?

***A.*** *Yes, if they have qualifying injuries and admission orders are written, the patient should be included in the trauma registry.*

**Q.** Patient arrives in the Emergency Department (ED) with a traumatic injury, but prior to a physician doing an assessment, the patient leaves the hospital AMA. Would I include this patient?

***A.*** *No. Since there was not an official assessment completed, no qualifying diagnoses can be documented, and the patient cannot be included in the trauma registry.*

**Q.** If a patient of any age slipped and fell on a sidewalk and sustained a single fractured femur, but no other injuries, should this traumatic injury be reported?

***A.*** *Yes. As of January 1, 2023, we now include all GLF with a qualifying injury or injuries – including single bone, single break, ground level falls. Like any other injury, a patient must also meet other inclusion criteria, i.e. they were either admitted, left AMA with intent to be admitted, observation status, expired, or were transferred to or from another acute care facility.*

**Q.** If a patient slipped and fell on a sidewalk and sustained a fractured femur and a dislocated shoulder, should this case be reported?

***A.*** *Maybe. The injuries meet inclusion criteria, but the case must also meet one of the following from the inclusion criteria of being admitted to the reporting facility, leaving AMA with intent to be admitted, observation status, expiring, or being transferred to or from another acute care facility.*

**Q.** If a patient slipped and fell on a sidewalk, sustained a trimalleolar fracture (fracture of medial malleolus – distal tibia, lateral malleolus – distal fibula, and posterior malleolus – back of tibia) and was admitted and then died during surgery, should this case be reported?

***A.*** *Yes. The patient had qualifying injuries, was admitted, and then died. This case would be included in the trauma registry.*

**Q.** A patient is evaluated in the Emergency Department (ED) of Hospital A, and they have qualifying injuries. Hospital A decides that the patient needs to be transferred to Hospital B for treatment, but the mode of transportation to Hospital B is done via private vehicle. Should this case be reported?

***A.*** *Yes. This case should be reported because the patient has qualifying injuries and was transferred to another acute care hospital regardless of the mode of transport (EMS ground, air, or private vehicle, etc.).*

**Q.** If a patient is coming in for a pre-planned surgery due to trauma that happened at a previous encounter, should this case be reported?

***A.*** *No. This does not meet our inclusion criteria. This is not considered an acute injury (it occurred at a previous encounter).*

**Q.** If a patient is coming in for a return visit to the Emergency Department due to a trauma that was treated at a previous encounter, and they now have <u>new injuries</u>, should this case be reported?

***A.*** *Maybe. If a patient returns and injuries are identified that were <u>NOT previously diagnosed during the initial visit</u> then yes, we want to capture these. However, if no new injuries are identified but the patient is admitted for other reasons, e.g. pain control, infection, surgery, then this encounter does not need to be submitted to the state trauma registry.*

**Q.** If a patient starts out in the Emergency Department (ED), gets discharged from the ED to Observation status, and then a physician orders changes status to Inpatient, would this case be reported?

***A.*** *Yes, if they meet all the remaining inclusion criteria. Admissions under "observation" and "inpatient" status are both reportable.*

**Q.** If the patient is already admitted to the hospital for something other than an acute injury/trauma, e.g. acute or congestive heart failure, planned elective surgery, and they fall during this hospital admission, should we include?

***A.*** *No. Do not include this patient. The reason they initially presented to the hospital was not for initial treatment of an acute injury. They presented for other medical reasons thus, they do not qualify.*

**Q.** If a patient twisted their back getting out of the car and it resulted in a fracture of a vertebra, would this case be included?

***A.*** *No. Overexertion by lifting, twisting, pushing, or bending over does not meet our inclusion criteria. Per the Idaho TSE Trauma Registry Inclusion/Exclusion Criteria, Overexertion and*

*strenuous or repetitive movements should not be reported; external cause of injury/morbidity code **X50** is excluded.*

**Q.** If a patient has osteoporosis and suffers a fracture on the neck of the femur with no associated trauma, e.g., no fall, to cause the fracture, would this case be included?

***A.** No. Pathological fracture ICD-10 diagnosis codes begin with the letter M not the letter S, thus, they do not fall in the traumatic injury diagnosis fracture code range and do not meet the inclusion criteria.*

*Per the Idaho TSE Trauma Registry Inclusion/Exclusion Criteria, pathological fractures (**M80, M84.4–M84.7**) should **not** be reported.*

**Q.** If a patient has osteoporosis and suffers a fracture on the neck of the femur with trauma from a ground or non-ground level fall, e.g., they are walking down a hall and tripped and fell, they fell down the stairs, fell from a ladder, would this case be included?

***A.** Yes. This would be included since the patient has an associated trauma that caused the fracture. If they meet all the remaining Inclusion criteria, this encounter should be submitted to the trauma registry.*

**Q.** A child falls off their bike and presents to the Emergency Department (ED) at acute care hospital A. The radiology report indicates they have a fractured humerus and a fractured tibia. The ED physician determines they will need to transfer the patient to a higher level of care at acute care hospital B for surgery and treatment. The patient transfers to hospital B via EMS ground ambulance. Should this case be included?

***A.** Yes, it meets the inclusion criteria. They have qualifying injuries and are transferring to another acute care hospital regardless of the mode of transport (EMS ground, air, or private vehicle, etc.).*

**Q.** A child falls off their bike and presents to the Emergency Department (ED) at acute care hospital A. The radiology report indicates they have a fractured humerus and a fractured tibia. The ED physician determines they will need to transfer the patient to a higher level of care at acute care hospital B for surgery and treatment. The patient transfers to hospital B via the parents' private vehicle. Should this case be included?

***A.** Yes. This case should be reported because the patient has qualifying injuries and was transferred to another acute care hospital regardless of the mode of transport (EMS ground, Air, or Private Vehicle, etc.).*

**Q.** A patient has a skiing accident at Grand Targhee Resort in the state of Wyoming. EMS brings the patient to Teton Valley Health Hospital in Idaho. After evaluation in the ED, it is determined that they

have qualifying injuries and are admitted to Teton Valley Health Hospital for further care. Would this case be reported into the Idaho TSE Trauma Registry?

***A.*** *Yes. Since they have qualifying injuries and are being admitted to an acute care hospital in Idaho for further care, they meet our state inclusion criteria and should be included in the Idaho TSE trauma registry.*

**Q.** A patient arrives in the ED at Bingham Memorial Hospital in Idaho. After evaluation in the ED, it is determined that they have qualifying injuries and are transferred to University of Utah Hospital in Salt Lake City, Utah for further treatment. Would this case be reported into the Idaho TSE Trauma Registry?

***A.*** *Yes. Since they have qualifying injuries and are transferring to another acute care hospital for further care, they meet our state inclusion criteria. Bingham Memorial Hospital should report this case to the Idaho TSE trauma registry.*

**Q.** A patient has a skiing accident at Grand Targhee Resort in the state of Wyoming. The patient receives initial care at a Level IV trauma facility in Wyoming, and the patient is transferred to St. Luke's in Boise for a higher level of care. St. Luke's Boise also determines that the patient has qualifying injuries and admits the patient. Would this case be reported into the Idaho TSE Trauma Registry?

***A.*** *Yes. Even though their initial place of care was out-of-state, since they have qualifying injuries and are admitted to a facility in Idaho for further care, this case meets our state inclusion criteria and should be included in the Idaho TSE Registry for trauma.*

**Q**. A patient arrives in the Emergency Department (ED) with a contusion of the left kidney and superficial abrasion with skin intact. The patient was admitted for further treatment and follow-up. Should this case be included?

***A.*** *Yes. They have qualifying injuries and were admitted. Contusions occurring inside the body (internal organs, vascular, etc.) are* ***not*** *considered superficial and therefore meet our state inclusion criteria.*

**Q.** A patient presents to the Emergency Department (ED) with self-inflicted lacerations on both wrists, the lacerations are repaired in the ED, and the patient is observed overnight. They are discharged the next day and transferred to a mental health/behavior health facility via EMS. Should this case be included?

***A.*** *Maybe. This depends on why they are being admitted to observation. If they are being observed for behavior/mental health issues and waiting for a bed to open elsewhere, then this encounter is*

*not reportable. However, if clinicians had concerns about the lacerations and were admitted to observation to observe the wounds then yes, it is reportable.*

**Q**. A patient to our facility after a ground level fall on 3/7/2024 where imaging showed a C1 fracture. Patient was seen in the Emergency Department, not activated and discharged home. Patient returns on 3/8/2024 to our facility with no new injuries and uncontrolled pain. The patient is admitted. Should this case be included?

***A.*** *No. Date of service (DOS)03/07/2024 - Since the patient was sent home from the ED it does not meet our inclusion criteria. DOS 03/08/24 - Since no new injuries were found it appears this one does not meet either.*

**Q.** A patient presents to our facility on 2/28/2024 with a headache after falling and hitting his head one week ago. CT shows bilateral subdural hemorrhages. After consultation with a facility's trauma and neurosurgeons the patient was deemed safe/stable to discharge home with outpatient follow-up. Patient returns to our facility on 2/29/2024 for evaluation of worsening headache and increasing weakness, increasing difficulty ambulating and increasing generalized lethargy. CT shows slight increased subdural hemorrhage component along the left tentorium. Patient is transferred to another facility for evaluation and treatment.

***A.*** *For the DOS 2/28/24 since they are sent home from the ED, it does not meet our state inclusion criteria. For the DOS 02/29/24 since they are back, and the problem is worsening (CT shows slight increased subdural hemorrhage component along the left tentorium) and they are being transferred to another facility for evaluation and treatment, the encounter should be reported to the state trauma registry as the problem is worsening. See additional information below regarding why this encounter would meet our inclusion criteria.*

*We would still use an "A" at the end of the ICD-10 SDH code. Thus, it would meet our inclusion criteria. For more information on why we would still use an "A" at the end of the SDH code per page 22 of the ICD-10-CM coding guidelines:*

***Application of 7th Characters in Chapter 19***

*Most categories in chapter 19 have a 7th character requirement for each applicable code. Most categories in this chapter have three 7th character values (with the exception of fractures): A, initial encounter, D, subsequent encounter and S, sequela. Categories for traumatic fractures have additional 7th character values. While the patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.*

*For complication codes, active treatment refers to treatment for the condition described by the code, even though it may be related to an earlier precipitating problem. For example, code*

*T84.50XA, Infection and inflammatory reaction due to unspecified internal joint prosthesis, initial encounter, is used when active treatment is provided for the infection, even though the condition relates to the prosthetic device, implant or graft that was placed at a previous encounter.*

*7th character "A", initial encounter is used for each encounter where the patient is receiving active treatment for the condition.*

*7th character "D" subsequent encounter is used for encounters after the patient has completed active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.*

*The thought process of using the "A" instead of the "D" is the SDH is not really being treated as routine care during healing or recovery as the problem is worsening according to the CT results, and they are being transferred to a higher level of care.*

**Q.** On the EMS run sheet, EMS has documented the patient as a priority 2 trauma activation. However, when reviewing the hospital chart there is no documentation of a trauma activation. What level of trauma activation would you enter this as in the registry?

***A.*** *Since EMS documented this as a priority 2 trauma activation, you can enter this as such. The trauma data dictionary, under Data item name "Level of Trauma Team Activated", states the following: Please include the highest level of activation by EMS or hospital personnel, even if the activation level was downgraded after the patient arrived at your hospital.*

*Keep in mind that the hospital may upgrade or downgrade the activation level and this also should be documented as you are entering your case in the registry.*

**Q.** Patient had right sided weakness x 1 week, no known trauma that he could think of. Started dragging right leg so he came to the ER. They worked up the patient for a stroke, CT head showed a subacute/acute Subdural Hematoma (SDH). Should this case be included in the trauma registry?

***A.*** *No. Since there is no known trauma documented to cause the SDH, you should not include this patient in the trauma registry. Note: An SDH can be traumatic or non-traumatic. In this case it appears to be non-traumatic.*

**Q.** A patient comes to the ER with an open fracture of the humerus and is immediately sent to the OR for surgery and then recovers in the PACU and is sent home. Should this case be included in the registry?

***A.*** *Yes. As of 01/01/2025 our inclusion criteria states the following:*

*Was admitted to your hospital as an inpatient, under observation status, or sent to the operating room (then PACU and home).*

**Q.** When should we include Hypothermia patients in the Registry?

***A.*** *Patients diagnosed with hypothermia should be included in the registry when their hypothermia diagnosis is associated with or caused by a qualifying external cause, e.g. exposure to natural cold (X31). See scenarios below for further explanation:*

- *Patient was found down outside their home by a family member. It was a cold snowy day, and they were unsure how long the patient had been outside. They were taken to the hospital via EMS and they were admitted for hypothermia. This patient **would** be included in the trauma registry.*

- *Patient came to the ER due to altered mental status, weakness, fever, etc. Upon workup, the physician admitted the patient to the med/surg floor as an Inpatient for sepsis. While reading the documentation, they also documented the patient to have hypothermia. There was no documented trauma or exposure to cold listed in the patient's record. This patient would **not** be included in the trauma registry.*