CAN YOU EFFECTIVELY SUPERVISE WHAT YOU DO NOT KNOW?

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SOCIETY OF TRAUMA NURSES

THANK YOU FOR THE OPPORTUNITY

OBJECTIVES

1

Define critical terms

- Mapping, submission, concurrent collection, validation, Data dictionary

2

Utilize SWOT to assess registry functioning

3

Identify key resources to enhance performance

NO FINANCIAL DISCLOSURES

OF COURSE I CAN!

I'M A TRAUMA NURSE!

CAN YOU EFFECTIVELY SUPERVISE WHAT YOU DO NOT KNOW?

WHAT GOT ME HERE

- 25 years as TPM at Level I Trauma Center
- Currently at a Level III
- Maintained CSTR for 10+ years

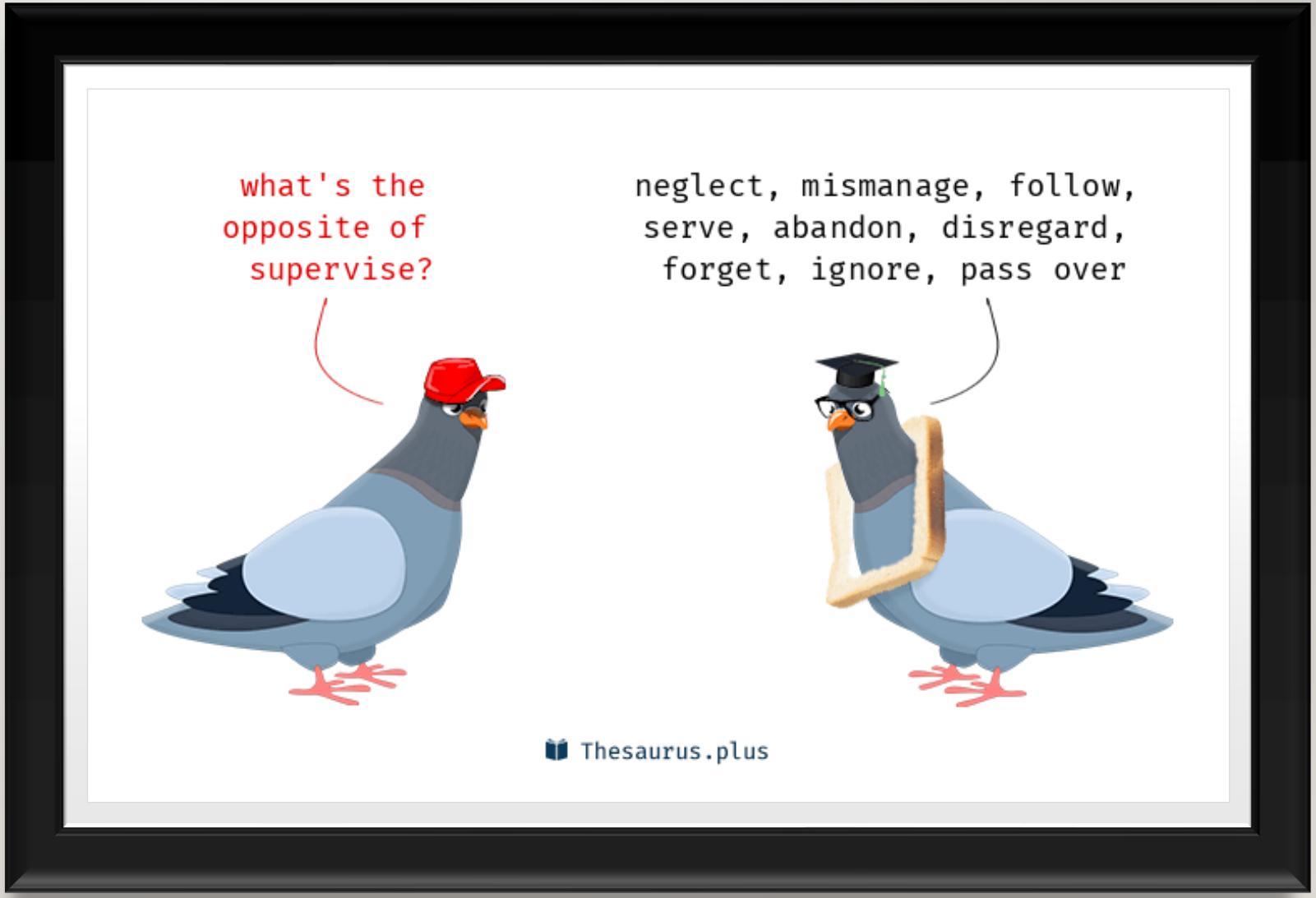
- Faculty for the American Trauma Society's Trauma Registry Course
- Co-chair of the ATS CSTR Leadership group
- Conference planner for an annual trauma registry conference
- Talk to a lot of people about trauma registry

WHAT I'VE HEARD

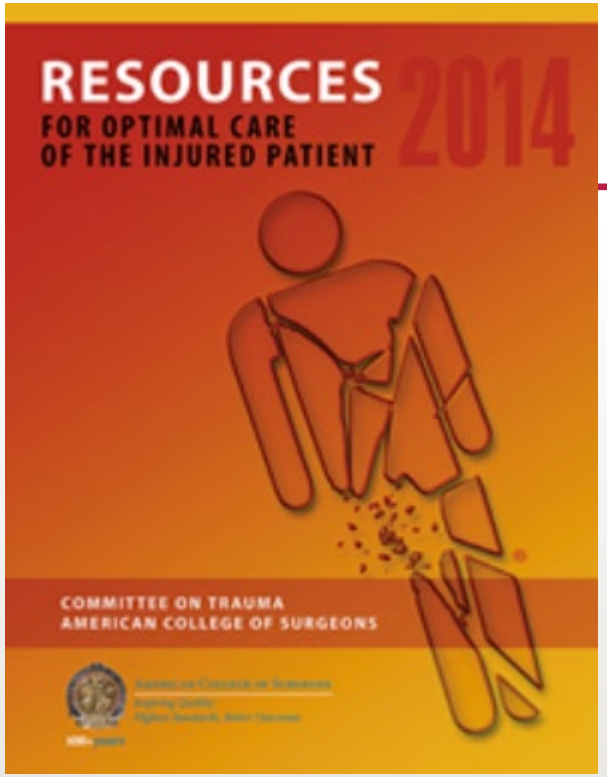
- "They" don't understand
- I don't understand
- "We" got a 'bad' TQIP report
- The registry doesn't have what I need, so I keep a spreadsheet
- I have no idea why this data is collected

WHAT I'VE SEEN

RANGE OF COMPLETE DISINTEREST TO MICROMANAGING



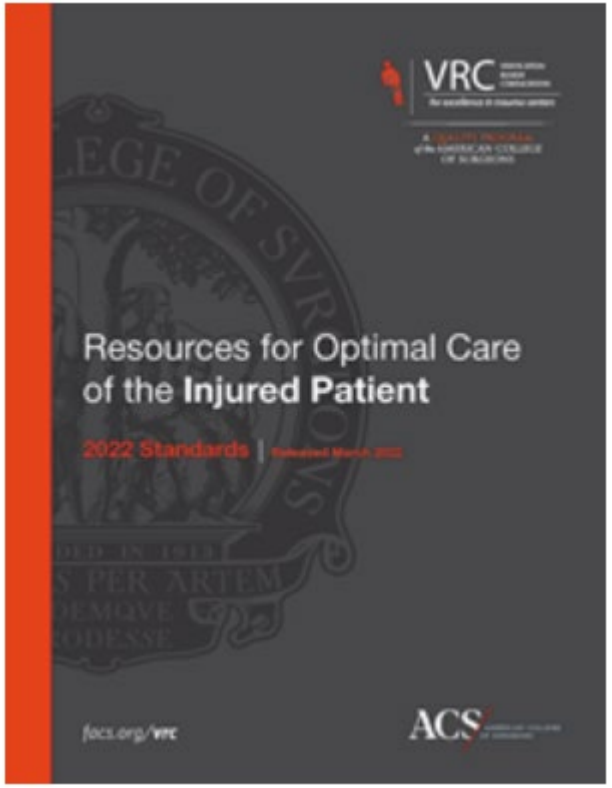
WHAT THE ACS SAYS



Resources for Optimal Care of the Injured
American College of Surgeons 2014

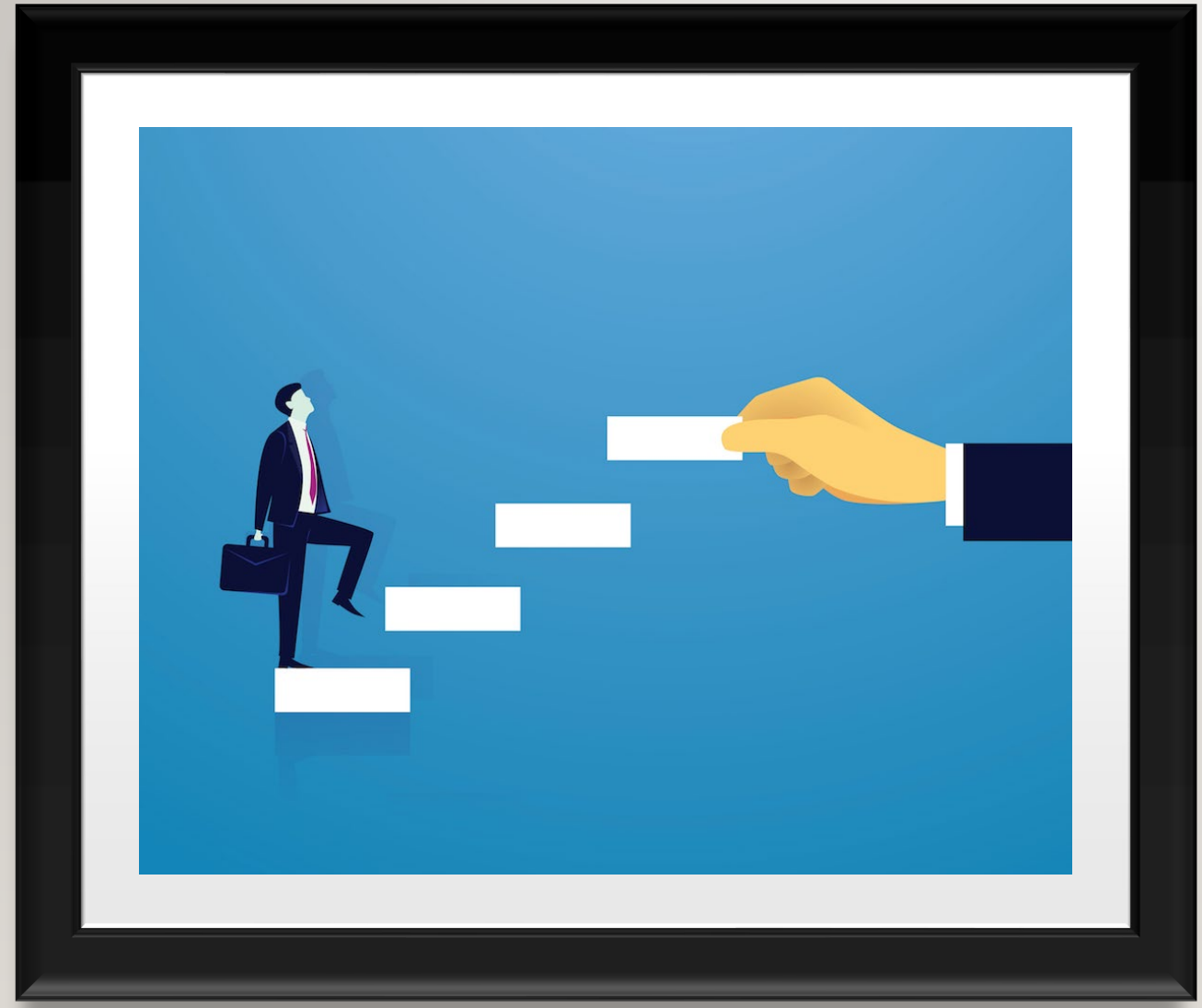
- TPM 'should' supervise
- ..collection, coding, scoring and developing processes for validation of data
- Design registry to facilitate PI, trend reports and research
- Annual field review
- 8 hours/year of CEU
- Amount of time and effort to maintain….should not be underestimated

AND NOW THE GREY BOOK



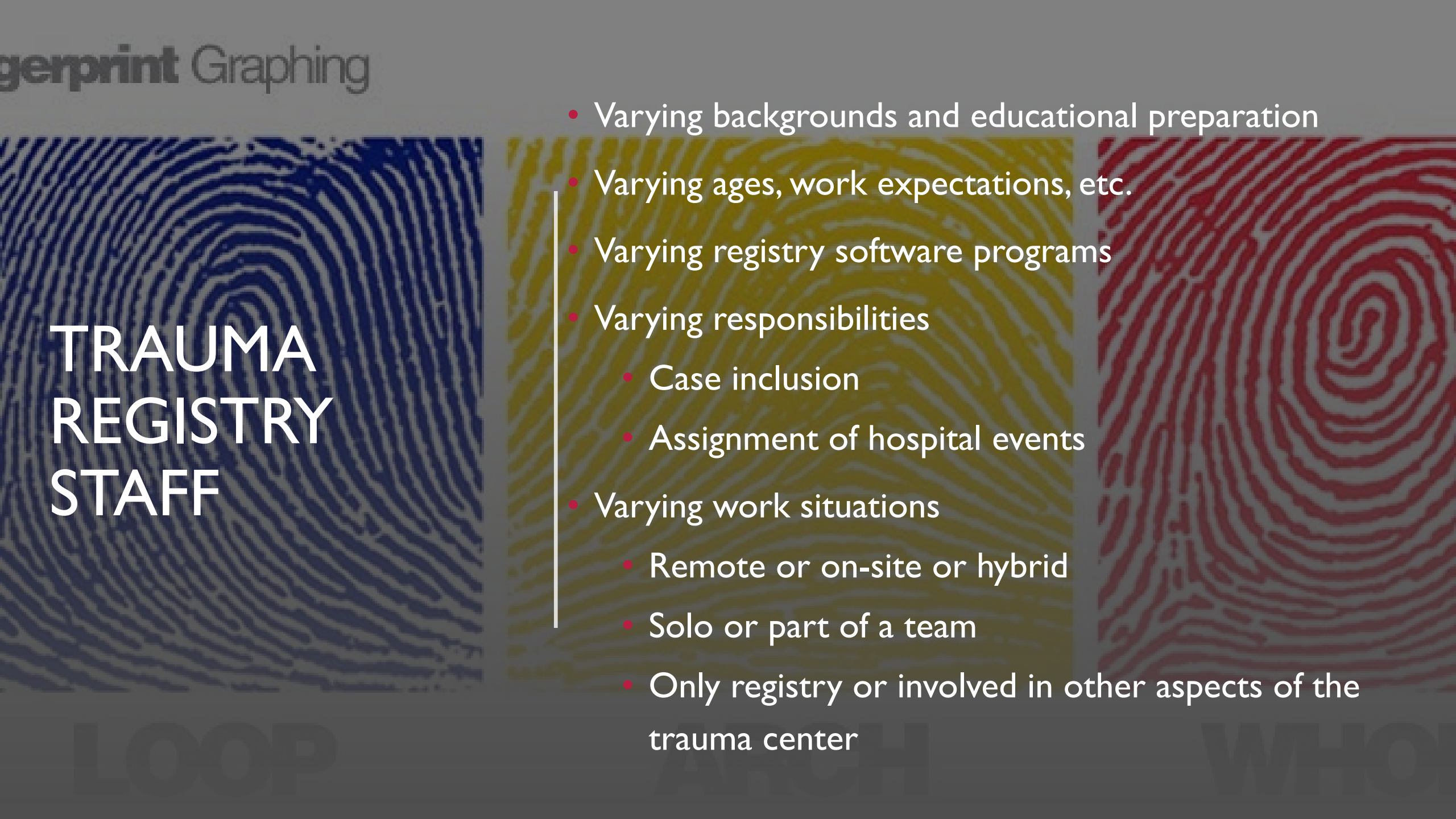
Resources for Optimal Care of the Injured
American College of Surgeons 2022

- High-quality data are critical to inform quality improvement and measure the performance of trauma programs. This is dependent on having well-trained registry personnel working closely with trauma leadership. High-quality data also allow for focused quality improvement activities and maximize the value of trauma benchmarking programs.



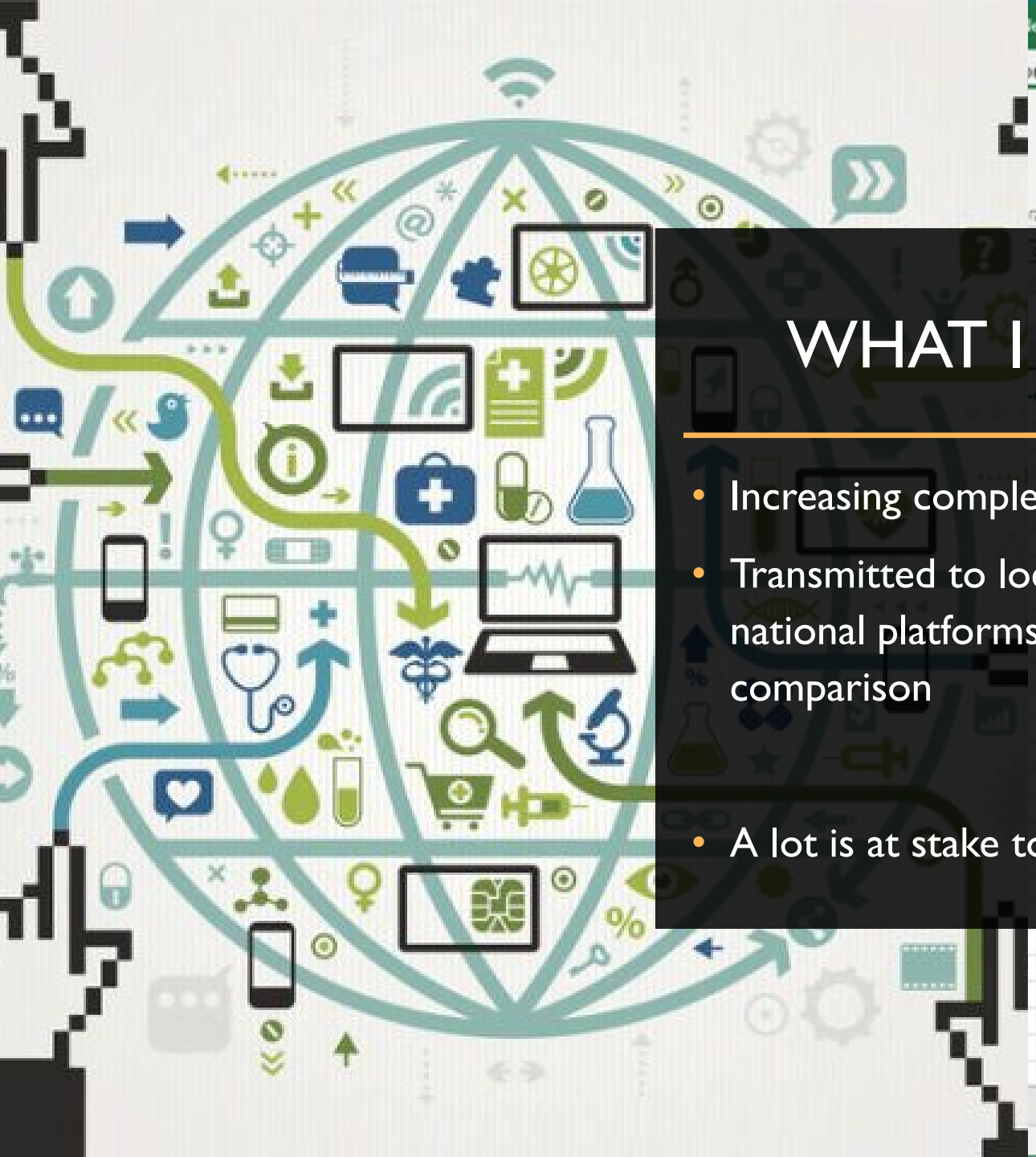
KEEP IN MIND

- No direct career path to TPM role
- No direct career path to Trauma Registrar role



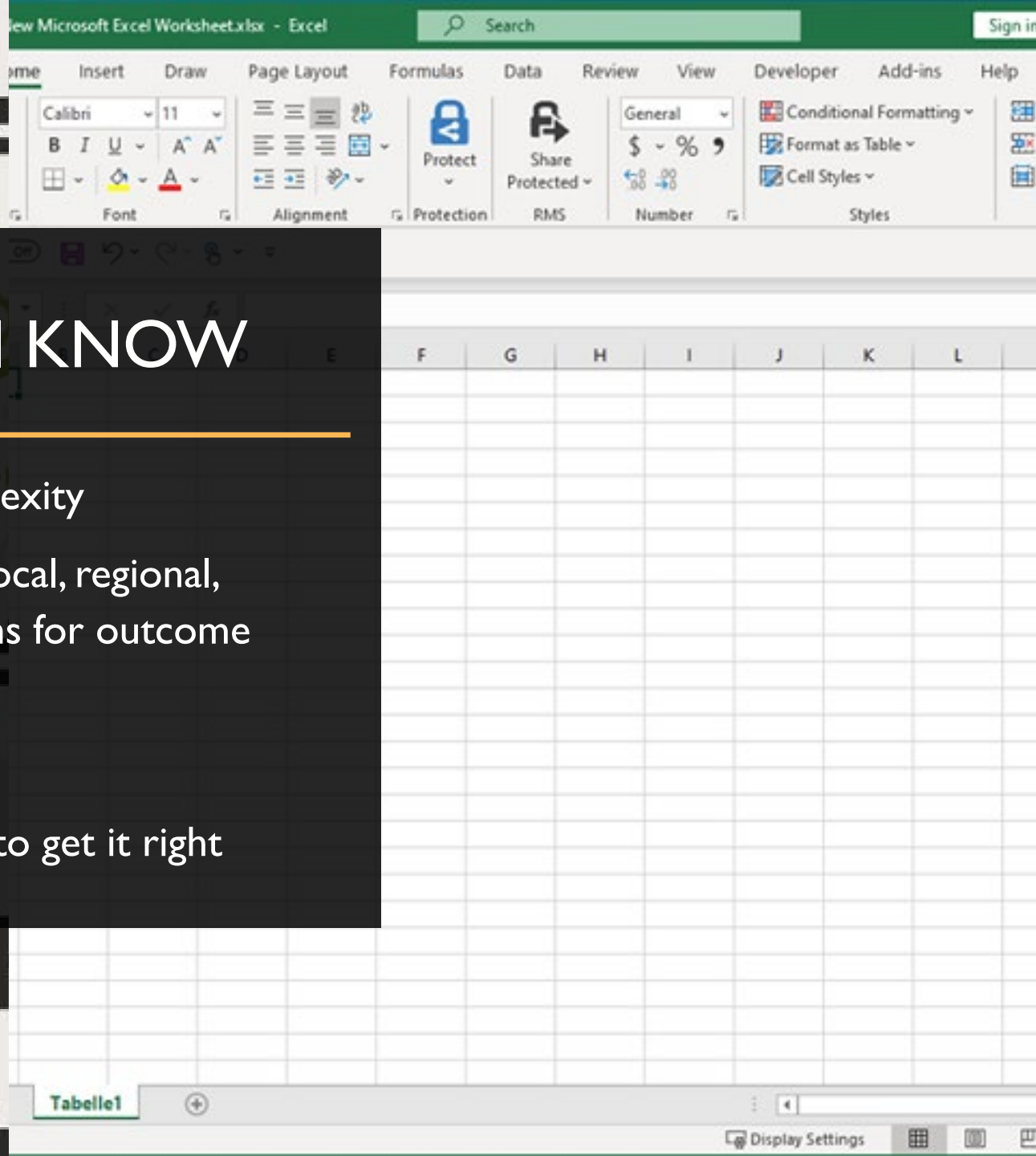
TRAUMA REGISTRY STAFF

- Varying backgrounds and educational preparation
- Varying ages, work expectations, etc.
- Varying registry software programs
- Varying responsibilities
  - Case inclusion
  - Assignment of hospital events
- Varying work situations
  - Remote or on-site or hybrid
  - Solo or part of a team
  - Only registry or involved in other aspects of the trauma center

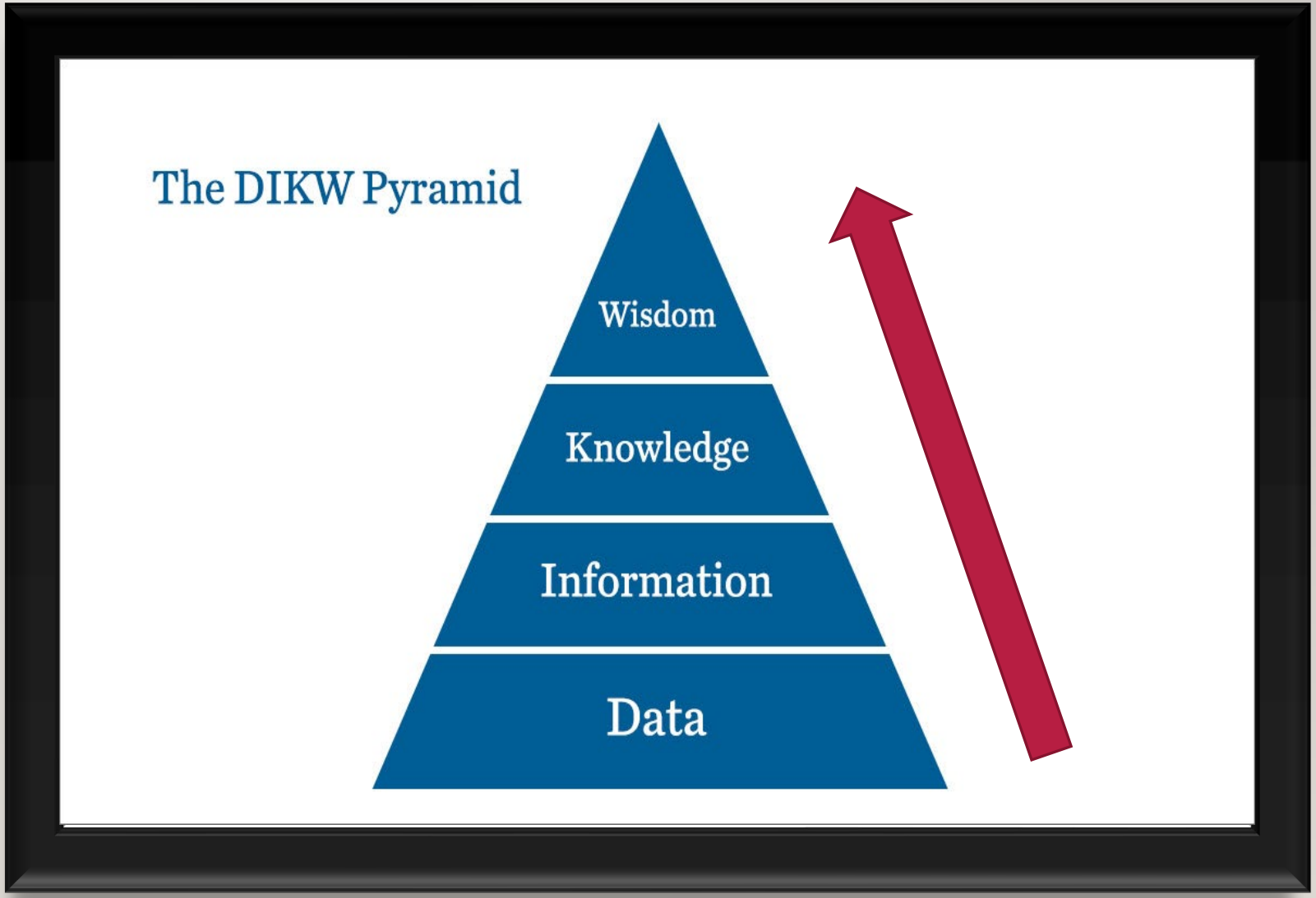


WHAT I KNOW

- Increasing complexity
- Transmitted to local, regional, national platforms for outcome comparison
- A lot is at stake to get it right



WHERE WE SHOULD BE HEADING



DATA LITERACY

- The ability to read, write and communicate data in context (Gartner)
  - Understanding data sources and constructs
  - Analytic methods and techniques applied
  - Ability to describe use, application and value

DATA LITERACY

Ability to engage with data

- it exits
- it is stored
- it has rules (governance)

Willingness to learn

- see the value

Confidence to engage

Acquire and construct meaning

Communicate meaning

TRAUMA REGISTRY

- 80% completion within 60 days of DC
- Secure storage
- NTDS standards

- Willingness to learn
- Confidence in the data
- Ability to construct and communicate meaning

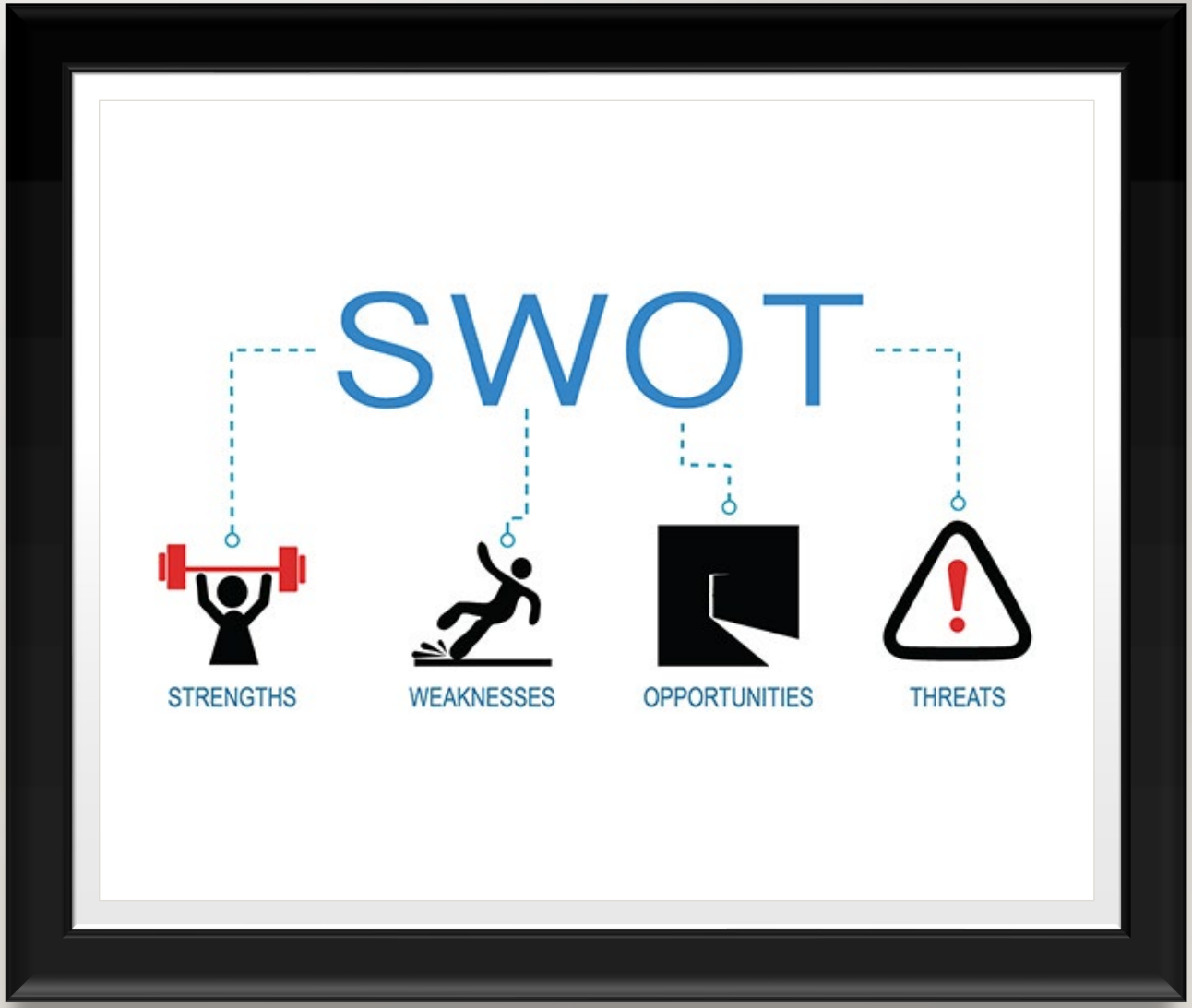
TEN TIPS TO GET THERE

TEN TIPS TO GET THERE

1. SWOT Analysis

THE GOOD, THE BAD AND THE UGLY

- INTERNAL
  - Strengths
  - Weaknesses
- EXTERNAL
  - Opportunities
  - Threats



CHECK THE ACS STANDARDS

- Running on time?
  - 80% within 60 days of discharge
- Staffed correctly
  - 0.5FTE per 200-300 annual patient entries
- Trained and credentialled
  - At least one registrar with current CAISS certification
  - ICD10CM Course
  - Registrar Course
  - 8 hours per year of continuing education
- Quality data
  - TQIP data reports show little missing
  - Validation plan in place

Strengths	Weaknesses
Opportunities	Threats

Strengths	Weaknesses
Registrars are well trained in AIS Staffed with 3.0 FTE for 1750 records	Inadequate clinical documentation to accurately code injury No staff with CAISS certification
Opportunities	**Threats**
Electronic data transfer	New ACS certification/education requirements Under reporting of injury/pre-existing conditions

Strengths	Weaknesses
TQIP data quality reports are good	Staff turnover Case volume Running 5-6 months behind
Opportunities	**Threats**
Hire and train new staff to a new model	Recruitment and retention of staff

TEN TIPS TO GET THERE

1. SWOT Analysis
2. Educate yourself

NEED TO STEP OUTSIDE

Fear

of looking silly,

of the registrar knowing more than you,

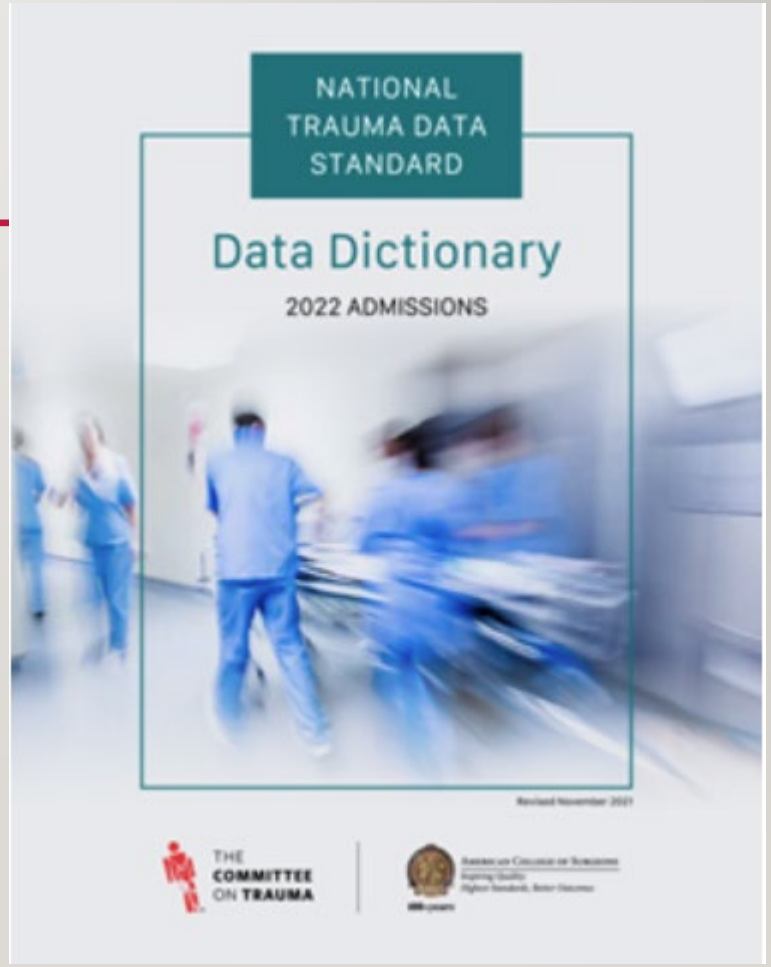
of not knowing the answer

NEED TO KNOW

- National Trauma Data Standard (NTDS)
- National Trauma Data Bank (NTDB)
- Trauma Quality Improvement Program (TQIP)

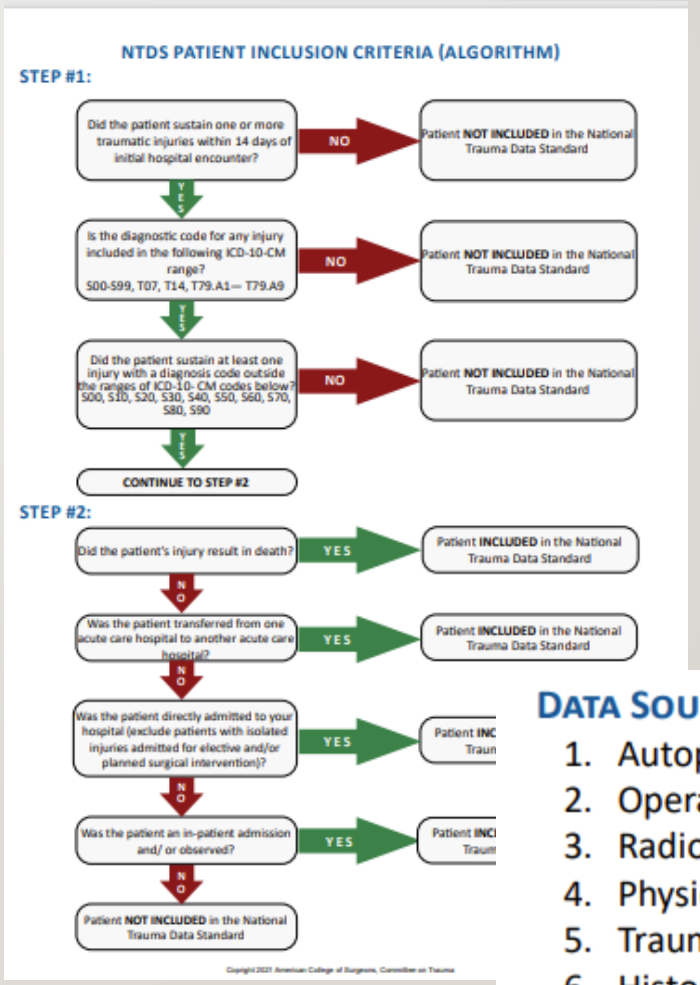
NEED TO KNOW

- National Trauma Data Standard (NTDS)
  - Annual release of fields
  - Field definitions
  - Data hierarchy
  - The RULES
- National Trauma Data Bank (NTDB)
  - Data bank of registry records
- Trauma Quality Improvement Program (TQIP)
  - National benchmarking program
  - Process of care measures



NEED TO KNOW

- Data inclusion criteria
  - Not as clear cut as it sounds
- Data hierarchy
  - Where do **we** find this information?
- Data rules
- Data mapping



DATA SOURCE HIERARCHY GUIDE

1. Autopsy/Medical Examiner Report
2. Operative Reports
3. Radiology Reports
4. Physician's Notes
5. Trauma Flow Sheet
6. History & Physical
7. Nursing Notes/Flow Sheet
8. Progress Notes
9. Discharge Summary

NEED TO KNOW

- Data inclusion criteria
- Data hierarchy
- Data rules
  - Definitions
  - Details

ADDITIONAL INFORMATION

- Patients who have undergone a surgical and/or hormonal sex reassignment should be reported using their current assignment.

- Data mapping
  - 1=Male=M

DESCRIPTION

The patient's sex.

ELEMENT VALUES

1. Male
2. Female
3. Non-binary

TEN TIPS TO GET THERE

1. SWOT Analysis
2. Educate yourself
3. Volume expectations

THE QUESTION ALWAYS IS:

- How many records a day? A week? An hour?
- What is 'your' volume expectation?

- I get it, really I do

- But, no two records are the same.
  - Go back to your SWOT analysis, and think about your cases, and your registrars

ALL CHARTS ARE NOT CREATED EQUAL

- Careful when setting standards
  - Pre-hospital
  - Transfers
  - Complications
  - Length of stay
  - Injury severity
  - Surgical procedures
  - Particular practitioners
- Know your center

"There is no such thing as an 8-hour chart"

…..Jane McCormack

CASE VOLUME

- 80% within 60 days
- 0.5 FTE per 200-300 records

- How is their day being spent? What is the quality of the completed work?

TEN TIPS TO GET THERE

1. SWOT Analysis
2. Educate yourself
3. Volume expectations
4. Provide the resources

REGISTRARS NEED:

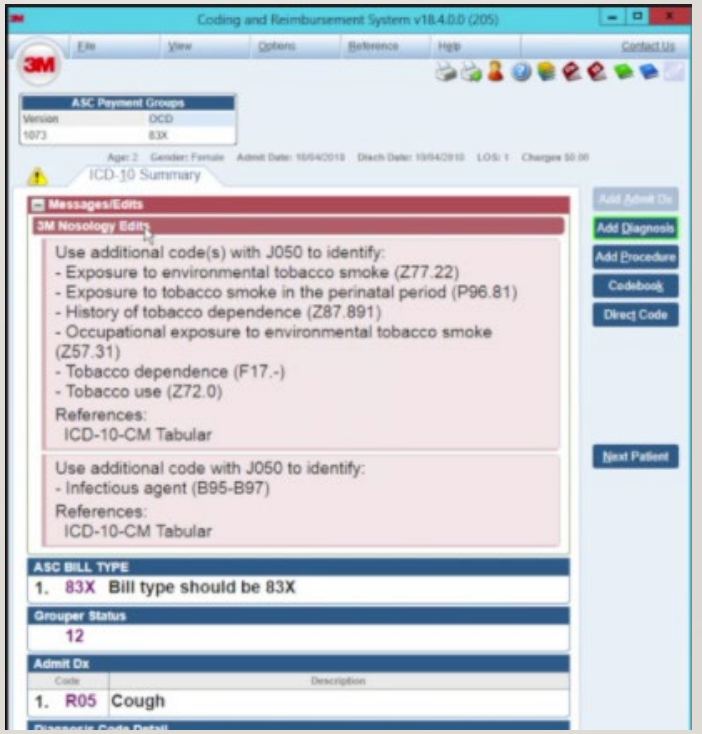
- Adequate work-space
- Large dual monitors
- Access to every system within your center
  - Radiology reports, pathology reports, ED records, EMS records, etc.
- High speed internet

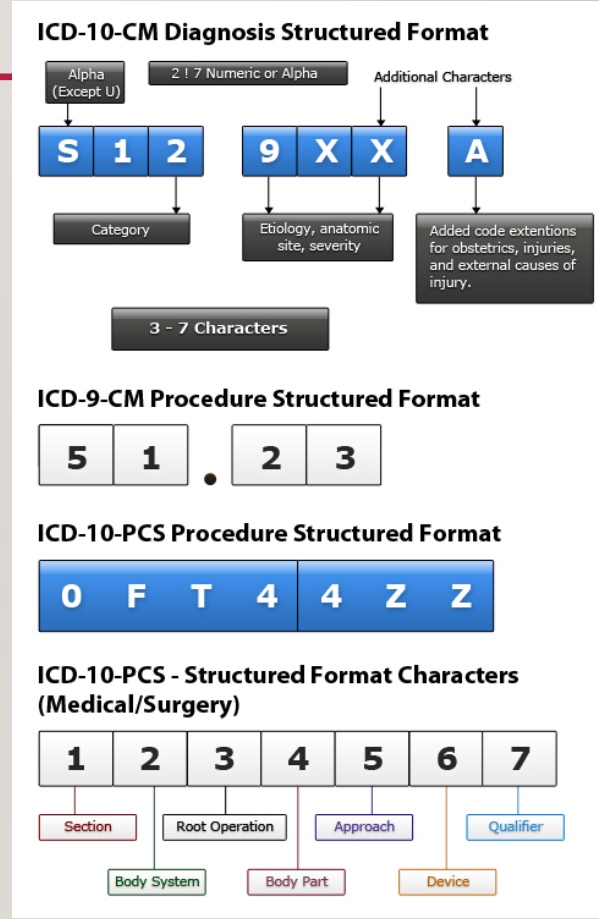
CODING REFERENCES

- AIS
- ICD-10 CM
- ICD-10 PCS

- Books and/or electronic

- NTDS





ACCESS TO EDUCATION

- Registrar course
- ICD-10-CM course
- AIS course
- Ongoing continuing education

ACS tqip TRAUMA QUALITY IMPROVEMENT PROGRAM

- Grand rounds, annual conferences, virtual programs

ATS American Trauma Society

- Google

TEN TIPS TO GET THERE

1. SWOT Analysis
2. Educate yourself
3. Volume expectations
4. Provide the resources
5. Realistic validation

TQIP REPORT: NOT WHERE YOU WANT TO BE

- YES, the first step is data validation
- BUT, understand how that sounds to a registrar
- CONSIDER, data validation to include clinical documentation

DATA VALIDATION

- Critical process for trauma center
  - Ongoing processes
- Set realistic expectations for validation
  - Focus on ‘key’ fields
  - Ensure that the process is ‘fair’ and ‘reasonable’
  - Factor it into workload

TEN TIPS TO GET THERE

1. SWOT Analysis
2. Educate yourself
3. Volume expectations
4. Provide the resources
5. Realistic validation
6. Electronic data transfer

ELECTRONIC DATA TRANSFER

- It is 2022
- We need to get there
- Some reluctance from registrars??
- "Role change from hunter gatherer to data validator."
  ……Garrett Hall

TEN TIPS TO GET THERE

1. SWOT Analysis
2. Educate yourself
3. Volume expectations
4. Provide the resources
5. Realistic validation
6. Electronic data transfer
7. Clinical liaison

DID YOU KNOW?

- Length of unconsciousness after TBI affects injury severity?
  - Must be documented by a physician/extender
- Grade of solid organ injury, number and location of rib fractures, displacement of fractures, all affect injury severity??
- Estimated blood loss, size of hematoma, length and depth of lacerations affect injury severity?

FOLLOWING THE RULES

- Access to the clinical team
- Ability to ask questions
  - Have a conversation
  - "Could someone please document the number of ribs fractured?"
  - "Yes, 'so and so' will."

THE EMR CONTAINS CONFLICTING INFORMATION

Cutting and pasting don't help to clarify things

You can help by having clear data hierarchy guidelines for registrars

TEN TIPS TO GET THERE

1. SWOT Analysis
2. Educate yourself
3. Volume expectations
4. Provide the resources
5. Realistic validation
6. Electronic data transfer
7. Clinical liaison
8. Respect the time

THERE ARE ONLY 8 HOURS IN A DAY

Review admit logs for cases

1 hour

Clinical rounds

1-2 hours

Attend a meeting

1-2 hours

Data Validation/correction

1 hour

You stop in to chat

1 hour

Case Completions

1.5 to 4.5 hours

EVERY FIELD ADDS TIME

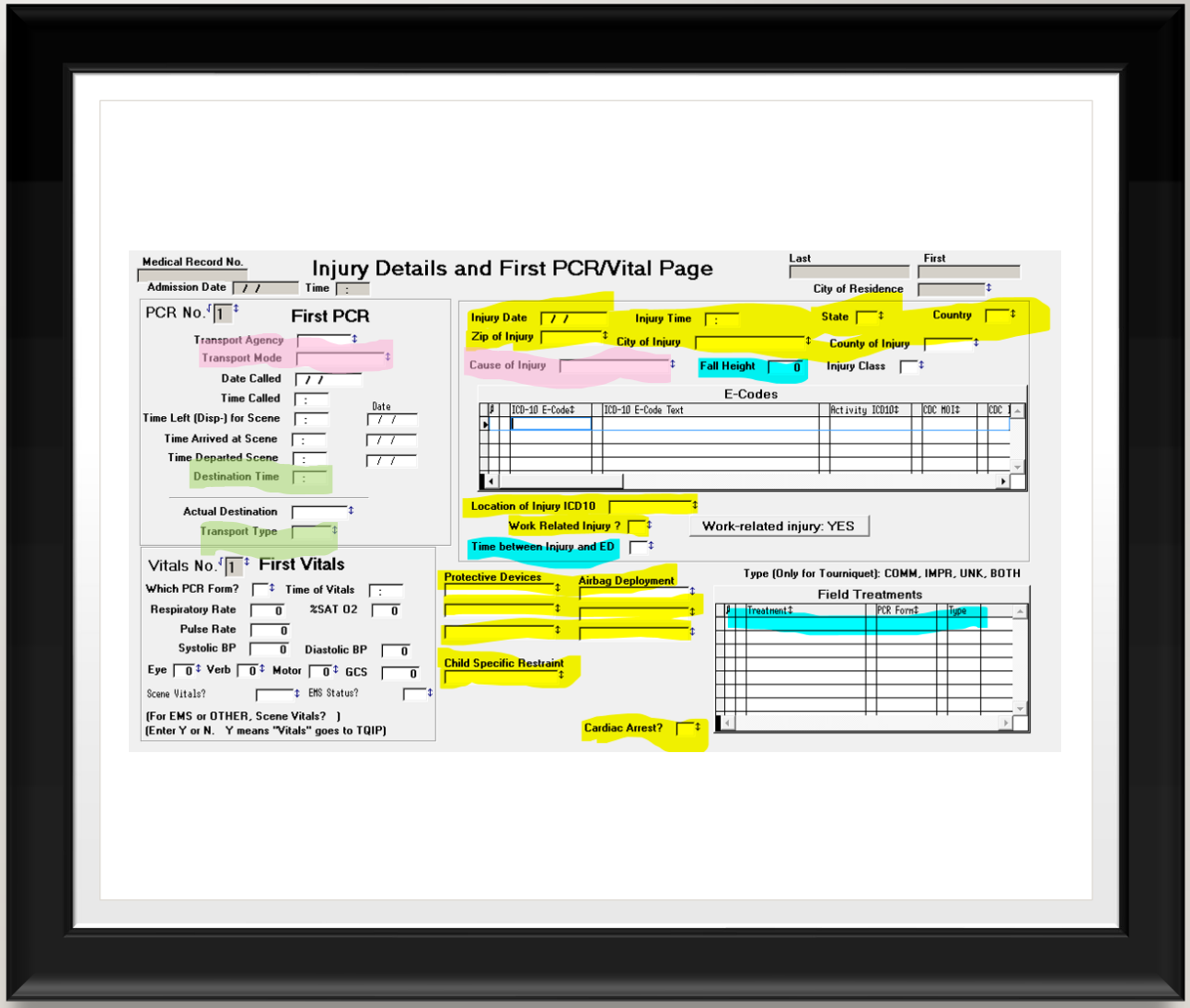
- It's easy. It's right there.

- Yes but,
  - Adds to error, download issues, validation problems

ANNUAL REVIEW OF EVERY FIELD

- Screen shots
- Highlighter pens

- What are we doing with this field?
- Why are we collecting it?
- Is it duplicative?



DOING DOUBLE WORK

- PI filter for times that are already collected and can be obtained in a report
  - Laparotomy >2 hours after arrival
  - Antibiotics >60 minutes for open fracture cases
  - GCS <8 without endotracheal tube

TEN TIPS TO GET THERE

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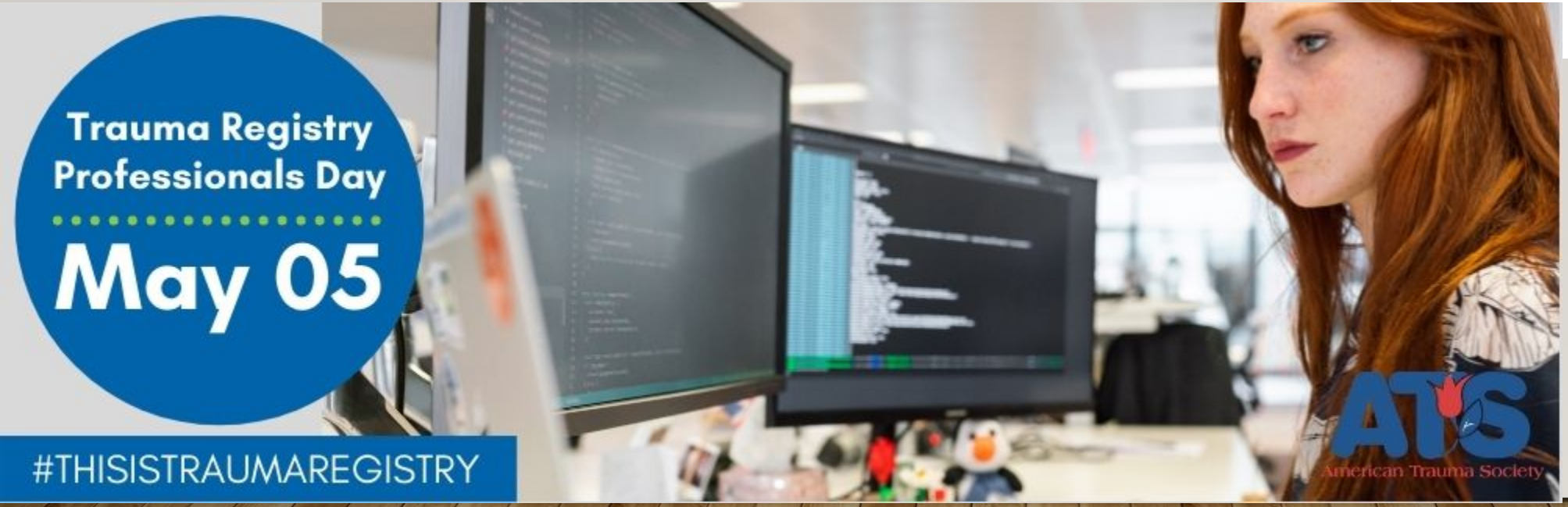
8. Respect the time
9. Respect the role

WORDS MATTER

- Trauma Registry Professional
  - ‘ they review the EMR to assign injury severity, code treatments, and complications and report outcomes to national organizations’
- Start reports with Data Quality
    - “Very little missing data”, “Registry running on-lime”
- Include registry data validation on quality dashboards

PROFESSIONALISM

- National Certification
- Career path for advancement



RECOGNIZE EMOTIONAL TOLL

- Burnout
- Compassion Fatigue
- Isolation
- Heightened awareness of injury (paranoia)

TEN TIPS TO GET THERE

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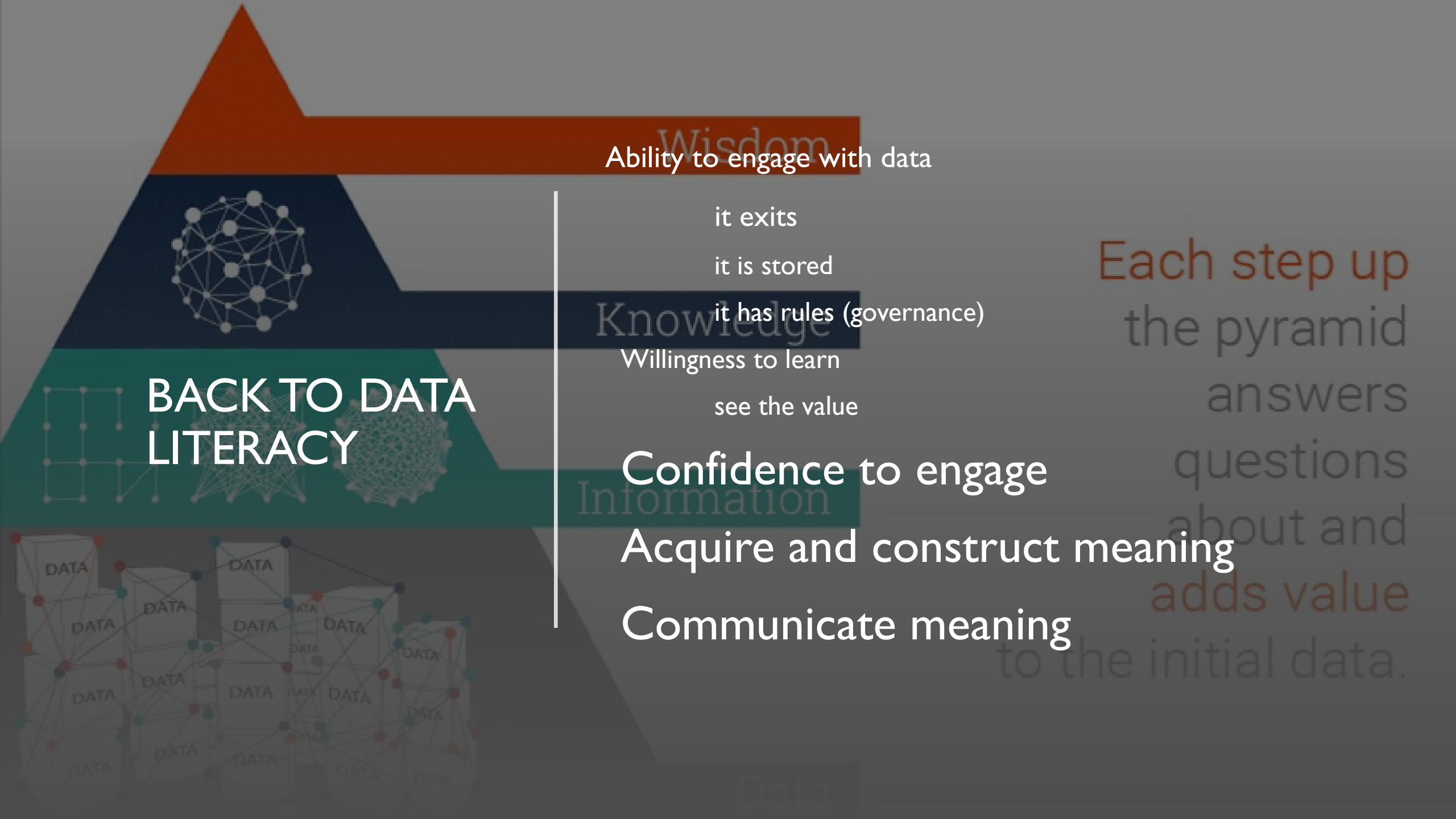
8. Respect the time
9. Respect the role
10. Use the data



BACK TO DATA LITERACY

Ability to engage with data

it exits

it is stored

it has rules (governance)

Willingness to learn

see the value

Confidence to engage

Acquire and construct meaning

Communicate meaning

COMMUNICATE THE MEANING

TRUSTED DATA

CLEAR MESSAGE

EFFECTIVE PRESENTATION STYLES

TEN TIPS TO GET THERE

1. SWOT Analysis
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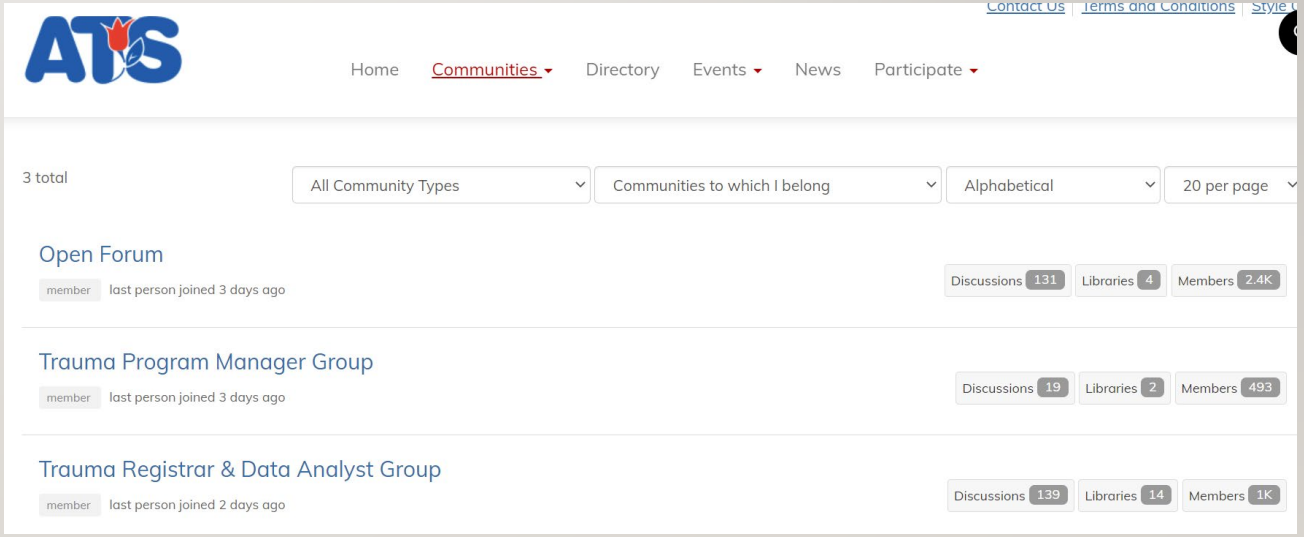
10. Use the data

RESOURCES

- NTDS
  - NTDS 2021 Data Dictionary (facs.org)
- TQIP educational programs and conferences
  - Trauma Quality Improvement Program (TQIP) (facs.org)
- American Trauma Society
  - American Trauma Society (amtrauma.org)
- Trauma Center Association of America (TCAA)
  - Online Education - Trauma Center Association of America (TCAA) (traumacenters.org)
- Registry software vendors
- Grand rounds



THANK YOU!

- To the Society of Trauma Nurses
- To you, the audience
- To the trauma registry professionals who collect the data we rely on to run our trauma centers

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