

# Evidence-Based Practice (EBP) - E173

## Poster

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### Abstract Title:

Education, Time, and Money - Investing in Trauma Data Specialists – Why Do It?

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### Background & Purpose:

In many trauma centers across the United States, a Trauma Program Manager is often challenged with data issues within their Trauma Registry. Investing in dedicated high performing Trauma Data Specialists as well as having performance based data metrics will ensure optimal data quality that support an organization's Performance Improvement efforts as well as clinical research productivity.

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### Study/Project Design:

This was a six month improvement project, a before/after design, that focused on abstracted data.

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### Setting:

This project took place in a 404 bed, inner city, ACS Verified Level - I Academic Medical Center.

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### Sample:

There were four Trauma Data Specialists included in the project.

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### Procedures:

In early 2009 we hired a Trauma Data Manager that was charged with establishing performance metrics validating our data entry (ICD-9 coding, E-coding, and Abbreviated Injury Scaling). We increased the number of Trauma Data Specialists from 2 FTE to 4 FTE to address our 3000 trauma center admissions. All Trauma Data Specialists, including the Trauma Data Manager are either Certified Professional Coders, Certified in Abbreviated Injury Scaling, or Certified Specialists in Trauma Registry. The Trauma Data Manager provided intense education, case study evaluation, and immediate feedback in which the goal for successful abstracted data points was set at a 90% accuracy rate for ICD-9 coding, E-coding, and Abbreviated Injury Scaling. This was to be accomplished within 6 months.

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### Findings/Results:

With each Trauma Data Specialists, we were successful in obtaining and sustaining a 90% or greater accuracy rate in ICD-9 coding, E-coding, and Abbreviated Injury Scaling within the six month time period. The Trauma Data Manager had to review all abstracted charts in the first three months to establish a baseline accuracy, which in turn would drive the daily education sessions. During this time the Trauma Data Specialists also learned how to structure injury listings that matched up AIS and ICD-9 codes that generated the ability to further refine data reporting to support performance improvement and research. This process also increased employee satisfaction as well as gave each individual a greater sense of accomplishment. This has ultimately lead to a greater depth of understanding on the part of the Trauma Data Specialists and how important their role in data accuracy is in supporting the overall trauma program.

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### Discussion/Conclusions/Implications:

Auditing trauma data guides the educational needs of the Trauma Data Specialists. This is an important fact to be established at the beginning of educating and auditing for data accuracy. The Trauma Data Manager provided daily feedback from auditing, allowing the Trauma Data Specialists to ask questions regarding abstracting/coding/scoring concurrent to the review. With an established six month learning curve it is important that the first three months of auditing be one hundred percent of the charts abstracted and accuracy rates those first three months are a portrayal of accomplishment towards 90% accuracy and not punitive to the Trauma Data Specialist.