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Trauma Registry Validation Guideline

Purpose:

The trauma registry serves as a repository for data that can be utilized to improve the quality and efficiency of care for trauma patients. This data is pulled from all aspects of the trauma system ranging from prehospital care, emergency department care, surgical care, through Inpatient care and hospital disposition. Evaluating and trending trauma data can lead to identifying opportunities for improvement. From there, action plans can be developed and implemented with the intent of improved outcomes for injured patients. The data from Deaconess Memorial Medical Center is submitted to the Indiana State Department of Health, the National Trauma Data Bank and the Trauma Quality Improvement Program (TQIP). Ensuring data quality is an important challenge that must be continually monitored because this data is the primary source for Trauma research and quality improvement initiatives within our own facility, locally, regionally and across the nation. This guideline outlines the processes in place to ensure that registry data quality is maintained.

Equipment:

Data sources for the collection of this information include both concurrent and retrospective sources:

- Hospital medical record
- Pre-hospital patient care reports (run sheets)
- Referring hospital records
- Medical examiner reports
- Trauma patient and staff rounding
- Review of all trauma admissions, Trauma Team Activations
- Review all transfer issues including Emergency Medical Services (EMS) and transferring facilities
- Review identified system issues
- Review lab or radiology issues
- Clarify any complications or audit filters
- Trauma case review findings, corrective actions, and loop closure

- Referrals from staff and departments involved with the care of the trauma patient
- Other sources as appropriate

Guidelines:

Concurrent and retrospective trauma data is collected and entered in the hospital's trauma registry, with a minimum of 80% of cases entered within 60 days of discharge. Trauma Registry utilizes data definitions that are consistent with those of the Indiana trauma registry data dictionary and the National Trauma Data Standard.

Data validation and quality is assured through several methods.

- A. The registry software has internal data validation and checks that will flag data points that require review
- B. Data submitted to both the state of Indiana and TQIP must go through additional data validation checks prior to submission
- C. TQIP data submission Frequency Reports and Validation Summaries are reviewed for data discrepancies and trending
- D. Registrars collaborate on coding unusual cases or new procedures to maintain coding consistency and can refer to the hospital specific data dictionary for the most accurate source of data
- E. A target 5% goal (10% stretch goal) of monthly charts will have key data elements re-abstracted for accuracy and consistency.
 1. A minimum of 2 admission charts and 2 transfer charts are randomly selected for chart validation (approximately 10% of all charts)
 2. A registry merge report is created for the charts selected that will auto-populate registry data for each field to be re-evaluated. The chart validator will then compare the registry data report with re-abstracted data that can be check-marked as correct or marked with notes, if not correct
 3. This form is then reviewed with the original registrar to review any data validation findings and discuss any issues found
 4. The validation forms are scanned into the Trauma Services shared files for registry staff evaluation as needed
 5. The percentage of completed records within 2 months of discharge and the number of charts validated is recorded within the Registry tab of the yearly PI Tracking spreadsheet as noted below.

Trauma Registry - Percentage completed records within 2 months of discharge (threshold 80%)

Month	# Total Records	# Completed Within 2 months	% Completed with 2 months	# charts Validated	validation score
Jan	30	30	100.00%	4	100.00%
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Total Charts volume		30		4	
Total# Charts Validated		4			
Minimum 5-10% Validation		13.33%			

References:

American College of Surgeons: Resources for Optimal Care of the Injured Patient: 2014 Edition, Chicago, IL ISBN 978-0-9846699-8-1