

North Carolina Office of Emergency Medical Services

Chart Selection for State and ACS/State Site Visits

Goal:

- To select charts that provide a representative sample of the patients cared for by the hospital to allow the assessment of its trauma system.

Process:

- An email will be sent by the State Trauma Registrar to the hospital's Program Manager and Trauma Registrar no earlier than three months prior to the site visit to confirm the time frame of the chart selection. In addition, data entry status, data quality issues, and coding issues that may impact methods used to select charts will also be addressed, if applicable.
- The final chart selection will be sent to the hospital no earlier than one month prior to the site visit.
- The North Carolina Office of Emergency Medical Services (OEMS) State Trauma Coordinator requests the Trauma Program Manager and Trauma Registrar communicate with the State Trauma Registrar to review any concerns regarding the selected charts prior to the site visit date.
- No additional charts are to be present at the site visit without explicit permission from OEMS.

Chart selection criteria:

- The reporting year must include the 3-9 month pre-site visit time period. The majority of charts shall be pulled from the 3-9 month pre-site visit time period, unless additional months are required to fill a category. Performance improvement (PI) review shall be completed on at least 90% of these charts.
- Preference will be given to charts with a hospital length of stay (LOS) of less than 30 days to reduce the number of multi-volume charts. If multi-volume charts are chosen, the hospital should pull only the volume(s) associated with the identified visit.

Electronic Medical Records:

- Hospitals with electronic medical records must have computers available for each of the site surveyors and there must be one person available for each of the surveyors that is proficient and knowledgeable in the electronic medical record system.
- All information pertaining to PI should be provided in hard copy format for the site surveyors.
- The hospital may provide hard copies of other documents from electronic medical records for the surveyors at their own discretion.

Chart categories (number of charts):

1. Admission to non-surgical services

Number of charts: All or 20. Pull all if > 10% total admissions (not including same height falls, drowning, poisoning, hanging, or ISS \leq 4). If not >10% of total admissions, then pull 20.

Criteria:

- Ecode not in 830, 832, 850-869.9, 885, 885.0 - 885.9, 886, 886.0, 886.9, 888, 888.0-888.9, 905.6, 905.7, 910, 910.0-910.9, 913.8, 953.0, 963, 964, 978, 983.0 984
- ISS > 4
- ED Disposition not in DOA (Death), Death, Home
- Admission service not in Burn, CT Surgery, ENT, Gen Surgery, Hand, Neuro, OB/Gyn, Ophthalmology, Oral Surgery, Ortho, Pediatric Surgery, Plastics, Trauma, Urology, Vascular Surgery
- Non-Surgical admission services: Cardiology, Medicine, Other, Peds, Psychiatry

2. Burns

Number of charts: 10

Criteria:

- 5 transfers and 5 non-transfers (based on hospital disposition field).

3. Deaths

Number of charts: All, up to 50

Criteria:

- ED and hospital deaths.
- Deaths are to be separated by the hospital into preventable, potentially preventable and non-preventable.

4. Epidural/Subdural

Number of charts: 10

Criteria:

- ICD-9 codes: 852.0 -852.5

5. ISS \geq 25 with survival

Number of charts: 10

Criteria: Survival based on hospital disposition

6. Multi-system organ failure

Number of charts: 5

Criteria:

- Primary criteria: Ventilator days > 14, ED GCS \geq 8, and ICD-9 codes of 860.0-866.9 or 879.2-879.5.
- Secondary criteria: ICD-9 codes of 958.4 or 958.5

7. Pediatric

Number of charts: 10

Criteria:

- Age definition: less than 12
- 6-7 records with ISS > 15
- 3-4 records with ISS \leq 15

8. Pelvis/femur fracture, especially unstable with hypotension

Number of charts: 10

Criteria:

- Pelvic fractures: ICD-9 codes of 808.43, 808.53, or 808.0-808.1.
- Femur fractures: ICD-9 codes of 821.00 - 821.39.
- Systolic blood pressure < 90
- Preference given to patients with relevant surgical procedures (as indicator of fx instability)

9. Penetrating abdomen

Number of charts: 5

Criteria:

- Primary criteria: Ventilator Days >14, ED GCS >8, and ICD-9 codes of 860.0-866.9 or 879.2-879.5.
- Secondary criteria: ICD-9 code of 958.4 or 958.5

10. Pregnancy

Number of charts: 5

Criteria:

- ICD9 codes: V22.0, V22.1, V22.2, V23
- Prefer records that also contain trauma ICD-9 codes

11. Spinal cord injury

Number of charts: 5

Criteria:

- SCI: 806.01-806.09, 806.11-806.19, 806.21-806.29, 806.31-806.39, 806.41-806.49, 806.51-806.59, 806.61-806.69, 806.71-806.79
- One with a spinal column injury with no documented cord injury: ICD-9 code of 805.0-805.9

12. Spleen and liver injuries

Number of charts: 10

Criteria:

- Five blunt liver: ICD-9 codes of 864.01-864.04 with a blunt mechanism of injury
- Five blunt spleen: ICD-9 codes of 865.01-865.04 with a blunt mechanism of injury

13. Thoracic cardiac or thoracic aortic injuries

Number of charts: 10

Criteria:

- Seven penetrating chest injuries: ICD-9 codes of 860.1, 860.3, 860.5, 862.1, 862.3, 862.9, 861.10-861.13, 861.30-861.32
- Three aortic transections: ICD-9 codes of 901.0, 902.0

14. Open tib/fib fractures

Number of charts: 3

Criteria: ICD-9 codes: 823.12, 823.32, 823.92

15. Transferred out

Number of charts: 10

Criteria: Based on hospital disposition field