

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STATEWIDE EMERGENCY MEDICAL AND TRAUMA CARE SYSTEM

6 CCR 1015-4

Adopted by the Board of Health on April 21, 2021.

CHAPTER TWO – THE TRAUMA REGISTRY

200. Definitions

1. Admission – Inpatient or observation status for a principal diagnosis of trauma.
2. Blunt injury – Any injury other than penetrating or thermal.
3. Community Clinic Providing Emergency Services – Facilities as licensed by the Department under 6 CCR 1011-1, Chapter 9.
4. Department – The Colorado Department of Public Health and Environment.
5. Facility – A health facility licensed by the Department that receives ambulances such as a hospital, hospital unit, Critical Access Hospital (CAH), Freestanding Emergency Department (FSED), or Community Clinic Providing Emergency Services.
6. Injury type – Can be blunt, penetrating, or thermal and is based on the mechanism of injury.
7. Interfacility transfer – The movement of a trauma patient from one facility as defined by these rules to another facility. Transfers may occur between the emergency department of one facility and a second facility, or from inpatient status at one facility to a second facility.
8. Penetrating injury – Any wound or injury resulting in puncture or penetration of the skin and either entrance into a cavity, or for the extremities, into deeper structures such as tendons, nerves, vascular structures or deep muscle beds.
9. Readmission – A patient who is readmitted (for greater than 12 hours) to the same or to a different facility within 30 days of discharge from inpatient status for missed diagnoses or complications from the first admission. Readmission does not include subsequent hospitalizations that are part of routine care for a particular injury (such as removal of orthopedic hardware, skin grafts, colostomy takedowns, etc.)
10. Severity – An indication of the likelihood that the injury or all injuries combined will result in a significant decrease in functionality or loss of life.
11. State Emergency Medical and Trauma Services Advisory Committee (SEMTAC) – A council created in the Department pursuant to Section 25-3.5-104, C.R.S., which advises the Department on all matters relating to emergency medical and trauma services.

12. Statewide trauma registry – The statewide trauma registry means a statewide database of information concerning injured persons and licensed facilities receiving injured persons, which information is used to: evaluate and improve the quality of patient management, facilitate trauma education, conduct research and promote injury prevention programs.
 13. Thermal injury – Any trauma resulting from the application of heat or cold, such as thermal burns, scald, chemical burns, electrical burns, lightning, or radiation.
 14. Traumatic injury – A blunt, penetrating or thermal injury or wound to a living person caused by the application of an external force or by violence. Injuries that are not considered to be trauma include such conditions as: injuries due to repetitive motion, pathological fractures as determined by a physician and scheduled elective surgeries.
201. Reporting of Trauma Data by Facilities
1. Facilities designated as Level I, II, III or Regional Pediatric Trauma Centers , as defined in Section 25-3.5-703(4), C.R.S., shall submit data as defined by the Department based on recommendations by SEMTAC or a committee thereof. These data elements include but are not limited to:
 - A. The data for discharges, inpatients, transfers, readmits, and deaths in a particular month shall be submitted as an electronic data file to the Department within 60 days of the end of that month. These data elements include but are not limited to:
 - (1) Patient information: name; date of birth; gender; race/ethnicity; address; pre-existing medical diagnoses; medical record number;
 - (2) Injury information: date, time and location of injury; cause of injury; injury circumstances; whether or not protective devices were used by the patient; evidence of alcohol or other intoxication;
 - (3) Prehospital information: transport mode from the injury scene; name of agency providing transport to the facility; physiologic and anatomic conditions; times of notification, arrival at scene, departure from scene and arrival at destination;
 - (4) Emergency department information: clinical data upon arrival; procedures; providers; response times; disposition from the emergency department;
 - (5) Interfacility transfer information: transfer mode from the referring facility; name of the referring facility; arrival and discharge times from the referring facility; whether the patient was seen in the emergency department only or was admitted as an inpatient at the referring hospital;
 - (6) Inpatient care information: name and address of the facility; admission date and time; admission service; surgical procedures performed; date and time of all surgical procedures; co morbid factors; total days in the Intensive Care Unit (ICU); date and time of discharge; discharge disposition; payer source; discharge diagnoses, including International Classification of Disease (ICD) codes, Abbreviated Injury Scale (AIS), body region, diagnosis description and Injury Severity Score (ISS);
 - (7) Readmission information: patient's name, date of birth, gender, address; medical record number, name of facility and the date of admission at the original facility; and medical record number, name of facility, date of readmission and the reason for admission at the readmitting facility;

- (8) Death information: patient's name, date of birth, gender and address; patient's injury type, diagnostic codes, severity and cause; the time and date of arrival at the facility; the date of the death; autopsy status if performed (i.e. complete, pending, not done).
2. Level IV, V, and nondesignated facilities, as defined in Section 25-3.5-703(4), C.R.S., shall submit data as defined by the Department based on recommendations by SEMTAC or a committee thereof.
 - A. Data shall be submitted to the Department for all discharges, transfers, and deaths on a quarterly basis within 60 days of the end of that quarter. These data elements include but are not limited to:
 - (1) Inpatient information: name, age, gender, zip code of residence, medical record number, admission date, discharge date, injury type, and cause;
 - (2) Interfacility transfer information, whether from the emergency department or after inpatient admission: the patient's name, age, gender, and zip code of residence;
 - (3) Readmission information: patient's name, age, gender and zip code of residence; medical record number, name of facility and the date of admission at the original facility; medical record number, name of facility, date of readmission, and the reason for admission at the readmitting facility;
 - (4) Death information: patient's name, age, gender and zip code of residence; patient's injury type and cause; the time and date of arrival at the facility; the date of the death.
 - B. Level IV, V, and nondesignated facilities shall fulfill the reporting requirement by participating in a reporting system approved by the Department with submission dates determined by the data system operator.
3. All facilities shall submit to the Department such additional information regarding the care, medical evaluation and clinical course of specified individual patients with trauma as requested by the Department for the purpose of evaluating the quality of trauma management and care. Such information shall be defined by the Department based on recommendations by SEMTAC or a committee thereof.

202. Provision of Technical Assistance and Training

The Department may contract with any public or private entity to perform its duties concerning the statewide trauma registry including, but not limited to, duties of providing technical assistance and training to facilities within the state or otherwise facilitating reporting to the registry.

203. Confidentiality

1. Any data maintained in the trauma registry that identifies patients or physicians or is part of the patient's medical record shall be strictly confidential pursuant to Section 25-3.5-704(2)(f)(III), C.R.S., whether such data is recorded on paper or stored electronically. The data shall not be admissible in any civil or criminal proceeding.
2. The data in the trauma registry may not be released in any form to any agency, institution, or individual if the data identifies patients or physicians.

3. The Department may establish procedures to allow access by outside agencies, institutions, or individuals to information in the registry that does not identify patients or physicians. These procedures are outlined in the Colorado Trauma Registry Data Release Policy and other applicable Department data release policies.