



Colorado Department
of Public Health
and Environment

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division

6 CCR 1015-4

STATE BOARD OF HEALTH
RULES PERTAINING TO THE STATEWIDE EMERGENCY MEDICAL AND TRAUMA
CARE SYSTEM

CHAPTER 1 - THE PREHOSPITAL AND TRAUMA REGISTRIES

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SECTION 1: THE COLORADO TRAUMA REGISTRY

1.1 Definitions

Acute trauma injury: An injury or wound to a living person caused by the application of an external force or by violence. Trauma includes any serious life-threatening or limb-threatening situations. Acute trauma involves the initial presentation for care at the facility. Injuries that are not considered to be acute include such conditions as: injuries due to repetitive motion or stress, and scheduled elective surgeries.

Admission: inpatient or observation status for greater than 12 hours.

Community clinics and community clinics with emergency centers: As defined in the Department's rules concerning community clinics at 6 CCR 1011-1, Chapter IX.

Department: The Colorado Department of Public Health and Environment

Facility: A health facility licensed by the Department that, under an organized medical staff, offers and provides services 24 hours a day, 7 days a week to people in Colorado.

Injury type: Can be blunt, penetrating or thermal and is based on the first mechanism of injury.

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. Penetrating trauma requires more than one layer of suturing for closure.

Thermal injury: Any trauma resulting from the application of heat or cold, such as thermal burns, frostbite, scald, chemical burns, electrical burns, lightning and radiation.

Blunt injury: Any injury other than penetrating or thermal.

Interfacility Transfer: The movement of a trauma patient from one facility to another. 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.

Prehospital Provider: Reserved

Re-admission: 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.)

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. Examples of scoring systems for injury severity include the Injury Severity Score (ISS), the New Injury Severity Score (NISS), the Revised Trauma Score (RTS), TRISS, ASCOT (A Severity Characterization of Trauma), etc.

Statewide trauma registry: The statewide trauma registry means a statewide data base of information concerning injured persons and licensed facilities receiving injured persons, which information is used to evaluate and improve the quality of patient management and care and the quality of trauma education, research, and injury prevention programs. The database integrates medical and trauma systems information related to patient diagnosis and provision of care. Such information includes epidemiologic and demographic information.

1.2 Reporting of trauma data by facilities

1. Each licensed facility (including specialty facilities), clinic, or prehospital provider that provides any service or care to or for persons with trauma injury in this state shall submit to the Department the following information about any such person who is admitted to a hospital as an inpatient or transferred from one facility to another or who dies from trauma injury.
 - a. For patients with an acute trauma injury admitted to a hospital or specialty facility as an inpatient: such information shall include the patient's name, date of birth, sex, and address; and the patient's medical record number, admission date, discharge date, injury type, diagnostic codes, severity and cause;
 - b. For patients readmitted to a facility as a hospital inpatient for care of the trauma injury: such information shall include the patient's name, date of birth, sex, and 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 readmission at the readmitting facility;
 - c. For patients with an acute trauma injury transferred between facilities whether from the emergency department or after inpatient admission: such information shall include the patient's name, date of birth, sex, and address; the patient's diagnoses, injury type, severity, and cause; and the name of the facilities and providers involved in the transfer. Both the transferring and receiving facility or provider are required to report this information. For patients who are transferred to an out-of-state facility or provider, the transferring facility or provider in Colorado shall be required to report the required information to the Colorado Trauma Registry;
 - d. For individuals who die from an acute trauma injury while in the emergency department, clinic or after admission to a hospital or specialty facility as an inpatient (any length of stay): such information shall include the patient's name, date of birth, sex, and address; and the patient's injury type, diagnostic codes, severity, and cause; the time and date of arrival at the facility and the date of death.

The information outlined above shall be submitted to the Department for all discharges or deaths in a particular month within 60 days of the end of that month. The information submitted shall be provided in the format specified by the Department.

2. Facilities designated as Level I, II, III or Regional Pediatric Trauma Centers shall submit supplementary information in addition to the information outlined in Regulation 1 above. The required supplementary information shall be defined by the Department based on recommendations by SEMTAC or a committee thereof. This supplementary information includes:

- a. Patient information: name; date of birth; medical record number; sex; race/ethnicity; patient address; pre-existing medical diagnoses;
- b. 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;
- c. Pre-hospital information: transport mode from the injury scene; name of the transport agency (ies); triage risk assessment, including physiologic and anatomic conditions; times of notification, arrival at scene, departure from scene, and arrival at destination; clinical data upon arrival at the emergency department; and disposition from the emergency department;
- d. Interfacility transfer information: transfer mode from the referring facility; name of the referring facility; arrival and discharge times from the referring facility; patient status in the referring facility (seen in the ED only or admitted as an inpatient);
- e. Inpatient care information: name and address of the facility; initials of the individual collecting the information; admission date and time; admission service; surgical procedures performed; date and time of all surgical procedures; co morbid factors; total days in the ICU; date and time of discharge; discharge disposition; payer source; discharge diagnoses, including ICD codes, AIS scores, body region, diagnosis description, and ISS score; functional ability at discharge; and for deaths, autopsy status if performed (i.e. complete, pending, not done).

Information from Level I, II, III or Regional Pediatric Trauma Centers shall be submitted in electronic data files. As stated above, the data for discharges and deaths in a particular month shall be submitted to the state health department within 60 days of the end of that month.

3. Level IV, V and undesignated clinics or facilities, shall fulfill the reporting requirement by submission of data through a central computerized data system operated by or for the Department, or for clinics or facilities with low volume (less than 20 acute trauma patients per month), arrangements can be made for submission of paper records to the Department. This arrangement requires pre-approval by the Trauma and Injury Epidemiology Program staff at the Department. For those reporting electronically, additional paper reports may be required for reporting additional information on patients transferred out-of-state or to other Level IV, V or undesignated facilities. Whether submission is by electronic file or paper record, the required information shall be submitted to the Department for all discharges and deaths in a particular month within 60 days of the end of that month.
4. All facilities shall submit to the Department such additional information regarding the care, medical evaluation, and clinical course of specified individual patients with acute trauma injury as is 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.

1.3 Provision of technical assistance and training

1. 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.

1.4 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 § 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.

SECTION 2: THE COLORADO PREHOSPITAL REGISTRY

2.1 Definitions

Service Agency: A fixed-based or mobile prehospital provider of emergency medical services that employs emergency medical technicians to render medical care to patients.

Service Agency that transports patients or injured persons means licensed transport agencies (including ground and air ambulance), as well as ski patrol, search and rescue, and critical care transport. First responders are not included in this definition if they only provide care at the scene and do not transport patients.

Transports patients or injured persons means moving a patient from the scene, or from any point along the route to the final destination, as part of the agency's regular business (i.e., not when the transport of a patient is a rare or unusual occurrence due to the immediate needs of the situation). "Ambocabs" are not included in the definition of agencies that transport patients.

2.2 Reporting of prehospital data by service agencies

Reserved

2.3 Confidentiality

Reserved