

Significant Analysis  
For Rule Concerning Trauma Registry  
WAC 246-976-420 and -430

**Briefly describe the proposed rule.**

The Department of Health (the Department) proposes to repeal, update and revise the required Trauma Registry's trauma data elements to be consistent with national best practices standards. The two proposed rules being updated are WAC 246-976-420, Department responsibilities and WAC 246-976-430, Provider responsibilities. Specifically, the proposed rules add several new data elements, and also repeal several outdated standards.

**History**

The Department's Trauma Registry became operational in 1994. Since then, the Department has been consistently gathering and analyzing data for the statewide trauma registry from designated trauma hospitals on the incidence, severity, and causes of trauma. This data is analyzed by the Department to improve the statewide trauma care delivery system and to support trauma care and system quality improvement programs. The current trauma data elements used for the trauma registry inclusion have not been updated since 2002.

Trauma, defined as a major, life threatening injury, is a disease of epidemic proportions in the United States. Each year, over 140,000 Americans die from trauma. Trauma has been called the last major plague of the young, as trauma kills more Americans between the ages of one and 34 than all other diseases combined. Thirty to forty percent of all trauma deaths occur within hours of the injury, usually the result of shock and/or internal bleeding. Many of these deaths are preventable with an effective, organized trauma system.

The state's ability to ensure an effective, organized trauma care system depends upon its ability to assess Washington's trauma system. The state's ability to assess the trauma care delivery system depends upon the *quality* and *quantity* of trauma data elements required to be submitted by trauma care providers. With updated, improved data elements and trauma registry inclusion criteria, the Department can provide critical information on the status of the Washington Trauma System focusing on statewide patient demographics, injury characteristics, pre-hospital and hospital care, and outcomes of trauma care.

The pattern of trauma morbidity and mortality can be predicted and reported when using current best practice standards for data collection. Washington's trauma care system aims to assess, address and ensure trauma quality at the local level by maintaining and improving the state's trauma registry. With this proposed rule, the Department will be maintaining the quality and integrity of the trauma registry that will allow the state to:

- Assess and evaluate the state of trauma care in Washington.

- Identify trauma prevention strategies based on analyses of trauma incidences.
- Address trauma quality issues at the local, regional, and state level.
- Provide reports with descriptive information based on the collection and analyses of trauma patient encounters.
- Assess Washington's trauma care system in comparison with other state trauma systems using national standards of trauma data elements.
- Provide trauma review teams (physicians and nurses selected to monitor trauma providers) with complete and accurate trauma information of each trauma provider (hospital) prior to the teams' monitoring for compliance.
- Assess, ensure, and maintain the quality, effectiveness, and accessibility of the delivery of statewide pre-hospital and hospital trauma care services.

**Is a Significant Analysis required for this rule?**

Yes.

**A. Clearly state in detail the general goals and specific objectives of the statute that the rule implements.**

Statutory authority for the adoption and revision of the Trauma Registry rules is established under RCW 70.168.060 and RCW 70.168.090. The general goals of RCW 70.168.060(16) and RCW 70.168.090 are to: (a) give authorization to the Department to administer the state's Trauma Registry by establishing and maintaining a statewide trauma care registry in order to assess the effectiveness of emergency medical services and the trauma care system; and (b) identify specific data elements for inclusion in the Trauma Registry in order to analyze incidences, severity, and causes of trauma, including traumatic brain injuries. The objectives the rule implements are:

1. Establishing the shared responsibilities between the Department and trauma care providers to provide accurate, critical, and the most relevant data on trauma injuries in the state.
2. Providing a mechanism through rules that ensures trauma data elements are updated and revised based on national standards and best practice.

**B. Determine that the rule is needed to achieve these goals and objectives, and analyze alternatives to rulemaking and the consequences of not adopting the rule.**

Amending this rule is necessary to comply with statutory directives that require the Department to ensure quality assessment and improve strategies of and for the state's trauma care system. To achieve the statutory goals and objectives, revising and updating data elements that are required to be submitted by each trauma care provider is essential.

In addition, because of statutory requirements, the Department must place trauma care data elements in rule. As a result, there is no alternative to rulemaking. The consequence of not adopting the proposed rule revision is the Department's inability to ensure statewide collection of standardized trauma data and performance measures that establish

the foundation by which correct and complete assessment of Washington State's trauma care system is derived.

**C. Determine that the probable benefits of the rule are greater than its probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.**

## **WAC 246-976-420- Department responsibilities**

### **Proposed Significant Changes**

The proposed rule:

- 1) Clarifies the type of trauma team activation that must be reported. Current rule requires trauma providers to report full trauma team activations. A full trauma team activation includes response by a general surgeon. The proposed rule requires providers to report on modified activations in addition to full activations. A modified activation includes response by trauma care providers, but not a general surgeon.
- 2) Adds the requirement for trauma centers to track and collect data on the number of patients flown from the scene of an accident. "All injuries flown from the scene" data collected on statewide facility response standards will be enhanced to include this important category of trauma.
- 3) Removes a quarterly data quality reporting requirement. Quality controls are now built into the data collection software.
- 4) Eliminates a list of specific reports and instead requires the Department to report on an as-needed basis.

### **Probable Costs**

These changes will not impose additional costs to the trauma centers because trauma centers are already entering this information or any adjustment to the data reporting process is minimal (Example: Additional option is a drop-down menu).

### **Probable Benefits**

These proposed rule revisions:

- 1) Give authorization to the Department to administer the state's Trauma Registry by establishing and maintaining a statewide trauma care registry in order to assess the effectiveness of emergency medical services and the trauma care system.
- 2) Define clear roles and responsibilities for both the Department and its partners in the trauma system. This will help the efficiency and effectiveness of the overall trauma system in the state.
- 3) Provide a mechanism that ensures trauma data elements are updated and revised in the Washington State database based on national standards and best practices.

4) Identify specific data elements for inclusion in the Trauma Registry in order to analyze incidences, severity, and causes of trauma, evaluate and improve clinical care and system effectiveness, identify and analyze the cost of trauma care, and target prevention strategies and public awareness campaigns.

## **WAC 246-976-430- Provider responsibilities**

### **Proposed Significant Changes**

The proposed rule:

- 1) Removes the requirement for trauma centers to place ID bands on patients. Linking of trauma patient records will be done with other unique identifiers.
- 2) Improves data collection practices with trauma rehabilitation services. Rather than requiring trauma rehab services to submit data quarterly, the proposed rules require them to provide a download of data when requested by the Department.
- 3) Revises Table E, Trauma registry pre-hospital data elements, Table F, Hospital data elements, and Table G, Rehabilitation data elements to improve comprehensive reporting of statewide patient data.
- 4) Removes specific identification of confidential elements. RCW requires the department to protect patient and provider identity and outcomes as confidential.

### **Probable Costs**

There are minimal costs involved with the changes proposed to the rules. The number of new elements added to the proposed rule is about the same as the number of outdated elements eliminated from the rule. The Department will upgrade the Collector software based on the proposed rule changes. This software is provided free of charge to each trauma service provider. The Department estimates that trauma service providers will spend less than one day to become familiar with the new list of elements and the upgraded software. The Department also provides training and technical assistance free of charge and does not make the training mandatory.

### **Probable Benefits of Proposed Rule**

There are both general benefits of maintaining the state's trauma system and also specific benefits to the trauma centers and Washington residents associated with proposed changes to data elements. The proposed changes are needed to maintain the overall integrity and effectiveness of Washington State's trauma system. The requirements of the proposed rule will allow the Department and participating trauma care providers to improve their ability to accurately measure the number of lives saved, through reporting of the new and revised data elements. The emphasis in reporting results will be consistent with national best practice standards for assessing mortality and morbidity rates and incidence patterns. More comprehensive data collection and assessment can increase the funding opportunities available for trauma care providers, to develop improvements in the quality of trauma care.

The refined list of required elements will allow for more thorough studies and research on trauma deaths, patient demographics and co morbidities, injury type and intent, injury severity, time/day of injury, occupational trauma, EMS/pre-hospital care from scene responses, inter-facility transfers, pre-hospital procedures performed, EMS dispatch time, definitive care, average charges and reimbursement rates. These trends and patterns can be reported to trauma care providers to improve trauma care and trauma systems and for developing local and regional injury prevention strategies.

Trauma registry inclusion criteria will be aligned with national standards. Having Washington's reports consistent with national standards will enable the Department to assess and compare the state's mortality and morbidity rates and incidence patterns with national trends based on national cohort data.

Local providers will have access to more accurate and comprehensive data analyses regarding their local or regional trauma trends and patterns. This information will be vital on a number of levels including supporting local efforts to prevent incidence of trauma mortality and morbidity.

Complete and updated trauma registry inclusion data will present a more accurate picture of trauma service activity. This enables review teams to provide the Department with more efficient and accurate monitoring for compliance. The result will be more accurate and comprehensive review team reports and analyses provided to the state. These reports assist the Department in ensuring compliance by providers to state requirements and standards, which on a larger level contributes to the state's ability to remain vigilant in assuring quality assurance and improvement of Washington's trauma service system.

For participating hospitals, the submission of more comprehensive and accurate trauma data elements will result in a funding allocation from the state that is more equitably determined based on actual number of clients seen.

Participating hospitals will benefit from using upgraded software to collect and analyze local trauma data. By analyzing their own data, local trauma care providers can increase their viability to compete for funding opportunities at the local, state, or national level.

The benefits resulting from the implementation of the requirements of this proposed rule far outweigh any negligible costs associated with utilizing new software and submitting updated data elements to the Department.

**D. Determine, after considering alternative versions of the rule, that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives stated previously.**

DOH staff worked closely with constituents and the public to minimize the burden of this rule. For example, Department staff met from 2007-2009 with hospital trauma

administrators, nurses, administrators, physicians, and trauma data specialists to ascertain the most critical data elements for trauma registry inclusion. Based upon their recommendations, the rule being proposed is the least burdensome alternative for trauma care providers required to comply with it.

*Alternative version #1:* The Department considered adding senior falls and sub-elements (fall location, fall from type of device or equipment) as a required element. The current proposed rule, as compared to this alternative version, is less burdensome for those required to comply with it because the cost of collecting the data was prohibitive for the facilities.

*Alternative version #2:* The Department considered adding gunshot wound reporting requirements and sub-elements (type, intent, relationship and circumstance) as required elements. The current proposed rule, as compared to this alternative version, is less burdensome for those required to comply with it because it was determined that the CHARS database expansion to include emergency department data will allow collection of the elements. Adding the elements to the Trauma Registry would be a duplication of effort.

**E. Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.**

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

**F. Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.**

The rule does not impose more stringent performance requirements on private entities than on public entities.

**G. Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.**

The rule does not differ from any applicable federal regulation or statute.

**H. Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.**

There are no other applicable laws.

