Happy New Year!

This edition of the e-Trauma Update is dedicated exclusively to MNTrauma, the state trauma, TBI and SCI registries! Please share this newsletter with others who are responsible for reporting injury data through MNTrauma.

**TBI, SCI and Trauma Now in One Combined Registry**

Did you know that MNTrauma is also the data system for the Minnesota traumatic brain injury (TBI) and spinal cord injury (SCI) registries? Besides trauma cases, Minnesota hospitals are also required to report certain TBI and SCI cases. Since many of those cases also meet trauma registry reporting requirements, reporting all three types of cases (TBI, SCI, trauma) through MNTrauma offers the benefit of reporting the case only once, instead of up to three times through different registries.

Hospital medical records staff, TBI/SCI registrars and trauma registrars should coordinate their reporting so that cases that meet the TBI, SCI and/or trauma registry inclusion criteria are reported only once through MNTrauma.

**New, Combined Data Dictionary**

The [2017 Data Dictionary](#) has recently been published. The dictionary defines each data point as well as each value option for any given data point. It also indicates when a data point is required for TBI, SCI and/or trauma cases. Registrars should familiarize themselves with both the definitions and which data points are required for each type of case.

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrived From</td>
<td>Location from where the patient arrived</td>
</tr>
<tr>
<td>Referring Hospital</td>
<td>Patient was transferred from a referring hospital.</td>
</tr>
<tr>
<td>Not Known/Not</td>
<td>Patient was transferred from a referring hospital, either by ambulance or private</td>
</tr>
<tr>
<td>Recorded</td>
<td>vehicle.</td>
</tr>
</tbody>
</table>

Field ID: TR16.22  
Category: PRE-HOSPITAL  
Required: (1—required, 0—optional)  
Trauma Registry: 1  
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
Major Changes for 2017

- The new 2017 trauma registry inclusion criteria went into effect on January 1. The new inclusion criteria contains a number of clarifications and adds more exclusions. Note that the case definition is expanded to include all admitted trauma cases, not just those that are admitted to the ICU or admitted for more than 48 hours.

- The new trauma registry data set also took effect on January 1. The new data set has been significantly reduced, which will make abstraction faster and easier for registrars. There are also a few new data points to be aware of.

- When adding a new case, registrars now have the option to use either of two new forms. The Trauma Incident Long Form resembles the form that registrars have become familiar with. It includes all the required TBI, SCI and trauma fields plus numerous optional fields. The Trauma Incident Short Form is a much smaller form that contains only the required fields in the three data sets. It is also easier to view on the computer screen.

- Both the long and short forms have a new layout. While the data fields will look familiar, the category groupings (i.e., tabs) have changed. The first tab is now the Case Description category where the registrar will describe the case, primarily using ICD-10 codes for the location, causes, activities and diagnoses. That description will drive which validation rules are applied to the record: TBI, SCI and/or trauma.

New Data Export is Coming Soon

If you collect trauma data using third party software, such as TraumaBase, and import it to MNTrauma, don’t do anything yet. New import and export schemas for 2017 records are in the works. Once they are available, you will be able to import the new TBI, SCI and trauma data sets into MNTrauma. Until then, registrars should be sure to abstract the new data sets so that they are ready to export complete files when the time comes.

ICD-9 Form Going Away

Are you behind on your data? If so, plan a full-court press to get your data caught up. After February, the ICD-9 form (used for pre-2016 data) will no longer be available. Only the Long and Short forms (both ICD-10 versions) will be available.