

29 Key Fields

for Trauma Registry Data Validation

One method of performing trauma registry data validation is to entirely re-abstract 5% to 10% of patient records. An alternative approach is to focus on the handful of data elements that have the biggest impact on trauma program performance.

According to Kathy Cookman, BS, CSTR, CAISS of [KJ Trauma Consulting, LLC](#), this streamlined methodology can be appropriate for large trauma centers with experienced registry staff and no major data problems. She recommends focusing data validation on the following data fields:

Patient identification

- Medical record number
- Patient financial account number
- Date of birth

System information

- Injury time and date
- Transport mode
- Referring hospital code
- Trauma activation level
- Hospital arrival time and date
- Trauma surgeon arrival time and date

ED information

- Initial ED vital signs
- Initial ED GCS components
- ED disposition code

Injury information

- Cause code
- Cause E-code
- Trauma type
- Injury details
- AIS value
- Body region
- Injury severity score

Procedure details

- Procedure code (intubation, CPR, chest tube, all OR procedures)
- Procedure start time and date
- ICD-9-CM code with narrative description

Admitting information

- Admitting service
- Admitting physician

Care metrics and outcomes

- ICU length of stay
- Ventilator days
- Comorbid conditions
- Complications
- Outcome

EXTRA: TQIP Process Measures

If your facility participates in the ACS Trauma Quality Improvement Program, consider including NTDB Measures of Processes of Care in your data validation methodology.

More information: For full details on this data validation methodology, read:

[Can't keep up with data validation? Monitor your trauma registry with a "key fields" strategy.](#)