



Ohio Trauma Registry Public Records Request Packet

Dear Data Requestor,

The information contained in this packet will help guide you through the process for requesting data from the Ohio Trauma Registry. Filling out the form contained in this packet is not mandatory, however, past experience has shown the use of a data request form ensures accurate data retrieval and a more timely return of reports.

Information regarding confidentiality

The Ohio Public Records Act is a set of laws in the Ohio Revised Code stating, with a few specified exceptions, that Ohio's citizens are entitled to access the records of their government. The Ohio Attorney General's office has a guide to Ohio's "Sunshine Laws" – the collective name for the Public Records Act and the Open Meetings Act – available free of charge on their website at <http://www.ag.state.oh.us>.

The EMS Division must comply with the Sunshine Laws when dealing with data requests. Because it contains personal medical information, the data in the Ohio Trauma Registry is a combination of public and confidential information. The determination of what is public and what is confidential data is made by the Trauma Registry Advisory Subcommittee (TRAS) in accordance with Ohio Revised Code section 4765.06. TRAS reviews the results of requests for data and advises the custodian of the records as to whether or not the results contain confidential information. Once data has been approved for release, it will be delivered to the requestor as soon as possible. To determine the next TRAS meeting date and time, contact the EMS Division.

Information regarding the data in the Ohio Trauma Registry

Not every injured person taken to or admitted by an Ohio hospital qualifies to be entered into the Ohio Trauma Registry. The following is the definition of "trauma patient" for the purposes of inclusion in the Ohio Trauma Registry:

Patient's first or initial admission for at least 48 hours or transfer into the hospital for at least one injury ICD-9 diagnosis code in the range of 800-959.9 including burns¹, hypothermia, smoke inhalation, hanging, drowning, abuse, DOAs, patients that die after receiving any evaluation or treatment while on hospital premises, and patients who transfer out of the hospital.

Excluding late effects of injury², blisters³, contusions, abrasions, insect bites, foreign bodies⁴, isolated hip fracture⁵, and DOAs that are brought by funeral homes to be pronounced dead.

¹ ICD-9-CM	991.0 – 991.6 Frostbite, hypothermia and external effects of cold 994.1 – 994.8 Hanging, drowning, electrocution and abuse 987.9 Smoke inhalation
² ICD-9-CM	905 – 909 Late effects of injury
³ ICD-9-CM	910 – 924 Blisters, contusions, abrasions and insect bites
⁴ ICD-9-CM	930 – 939 Foreign bodies
⁵ ICD-9-CM	820 – 820.9 Isolated hip fractures

Data collection began in January 1999 and continues today. However, because data submission deadlines are 90 days after the end of the quarter in which a patient was injured, real-time data is not available. Also, because implementation of a statewide data system has inherent difficulties the data from 1999 is not as complete as subsequent years.

Filling out the data request form

As stated previously, filling out the data request form is not required but is encouraged to ensure the EMS Division staff understands completely your requirements. A follow-up telephone call by EMS Division staff may still be necessary to resolve remaining questions.

You may print this form and fill it out by hand or you may fill in the blanks using your word processor and return it to the EMS Division electronically.

Please fill out the form completely, but be certain you provide at least one method for contacting you. This information is necessary so the EMS Division staff can contact you should any questions arise and to advise you promptly of your request's public/confidential status.

For the sake of clarity and uniformity, when filling out the form please refer to the data field list provided to ascertain which data is available and what to call that data.

Where to send the form

You may return this form by fax, USPS mail, e-mail or you may call the information in to the EMS Division.

- To return by fax: (614) 466-9461, marked to the attention of Tim Erskine
- To return by e-mail: Attach the form and send to terskine@dps.state.oh.us
- To return by USPS mail:
Tim Erskine
EMS & Trauma Data Program Manager
1970 W. Broad St.
PO Box 182073
Columbus, OH 43218-2073
- To give the information verbally, phone 800-233-0785, press option 5, ask to speak with Tim Erskine or call 614-387-1951 (direct line). If you get voicemail, please do not leave the information request on your message, just leave your name, callback number and reason for your call.

Report formatting

Ohio's Sunshine Laws allows a person requesting public records to specify the medium in which the records are sent, provided this can be done within the normal operations of the office. Some formats may incur costs that will be charged to the requestor, such as printing of large files or copying to CD-ROM, as well as shipping and handling of non-standard envelopes. Please contact the EMS Division to find out what formats are available and what charges may be involved.

Acknowledgement of data source

The EMS Division requests that the Ohio Trauma Registry and the Ohio Department of Public Safety, Division of Emergency Medical Services, receive written credit within any publication utilizing the data resulting from this request.

For additional information

Any questions, comments or concerns may be addressed to:

Tim Erskine
EMS & Trauma Data Program Manager
800-233-0785
614-387-1951
terskine@dps.state.oh.us

Mike Glenn
State Trauma Coordinator
800-233-0785
614-728-6853
mglenn@dps.state.oh.us

**Ohio Trauma Registry
Data Request Form**

Requestor's name:

Organization:

Requestor's phone numbers with area codes and extensions -

Home:

Work:

Fax:

Cell:

Requestor's e-mail:

Date range of data (earliest available data: January 1999):

Aggregate or individual-level data (most individual-level data is not available due to confidentiality provisions of the Ohio Revised Code):

Format for delivering data to requestor:

Where and how to deliver data:

Free-text description of data request (see field list for available data fields):

Ohio Trauma Registry data fields

The following fields are available for reporting from the Ohio Trauma Registry and are based on the June 1998 revision of the data dictionary.

DEMOGRAPHICS

Zip Code of Residence
Age
Gender
Race/Ethnicity
Work Relatedness of Injury
Safety Equipment
Site at Which Injury Occurred
E-Code - Description of Injury
Date Injury Occurred
State in Which Injury Occurred
County in Which Injury Occurred

PRE-HOSPITAL

Glasgow Eye Component at Scene
Glasgow Verbal Component at Scene
Glasgow Motor Component at Scene
GCS Assessment Qualifier at Scene
Intubated - Scene
CPR - Scene
MAST - Scene
Fluids - Scene
Chest Decompression - Scene
Thoracentesis/Thoracostomy - Scene
Spinal Immobilization - Scene

EMERGENCY DEPARTMENT

ED Arrival Date
ED Arrival Time
Systolic Blood Pressure (First)
Respiratory Rate (Unassisted)
Injury Type
Glasgow Eye Component in ED
Glasgow Verbal Component in ED
Glasgow Motor Component in ED
GCS Assessment Qualifier in ED
Was Alcohol Present?
Alcohol Level Range
Were Drugs Present?
Drug Category
ED Disposition
ED Transfer to Hospital
ED Transfer Date
ED Transfer Time
First Temperature in ED
Intubated in ED
CPR - ED
MAST - ED
Fluids - ED
Chest Decompression - ED

EMERGENCY DEPARTMENT continued

Thoracentesis/Thoracostomy - ED
Spinal Immobilization - ED
Head CT Results - ED
Abdominal Evaluation - ED

INPATIENT COURSE

Admitting Specialty
Total Days in ICU
Ventilator Support Days
ICD-9-CM Diagnosis Code for Injuries
Complications
Pre-existing Comorbidity Factors

OR VISITS

OR Date
OR Time
ICD-9 Codes for OR Visit

FUNCTIONAL OUTCOME MEASURE / DISCHARGE

FOM Self-Feeding Score Upon Discharge
Status of FOM Self-Feeding Score
FOM Locomotion Score Upon Discharge
Status of FOM Locomotion Score
FOM Expression Score Upon Discharge
Status of FOM Expression Score
Discharge Disposition
Transfer to Other Hospital
Date of Discharge or Death
Discharge Status
Billed Hospital Charges
Principal Payment Source
Length of Stay in Hospital
Organs/Tissue Requested
Organs/Tissue Granted
Organs/Tissue Taken
Was an Autopsy Performed?