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 burns\(^1\), 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 injury\(^2\), blisters\(^3\), contusions, abrasions, insect bites, foreign bodies\(^4\), isolated hip fracture\(^5\), 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
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?