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TO: Local Emergency Medical Services Agency Administrators
                  Local Emergency Medical Services Medical Directors

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SUBJECT: Improving Documentation for Trauma Triage Criteria for Emergency
                  Medical Services Patients with a Trauma Related Primary Impression

Background and Statement of the Problem

The National Emergency Medical Services Information System (NEMSIS) provides the following data elements for the documentation of Trauma Triage Criteria (TTC):

- eInjury.03 – which documents Physiologic and Anatomic (Step 1 & 2) Trauma Triage Criteria
- eInjury.04 – which documents Mechanistic and 'Other' (Step 3 & 4) Trauma Triage Criteria

NEMSIS documentation guidelines and the data dictionary indicate these data elements are intended for emergency medical services (EMS) personnel to document the TTC present for trauma patients to 'meet critical trauma' designation and to justify a trauma center as a destination facility. However, the review of the California EMS Information System (CEMSIS) data indicates that more than 50% of patients with a "Traumatic Injury" Primary Impression with only a positive Step 4 - TTC documented in the electronic patient care record (ePCR) go to non-trauma receiving facilities. This would suggest that EMS personnel are using eInjury.04 to document the presence of a Step 4 - TTC, even when that criteria is not used to classify patients a meeting TTC and transporting to a designated trauma center.

Further, roughly 25-30% of patients state-wide with a "Traumatic Injury" Primary Impression have "Not Applicable" or "Not Recorded" values for BOTH eInjury.03 & eInjury.04, indicating incomplete documentation of positive or pertinent negative TTC.

Comparison of trauma patient data from trauma hospitals with ePCR trauma patient data reveals the magnitude of this documentation gap. The review of trauma data indicates that ~27,000 trauma patients admitted to the hospital trauma services arrive by EMS quarterly. However, analysis of ePCR CEMSIS data for the same periods of time reveal only ~18,000 patients that meet any Step 1, 2, or 3, or 'EMS judgement' (Step 4) criteria for Critical Trauma.

The incomplete or inaccurate documentation of Trauma Triage Criteria leaves a gap in documentation making trauma patient matching and trauma quality improvement much less complete and reliable.

Documentation Guidance for Trauma Triage Criteria (eInjury.03 & eInjury.04)

The following guidance is supported by the Data Standardization and Quality subcommittee and the Executive Data Advisory Group to the Emergency Medical Services Authority (EMSA).
The Emergency Medical Services Authority requests all local EMS Agencies and EMS provider agencies to adopt the following ePCR software practices and validation rules and EMS personnel documentation training to improve the quality and completeness of traumatic injury documentation:

ePCR Software Validation Rules and Practices:

- Any ePCR with a primary Impression of "Traumatic Injury" or "Burn" should be set to require completion of eInjury.03 & eInjury.04 before the record can be completed/closed/finalized.
- For both eInjury.03 & eInjury.04, the 'pertinent negative' selection choice "8801015 – None Reported" should be at the top of the data elements pick list, so that EMS personnel can easily select the most common choice which acknowledges that TTC were reviewed and none were found.

EMS Personnel Documentation Training Education to Include:

- Clarify that documentation of Trauma Triage Criteria is mandatory in any patient with a Primary Impression of "Traumatic Injury" or "Burn."
- Clarify that pertinent positives, including the choices of Step 4 criteria, are to be selected only when they represent the positive findings that qualify the patient for transport to a designated trauma center.
- When Traumatic Injury or Burn patients do not meet any Trauma Triage Criteria, the correct selection choice for these TTC fields is "None Reported" to indicated that TTC were reviewed and none were found to be present.

Thank you for your help to ensure the quality of data, data submission, and analysis. If there are any questions or comments, please contact the Quality and Planning Division by emailing EMSData@emsa.ca.gov.