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Virginia Office of Emergency Medical Services  
Virginia Statewide Trauma Registry  
Reporting Requirements

Virginia Department of Health  
Office of Emergency Medical Services  
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[Emergency Medical Services](#)

## **Purpose:**

The purpose of the Virginia Statewide Trauma Registry is to provide a database of patients injured in Virginia and admitted to hospitals in Virginia or surrounding states.

Trauma registries are an integral part of the operations of a trauma center. The quality of trauma registry data is of great importance to the overall success of trauma programs for performance improvement, research, injury prevention, resource utilization, and the creation of state standards and benchmarks

A key element in the performance improvement process is having accurate data portraying trauma patient injury, severity, process of care, outcome measures, type of trauma, and cause of injury. The trauma registry functions as the information resource driving this process. Thorough reporting therefore is CRITICAL. Collected information will be used to:

1. Study the epidemiology of injury in Virginia
2. Provide feedback to participating hospitals
3. Evaluate and Improve the Trauma Care delivery system in Virginia
4. Develop injury prevention programs
5. Assist health care and social service agencies which provide services to the injured.
6. Participate in regional and national injury databases
7. Assist in the development of trauma system policy and legislation

The big picture and ultimate **goal** is to prevent accidental injury and death and to promote better hospital outcomes.

**COMPLETE AND ACCURATE REPORTING OF DATA IS REQUIRED FOR THE INFORMATION TO BE USEFUL.**

## **Requirement to Report:**

1. Injured/Trauma **patients admitted** to the facility with **ICD10-CM codes of S00-S99, T07, T14, T20-T28, and T30-T32 with 7<sup>th</sup> digit character modifier of A, B, or C (D through S are excluded)** and excluding S00, S10, S20, S30, S40, S50, S60, S70, S80, and S90.

*This reporting includes **ALL admissions, including 23 hours admits for observation, as an inpatient; NOT ER observation unless held in the ER due to no inpatient bed availability. Patients not admitted to an inpatient status do not need to be reported. It also includes reporting all admissions for patients where the trauma codes are **secondary diagnoses.*****

2. Injured/Trauma **patients transferred** from one hospital to another because of acute trauma (patient may be transferred directly from the Emergency Department or from an inpatient unit.
3. **Victims of acute trauma that die** within the hospital, including, the emergency department and those who are DOA **after arrival** to the hospital.