



# Working Solo

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# Objectives

- Offer some strategies for completing all of the tasks necessary
  - Focus on registry completion
  - Managing the challenges of working 'solo'
- 
- No financial disclosures



## Registry Data

Is how we evaluate the  
trauma system of care

Without data it's just  
opinion

Data must be:

# Effective Data Must Be:

## Current

- Data deadlines

## Complete

- All centers
- All required cases
- All fields

## Comparable

- Standard definitions
- Standard field choices
- Standard practices

## Challenges to the work of registry data abstraction

Inadequate training

Inadequate time allotment

Inadequate documentation  
in the medical record

# Challenges to the work of registry data abstraction

**Inadequate training**

Inadequate time

Inadequate  
documentation

# Registry Resources

- At least two large monitors
- Access to the complete medical record
- Seamless internet access
- Quiet work space
- ICD-10 CM and ICD-10 PCS resources
- AIS materials





# Training (Role Preparation)



State  
level

The diagram consists of four identical rectangular boxes arranged horizontally. Each box has a dark blue background and a light gray foreground. The text is centered in the foreground. A thin blue horizontal line is at the bottom of the slide.

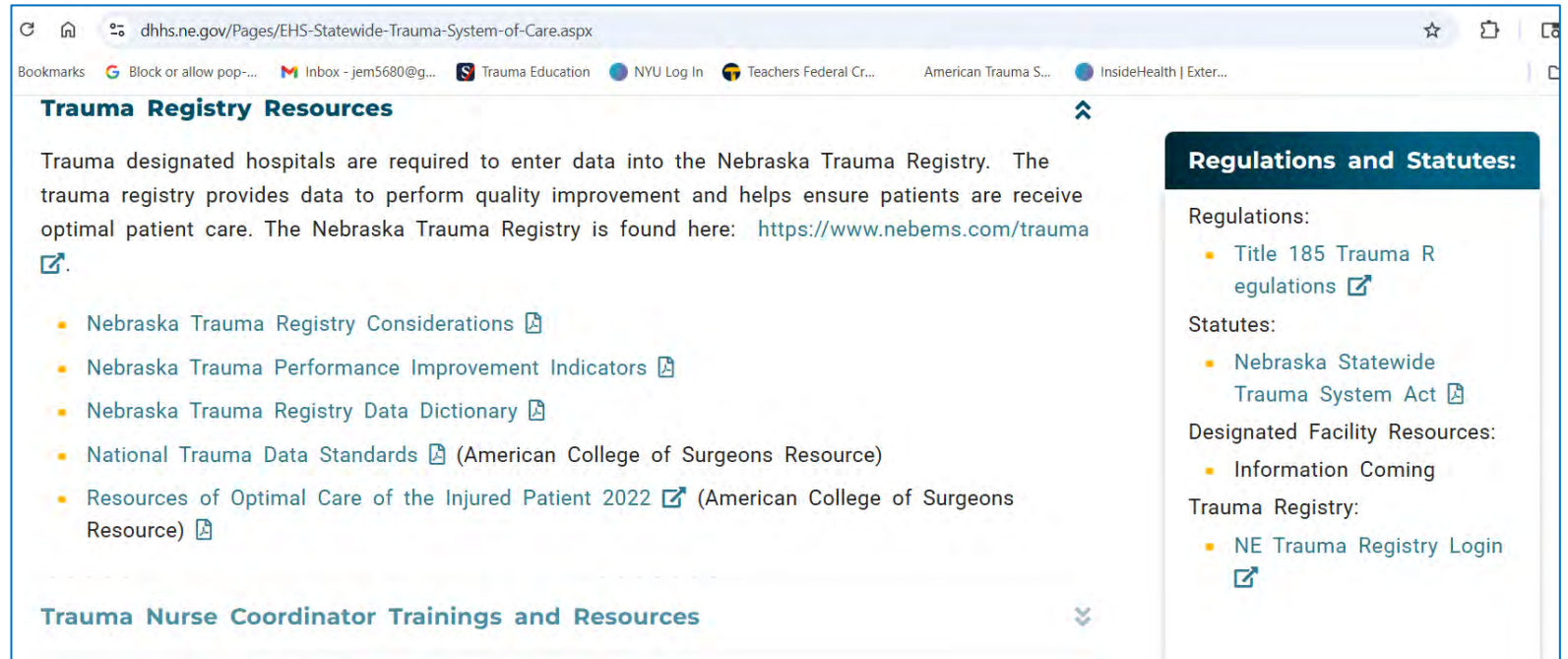
National  
level

On-line

Mentoring

# Training

## State Level



dhhs.ne.gov/Pages/EHS-Statewide-Trauma-System-of-Care.aspx

### Trauma Registry Resources

Trauma designated hospitals are required to enter data into the Nebraska Trauma Registry. The trauma registry provides data to perform quality improvement and helps ensure patients are receive optimal patient care. The Nebraska Trauma Registry is found here: <https://www.nebems.com/trauma>

- Nebraska Trauma Registry Considerations
- Nebraska Trauma Performance Improvement Indicators
- Nebraska Trauma Registry Data Dictionary
- National Trauma Data Standards (American College of Surgeons Resource)
- Resources of Optimal Care of the Injured Patient 2022 (American College of Surgeons Resource)

### Trauma Nurse Coordinator Trainings and Resources

#### Regulations and Statutes:

Regulations:

- Title 185 Trauma Regulations

Statutes:

- Nebraska Statewide Trauma System Act

Designated Facility Resources:

- Information Coming

Trauma Registry:

- NE Trauma Registry Login

# Training

## National Level



Saving Lives. Improving Care. Empowering Survivors.

JOIN ATS PRINT PAGE MY PROFILE

ABOUT MEMBERSHIP PREVENTION MY-ATS EDUCATION RESOURCES ADVOCACY

### Online Community Groups

My-ATS » ATS Online Community Groups

Filter by Type: **Trauma Data and Registry**

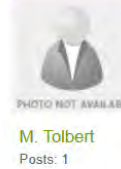
This group connects you to other Trauma Registrar or Data Expert, this group is for

Ask questions, share information - join the

#### Trauma Registrar/Data Analyst Network

Join this group to connect with fellow trauma:  
**1570** Registered Members

6/27/2025 AT 11:29:46 PM GMT



#### Coding Recreational Vehicles ICD-10

Hello,

Where does everyone typically code RVs related to injury mechanism codes? I'm torn between heavy transport vehicle and pick-up truck/van when additional information isn't given.

Thank you!

Permalink Report Quote

7/3/2025 AT 12:03:16 PM GMT

NTDS - National Trauma Data Standard User Group			
Kimberly McWilliams, Shannan St...	Initial ED/Hospital Respiratory Assistance clarification	I always thought assisted was in reference to vent mod...	10:40 AM ☆
Jasak, Lisa, Jennifer Talking...	New Gray Book Data Quality Plan	Hello, The ATS presented a wonderful webinar on the ACS Data Quality Plan A...	Jul 8 ☆
NTDS - National Trauma Data Sta...	Application Open: TQP Training and Content Expertise Panel	Applications for the American College of Surgeon...	Jul 1 ☆
Rober...@southco..., Shirley Da...	AIS 2025	Make sure if you have automatic mapping from ICD10 to the AIS code, that they are mapped correctly. I	Jun 30 ☆
dshimab..., srvale...@gmail...	Closed Head Injury / Injury to Head	This can be tricky with CHI and TBI dx but not much else documented. My u...	Jun 23 ☆
Biche Osong, Jasak, Lisa J.	Clarification on Primary Diagnosis Coding in NTDB for TBI Patients	Hi - maybe you should query your trauma a...	Jun 15 ☆
srvale...@gmail..., Buss, Tan...	Cerebral Hematoma codes	Here's the response I received from Kathy Cookman about this: "Susie, Thank you fo...	Jun 11 ☆
srvale...@gmail..., Kelly Voll...	Re: DVT	Yes From: ntdbus...@googlegroups.com <ntdbus...@googlegroups.com> On Behalf Of	Jun 10 ☆
Ashley Ros..., srvale...@gma...	Pelvic embolization coding question	Which pelvic arteries? Which side? Here's occlusion of L internal iliac arte...	Jun 2 ☆
J Heinzmann	Spinal injuries in unresponsive patients	Good morning, Wondering how others have dealt with radiologic findin...	May 27 ☆
Kimberly McWilliams, Mis, Ju...	Validation Error - help please	I have been having issues with charts as well. I have been unable to submit to TQI...	May 27 ☆
Sharpe, Am..., Beekman, Elizab...	FW: blunt vs penetrating injury	I'm not seeing the column for "Proposed Trauma Type" included in the version ju...	May 27 ☆
Leverock, Jaime, marv benitez	Plastic Suroerv Cases	Good mornino. I would include the patient if the patient arrived at the referring hospital w...	May 21 ☆

Files & Links  
Favorites  
Messages (NEW)  
Connections  
Membership Info  
Refer a Friend

### LATEST NEWS

6/13/2025  
PA Trauma Systems Foundation  
Annual Symposium - October 23-  
24, 2025

7/22/2025  
OINT/COUNTERPOINT XLII  
2025 May 15 - 16, 2025

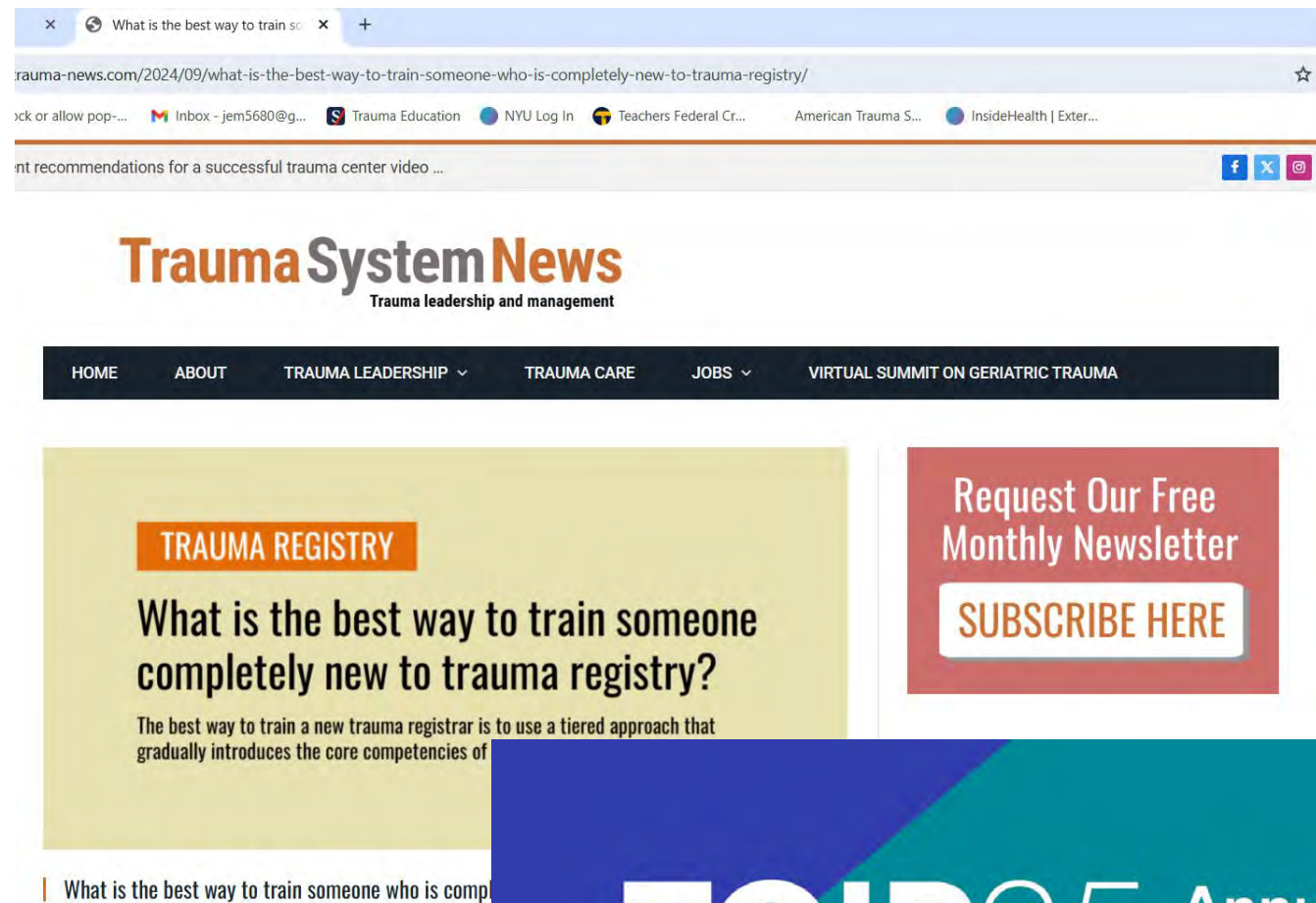
### CALENDAR

7/12/2025 » 7/13/2025  
ICD-10 Trauma Injury Coding  
course - Virtual Learning

7/17/2025  
Webinar | Part 1 From Idea to  
Impact: TSN Grant Highlights

# Training

# On-line



The screenshot shows a web browser with the URL [trauma-news.com/2024/09/what-is-the-best-way-to-train-someone-who-is-completely-new-to-trauma-registry/](https://trauma-news.com/2024/09/what-is-the-best-way-to-train-someone-who-is-completely-new-to-trauma-registry/). The page features the TraumaSystemNews logo with the tagline "Trauma leadership and management". A navigation bar includes links for HOME, ABOUT, TRAUMA LEADERSHIP, TRAUMA CARE, JOBS, and VIRTUAL SUMMIT ON GERIATRIC TRAUMA. The main content area has a yellow background with the heading "TRAUMA REGISTRY" and the article title "What is the best way to train someone completely new to trauma registry?". Below the title, it states: "The best way to train a new trauma registrar is to use a tiered approach that gradually introduces the core competencies of". To the right, there is a red box with the text "Request Our Free Monthly Newsletter" and a "SUBSCRIBE HERE" button. At the bottom of the article preview, a partial title is visible: "What is the best way to train someone who is comp".



**TQIP<sup>25</sup>** Annual Conference  
November 8-10  
Chicago, IL

**15 YEARS** TEAM WORKS

# Training

# Mentoring



- Find your colleagues
  - Locally
  - Nationally

- Reach out
  - To mentor
  - For mentorship

# Challenges to the work of registry data abstraction

Inadequate training

**Inadequate time**

Inadequate documentation  
in the medical record

**HOW LONG?**

**HOW MANY?**

**HOW MUCH TIME DOES IT  
TAKE?**

# Case Completion: It Depends

- Nature of the case
  - Pediatric cases are typically healthy kids with minor injuries and short lengths of stay and no complications
  - Pedestrians struck with mangled extremities can have 35+ day stays with 15-20 operative procedures
- The clinical documentation
  - Clear, concise, consistent
  - Vs. vague, wordy, contradictory
- The registry requirements
  - NTDS only
  - NTDS + TQIP process measures
  - NTDS + TQIP process measures plus center specific fields
- The Trauma Registry Professional
  - Background
  - Experience
  - Training

# ACS Staffing

- 0.5 FTE for every 200-300 cases
  - 0.5 FTE (20 hours/week)
  - 1.0 FTE for every 400-600 cases
- How many cases?
  - We need how many FTE?



# Alternative Workload Assessment

**250 / year**

52 weeks – 4 weeks PTO = 48 weeks



- 5.208



- 5-6 charts per week

**800 / year**

- $800/48 = 16.6$  charts per week

**2200 /year**

- $2200/48 = 46$  per week

**Know the #. Develop a plan to meet it.**

# Distractions

- Doing anything that is **not** chart abstraction
- Meetings
- Emails
- Drop ins
- Fire fighting



A TYPICAL DAY

# Time Lost

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- Crisis to crisis
- But it's only me--





# Block Time

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- Trauma Tuesdays (or Thursdays)
- or 2 hours per day (1-3pm)
- Put it on your public calendar (TRAUMA REGISTRY DATA ABSTRACTION)
  - It's important
  - It needs to get done
  - Leave me alone



# Efficiency

## Computer to computer

- Electronic data transfer
- Scrap paper notes

## Approach each record consistently

- Systematically
- Data Hierarchy

# Annual Review of Every Field

Why are we collecting this?  
Who is requiring it?



# Challenges to the work of registry data abstraction

Inadequate training

Inadequate time

**Inadequate  
documentation**

# Medical Record Documentation

- Lack detail
  - Multiple rib fractures
  - Large hematoma
- Contradict itself
  - Acute on chronic
  - Right vs. left
- Be missing
  - CT Brain report describes SAH, H&P and Consults do not
  - No mention of pre-existing conditions

Session # 18123261 - Microsoft Internet Explorer

Help Careweb BIDMC Call-in Phone Dir Paging

Search: [ ] [Emedicine] [Up-To-Date] [StatRef] [MD Co

**BIDMC ED**

Hanson, Larry Logout

Options

My Patients

Overview

Core+Red

Periphery

CDU (Blue)

Triage (Pink)

Functions

My Settings

Timeout 2 min

Previous Login: 06/22/2005 00:04

Patient **Shaw, Heather** [17/06/79]

Age / Sex **58 / F**

Chief Complaint **Ha**

Room / Zone **17 / Red Zone**

PCP **Bates, Carol K.** [Healthcare Associates Shapiro]  
Admits to Self (617-667-9600) Nights and weekends contact HCA Shapiro  
On-Call Physician. Resident Team: CHIEF

Attending **Kelly, Sean P**

Resident **Smulowitz, Peter** [31674]

Nurse **Sharpe, Alfred**

Referrals **Referral from Carol Bates**

Consults **Neurology: Requested 06/22/2005 11:18p**

Comments **58 yo with HA, s/p LP and CT yesterday. Now with worsening headache, global, but new dysmetria. No motor or sensory deficits. H/o ICH spont on coumadin for antiphospholipid synd in 2000 (med mgmt). compazine, caffeine, ivf, morphine**  
[ ] Repeat head CT  
[ ] neuro consult  
Modified: 06/22/2005 23:59 by Heather Hammerstedt

RN Comments <None>

Disposition **Workup in Progress**

D/C Plan **None**

Prior ED Visits **06/21/05: H/A (Kelly/Hammerstedt)**

Prior Admissions 05/27/03: THYROID DISEASE/SDA (SURG: Mowschenson)x2d  
08/16/01: OVARIAN CYSTS/SDA (GYN: Niloff)x3d  
03/13/01: INTRACEREBRAL BLEED (NMED: Schlaug)x2d  
08/20/97: LUMBAR DISC PROTRUSION/SDA (NSURG: Blume)x3d

Location Registered 06/22/2005 21:51 **Phillips, Catherine**

History From W 10:02p **Reilly, Claire A**  
From Hall 22 10:13p **Sheehan, Paula**  
Now in 17

Links [Provider Order Entry](#) [Residency](#) [MedsInfo](#)

06/22/2005 11:20p

136	98	10
4.1	26	0.8

5.2 > 12.9 < 37.8

View: [Previous](#)

**Medications (On)**

Yest 22:57	Prochlorperazine 1
Yest 22:58	Morphine Sulfate 4
Today 00:46	Morphine Sulfate 4

Note: [Click here](#)

**Radiology**

06/23/2005 12:13a **CT Head W/O Contra**

Stable ap  
of two da  
Jimmy J Kar

View: [Radiology Report](#)

**Most Recent**

View: [Cardiology/P](#)

**Microbi**

06/21/2005 5:45p **CSF; SPINAL FLU**  
**TUBE #3**  
**GRAM STAIN**  
NO POLYMORPHON  
NO MICROORGANIS

**FLUID CULTURE**  
NO GROWTH

## Some hard truths about data

If something is not there—it is not there

The data is not solely the registrar's responsibility

- What the clinicians document matters—greatly

# Clinicians

- Value helpful data
- Need to understand their role in valid data
- Educate them
  - Physicians– injury details, blood loss, laceration length
  - Nurses– vital signs within 30 minutes, Pre-existing conditions
  - APPs- PEC, hospital events
- Share data reports



# Clinicians also

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- Find an ally
- No one wants more work
- Build some registry detail into their note templates
- Provide feedback
  - Great Job!
  - Friendly competition
- Discuss data and cases at team meetings
  - Hey! Is that an acute fracture? Can someone document that please?



# Consider

Grouping all of the IHF cases and doing them on one day

Grouping all the transfers out, and doing those today

## Benefits:

- Familiarity with injury and procedure coding
- Familiarity with clinical practice

## Benefits of abstracting the data

### First to see trends

- Don't want to go to that SNF or ALF
- That specialty is doing a new procedure

### Able to intervene before things become issues

- Dr. X please sign in to the activations
- Hip fractures coming in on Friday are not getting fixed until Mon/Tuesday

## Challenges to the work of registry data abstraction

Take advantage of training opportunities

Block out the time and work efficiently

Collaborate with clinical team to enhance documentation



Thank you! [jem5680@gmail.com](mailto:jem5680@gmail.com)