

OBJECTIVE

To outline to procedure for registering trauma patients that present to the Emergency Department for treatment.

POLICY

It is the policy of Ambulatory Care Services that the Emergency Department Desk Operations staff (ED DOS) will be responsible for the prompt and accurate registration of all adult and pediatric trauma patients in the Emergency Department.

PROCEDURE

1. ED DOS will be notified of a trauma patient via overhead intercom.
 - a. Notification of trauma patients will be made as soon as the trauma is called in to the MCG Health, Inc. Emergency Department. Whenever possible, this will take place prior to the arrival of the patient.
 - b. If another trauma presents to the Emergency Department while a trauma is already being treated, notification will be sent in the same manner.
2. A pre-assembled trauma packet will be opened and utilized in the treatment of the trauma patient by the ED clinical staff.
 - a. The trauma packet will contain all clinical forms used in Emergency Department treatment. The trauma packets will be opened by the ED clinical staff for all patients designated as a trauma including but not limited to trauma transfers, upgraded ED patients, etc...
 - i. Trauma numbers will be supplied by HIMS and Information Services, and are pulled from a difference sequence of numbers than the MRN's and EMRN's that are auto-generated in IDX.
 - ii. All orders, charges, etc. for the patient's trauma visit will be placed on this trauma number.
 - iii. The Emergency Department clerks will be responsible for assembling the trauma packs and ensuring that a minimum number are maintained in both the adult and children's Emergency Room.
3. The designated ED DOS will report to the indicated trauma room with a mobile computer workstation.
 - a. The Patient Information form will be obtained from the trauma packet.
 - i. The Emergency Department Desk Operations Specialist will activate the trauma registration in the following manner. If the Patient is has been identified by the following: (name and DOB or SS#) and verified with the patient, family member, or photo ID.
 1. For all established patients and identifiable patients, the patient's current MRN number will be utilized for registrations.
 2. If the patient's identity cannot be determined, see *Unidentified Traumas* below.

- b. Once the initial registration has been inputted into IDX and 2 sheets of labels have been printed and provided to the clinical staff, ED DOS will go back and obtain as much demographic and insurance information from any and all available resources below:
 - i. The patient, if able
 - ii. Family members and/or friends of the patient that can provide information
 - iii. Patient's ID, insurance cards, etc., if available
 - iv. ED clerks
 - v. The patient's existing medical record information, if available in IDX/Health Quest
4. ED DOS will enter the patient into the IDX registration system as a new patient.
 - a. Enter the patient's name in IDX (LastName,FirstName,MI) and click OK.
 - b. Click Cancel to register a new patient.
 - i. If an MRN match is found after entering the patient's name, you must still click Cancel to register a new patient. This is the only way that the manual trauma number can be assigned to the patient.
 - c. Enter the patient's name, sex, date of birth, and social security number, and <TAB> to the MRN field.
 - i. If the patient's name is unknown, see the *Registration of Unidentified Patients* policy for the proper assignment of a patient name.
 - ii. If the patient's date of birth is unknown, enter 01/01/1900.
 - iii. If the patient's social security number is unknown, enter the patient's 9-digit trauma number.
 - iv. If after occupying the SSN field and hitting <TAB> a possible MRN match is found, disregard the warning and continue to register a new patient. This is the only way that the trauma number can be assigned to the patient.
 - d. In the MRN field, enter the patient's pre-assigned 9-digit trauma number and <TAB>.
 - i. IDX will give a confirmation screen that a trauma number is being assigned. Click OK to continue.
 - e. In the EMRN field, enter the same 9-digit trauma number and <TAB>.
 - f. Once the MRN and EMRN fields are populated with the pre-assigned trauma number, Ambulatory Patient Access Services will use all available demographic and insurance information to complete the registration process according to the existing policy (see *Completing a New Patient Registration* policy).
5. Once a registration has been completed for the patient, a trauma visit will be entered in IDX.

Note: Trauma patients 13 years or older will be registered in the Adult Organization.

 - a. Use action code XA (Admit Process) to create a new admit.
 - b. Enter OTRA as the new-visit visit type, and click OK.
 - c. Enter the date and time that the patient arrived.
 - d. Enter "G" in the Visit Number field and hit <TAB> to generate an IDX visit number.
 - e. In the Trauma Registry Acn field, enter the **5-digit number** indicated on the pre-assigned trauma label and <TAB>.

- i. Note: This number is different from the 9-digit number that is assigned as the patient's MRN and EMRN.
- f. Enter Emergency Services (or Peds Emergency Services if patient is treated in the CMC ER) in the Location field.
- g. Enter Trauma Center in the Arrival Type field.
- h. Enter the appropriate source in the Arrival Source field.
 - i. If the patient is not being transferred from another facility, the arrival source will be Self Referral.
 - ii. If the patient is being transferred from another facility, the appropriate transfer source should be indicated (acute hospital, health care facility, etc).
- i. Place a check mark in the Injury box and <TAB> to enter the injury information for the trauma. <TAB> until returned to the Edit Visit (EV) screen.
- j. Enter the method of arrival.
- k. Enter the onset date and time of the trauma.
 - i. This should be the same date and time listed on the injury screen.
- l. If the patient has been transferred to MCGHI from another facility, indicate the name of the facility in the Transferring Facility field (see 5.1).
 - i. If the facility cannot be found in the facility menu, <TAB> and manually enter the name of the transferring facility in the Transferring Facility Free text field.
- m. Enter the name of the trauma surgeon assigned to the patient. Select the trauma surgeon with the shortest ID with a letter in front of the number. If at the time of registration a trauma surgeon has not yet been assigned, enter the name of the emergency services physician that is treating the patient. Select the emergency physician with the shortest ID with a letter in front of the number.
 - i. If unsure of whom the physician should be, the ED clerk will be able to provide the information.
- n. If entering a trauma surgeon in the Attending Physician field, select Surgery Trauma (or for pediatric patients, enter Surgery Pediatrics) as the service. If entering an emergency services physician in the Attending Physician field, select Emergency Services Adult (or Emergency Services Peds if the patient is being treated in the CMC ER) as the service.
- o. Enter the chief complaint as indicated by the Emergency Department staff.
 - i. If the trauma is a result of an auto accident, MVA/MVC (motor vehicle accident/collision) is not sufficient as a chief complaint. The actual injury must also be indicated in the Chief Complaint field (laceration to eye, head injury).
- p. Enter any insurance information available for the patient at the time of registration and click OK.
 - i. When asked, "Is this Final Verification?" click Yes.
- q. Enter the appropriate guarantor for the patient's visit. See *Registering and Assigning a Guarantor* policy.
 - i. If the patient is the guarantor, the Visit Guarantor field may be left blank.

- ii. If the visit guarantor is the same as the registration guarantor, the registration guarantor's name must be re-entered in the Visit Guarantor field, and the patient's relation must be indicated.
 - r. Enter the appropriate printer queue on the Print Kit screen and click OK to initiate the printing of face sheets and labels.
- 6. Ambulatory Patient Access Services will continue to attempt to follow up on the trauma account with the intent of obtaining all demographic and insurance information required for a complete and billable account.
 - a. The trauma follow up will be the responsibility of the APAS Desk Operations Specialists located in the Emergency Department (ED) until their shift ends.
 - b. If the patient is discharged from the ED, trauma follow up will be the responsibility of the APAS Desk Operations Specialist at the ED Discharge window.
 - c. If the patient is admitted and bedded on a nursing unit, trauma follow up will be the responsibility of Bed Management (Patient Care Services). However, the APAS Desk Operations Specialists will continue to follow up on all traumas until their shift ends.

UNIDENTIFIED TRAUMAS:

1. ED Desk Operations will maintain log with naming convention and sequential Trauma Registry Names in the ED Discharge Area.
2. Naming convention for all unidentified traumas will use military phonetic alphabet as the last name, TRAUMA as the first name. (Ex: Alpha, TRAUMA; Bravo, TRAUMA; Charlie, TRAUMA; etc.).
3. The patient's date of birth will be listed as 01/01/1900, and the social security number will be the patient's medical record number.
4. The patient will remain registered in IDX with this naming convention for a minimum of 12 hours.
 - a. If the patient's identifying information (name, date of birth, SSN) is obtained prior to the end of the 12 hours, it will be placed in reg-level notes as documentation, to be inputted once the 12 hours has passed. The patient's name should be placed in the alias field in IDX.
 - b. All other patient information (address, next of kin, emergency contact, etc.) may be updated as the information is obtained. There is no need to wait 12 hours.
5. After 12 hours if the patient has been identified, the correct information will be entered in IDX, and unidentified name will be entered as the alias.

Military Phonetic Alphabet

Alpha	November
Bravo	Oscar
Charlie	Papa
Delta	Quebec
Echo	Rameo
Foxtrot	Sierra
Golf	Tango
Hotel	Uniform
India	Victor
Juliet	Whiskey
Kilo	Xray
Lima	Yankee
Mike	Zulu

DOWNGRADE OF TRAUMAS:

1. If the trauma patient does not meet the clinical criteria of a trauma, the Emergency Department will notify the ED Desk Operations Specialist that the patient has been “detransitized”. The ED Desk Operations Specialist will change the patient’s patient type in the patient management system.
2. The ED Desk Operations Specialist will cancel the trauma visit by using the action code, VC. The ED DOS will document under NOTES the reason for the cancellation of the visit.
3. The ED Desk Operations Specialist will select the correct canceled visit and reactivate it using the action code, ZC.
 - d. “ENTER VALID PATIENT TYPE”-enter patient type “OERM”.
 - e. “CREATE A PREADMIT?”-select “No”.
 - f. Enter the correct registration information. Change the attending physician to the correct emergency physician or the generic physician nomenclature of EMERGENCY, PHYSICIAN if the physician is not known.
4. The ED Desk Operations Specialist will final verify the account by using action code, IV. The ED Desk Operations Specialist will document under NOTES the reason for the reactivation of the account.
5. The ED Desk Operations Specialist will print out new labels and face sheet with the correct patient type. The ED Desk Operations Specialist will work with the clinical staff to change the labels on the patient’s paperwork and will document under NOTES the name of the clinical staff member.

Ambulatory Care Services

Policy Number 4.32

MCG Health, Inc.

Page 6 of 6

Subject: Procedure for Trauma Registrations

Effective Date: 3/1/06

Revision Date: 7/1/07

Approved _____

Sr. Vice President of Ambulatory and Network Services
MCG Health, Inc.

_____ Date