VRC VERIFICATION REVIEW CONSULTATION
for excellence in trauma centers

AMERICAN COLLEGE OF SURGEONS
VERIFICATION, REVIEW, AND CONSULTATION (VRC) PROGRAM

6 Data Surveillance and Systems

Rationale

High-quality data are critical to inform quality improvement and measure the performance of trauma programs. This is dependent on having well-trained registry personnel working closely with trauma leadership. High-quality data also allow for focused quality improvement activities and maximize the value of trauma benchmarking programs.

6.1 Data Quality Plan—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

All trauma centers must have a written data quality plan and demonstrate compliance with that plan. At minimum, the plan must require quarterly review of data quality.

Additional Information

The plan should allow for a continuous process that measures, monitors, identifies and corrects data quality issues and ensures the fitness of data for use.

Ensuring data validity is an important part of a data quality plan. Validation may be internal or external.

Examples of external data validation include the Trauma Quality Programs (TQP) Data Center Validation Summary Report and the TQP Data Center Submission Frequency Report.

High-quality data are necessary for focused quality improvement efforts.

Measures of Compliance

- Written data quality plan
- Written results summarizing internal and/or external data validation
- Trauma center's trauma registry data validation report(s)
- Evidence of a comprehensive review of the TQP Data Center Validation Summary Report
- Evidence of a comprehensive review of the TQP Data Center Submission Frequency Report (if applicable)

Resources

None

References

None

6.2 Trauma Registry Patient Record Completion—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the trauma registry must be concurrent, defined as having a minimum of 80 percent of patient records completed within 60 days of the patient discharge date.

Additional Information

A completed record is one where all of the required data have been entered in the registry and the record has been closed.

Timeliness of data collection is necessary so that centers can validate their data and identify opportunities for improvement at the earliest possible time.

Measures of Compliance

Registry report covering the reporting period demonstrating that data for 80 percent of patient records are completed within 60 days of discharge date

Resources

None

References

None

6.3 Trauma Registry Data Collection and Submission—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, trauma registry data must be collected in compliance with the NTDS inclusion criteria and data element definitions, and must have been submitted to the TQP Data Center in the most recent call for data.

Additional Information

The "most recent call for data" is defined as the most recent call for data that occurred more than 30 days prior to the site visit.

As an example: A TQP call for data closed on March 1st. The subsequent TQP call for data closed on June 1st. For a center with a visit on June 15th, they will have been required to collect the data in compliance with NTDS definitions and submitted their data by March 1st. For a center with a visit on August 15th, they will need to meet the standard for data submitted by June 1st.

Data collection using standardized definitions is necessary to allow centers to compare their processes and outcomes with other centers. Timeliness of data collection and submission is necessary to ensure that opportunities for improvement are readily identified.

Measures of Compliance

- Submission of all records meeting NTDS inclusion criteria
- All submitted records must pass the NTDS validation requirements (containing no level I or II flags)
- Submitted records must include at least 12 continuous and complete months of trauma registry data eligible for submission in the most recent call for data (defined above).

Resources

None

References

None