FAQs
VetCOT Trauma Case Registry

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1. **Which cases should be captured in the registry?**
   Any patient sustaining injury caused by an external force.

   NOTE: effective Jan 1, 2022, environmental causes of trauma (e.g., fire/burn, porcupine quills) will be included. One objective is to document the epidemiology of trauma. Patients that are "triaged away" at centers (e.g., broken nail) don't need to be included if not seen by a hospital service. Once data capture has started, the intention is for ALL sequential trauma cases that present to the VTC to be recorded in the registry.

   Other specific examples:
   Cruciate ligaments/IVDD – exclude
   Feline abscesses – exclude (secondary infection due to previous trauma)
   Corneal FB/laceration – include

2. **What are some methods current VTCs are using to track trauma cases?**
   All successful methods required initial education of personnel involved, and ongoing re-enforcement after the system was put in place (some hospitals went through several iterations before finding one that worked best). Some examples:
   a. Line item charge ($0) entered by front desk staff for trauma cases
   b. Hospitals with EMR – a required question for all cases (e.g., "Is the patient presenting for trauma" (Y/N)). In some hospitals, if the answer is "Y" a subset of questions (e.g., ATT/MGCS, other REDCap data points) are populated in the record.
   c. Lead doctors on ER service responsible for documenting all at end of shift or daily (e.g., creating case report form (CRF) for each, adding case numbers to written list in binder, etc.)

   Note: experiences tracking diagnosis codes entered at discharge for "trauma" have not been successful – most solutions have involved flagging cases on the "front end".

3. **What about cases admitted through other services (e.g., surgery, ophthalmology, etc.)?**
   This would be a great use of the internal trauma committee – having the other services suggest what might work for them. The line item (done at admission if common admission desk) and EMR required question work at the hospital level, so would capture these cases.

4. **Do all of the subsets for MGCS and ATT score need to be recorded?**
   Yes.

   Many centers have made laminated (front ATT/back MCGS) copies of the scores and provided them to the ER, surgical service, ICU, any area that might admit trauma cases. Admitting clinicians (technicians, students) can use dry erase to score patient during triage.

5. **When entering cases in REDCap, what is the Registry Subject #?**
   This is a unique number within the registry for each case. The recommendation is for each hospital to create a system of numbering their cases, e.g., UMN001, UMN002, UMN003 OR BPNY01, BPNY02, BPNY03, etc.
   The "***site patient #"*** can be the identifier your hospital uses internally for tracking cases (which can be downloaded with your site's reports for internal use). Many hospitals use 6 and 7 digit case numbers, so the **registry subject #** ensures each case has a unique identifier.

6. **What happens to the data our hospital enters?**
   You are able to download the data from your hospital at any time. Data in the broader registry is accessible only via application process through the registry subcommittee (VetCOT-RS).

   Notification of intent to publish single center data, including research question, is encouraged (in an effort to avoid duplication with proposed multi-center projects).

   If single-center data is utilized for publication purposes, **the following statement must be included in the acknowledgments section of all publications:**

   "The research on which this presentation is based used data from the Veterinary Committee on Trauma Registry. The Veterinary Committee on Trauma assumes no responsibility for the interpretation of the Registry data."

   The following acknowledgement must also be included using the specific language below:

   Study data were collected and managed using REDCap electronic data capture tools hosted at [YOUR INSTITUTION].[1] REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing: 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export

procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for importing data from external sources.
[1]Paul A. Harris, Robert Taylor, Robert Thielke, Jonathon Payne, Nathaniel Gonzalez, Jose G. Conde, Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42(2):377-81.

Please acknowledge the support by CCTSI in any publications with the following text:
This [publication, patent, project] was supported by NIH/NCATS Colorado CTSA Grant Number UL1 TR002535. Its contents are the authors' sole responsibility and do not necessarily represent official NIH views.

Open (free online) access to publications that result from REDCap data use is not required. However, once abstracts or manuscripts are published online, **electronic journal links should be provided to the VetCOT-RS lead**.

7. **How often do cases need to be entered into REDCap?**
   Information can be initially recorded on paper (Case Report Form provided, or hospital specific system) with all case data complete within 30 days of presentation. Ultimately cases must be entered into REDCap by January 31 (cases seen through December 31), April 30 (cases seen through March 31), July 31 (cases seen through June 30) and October 31 (cases seen through September 30).

8. **Do centers need to enter a minimum number of cases each year?**
   While a minimum number of cases seen/entered into the registry is not currently a requirement, the VetCOT anticipates that this will become a requirement for verification in the future (minimum number of total cases, and minimal number of severely injured patients). The decision will be informed by registry data being collected now, current literature, and will certainly be updated with revisions of the "Resources" document (next expected edition: 2023).

9. **Can cases be uploaded via an excel spreadsheet and/or are there other suggested for data entry?**
   There is a system that would allow for this to occur – there is a specific excel sheet template that must be used. Please contact Kelly Hall if your hospital is interested in trying this (it would be a first time experiment).

10. **Can the questions in the REDCap database be modified?**
    Yes. These updates will happen at specific times and are approved through the Registry sub-committee. Please contact the Registry sub-committee lead and/or VetCOT chair if you have recommendations/requests.