



NORTHEAST OHIO REGIONAL TRAUMA NETWORK (NORTN)

Policy: Data Submission Policy

Approved By: NORTN Membership

Effective Date: 4-22-04

Last Revision: 10-30-2016

Overview:

In order for NORTN to submit data to the Ohio Trauma Registry (OTR) in a timely manner, member hospitals are required to submit their data to NORTN or its designee by established deadlines on a quarterly basis. This enables NORTN registry staff time to verify trauma registry data prior to forwarding it to the OTR.

Purpose:

1. To maintain a complete and accurate trauma registry at the regional level.
2. To meet data submission guidelines established by the OTR.
3. To define a hierarchy of notification for delinquent data submissions at member hospitals.
4. To outline the process for data validation and re-submission.

It is the policy of NORTN that:

1. Member hospitals will submit trauma registry data to a designee determined by NORTN on a quarterly basis.
 - a. Data must be submitted following the end of each quarter. Additional data submission files (6 Month Sweep) must be submitted in a separate file when submitting quarterly submission for 1st and 3rd quarters. The deadlines are as follows:

Collection Period	Submission Date to NORTN
1 st Quarter 01/01 – 03/31	06/15
“6 Month Sweep” due for admissions 6/1 – 12/31	
2 nd Quarter 04/01 – 06/30	09/15
3 rd Quarter 07/01 – 09/30	12/15
“6 Month Sweep” due for admissions 1/1 – 5/31	
4 th Quarter 10/01 – 12/31	03/15

- b. Submitted data must be complete and follow the definitions set forth in the NORTN Data Dictionary based on NTDB, State, and Region-specific data elements. All edits must be resolved (It is understood that certain edits cannot be resolved due to the content of the data, e.g., Edit 4042 – GCS2 missing.)
 - c. Regional data validation will be performed by the NORTN Regional Data Manager.
 - d. Post data validation reports will be sent to the Program Manager and the trauma registrar within 14 business days via email identifying any differences.
 - e. Each facility will review the post validation reports and determine if they agree with the findings. Facility can add comments to the initial report and return it back to NORTN Regional Data Manager for review within 4 weeks. Facility will then make corrections to registry regarding findings that were agreed upon.
 - i. An email reminder will be sent to the facility regarding sending corrections to the NORTN Data Manager one week prior to deadline. If the data is not received by the NORTN Data Manager within 4 weeks then no changes will be accepted so that the NORTN Data Manager can compile the Validation summary.
 - f. Facility will re-export data to the NORTN Data Manager within 4 weeks of receiving report. NORTN Data Manager will re-export data to state registry in a timely manner and will return to the facility their re-submission report.
2. In the event a member hospital does not meet the submission deadline, the NORTN Data Manager will notify the ARHA Executive Director. The ARHA Executive Director will contact the hospital's Data Manager and the Trauma Program Manager within two business days and advise of its delinquent status. At the same time, the hospital's Data Manager will be asked to provide information as to when the delinquent data will be submitted to NORTN; in the event the Hospital Data Manager cannot be reached, the Supervisor or Trauma Program Manager will be contacted and asked for anticipated date of data submission.
 3. If no response is received within five business days, or no data is received within 10 business days, a notification via both email and USPS will be sent to the hospital Trauma Medical Director with a copy to the Data Manager and the Supervisor/Trauma Program Manager. NORTN will expect a response within five business days. The purpose of the response is to acknowledge receipt of the notification as well as to obtain information as to when the delinquent data will be sent to NORTN or its designee.
 4. If NORTN still has not received data 20 business days after the submission deadline, a letter will be sent to the hospital administrator or CEO with notification of the delinquent status of the hospital's trauma data. A copy of this letter will be sent to the Data Manager and Supervisor/Trauma Program Manager, Trauma Medical Director and the Chief of Trauma Systems and Research at the Ohio Department of Public Safety or designee. The NORTN Executive Committee will be advised of this action.

5. NORTN Data Manager will submit data to OTR in compliance with state trauma law. Data that arrives at NORTN or its designee late will be sent to OTR within 10 business days of being submitted to NORTN, but is similarly subject to the edit code checks inherent to the registry software as well as the submission report when uploaded.
6. If the OTR submission deadlines change, the deadlines set forth in this policy will be adjusted to remain congruent with the intent of the current advanced deadline of 15 business days.
7. If the OTR sets a re-submission deadline for records identified in the submission report to be re-evaluated, the deadline will be implemented within NORTN 15 business days in advance.
8. In the absence of an OTR deadline for re-submission, the NORTN Data Manager will provide each Hospital their submission report and expect the data to be re-submitted to NORTN within 10 business days. The cycle repeats until no errors exist on the submission report.