Data Collection & Reporting for the Major Trauma Best Practice Tariff

Support Document for Data Coordinators at Major Trauma Centres
Major Trauma Best Practice Tariff: Completing the TARN Submission and Reports

This document has been created to address key questions relevant to the Major Trauma Best Practice Tariff and to assist TARN Data Coordinators in completing submissions & creating reports.

**Background**

The Major Trauma Best Practice Tariff (BPT) will be launched by the Department of Health on 1st April 2012 and is relevant to Major Trauma Centres (MTCs) who are required to deliver care to seriously injured patients. Although funding is attached to individual patients, it is an enhancement of the trauma system or network to improve care. There are certain elements of care which will need to be delivered for the BPT to be paid to MTCs, which will need to be captured in the TARN data set in order for payment to be approved.

The Major Trauma Best Practice Tariff uses the Injury Severity Score (ISS) to assign one of two levels of tariff based on either ISS>8 or ISS>15. For either of these levels, the tariff will be issued if the following criteria are met:

**Level 1: Patients with ISS>8**

- Complete patient data submitted to TARN within 40 days of patient discharge/death
- Rehabilitation Prescription completed and core elements recorded within the TARN Electronic Data Collection System (eDCR)

**Level 2: Patients with ISS > 15**

- Complete patient data submitted to TARN within 40 days of patient discharge/death
- Rehabilitation prescription completed and core elements recorded within the TARN eDCR
- Patient received by a trauma team led by a Consultant within 30 minutes of arrival and recorded within the TARN eDCR
- If the patient is transferred as an urgent transfer (non-emergency), then the transfer should take place within 2 calendar days the recorded within the TARN eDCR

**Process**

All trauma submissions that are TARN eligible should be completed and dispatched to TARN within 40 days of patient discharge/death. Once the submission has been dispatched to TARN, coding and approval will be completed. The TARN Data Coordinator will be able to produce a validation report on the patients to correct any missing data and will have 10 working days to do this.

It is suggested that the first validation report of 2012 should be generated on 30th June and then quarterly thereafter.

Commissioners will be advised to then produce their reports from 3rd week of July and similarly, quarterly thereafter.
The Rehabilitation Prescription

The Rehabilitation Prescription will be completed for every patient identified as having rehabilitation needs due to major trauma. If it is not required, this will need to be recorded in the TARN eDCR.

Where will the Rehabilitation Prescription be found?

The Rehabilitation Prescription should be easily identified in the patient's clinical records that are used to complete a TARN submission.

Who will complete the Rehabilitation Prescription?

The document - Rehabilitation Prescription- should be completed by Health Care Professionals after a multidisciplinary team (MDT) assessment and signed off by senior staff members, at a minimum:

- Specialist registrar in Rehabilitation Medicine or
- Band 7 specialist rehabilitation clinician

What information from the Rehabilitation Prescription will I need to enter on the eDCR?

To qualify for tariff payment, there are 4 key questions that need to be completed by the Healthcare Professionals. These 4 key questions will be easily found at the top of the Rehabilitation Prescription and will be present on the Opening Section of the eDCR:

(a) Rehabilitation prescription (completed or not required) No □ Yes □ Not required □
(b) Presence of physical factors affecting activities or participation No □ Yes □ Not indicated □
(c) Presence of cognitive/mood factors affecting activities or participation No □ Yes □ Not indicated □
(d) Presence of psychosocial factors affecting activities or participation No □ Yes □ Not indicated □

If any of these questions have not been completed on the form, then we suggest that you contact the senior staff member that signed off the Rehabilitation Prescription.

Do I have the option to enter the full Rehabilitation Prescription onto the eDCR?

Should your Trust wish to have the full prescription entered onto the eDCR for future analysis, we have built in this option. Details on how to enter these details can be found below.
Data Collection

All questions required for the Major Trauma Best Practice Tariff will be in both the Core and Extended versions of the eDCR. Questions relevant to the tariff will be in the ‘Opening Section’, ‘ED’, ‘ED Attendants’ ‘Critical Care Attendants’ and ‘At Discharge’ as well as a new section in Core called ‘Critical Care Attendants’.

**NOTE:** It is important that you record the patient NHS Number. If it is not possible to access the NHS Number from any part of the clinical notes/electronic records, please use the default number for ‘missing’: 9999999999.

Opening Section

Within the Opening Section there will be the following 3 new questions:

1. GP Search Facility
2. Rehabilitation Prescription
3. Transfer in – Date & time of arrival at 1st hospital

**GP Search Facility**

It is important that you tell us about the Patient's GP so we can identify the GP Practice Code. The GP Practice code will then allow us to match the patient to their Primary Care Trust/Specialised Commissioning Group. This will help Commissioners to issue a tariff payment.

1. If the patient notes identify that the patient has a GP, click on ‘Yes’.
2. Clicking ‘Yes’ will generate a new question prompting the user to enter the GP Practice Code. This can be entered in the text box. The GP Practice Code may not be readily available in the patient notes so alternatively, click on ‘Find GP Practice’

3. Clicking on ‘Find GP Practice’ will generate a pop up box. To search for the GP Practice, enter at least 3 characters from either one of the following:
   - Post code
   - GP Name
   - GP Practice Name
   - Line of address
   - Town/county

This will identify a list of potential GP practices. Select the correct GP Practice from the drop down menu and click on ‘Select code’. This will auto populate the pop up menu and also the GP Practice code on the opening section.
Rehabilitation Prescription

The 4 key questions required for the Major Trauma Best Practice Tariff will be set as mandatory.

**NOTE:** the order of some answer options have changed their regular format to match the order of the Rehabilitation Prescription. Some answer options may begin with ‘No’

1. If there is a prescription available in the patient's clinical notes, click on ‘Yes’.
2. By clicking ‘Yes’, this will activate the other 3 key questions along with the option to enter the full Rehabilitation Prescription Details.

   ![Rehabilitation Prescription Form](image)

3. If you wish to enter the full Rehabilitation Prescription, click ‘Yes’ for ‘Rehabilitation Prescription Details’. On clicking ‘Save’ this will activate a new ‘Rehabilitation’ location in the left hand side navigation.

4. By clicking the ‘Rehabilitation’ location, all questions present on the Rehabilitation Prescription are available on screen for data entry in a series of drop down and radio button options.
Patients that are transferred into a Major Trauma Centre

If you have the information accessible from the patient notes, it is important to tell us the date and time of arrival at the 1st receiving hospital. This will assist in calculating whether the patient was transferred within 2 calendar days.

1. If a patient has been transferred in, Select ‘Transfer In’ from the ‘Was the patient transferred?’
2. If details are available, complete ‘Date arrived at 1st hospital’ and ‘Time arrived at 1st hospital’

ED & ED Attendants

To measure whether a patient was seen by a Consultant led trauma team within 30 minutes of arrival, the following mandatory questions will need to be completed:

1. In ED, select either ‘Yes’, ‘No’ or ‘Not Recorded’ for ‘Trauma Team’
2. In ‘ED Attendants’, complete the date and time the patient was seen
3. Select ‘Doctor’ from ‘Type of Attendant’ to record that the patient was seen by a Doctor

Critical Care Attendants

Patients that are transferred in to the Major Trauma Centre will also need to been seen by a Consultant within 30 minutes of arrival (if an emergency transfer i.e within 12 hours), however, these patients may bypass the Emergency Department and go straight to Critical Care. A new location has been created in the ‘Core’ to record critical care attendants that works in exactly the same way as ‘ED Attendants’.

1. If a patient has been transferred in directly to critical care, click on ‘Critical Care Attendants’ from the left hand side navigation. If you are in the ‘Extended Dataset’ click on ‘Critical Care’ and then enter the attendants by clicking on ‘Attendants’
2. Complete date and time the patient was seen.
3. Select ‘Doctor’ from ‘Type of Attendant’ to record that the patient was seen by a Doctor

At Discharge/Outcome: Patients awaiting Post Mortem

To ensure that all patients receive the Major Trauma Best Practice Tariff, a new option on the Post Mortem drop down is available called ‘Awaiting Post Mortem’ and allows a user to dispatch a submission without injury details if the patient outcome is ‘Death’ and ‘Awaiting Post Mortem’ is selected.
**Reporting**

It is important to produce the following reports to validate the information on patients that have been submitted to TARN. This will assist in ensuring that all information required for the Major Trauma Best Practice Tariff is fully completed and correct. There will be 10 working days from ‘TARN submission approval’ to validate the information.

After 10 working days, Commissioners from Specialised Commissioning Groups will then access the eDCR to produce the above reports to identify the patients that qualify for tariff payment.

All reports for the Major Trauma Best Practice Tariff are in an Excel format. If you are responsible for producing these reports, please ensure that you have Excel User Rights assigned to your account. If not, please contact TARN on support@tarn.ac.uk

**Report Types**

1. **Best Practice Tariff for Major Trauma: eligible cases level 1 & 2**
   
   This report highlights approved submissions that were dispatched to TARN within 40 days of patient discharge and who have ISS>8.

   The report will allow you to cross check the following fields:

   **General details**
   - Admission Date
   - Discharge Date
   - Outcome
   - Dispatch Date
   - Outcome

   **Key Fields for Best Practice Tariff**
   - Days to Dispatch
   - Consultant led trauma team within 30 minutes
   - Rehabilitation Prescription completed
   - Transferred within 2 calendar days (non emergency transfer)
   - ISS

   **Demographics**
   - Patient’s PCT
   - Patient’s Strategic Health Authority
   - Hospital treating the patient

   Fields highlighted in ‘RED’ will alert a user of missing information or details that do not meet a particular Tariff criteria. This will provide the user with advance warning that the submission may need to be checked to ensure that the correct details have been entered.

   Patients eligible for level 1 or 2 payment are highlighted in ‘Green’.
Example Report for eligible cases level 1 & 2

Making amendments to submissions highlighted in the report

Users will have 10 working days to make amendments to the approved submissions and additional rights will be allocated to the TARN Data Coordinator at each of the Major Trauma Centres to provide access to modify these approved submissions.

If a user is required to make any amendments it is important that TARN are notified. Furthermore any modifications to the injury details will need to be emailed to support@tarn.ac.uk along with the TARN submission ID.

2. Best Practice Tariff for Major Trauma: ineligible cases (dispatched >40 days after discharge/death)

There may be submissions that will not qualify as they were not dispatched within 40 days of patient discharge/death.

3. Best Practice Tariff for Major Trauma: Post Mortem awaiting

This report will list submissions where the post mortem is still outstanding.
How to produce the reports

1. To produce the reports, log on to the eDCR at www.tarn.ac.uk
2. Once logged in, click on ‘Reports’ in the top navigation bar.
3. Click on ‘Create Report’ from the left hand side navigation to access the ‘Report’ drop down.
4. From the list, there will be the following new reports for Best Practice Tariff:
   - Best Practice Tariff for Major Trauma: eligible cases level 1 & 2
   - Best Practice Tariff for Major Trauma: ineligible cases (dispatched >40 days after discharge/death)
   - Best Practice Tariff for Major Trauma: Post Mortem awaiting
5. Select the time frame that you require by completing the ‘Start Date’ and ‘End Date’ fields. The dates must be entered in dd/mm/yyyy format. For your first report, we suggest 01/04/2012 to 30/06/2012.
6. When you have finished setting up your report, click ‘Generate Report’ at the bottom of the screen. You will receive a message saying that your report is being generated. Click on OK
7. Choose ‘Preview Reports’ from the reports menu on the left of the screen.
8. Choose the report from the ‘Reporting Section’ menu. This will bring up a list of any of these reports you have created.
9. When clicking on the report ‘link’, a new screen will be generated and you will be prompted to open the Excel document. Click on ‘Open’ to access the Excel Report.

10. To format the report, so all cells are maximised, click in the top left corner cell. This will select all cells in the spreadsheet.

11. Hover the cursor between cell A & B, and double click. This will expand all cells.

12. Should you wish to sort information in ascending or descending order (such as ISS), click within the table, and click on ‘Custom Sort’ icon. You can then select the cell that you wish to sort.
Commonly asked questions

**How will I know that the patient has been seen by a consultant within 30 minutes?**

A consultant of ANY specialty should be present within 30 minutes of patient arrival and be ‘part of’ the team seeing the patient.

**What if the patient is seen by a consultant but no indication that a trauma team was present?**

If no trauma team is indicated in the notes, but states that a consultant has seen the patient within 30 minutes of arrival, then this will still qualify for the tariff this year.

**What is the difference between an ‘Emergency Transfer’ and an ‘Urgent’ Transfer?**

An Emergency Transfer is a patient that has been transferred within 12 hours. An ‘Urgent’ Transfer (non-emergency) is a transfer within 2 calendar days. ‘Urgent’ Transfers would accrue Level 2 payment if the transfer is achieved within 2 calendar days of referral.

**What if the patient is transferred in? Do they still need to be seen by a consultant within 30 minutes?**

Only if they are an emergency transfer. If the patient is an ‘emergency’ transfer (defined as being transferred within 12 hours of arrival at 1st hospital), then they may be transferred in and seen in the ED or sent straight to theatres or critical care. To record whether a critical care Consultant saw the patient within 30 minutes or arrival at the 2nd hospital, we have added a new section called ‘Critical Care Attendants’. If the patient is sent straight to theatre, then you can record the grade of surgeon and grade of supervisor.

**What if the patient is waiting a Post Mortem? Will this affect payment of the Best Practice Tariff?**

No, it won’t affect payment of the Best Practice Tariff. As highlighted in this document, TARN has modified the system so it allows trusts to dispatch a submission of a patient who has died without injury details. We understand that there can be a delay in receiving a post mortem, and in some cases, can result in a delay of many months. We have therefore amended the ‘Post Mortem’ question to include an option ‘Awaiting Post Mortem Report’ to monitor these patients. The report is accessible to both the Trust and the PCT so any outstanding patients can be reconciled by the PCT. **The tariff for these patients will apply if the submission is dispatched within 40 days of death** and the deceased patient met either the level 1 or level 2 criteria.
For Level 2 patient it states that ‘If the patient is transferred as an urgent transfer (non-emergency), then the transfer should take place within 2 calendar days (of arrival at first hospital).’ How will this be calculated?

If you have the date and time of arrival at the first hospital, then this can be entered on screen in the opening section as described above. This will enable us to calculate if the patient has been transferred within 2 calendar days. There would be no financial loss to the Major Trauma Centre unless the patient was not transferred within 2 calendar days if it was an ‘urgent’ (non emergency) transfer.

**Will a Trauma Unit also be paid the Best Practice Tariff?**

The Tariff is only applicable to Major Trauma Centres, but Trauma Networks will be encouraging Trauma units to submit data so the full patient care can be matched between both Trusts and the overall level of care can be completely assessed.
### Questions Related to the Major Trauma Best Practice Tariff – use this as a ‘check sheet’

<table>
<thead>
<tr>
<th>Question</th>
<th>Important Data to Record</th>
<th>Question Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Number</td>
<td></td>
<td></td>
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</tbody>
</table>
| If Transfer IN                    | • Date / Time of Arrival at 1st Hospital  
• Arrival Date / Time                                                                 | Opening Screen                 |
| GP Details                        |                                                                                          |                                |
| Rehabilitation Prescription       | 4 key questions:  
a) Rehabilitation prescription  
b) Presence of physical factors  
c) Presence of cognitive/mood factors  
d) Presence of psychosocial factors |                                |
| Consultant within 30 minutes      | • Date/ Time  
• Grade  
• Speciality                                                                                                                                 |
|                                   | ED Attendants (CORE)  
Critical Care Attendants (CORE)  
Operations/Theatre                                                                 |                                |
| Trauma Team                       |                                                                                          | ED                             |
| Outcome (If Dead)                 | Awaiting Post Mortem                                                                      | At Discharge                   |