

Fields excluded from the Bi-national Minimum Dataset (BMDS) for Australia and New Zealand

The following table contains a list of data fields which were considered for, and appeared in early drafts of the BMDS, but ultimately excluded from the final dataset.

Fields are grouped by phases of patient care, as in the BMDS. The initial source from which each field was identified (where relevant) is shown. A brief rationale for the exclusion of the field from the BMDS is provided. Where fields were excluded in favour of other data subsequently included in the BMDS, the field number is provided. A copy of the draft BMDS data dictionary may be obtained from the RCH Trauma Service website (http://www.rch.org.au/paed_trauma/database.cfm).

This table attempts to concisely summarise a complex decision-making process which stretched over a number of years. This includes the discussion process and final stated rationale for the exclusion of some fields. Fields which appeared in any form in the final BMDS are not shown here. This includes fields which were combined (such as year, date and time of injury), as well as complex fields which appear in part in the BMDS (such as an early field 'Chemistry/Pathology in ED', which is now contained in the BMDS to record first INR and Base Excess only). Also, only fields which appeared in at least one draft of the BMDS are shown. It will be apparent that although in many instances the rationale for excluding fields was clear-cut, there are a number of instances where a degree of subjectivity was used. Also, there are many other fields contained in at least some other trauma registry datasets which were never considered for BMDS inclusion.

Fields adopted or adapted from international datasets may have been changed in name, particularly where multiple datasets collected similar information. Also, fields may no longer be contained in more recent versions of the datasets from which they were drawn. To the best of my knowledge, all information is complete and correct.

This table was generated from work originally performed on behalf of the National Trauma Registry Consortium by the BMDS Working Party. Use of this document is free, provided that any papers, reports, templates or other documents which utilise the contained information acknowledge its source.

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Key to international datasets used

NTR - Either or both of the Canadian National Trauma Registry Minimum Dataset or National Trauma Registry Comprehensive Dataset - Canadian Institute for Health Information (2001).

NTDB - National Trauma Data Bank Standard Data Set - American College of Surgeons (2001).

DGU - Trauma Registry Record Form - German Society of Trauma Surgery (2004).

TARN - TARN Procedures - The Trauma Audit & Research Network (2004).

UTS - The Utstein Trauma Template Data Dictionary - European Trauma Registry Network (2009).

Key to timing of draft versions of BMDS

Draft version **I** - September 2006

Draft version **II** - October 2006

Draft version **III** - February 2007

Draft version **IV** - May 2009

Draft version **V** - June 2009

Final version - July 2010

Table. Fields excluded from the Bi-national Minimum Dataset (BMDS) for Australia and New Zealand.

Field name	Source of field	BMDS drafts containing field		Relevant BMDS fields	Rationale for exclusion of field(s) from BMDS
		First	Last		
IDENTIFICATION					
Province	NTR, NTDB	I	I	1.01	State (province) information and hospital type can be associated with institution code and stored centrally
Hospital Type	NTR, NTDB	I	IV	1.01	
Episode Unique Identifier	-	II	IV	1.03	Initial concept of Australasian registry incorporated idea of both initial care and definitive care hospitals submitting data; this was later felt unfeasible
Registry Number	-	II	IV	1.01	
Incident Revision Date	NTDB	I	I	-	Date of data entry/update can be generated centrally
Payment Source	NTR, NTDB	I	I	-	Payment sources and amounts difficult to identify; limited use in Australasian public hospitals
Billed Amount	NTDB	I	I	-	
DEMOGRAPHICS					
Race	NTDB	I	I	-	Race and country of birth often undetermined in some jurisdictions; indigenous groups of interest will differ across Australasia
Country of Birth	-	I	I	-	
Residential Postcode	NTR	I	I	3.04	Poorly collected by existing registries
INJURY EVENT DATA					
Country of Injury	NTDB	I	I	3.04	More relevant to Australasia-wide data collection

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INJURY EVENT DATA (ctnd.)					
Work-Related Code	NTR, NTDB	I	I	3.06, 3.07	Activity and Place of Injury more completely cover pre-event activities
PRE DEFINITIVE CARE HOSPITAL MANAGEMENT					
Time from Alarm to Scene Arrival	UTS	IV	IV	4.02	Ambulance response times vary widely between states due to size differences
Time from Alarm to Hospital Arrival	UTS	IV	IV	4.02	
Suspected Injuries	DGU	I	I	-	More relevant to ambulance system audit
Treatment at Scene (Fluids, CPR etc)	DGU, TARN	I	I	4.09	Time-consuming to collect and will differ between trauma systems
Oxygen Saturation at Scene	DGU, TARN	I	I	-	Minimum SaO2 more relevant but time-consuming; FiO2 necessary to be useful
Pre-Hospital Intubation?	UTS	IV	IV	5.13	Information may be inferred from date/time patient intubated and other times
Type of Pre-Hospital Airway	UTS	IV	IV	-	Time-consuming to collect and will differ between trauma systems
Paralytic Agents Affecting GCS	NTDB	I	I	4.18	Information may be inferred from GCS status
Transfer Reason	TARN	I	I	-	Reasons will differ within each trauma system depending on hospital levels and ambulance triage
DEFINITIVE CARE HOSPITAL MANAGEMENT - ED					
Triage Category	-	I	I	-	Value of field limited where detailed ED-based responses not collected

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DEFINITIVE CARE HOSPITAL MANAGEMENT - ED (ctnd.)					
ED Bypassed?	-	I	V	5.01, 5.18	Information may be inferred from other date/time fields
Oxygen Saturation on Arrival	DGU, TARN	I	I	-	Minimum SaO2 more relevant but time-consuming; FiO2 necessary to be useful
Patient Intubated on Arrival	NTR, DGU, TARN	I	I	5.12, 5.13	Information may be inferred from other fields recording intubation details
Patient Intubated in ED	NTDB, DGU, TARN	I	I	5.12, 5.13	
Trauma Team/ Surgeon Response	NTDB, TARN, UTS	I	I	-	Trauma team requirements and responses vary between hospitals
Procedures in ED (eg DPL, chest drain)	NTDB, DGU, TARN	I / IV	I / IV	-	Documentation is unlikely to be consistent across collecting institutions as fields are all time-consuming to collect
Time Until First Procedure in ED	UTS	I / IV	I / IV	-	
Other Treatment in ED (eg fluids)	DGU, TARN	I	I	-	
Drugs Present	-	I	I	-	Documentation is inconsistent and dependent on tests performed
CT in ED	NTDB, DGU, TARN	I	I	6.02	Information may be inferred from Date/Time of CT
Head CT Results	NTDB	I	I	7.01	Injuries may be diagnosed from a combination of examination, radiology and operation
XR / Other Radiology in ED (eg FAST)	NTDB, DGU, TARN	I	I	-	Fields are time-consuming to collect and are not done consistently
RTS on Arrival	NTR, NTDB	I	IV	-	May still be calculated if desired

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OTHER DEFINITIVE CARE HOSPITAL MANAGEMENT					
Admitting Unit	NTDB	I	I	-	Units variable between institutions; multiple units often involved
ICU Admission	DGU	I	I	7.07	Information may be inferred from Length of ICU Stay
Observations in ICU/Ward	DGU	I	I	-	Documentation is unlikely to be consistent across collecting institutions as fields are all time-consuming to collect
Procedures in ICU/Ward (non-OR)	DGU	I	I	-	
Other Treatment in ICU/Ward	DGU	I	I	-	
Chemistry/Pathology in ICU/Ward	DGU	I	I	-	
Hypothermia in First 24 hours ?	-	III	V	-	
Thoracotomy in First 24 hours ?	UTS	II	IV	6.04	Information is covered within (other) Operative Procedures
OUTCOME					
Discharge FIM	NTDB	I	I	-	Fields not routinely collected and cannot be accurately documented (estimated) post-hoc
Discharge GOS	DGU, UTS	I / IV	I / IV	-	
ICD Diagnosis Codes	NTR, NTDB, DGU	I	I	7.01	Abbreviated Injury Scale coding is more specific
TRISS	NTDB, TARN	I	IV	-	May still be calculated if desired
Survival status	NTR, DGU, UTS	I	I	7.03	Information may be inferred from Discharge Destination; 30-day mortality difficult to follow-up