Kansas Collector Users Group
Meeting Agenda
1 to 3 pm March 9, 2011
Webinar Only

1:00 Welcome & Trauma Program Update  Dee Vernberg
1:30 Registry Basics  Dee Vernberg
2:00 Registry Update, Patch, and Linkage  Dee Vernberg
1:45 Scenarios  Dee Vernberg

2:30 Insights from you on procedures cheat sheet  Open discussion
2:45 Possible Future Topics  Open discussion
3:00 Adjourn
Kansas Trauma Program
User's Group Meeting
March 9, 2011

**Scenario 1:** How would you code this chart?

Suppose the Kansas City Kansas Fire Department transports a patient to your hospital ED (SS# 987-45-1234). This patient has never been treated at your hospital. He is stabilized and transferred to a higher level of care. (A copy of his medical record (MR#98748) is sent with EagleMed to the next hospital.) How would you code the information in this scenario? What new variables are used?

**Scenario 2:** How would you code this chart?

Suppose a patient, who has been previously treated as an inpatient at your hospital, is seen in your hospital ED. After being treated in the ED for a short period of time, he is transferred to higher level of trauma care. What record number would be on the ED records that are sent to the receiving hospital?

- Special ED number or ED visit number
- Patient’s medical record number
- Other number
- I don’t know

**Scenario 3:** What does your hospital do?

Suppose a patient, who has NEVER been treated at your hospital, is seen in your hospital ED. After being treated in the ED for a short period of time, he is transferred to higher level of trauma care. What record number would be on the ED records that are sent to the receiving hospital?

- Special ED number or ED visit number
- Patient’s medical record number
- Other number
- I don’t know

**Scenario 4:** How would you code this chart?

A patient is acutely admitted to your hospital (Hospital B) from another hospital (Hospital A). Cherryvale EMS agency transports this patient to your hospital (Hospital B). A copy of the previous hospital’s medical record arrives with the patient (MR#456890).

How would you code the information in this scenario?
**Scenario 5:** What is the AIS code?

Suppose a patient has a Left humerus shaft fracture

What AIS code describes this injury? What is the specific number? What is the severity of this injury? What is the specific severity number?

**Scenario 6:**
Suppose you are checking your trauma record to close the case and you get this check. What would you do?

**Scenario 7:** How would you code these procedures?

A patient is transported to your ED from the scene of injury. In the ED, your physician realizes that the patient needs to be transferred to a higher level of care. The following procedures are performed prior to discharge: chest x-ray, peripheral IV, Foley catheter, and chest tube.
<table>
<thead>
<tr>
<th>Service name</th>
<th>Service #</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Anderson County EMS</td>
<td>30</td>
<td>Anderson</td>
</tr>
<tr>
<td>2 Atchison Hospital EMS</td>
<td>1665</td>
<td>Atchison</td>
</tr>
<tr>
<td>3 Belle Plaine EMS</td>
<td>140</td>
<td>Sumner</td>
</tr>
<tr>
<td>4 Bonner Springs Ambulance Service</td>
<td>190</td>
<td>Wyandotte</td>
</tr>
<tr>
<td>5 Burrton Ambulance Department</td>
<td>220</td>
<td>Harvey</td>
</tr>
<tr>
<td>6 Cherryvale Fire-Rescue</td>
<td>310</td>
<td>Montgomery</td>
</tr>
<tr>
<td>7 Claflin Ambulance Service</td>
<td>330</td>
<td>Barton</td>
</tr>
<tr>
<td>8 Clay County EMS</td>
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<td>Clay</td>
</tr>
<tr>
<td>9 Dickinson County EMS</td>
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<td>Dickinson</td>
</tr>
<tr>
<td>10 Doniphan Co RFD #2</td>
<td>500</td>
<td>Doniphan</td>
</tr>
<tr>
<td>11 Edwards County Ambulance</td>
<td>530</td>
<td>Edwards</td>
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<tr>
<td>12 Ellinwood EMS</td>
<td>550</td>
<td>Barton</td>
</tr>
<tr>
<td>13 Ellis County EMS</td>
<td>560</td>
<td>Ellis</td>
</tr>
<tr>
<td>14 Ellsworth County EMS</td>
<td>570</td>
<td>Ellsworth</td>
</tr>
<tr>
<td>15 Erie Emergency Care Unit</td>
<td>580</td>
<td>Neosho</td>
</tr>
<tr>
<td>16 Finney County EMS</td>
<td>290</td>
<td>Finney</td>
</tr>
<tr>
<td>17 Fire Dist #11 Valley Falls</td>
<td>605</td>
<td>Jefferson</td>
</tr>
<tr>
<td>18 Ford County Fire &amp; EMS</td>
<td>610</td>
<td>Ford</td>
</tr>
<tr>
<td>19 Frankfort Ambulance Service</td>
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<td>21 Greeley County Ambulance</td>
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<td>25 Junction City Fire/EMS</td>
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<td>Geary</td>
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<td>26 Kansas City Fire Department</td>
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<td>27 Kiowa County EMS</td>
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<td>Kiowa</td>
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<td>28 Lane County EMS</td>
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<tr>
<td>29 Larned EMS</td>
<td>990</td>
<td>Barton</td>
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<td>30 Lincoln County Ambulance Service</td>
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<td>31 Linn City Ambulance</td>
<td>1100</td>
<td>Washington</td>
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<td>32 Marion County emergency Medical Services</td>
<td>1160</td>
<td>Marion</td>
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<tr>
<td>33 Meade County EMS</td>
<td>1210</td>
<td>Meade</td>
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<td>34 Miami County EMS</td>
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<td>35 Minneapolis Ambulance Service</td>
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<td>Ottawa</td>
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<td>36 Mitchell County EMS</td>
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<td>37 Morton County EMS</td>
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<tr>
<td>38 Moundridge EMS</td>
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<td>McPherson</td>
</tr>
<tr>
<td>39 Neodesha Ambulance Service</td>
<td>1390</td>
<td>Wilson</td>
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<tr>
<td>Number</td>
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<td>Address</td>
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<tr>
<td>--------</td>
<td>------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>41</td>
<td>Norton County EMS</td>
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<tr>
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<td>Phillips County EMS</td>
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<td>Pottawatomie County EMS</td>
<td>1545 Pottawatomie</td>
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<tr>
<td>44</td>
<td>Pratt County EMS</td>
<td>1570 Pratt</td>
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<tr>
<td>45</td>
<td>Rice County EMS</td>
<td>1640 Rice</td>
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<td>Riley County EMS</td>
<td>1650 Riley</td>
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<td>47</td>
<td>Seneca EMS</td>
<td>1765 Nemaha</td>
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<tr>
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<td>Sheridan County EMS</td>
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<td>Sublette Ambulance Service</td>
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<tr>
<td>52</td>
<td>Trego County EMS</td>
<td>1975 Trego</td>
</tr>
<tr>
<td>53</td>
<td>Woodson County EMS</td>
<td>2110 Woodson</td>
</tr>
</tbody>
</table>
Recoding Injuries in AIS 2005

[Image of a computer screen showing a trauma collector software with a section labeled 'Injury Narrative'. The text in this section reads: 'Laceration of scalp, Intracranial injury NEC, closed']
Click "coding section" tab to recode injuries to AIS 2005.
Clicking "delete codes" button automatically deletes codes and changes "AIS 90" to "AIS 2005" because the arrival date is in 2011.
Click "coding module".

Click "ToCode" button to recode injuries into AIS 2005.
The label "AIS 2005" is visible here.

After clicking "Incode" button, notice the ICD-0 code and the predi codes are populated.

<table>
<thead>
<tr>
<th>ICD</th>
<th>ICD Description</th>
<th>Severity</th>
<th>ISS BFR Pred</th>
<th>AIS Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[873.0]</td>
<td>Laceration of scalp</td>
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<td>6</td>
<td>110600</td>
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<tr>
<td>[854.00]</td>
<td>Infracrani</td>
<td>3</td>
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<td>140685</td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

C:\Documents and Settings\dvernberg\My Documents\users group\2011\March, 2011\materials\Recoding Injuries in AIS 2005.doc
Procedures Cheat Sheet
(Procedures with an asterisk (*) may be performed multiple times. In this case, only enter the first occurrence)

Diagnostic & therapeutic imaging
Computed tomographic studies*
88.01 -Abdominal
88.38 -Bones (including facial bones)
87.03 -Head and Brain
87.71 -Kidney
87.41 -Thorax

X-Ray
87.44 -Chest radiographs*
88.28 -Ankle/foot*
88.22 -Elbow/forearm*
88.23 -Hand/wrist*
88.27 -Thigh/knee/lower leg*
88.26 -Hip/pelvis*
88.21 -Shoulder/upper arm*

Diagnostic ultrasound (includes FAST)
88.76 -Abdomen and retroperitoneum
88.79 -FAST
88.74 -Digestive system
88.77 -Extremeties (doppler, peripheral vascular system)*
88.71 -Head/neck
88.72 -Heart (echocardiogram)
88.79 -Other (multiple sites, nongravid uterus, tital body, FAST)
88.73 -Thorax NEC
88.75 -Urinary system

Angiography
88.42 -Aortography
88.48 -Arteriography of femoral and other lower extremety arteries
88.41 -Arteriography of cerebral arteries
   Angioembolization
   Echocardiography
   Cystogram
38.7 IVC filter
   Urethrogram

Cardiovascular
38.91 Arterial catheterization*
38.93 Central venous catheter*
38.93 Peripheral intravenous* (IV - peripheral, central venous line (PICC, Central Venous Catheter,
   Triple lumen, Cordis, Broviac, Hackman, or other vascular access WITHOUT implanted port or
   reservoir

89.61 Arterial pressure monitoring*
89.62 Central venous pressure monitoring
89.64 Pulmonary artery catheter (Swan-Ganz)*
   ECG*
   Cardiac output monitoring
89.65 Arterial blood gas measurement*
   Pacemaker insertion
38.93 PICC line insertion (vascular access devices)
99.10 Infusion of thrombolytic agent
37.91 Open cardiac massage
99.60 CPR

**CNS**
01.10 Insertion of ICP monitor
01.10 ICP monitoring
(includes insertion)
02.2 Ventriculostomy
   Cerebral oxygen monitoring
03.31 Lumbar puncture
01.01 Cisternal puncture
89.14 EEG

**Musculoskeletal**
86.59 Closure /suture of lacerations
   Soft tissue/bony debridements*
93.54 Application of splint*
93.53 Application of cast*
   Closed reduction fractures
02.94 Halo Traction
   Skeletal Traction
83.14 Fasciotomy

**Genitourinary**
57.94 Foley catheter*
59.8 Ureteric catheterization (i.e. Ureteric stent) with ureterotomy 59.8 [62.2]
57.17 Suprapubic cystostomy (closed)
57.18 Suprapubic cystostomy (open)

**Transfusion**
**Transfusion (red cells, platelets, plasma) over first 24 hours following hospital arrival**
99.04 -PRBC
99.05 -Platelets
99.07 -Plasma
99.74 Plateletpheresis
99.71 Plasmapheresis

**Respiratory**
96.04 Insertion of endotracheal tube
   CPAP/BIPAP
96.71 Continuous invasive mechanical ventilation (<96 hrs)
96.72 Continuous invasive mechanical ventilation (=>96 hrs)
93.93 Non-invasive mechanical ventilation
   Insertion of esophageal obturator airway or laryngeal mask
34.04 Chest tube*
34.91 Thoracentesis*
33.21- Bronchoscopy*
33.24,
33.27
21.21 Rhinoscopy
21.01 Nasal packing (anterior)
21.02 Nasal packing posterior (and anterior)
   Tracheostomy

**Gastrointestinal**
- Endoscopy (includes gastroscopy, sigmoidoscopy, colonoscopy)
- Gastrostomy/jejunostomy (percutaneous or endoscopic)
- Percutaneous [endoscopic] gastrojejunostomy

**Other**
- 93.95 Hyperbaric oxygen
- 93.59 Hyperbaric oxygen Wound
- 93.97 Decompression chamber

**Dental procedures (extraction, wiring, etc.)**
- Dental extraction
- 93.55 Dental wiring
- 99.15 TPN

**Other operative procedures that are essential to diagnosis, stabilization or treatment of patient's injuries**
- Splenectomy
- Laparotomy

**MRI's?**
HOSPITAL PROCEDURES

Definition
Operative or essential procedures conducted during hospital stay. At a minimum, the procedures listed below should be captured for NTDB. The hospital may capture additional procedures. Procedures with an asterisk have the potential to be performed multiple times during one episode of hospitalization. In this case, capture only the first event. If there is no asterisk, capture each event even if there is more than one.

Operative or essential procedures conducted during hospital stay.

Field Values
- Major and minor procedure (ICD-9-CM) IP codes.
- The maximum number of procedures that may be reported for a patient is 200.

Additional Information
- Operative and/or essential procedures is defined as procedures performed that were essential to the diagnoses, stabilization, or treatment of the patient’s specific injuries or their complications.
- Include only procedures performed at your institution.
- Capture all procedures performed in the operating room as well as those that may be performed in the ED, ICU, ward, or radiology department.
- Code as Not Applicable if patient did not have procedures.

Diagnostic & therapeutic imaging
- Computed tomographic studies*
- Chest radiographs*
- Skeletal radiographs*
- Diagnostic ultrasound (includes FAST)
- Doppler ultrasound of extremities*
- Angiography
- Angioembolization
- Echocardiography
- Cystogram
- IVC filter
- Urethrogram

Musculoskeletal
- Closure/suture of lacerations
- Soft tissue/bony debridements*
- Application of splint or cast*
- Closed reduction fractures
- Skeletal (and halo) traction
- Fasciotomy

Genitourinary
- Foley catheter*
- Ureteric catheterization (i.e. Ureteric stent)
- Suprapubic cystostomy

Cardiovascular
- Arterial catheterization*
- Central venous catheter*
- Peripheral intravenous*
- Arterial pressure monitoring*
- Central venous pressure monitoring
- Pulmonary artery catheter*
- ECG*
- Cardiac output monitoring
- Arterial blood gas measurement*
- Pacemaker insertion
- PICC line insertion (vascular access devices)
- Infusion of thrombolytic agent
- Open cardiac massage
- CPR

Transfusion
- Transfusion (red cells, platelets, plasma) over first 24 hours following hospital arrival
- Plateletpheresis
- Plasmapheresis

Respiratory
- Insertion of endotracheal tube
- CPAP/BIPAP
- Continuous invasive mechanical ventilation
- Non-invasive mechanical ventilation
- Insertion of esophageal obturator airway or laryngeal mask
- Chest tube*
- Thoracentesis*
- Bronchoscopy*
- Rhinoscopy
- Nasal packing
- Tracheostomy

XSD Data Type xs:string
Multiple Entry Configuration Yes, max 200
Required in NTDS Yes
Accepts Null Value Yes, common null values
Ventriculostomy
Cerebral oxygen monitoring
Lumbar puncture
Cisternal puncture
EEG

Gastrointestinal
Endoscopy (includes gastroscopy, sigmoidoscopy, colonoscopy)
Gastrostomy/jejunostomy (percutaneous or endoscopic)
Percutaneous [endoscopic] gastrojejunostomy

Other
Hyperbaric oxygen
Decompression chamber
Dental procedures (extraction, wiring, etc.)
TPN

Data Source Hierarchy
1. Operative Reports
2. ER and ICU Records
3. Trauma Flow Sheet
4. Anesthesia Record
5. Billing Sheet / Medical Records Coding Summary Sheet
6. Hospital Discharge Summary

Associated Edit Checks

<table>
<thead>
<tr>
<th>Rule ID</th>
<th>Level</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>6501</td>
<td>1</td>
<td>Invalid value</td>
</tr>
<tr>
<td>6502</td>
<td>1</td>
<td>Procedures with the same code cannot have the same Hospital Procedure Start Date and Time</td>
</tr>
<tr>
<td>6503</td>
<td>4</td>
<td>Blank, required field</td>
</tr>
</tbody>
</table>
**HOSPITAL PROCEDURES**

**Data Format** [combo] multiple-choice  

**National Element**

**Definition** Operative and essential procedures conducted during hospital stay. Operative and essential procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient’s specific injuries or complications.

The list of procedures below should be used as a guide to non operative procedures that should be provided to NTDB. This list is based on procedures sent to NTDB with a high frequency. Not all hospitals capture all procedures listed below. Please transmit those procedures that you capture to NTDB.

<table>
<thead>
<tr>
<th>Field Values</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Major and minor procedure (ICD-9-CM) IP codes.</td>
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**Additional Information**

- Code the field as Not Applicable if patient did not have procedures.
- Include only procedures performed at your institution.
- Capture all procedures performed in the operating room.
- Capture all procedures in the ED, ICU, ward, or radiology department that were essential to the diagnosis, stabilization, or treatment of the patient’s specific injuries or their complications.
- Procedures with an asterisk have the potential to be performed multiple times during one episode of hospitalization. In this case, capture only the first event. If there is no asterisk, capture each event even if there is more than one.
- Note that the hospital may capture additional procedures.

### Diagnostic & Therapeutic Imaging

- Computerized tomographic studies *
- Diagnostic ultrasound (includes FAST) *
- Doppler ultrasound of extremities *
- Angiography
- Angioemobilization
- Echocardiography
- Cystogram
- IVC filter
- Urethrogram

### Cardiovascular

- Central venous catheter *
- Pulmonary artery catheter *
- Cardiac output monitoring *
- Open cardiac massage
- CPR

### CNS

- Insertion of ICP monitor *
- Ventriculostomy *
- Cerebral oxygen monitoring *

### Musculoskeletal

### Genitourinary

- Ureteric catheterization (i.e. Ureteric stent)
- Suprapubic cystostomy

### Transfusion

The following blood products should be captured over first 24 hours after hospital arrival:

- Transfusion of red cells *
- Transfusion of platelets *
- Transfusion of plasma *

In addition to coding the individual blood products listed above assign the 99.01 ICD-9 procedure code on patients that receive > 10 units of blood products over first 24 hours following hospital arrival *

### Respiratory

- Insertion of endotracheal tube*
- Continuous mechanical ventilation *
- Chest tube *
- Bronchoscopy *
- Tracheostomy

### Gastrointestinal

- Endoscopy (includes gastroscopy, sigmoidoscopy,
Soft tissue/bony debridements *
Closed reduction of fractures
Skeletal and halo traction
Fasciotomy

colonoscopy
Gastrostomy/jejunostomy (percutaneous or endoscopic)
Percutaneous (endoscopic) gastrojejunoscopy

Other
Hyperbaric oxygen
Decompression chamber
TPN *

Data Source Hierarchy
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The American Trauma Society is proud to announce its 2011 Trauma Educational Seminar in St. Louis, Missouri, June 13th to 18th. This year’s offering is designed to meet the full scope of training and education for the trauma registrar as well as the trauma program manager and other trauma team members.

**Hotel:**
Embassy Suites Hotel
St. Louis - St. Charles
Two Convention Center Plaza
St. Charles, MO 63303
Phone: (636) 946-5544

*Additional information about hotel is listed below.

**Local Attractions**
www.historicstcharles.com

**PRE SEMINAR EVENTS:**

Monday, June 13th  7:30 am – 5:00 pm

**Trauma Register Course:**  Target Audience: Trauma Registrars, Data Abstractors, Data Analysts, Injury Prevention Coordinators, and Trauma Program Managers

**Trauma Program Manager’s Course:**  Target Audience: Trauma Program Managers, Trauma Coordinators, and Trauma Administrators

Tuesday, June 14th  7:45 am – 5:00 pm

2nd Trauma Overview – 7:00 a.m. – 8:00 a.m.

**Trauma Registrar Course – Day 2**

**Trauma Program Manager ‘s Course – Day 2**

**SEMINAR EVENTS:**

Wednesday, June 15th  7:30 am – 5:00 pm

**Trauma Educational Seminar:**  Target Audience: all trauma related professionals

**TOPICS:**
American Trauma Society, Working For You
2011 National Trauma Data Bank Changes
TQIP: What is it, and how can it benefit your institution
A Trauma Registry Data Driven Injury Prevention Program
Data Validation
Dash Boards: What are they, and how do you develop and use one
ICD-10-CM; Overview of what to expect
Panel Discussion: The Biggest Challenges for the Trauma Program and How to Overcome Them
Thursday, June 16th 7:45 am – 12:00 pm

Trauma Educational Seminar – Day 2

TOPICS:
- Preparing for an American College of Surgeon’s Site Visit, A Trauma Registrar’s Role
- Ergonomics and Their Importance to the Trauma Registrar
- Common Stressor for Trauma Registrar’s and Tools for Success
- AIS 2005 Overview
- Trauma Registrar Certification Exam Question Writing Session

POST SEMINAR EVENTS:

Thursday, June 16th 1:30 pm – 5:00 pm

**Trauma Registry Software Specific Training:** All Trauma Registry Software Vendors have been invited to provide product specific training. Please contact your software vendor for more information.

Clinical Data Management:  cdm@c-d-m.com
Digital Innovations:  sales@dicorp.com
Image Trend:  sales@imagetrend.com
Lancet Technology:  info@lancettechnology.com

Friday, June 17th 7:30 am – 5:00 pm

**AAAM Abbreviated Injury Scaling Course:** The course is designed for trauma nurses/ coordinators, registrars, physicians, hospital records personnel and researchers or engineers who are responsible for injury databases. (Participants should have general knowledge of anatomy.) Topics covered: A brief history of injury scaling methods: the Abbreviated Injury Scale, uses; coding rules and conventions; methods for assessing the multiply injury patient. The course, which includes a total of 14 hours of classroom work, is divided into lectures and work sessions in which actual hospital charts are used for coding exercises. The course does not teach how to use the ICD. It is designed for those relatively new to AIS coding. For more information please contact AAAM at: info@aaam.org

**Trauma Registrar Specific ICD-9-CM Training:** This course specifically designed by certified AHIMA ICD-9 coders and Certified Specialist in Trauma Registries (CSTRs) to provide dedicated training for trauma registrars in ICD-9 coding as it related to the injury population. Anatomic structure, ICD-9 coding guidelines, documentation needs and correlation to injury severity scoring and probability of survival for each abbreviated injury scaling body region will be covered in detail. Additionally lectures on procedure and External Cause (E-code) coding will be provided as well as a in-depth overview of ICD-10-CM coding format, principles, impact, and timeline for implementation. For more information please contact Pomphrey Consulting at: Pomphrey@ntelos.net

Saturday, June 18th 7:30 am – 5:00 pm

**AAAM Abbreviated Injury Scaling Course: Day 2**
The Award Winning Embassy Suites Hotel & Spa
St. Charles, MO

Amenities our Overnight Guests enjoy

Each suite features a bedroom and separate living room with microwave, refrigerator and coffeemaker, high speed Internet access and a work/dining table.

Each of our overnight guests receives a cooked-to-order breakfast in the morning; served for 3 hours every morning in our Garden Atrium. Our cooked-to-order breakfast features fresh fruit, breakfast breads, fresh pastries, cereals, breakfast potatoes, French toast, etc.......Not to mention our cooked-to-order station with chefs to make your favorite pancakes, waffles, omelets, eggs and breakfast meats. All accompanied with fresh juices, teas and coffee. (Trays available for guests that wish to take their breakfast to their room)

Breakfast Times:
M-F 6AM-9AM
Weekends and Holidays 7AM-10:30AM

Each of our overnight guests enjoys our two-hour Manager’s Reception in the evening; including alcoholic/non-alcoholic beverages and dry snacks. The reception is served every evening in our Garden Atrium. The Hotel serves Beer, Wine, Soda, Mixed Drinks and Chef’s Choice of dry snacks; typically including a variety of Fresh popped Popcorn, Chips & Salsa, Mixed Nuts and Chex Mix.

Reception Time:
Every day of the week 5:30PM-7:30PM

The upscale, full-service Embassy Suites Hotel adjoins to the new Saint Charles Convention Center which boasts 84,000 sq. ft. of meeting and exhibit space in addition to 5,200 sq. ft. within the hotel.

The hotel is home to a full-service day spa, Spa Botanica, providing massages, facials, natural nail care, wraps and signature herbal body scrubs to pamper your body, mind, and spirit. Our boutique and spa services are ideal for conferences, special events, weddings, small parties and individuals. (We encourage our guests to make reservations for the Spa prior to arrival, but walk-ins are always welcome)

After enjoying your favorite cocktail during our complimentary Manager’s Reception, come join us in our Cyprus Grille. Expect the unexpected in this fine dining atmosphere; wow yourself and your guests with our festive menu selections. Whether indulging in our specialty Picasso Wings and Homemade Blue Cheese Potato Chips, or dining on our Adobe Pork Medallions and Mardi Gras Shrimp and Pasta – Cyprus Grille is sure to please all tastes. After dinner, finish the night relaxing amidst the ambiance of our waterfall atrium at the Cyprus Lounge, where we present a large collection of premium vodkas, single malt scotches, small batch bourbons, and tequilas. For those wishing to sample local flavors, wide selections of local Micro Brews are available.

Caffeina’s Marketplace Café features Starbucks branded coffees and teas, and other fine quality world-class products and services. Relax and enjoy a Café Latte, Cappuccino, Mocha or Espresso con Panna while satisfying that sweet tooth with any of our scrumptious homemade crumpets and biscotti. Our
internet style café has wireless services available and all the conveniences of a modern day drug and gift emporium.

The Hotel features an Indoor Pool, Jacuzzi and outdoor Sundeck. Our Fitness Center is adorned with state-of-the-art Nautilus equipment, Free Weights and 2 Flat Screen, Plasma televisions.

Fitness Center Hours: 24 Hours

Pool Hours: 6AM-Midnight

The Hotel is happy to offer complimentary Shuttle service (within a 3 mile radius) for all Hotel guests. Shuttle will take guests to Historic Main Street in St. Charles (featuring over 125 boutiques, specialty stores and restaurants) Ameristar Casino, Harrah’s Casino, Dave & Busters and The Bass Pro Shop. During your stay, please feel free to stop by our Concierge’s Office and pick up your visitor guide. This will ensure you see all that Historic St. Charles has to offer.

Shuttle Hours:

Sunday – Thursday 7AM-11PM

Friday – Saturday 7AM-12AM