



GREETINGS CDM CLIENTS

Yikes, WHAT A YEAR!! CDM has worked on so many enhancements that you will have to read this entire newsletter to get the skinny on all our happenings. Let me attempt to summarize what you can look forward to reading about: HL7, XML, NEMESIS, PIPS screen, UPDATES, eTraumaBase Web-Link Technology, AIS05 CDM-Map, Traveling CDM Training Conferences, WebEx Videos/classes, 5-for-4 WebEx courses, ED-Base, Meeting-Base, ICU-Base, Bariatrics, Mass Causality, ACS-CDM access, ABA downloads, and more! Again I say, Yikes!!

CDM has had an extremely productive and exciting year. We have expanded our client base, our staff, as well as the products and services we can offer to our clients. Please take the time to visit our new and improved web site, www.c-d-m.com. Within the site you will see all our recent updates, a 'Links' page providing useful trauma data links, access to our knowledge-base and educational videos, and information about our traveling CDM Conference.

I hope that you will not hesitate to contact CDM if, in this coming year, there might be services, modules, products or training we could provide to your program. Much of our efforts are productivity driven. We look for avenues to make your work efficient, secure and reliable. Whether it be a smoother more

efficient preparation for ACS surveys, internal CQI and meeting attendance tracking, or perhaps a more streamlined data entry process combining training for adjustments to screens and development of imports from other data sources, our goal is to lighten your load.

As we enter 2009, we at CDM wish each of you a peaceful and tranquil year. We appreciate each and every one of you. Remember, no question is too simple and no problem insurmountable. It is our privilege to serve your programs and we look forward to the wonder of the coming year.

Beverly Tinnell, CEO



Training Promotional! 5 - for - 4 WebEx!

CDM is excited to offer our clients the opportunity to purchase five one-hour training sessions for the cost of four! This promotion represents a cost savings of \$150.00 and is valid for 12 months from date of payment. To qualify for savings, payment of \$600 must be made with the annual maintenance invoice. Select from the class topics, dates and times outlined in the '2009 Web-Based Training At A Glance' overview, sign up through CDM administration, and you are set!



CDM Holiday Highlights:

CDM Training Conference 2009:
March 18-19th
Cincinnati, Ohio

Top 10 list
Preparing for a
Site Visit

New Things: HL7, XML,
NTDS, NEMESIS

News from Your
Support Hub

Retirement Congrats!

July 1st, 2009 marks the retirement of 16bit systems. 'Mr.16bit' has been a dependable and trusted friend to our team for many years, however his age is showing – he is slow, less capable of processing, and just down-right out-of-date!

Pretty soon he won't even be able to hold his own in the Microsoft world. If you are a TraumaBase or TraumaBasic system that has not migrated to the 32bit system, please contact CDM's administration, (303) 670-3331 ext. 1, to get more details on the upgrade. As of 7/1/09, 16bit's retirement date, a legacy fee will be added onto your normal maintenance fees to cover support and updates to the 16bit systems.

If you are unsure if you have upgraded to the 32bit platform, here is how to find out: From your trauma registries main menu select ' Help' > 'About' > look at the line for 'OI Version': if it reads 3.7.2 or 3.7.5 you are still at the 16bit level – please contact Toni!



CDM Training Conferences 2009

- Kathy Cookman

Client feedback has always been appreciated and we listen to each comment. Whenever possible, we implement your suggestions to enhance our business. Several of you have mentioned difficulties with the altitude when training in Breckenridge, budget constraints for travel, etc. Therefore, in 2009, we will be revamping the training opportunities provided by CDM to our clients.

We start by taking training on the road. Our first offering will be held in Cincinnati, OH with the Cincinnati Children's Hospital Medical Center as our host. Conference dates will be March 18-19. Keep an eye on the CDM Website for more information!

Each Training Conference will contain hands-on computer training relating to a large variety of topics, for all user levels. The two day venue will also feature presentations and posters on trauma related topics. As with all our training venues, CEU's will be offered.

CDM Wishes You Happy Holidays!



Folks in Minnesota and Texas have expressed an interest in hosting the other two sessions for 2009, and we will host a Colorado session in the first quarter of 2010. However, at the time of print of this newsletter, no final plans have been made. If you would like to host a CDM Training Conference, please contact Toni as soon as possible, (303) 670 – 3331 ext. 1. She can provide materials for you to review in making a determination.

Fast Track Your Version 7 Conversion

Version 7 conversions are going great. Every week more users are jumping from Version 6 to Version 7 and never looking back, the improvements are immeasurable! We now have a process to get you live in your Version 7 faster - what we call our 'Fast Track.'

When you convert to Version 7 we do not get rid of your Version 6 screens; we convert these to Version 7 along with all your codes, reports, merges and patients. You can go live with your Version 7 in ONE DAY. You can continue to use your Version 6 screens to do your day-by-day data entry, while getting acquainted with the improved Version 7 entry screens. If you would like more information about 'Fast Tracking' your Version 7 conversion, contact the Support Hub, (303) 670-3331 ext. 2.

It's hard to believe that another year has come and gone. Last year was the first anniversary of CDM's Version 7 launch, and, to date, we have had a significant amount of our clients converted from Version 6 to Version 7.



Our clients are excited about the enhancements of Version 7 providing greater flexibility with data entry, import/export functions, enhanced reporting and more support level utilities. In December, our Version 7 TraumaBase users will be receiving a PIPS (Performance Improvement Patient Safety) screen which will make living with the Quality Improvement process a breeze! (See details in the newsletter under 'PIPS Holiday Gift.')

VERSION 7 Update

If you have not yet purchased the Version 7 upgrade, and would be interested in viewing its features and benefits, go to our CDM website at www.c-d-m.com and take the tour exploring the TraumaBase 7 demo located on our home page.

To obtain information on how to proceed with moving from your Version 6 to Version 7, contact our administration department at (303)670-3331 ext. 1, or email us at admin@c-d-m.com.



New Things: HL7, XML, NTDS, NEMESIS

- Skip Tinnell

CDM has developed several interesting and useful new features for our software in the last year. Our goal with these new features is to make it easier to move data around, from, and to, various other systems, to make it easier and quicker to track performance improvement information, and to give you some new tools to help manage your data.

In the realm of moving data, we have concentrated, recently, on two main areas: HL7 and XML. HL7 (Health Level 7) is a set of message standards that many hospitals are using to enable the various medical information systems to share data. For example, your hospital may want to integrate data from a laboratory system with a financial system. Using the HL7 standards is a way to use a common 'language' for systems to 'talk' to each other. At CDM, we have had tools to import and export data for many years. Since many hospitals either use HL7 already, or want to, we have added this option to our available import/export formats. While HL7 is a commonly accepted set of standards, several different versions exist, and there is great flexibility with the standards for customization.

XML (extensible markup language) is a way to format data so that other systems, especially web browsers, can interpret the data. The National Trauma Data Standard (NTDS) and the National EMS Information System (NEMESIS) both use the XML language for their data submission. Like HL7, XML is very flexible, with many different 'flavors'. Fortunately, XML data files are easy to read and decipher, and most XML data files have a 'schema', which is essentially a map of the data structure. XML is mostly used by web browsers to display data, such as reports, on the internet. However, any system can use XML to share data. For example, one version of HL7 uses the XML language for sending hospital information messages. You will soon see XML as one of your import/export formats.



With HL7 and XML options available, it will be easier to get data out of, and into, CDM systems. Also, we will soon be able to import and export NEMESIS data, as it is built around XML.

Web-Based Training 2009

- Kathy Cookman

Do you have an hour to spend online? Do you have a need to learn certain aspects of the database? Or maybe you need a refresher session on running reports? Whatever the reason, the web-based training sessions for CDM may be the answer you're looking for.... And they're affordable!

Every Thursday (with the exception of holidays) and some other weekdays, web-based training sessions will be available to CDM clients. To register, you can go online at www.c-d-m.com or call Toni at the office. The calendar of sessions is posted online and will be sent monthly via email, as a reminder. You will have the

opportunity to learn from a variety of CDM staff, or consultants, who share their expertise in this unique and productive setting.

Wish to share the cost of a session with others at your facility? Consider using a speaker phone and a projection screen to share the remote instruction with your group in your conference room. One fee, one connection, but several participants.... how great is that!

January classes offered include:

Course	Topic	Date	Time	Instructor
REPORT200 (Intermediate)	Introduction to Activity Reporting	01/08/09	10:00 a.m. MTN	Caroline Israel
TOOLS200 (Intermediate)	Introduction to TCL 01/15/09	01/15/09	10:00 a.m. MTN	Jody Summers
TOOLS100 (Beginner)	Introduction to Edits 01/22/09	01/22/09	10:00 a.m. MTN	Caroline Israel
UNIQUE002 (All Users)	National Trauma Data Standards	01/29/09	10:00 a.m. MTN	Jody Summers

Also look for CDM's Training Promotion with your yearly maintenance. We have a 5 - for - 4 offer to help you in your budget planning and give you a break on WebEx training costs!



AIS05 Update for 2009

If you are using the AIS05 coding in your trauma registry, you will be receiving an update in the near future. The changes contained in the update are mostly adjustments to descriptions and some code revisions. These changes came directly from AAAM and are now officially approved.

CDM continues to work closely with AAAM to provide the computerized ICD9-AIS05 Excel tables for AAAM's distribu-

AAAM AIS05 Classes: Watch for official AAAM injury scaling training courses: Visit aaam.org for their 2009 course schedule!

tion. In addition, CDM and AAAM have been working in concert to establish a CDM-Map which will work within TraumaBase (using CDM's Finder), and as a standalone, to do AIS to ICD9 mapping.

Some of our hospitals are still using AIS98 coding only, some do dual coding for research and state/regional constraints, and many have made the leap to AIS05. If you are considering moving into the AIS05 realm, please contact CDM for AAAM licensing information and training requirements.



Marketing Bulletin

- Dana Loomis

The staff at Clinical Data Management has been busy in 2008 developing several new registry options for your hospital. Our goal this upcoming year is to provide you with more comprehensive registry choices for your state/regional systems, other departmental registry systems to work closely with TraumaBase, and add-on modules to enhance your existing trauma registry. Our newest developments include:

CDM Web-Link Technology:

- * eTraumaBase – State/Regional collaborative systems
- * TraumaLite – Allows level III-IV facilities to enter data via the web and export to their state system.
- * ICUBase: a comprehensive research-based data registry system for ICU use with optional connectivity to TraumaBase.

MeetingBase is our new database used to track departmental meetings, produce documentation, and correlate patient and provider information that will integrate with your current TraumaBase registry or stand-alone.

MeetingBase database module allows tracking of all important information for a department meeting, such as an M & M or PI committee meeting. It creates rosters, agenda and minutes, and updates patient and provider records. It can greatly simplify the production of year end summaries of provider attendance and participation, and can make it much easier to keep track of patient PI activity.

TraumaBase Modules: Several modules are available as add-ons to your TraumaBase registry. These modules are very affordable and allow you to enhance your existing system quite easily, we offer: Burn Module, Ortho Module, Emergency Department Module, Mass Casualty Module, and a Bariatric Module.

Remember to keep these options in mind as you make plans for 2009. Please contact the Sales and Marketing Department, (303)670-3331 ext. 4, if you need additional information on any of these items. We will be happy to set up a WebEx demo for you to take a closer look at these products.

News from Your Support Hub

Documents and Videos:

Did you know that valuable TraumaBase documents and informational videos are just a mouse click away??? They really are!!!

Simply go to the CDM website (www.c-d-m.com)

- * Click on the 'Client Login' text at the top right portion of the page.
- * Click the 'Client Only Login' text. Enter `cdmclient` for the username, `evergreenlk` for the password.
- * Click on the KnowledgeBase text.
- * Click on the Category of interest and you will see the available documents.
- * Click the document or video you wish to see.

ACS Visits:

Are you having an ACS Review or Consultation in the next few months?

Are you feeling nauseous because you might not be able to create that obscure report that the reviewer insists he needs immediately????

Never fear, Support Hub is here. CDM never wants to leave you with that sinking feeling that you are on your own.

Please let us know in advance when you are having your ACS site visit (specifically the chart review portion of the review). On the day of your survey, CDM is on code RED alert for your call and we are ready to help with any TraumaBase related questions. If your chart review falls outside of our office hours, you will be provided with the CDM hotline and a friendly courteous support person to help walk you through any TraumaBase related issues.

Congratulations to all clients who in this past year we have gone through this process with success and relief. Many have told us that having access to CDM during their reviews was invaluable, even if they ended up not calling during the review itself.



TOP 10 LIST: Preparing for a Site Visit

10. **Have Patience!**
This too shall pass.
9. **Flexibility**
It's important to be flexible with your time, talent and treasures!
8. **Validation**
Be certain to VALIDATE your trauma data!
Did you know you can keep track of this process in TraumaBase?
7. **Reporting**
Generate reports to cross-check your patient population for the survey. Did you know there are pre-set reports in TraumaBase that will help you complete the PRQ for site visits? Also, there are reports that will show you which charts to pull for the surveyors review.
6. **Verify**
Please re-read the PRQ "Before" you hit send.
Double check your math!
5. **Chart Prep**
Pull the chart categories ahead of time, tab the key sections, develop a color-code system for each tab, prepare a reference sheet for each reviewer, grade your charts.
4. **Meeting Attendance and CME**
Are you monitoring physician compliance with meeting attendance and CME? Did you know TraumaBase can keep track of both of these for you?
3. **Patient Summary**
These are helpful and should be printed and attached to each chart being reviewed.
2. **PI Loop Closure**
Do you have solid performance improvement documentation that shows loop Closure? Did you know TraumaBase can help you show this?
1. **Phone A Friend!**
Give CDM SupportHub a call the minute you know the dates of your site survey. They will put you onto the calendar and make certain some one is available to assist you, no matter what day or time.

CDM Web-Link Technology is now available. This capability allows data entry and reporting via a web-based portal for smaller volume facilities, as well as a download portal into regional and state repositories, for larger volume facilities. CDM's secure web-server also permits access to regional and state identified aggregate data for participating groups.



eTraumaBase© not only serves trauma systems but allows small volume facilities, not currently participating in system data collection, to track their trauma patients via the web and transmit data to state registries. For example, in Texas, smaller volume facilities are required to download data to the state, track a limited number of performance improvement issues, as well as track reporting volumes for verification reviews; all of these things can be done via our CDM Web-Link Technology.

For Trauma systems, such as State Trauma Registries, RETACS, RACS and other regional systems eTraumaBase© is full-featured. Designed to enhance, encourage and maintain the momentum trauma systems strive to encourage, eTraumaBase© facilitates



offers security based control by the system administrators, automated usage reports for administrative tracking, and email connectivity for system questions/issues. CDM's Web-Link Technology allows faster access to data submission and retrieval, as well as the ability to effectively and quickly make changes to the state system.

CDM Web News!

- Caroline Israel

Happy Holidays Everyone! I just wanted to give you an update on what's been happening with the CDM website.

Coming in 2009, the CDM Web Store will go on-line! The store will contain some of our smaller stand alone products like CDM-Map: a stand-alone AIS05-ICD9 coder, and CDM-Calculator: a stand-alone trauma scoring calculator used to enhance ones understanding of severity scoring in trauma patients.

We have added a 'What's New!' section on the home page. This is meant to be a quick glance notification when new items have been posted. New items may include: updates, training schedules, training events, additions to the KnowledgeBase and new videos. And speaking of videos....

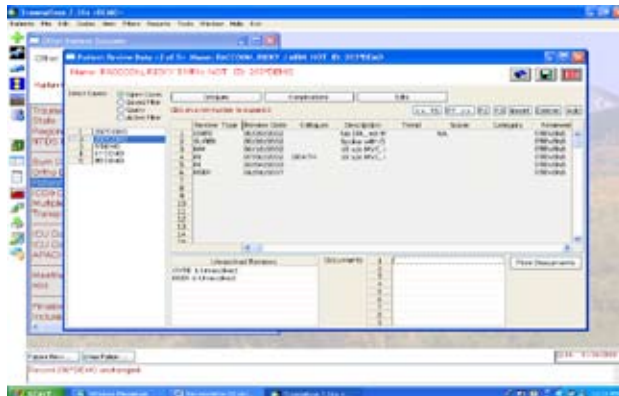
This year we will be adding more training videos for you to download. These videos include a demonstration of some of Support Hub's frequently asked questions. Examples of future videos include: 'How to Export to Your State or Region', 'How to Add or Change a Code Group in Your Data Entry Screens', and 'How to Re-Order the Fields in the Data Entry Screen'. Videos currently available include: Check Codes, Data Entry, Version 7 Overview and Reporting Overview. All videos show TraumaBase Version 7. If anyone has suggestions for other videos, please let me know. Email your suggestions to: caroline@c-d-m.com.

Also, did you know you can access the CDM web site from web-enabled phones? Just launch the browser and go to www.c-d-m.com. Check the 'What's New?' section; check out the training schedule; you can even read documents from the KnowledgeBase! How cool is that!

PIPS Screen Details

- Skip Tinnell

We have several new things to hopefully make it easier to keep track of your PI data. One of these new things is a new PIPS screen. This screen combines a Browse List and the Review Code Group. To refresh your memory, a Browse List is a list of records obtained by a 'SELECT' command or from a Saved List (also known as a Filter). You can use a Browse List in a data entry screen and roll backward and forward seeing each record in the screen. It is a very useful way to view a group of records. What we have done is to incorporate this function into a special Review screen. Using the 'Open Patients' feature, we get all the 'Unresolved' records and enable you to easily update the PI information for each of the 'open' records. It is a very easy way to quickly update these records. This new screen is for Version 7 users and is being released soon.



PIPS Holiday Gift

- Beverly Tinnell

The Colorado CDM staff came quickly to my office when they heard the squealing sounds emanating from my desk. I am, in fact, a 50 year old kid-at-heart. I own this reality, and get emotional and excited very easily. What was so exciting this time, was a new data entry PIPS screen Skip has made for Version 7 TraumaBase users. This is going to knock your socks off – for sure.

PIPS stands for 'Performance Improvement Patient Safety, and follows prestigiously in the wake of such acronyms as QI, CQI, PI, Audits, Critiques. TraumaBase has contained a complication, critiques and review screen for many years. TraumaBase has had list making capabilities, and Version 7 allows the user to look at a list review a patient might have open while doing data entry. TraumaBase has also had the ability to make merge letters to agencies, print summaries forms for patients to be reviewed, and create statistical summaries on groups of patients with critiques....

But now it is all in one place! Yeah.



If you use all the tools TraumaBase has to help with the PIPS process you will love this new screen. If you have been afraid to take on this task because it seemed complex, it's time to come into the light! We are releasing the new PIPS screen in late December, along with a VID (available on the CDM web site) you can download. We have shown this screen to several power users of the PIPS process in TraumaBase and everyone of them have loved it. Happy Holidays – I know this is going to make your CQI/PIPS process work smoother!

NTDS Submission Timeline for 2009

NOW – If you do not have a username and password for NTDB Data Submission go to www.ntds.org and create a submission account. This will also add your email address to get the latest news from the NTDB.

January 2009 – Install the Clinical Data Management 2009 NTDS Update for your Trauma Registry. This update will be released in January 2009. We will be emailing all clients several times to remind people to download it from our website and how to fully install it.

February/March 2009 – NTDB will release the "Call for Data". This will state that you must submit your 2008 patient data by May 8th, 2009 (subject to change by NTDB) to be a part of the NTDB Annual Report released in the fall of 2009. CDM Highly recommends you plan to complete your data submission by April 15th.

May 8th, 2009 (subject to change by NTDB) – This is the last day to submit data to be included in the NTDB Annual Report, released in the fall of 2009. If you want to meet this deadline and need assistance from CDM you must contact CDM by the beginning of April, 2009 to insure ample time to accomplish this goal.

NTDS Update

- Jody Summers

The first year of NTDS submission to the NTDB went great. In fact it exceeded the NTDB's expectations. On a national level over 500,000 validated records were uploaded from 435 facilities nationwide, with a large number of those coming from Clinical Data Management clients.

Throughout the whole year many lessons have been learned and a few minor changes have been made to the NTDS and CDM data submission. Keep an eye out for the email announcement of the NTDS 2009 update (to be released in January 2009). This update and documentation will walk you through any changes you may need to make to your system. As well, a new 'How to Submit NTDS Data' document will be released to help you validate and submit your record.

Research

- Beverly Tinnell

What's in a research project? You probably know innately that it's not a simple process, however, how difficult could it really be? Put together a few questions, get a few folks to answer the questions, do some tallying, and voila 'done', right? We work with data all day long - CDM's fundamental purpose is to assist in the capturing of clean data so that true reliable and meaningful analysis can be accomplished. We have done this for over 25 years and continue to strive towards this goal. Every update CDM releases contains many tools, programs and intricacies formulated to this purpose. Although TraumaBase contains many tools to help our client's, trauma people sometimes look at the prospect of doing research and become easily intimidated. So you can imagine my delight when from the voice of a 17 year old the deepest truths about research flowed, innocently. Keep it straight forward, simple, clean.



This fall CDM began the task of analyzing data from a local non-profit called 'Mountain Resource Center', a group formulated to bring together community members and assist individuals and families in need. One of the programs we assisted with is the 'Early Childhood Development' group, analyzing data they collect on the development of young children. Using a simple questionnaire, developed by the center, the teacher is asked to assess the developmental stages of youngsters in their program twice a year. They evaluate progression of skills, to determine if the program is succeeding, and to determine if any of the children are in need of further services.

After doing the statistical analysis for the last four years we were happy to involve Anna, our high school senior, in the process. She took to it like a

fish to water: setting up the new survey form in our databases based on their collection tool, checking all the pick-lists and adjusting them as needed, and entering all the data. She ran into some intuitive questions: 'How do we enter in a child whose age category changed in the middle of the year? The questions filled in are different.', 'Why don't they fill in one form for each child, instead of two (or sometimes three) for each time they do the evaluation? Wouldn't that work better?', and 'Why do they have different forms for all the different classes if the questions are always the same? Why not just have the teacher fill in the name of the class(s) on one form?' When Anna finished the calculations and the research documents, I asked her to do the presentation for the Center, since she had done the entire project, with some guidance.



During the presentation she laid out a clear interpretation of their data, showed some of the questionable areas, detailed several suggestions for next year's project, and offered to assist in the project work next year. Conclusion: We are all researchers. Some of us are more innately equipped to analyze data, but with practice all of us can become better at this skill. I hope this encourages each and every one of you to develop research projects using your TraumaBase trauma data; this is truly what registries are all about. Any dissection of data can help a program impact the community in which it lives, any project can help individuals come together to better help each other.

By the way The Center used Anna's analysis, made the changes she suggested to their data collection tools, and has asked her to do the analysis next year! What a kick!

CDM Wishes You a Prosperous New Year!

