

	SOURCE Medical examiner's	ADVANTAGES  • very detailed	DISADVANTAGE(S)  • rarely available
		very detailed     complete listing of injuries	rarely available     requires extra steps to obtain
100	reports Autopsy reports	complete listing of injuries     very detailed if well done	requires extra steps to cottain     brain exam may be skipped
'MedPartners'	Autopsy reports	very detailed if well done	because time consuming:
Traces or directo			therefore some injuries may be
200			missed
			can be sketchy if not well done
			not available for all deaths
	Operative reports	very precise if well done	not available for all injuries
	Орения перопо	external measures usually	not available for an agents
		described	
		<ul> <li>frequently typod</li> </ul>	
	Radiology reports/	· usually good source of injury	misdiagnosis possible
	imaging studies	detail	or sometimes not conclusive
		· complete descriptions	(e.g., rib fractures)
		· especially good for fractures	
	Nursing or ICU notes	· good for description and	sometimes illegible
		location of external injuries	
		· sometimes contains graphics	
		of external injuries	
		<ul> <li>often best source of duration</li> </ul>	
		of LOC	
	Physician progress notes	precise and useful, but only	detail sometimes lacking
		within specialty	often illegible     many non-verified diagnoses
	ED record	good descriptions of external injuries, esp. nurses' notes	<ul> <li>many non-verified diagnoses</li> </ul>
	The state of the s	legible high level "overview"	variability in completeness of
	Discharge summary	legible high level "overview"     of case	variability in completeness of injury details.
		ot case	often skips or misdiagnoses
	1		injuries depending on who is
			dictating
	Face sheet	contains list of diagnoses	not complete
	(discharge summary)	contains ICD codes	insufficient detail
	"Field" records	contains information about	may be incomplete
	Ambulance run sheets	condition at scene, LOC.	not always available
	Police reports	blood loss	
	Bystander		may be unreliable
		event	,
	Patient (self-reported)	· may report useful information.	may be unceliable.
	Canada (canada para a p	about injury event or	
10/1/2018		causative factors	

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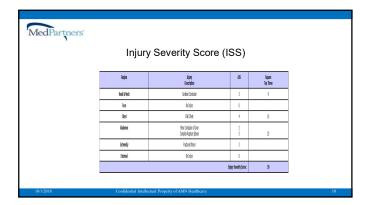
Other Information Available from the ME/C

- Demographics
- Injury Description
- Scene Information (such as address)
- ❖ Mechanism of Injury
  - ➤ Position in vehicle
  - ▶Restraints, airbags, crash helmets
- Pre-existing conditions

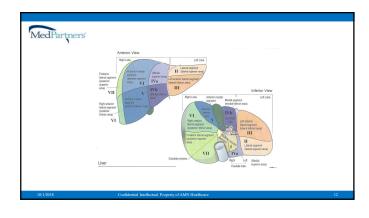
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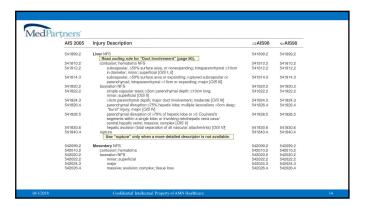
## Questions from Consultants Hierarchical Coding

Q: CT scan abdomen/pelvis – spleen normal; kidneys and adrenal glands normal; liver laceration grade IV injury – multiple deep lacerations. The patient is taken to OR where the operative note states liver laceration grade V injury. What would you code?

541828.5 Parenchymal disruption of >75% of a lobe or >3 Couinard's segments in one lobe.

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## Questions from Consultants (Continued)

My trauma surgeon notes indicate the patient had a flail chest, but the autopsy report does not indicate this, only 6 unilateral (right) rib fractures.

Which should I score?

I would score as 6 unilateral rib fractures (450203.3) not > 5 flail ribs (450213.4)

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<ul> <li>??? Questions from Consultants (Continued)</li> <li>A patient was rushed to the OR and they found certain injurit opening a chest or abdomen. Some injuries are found and lit OP note but not listed in the autopsy report.</li> <li>How do I code?</li> </ul>
Based upon the autopsy report
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- the OR and they found certain injuries after men. Some injuries are found and listed in the the autopsy report.



The Electronic Medical Record (EMR) contains a CT of the Abdomen/Pelvis that notes a grade IV liver laceration. The autopsy report states "There is a 1.2 cm parenchymal laceration of the liver". This is consistent with a grade III laceration.

The radiology report would give me a higher ISS score, why wouldn't I use that?

The autopsy report is considered more accurate than the CT



Questions from Consultants (Continued)

Why can't the ME grade injuries rather than using vague terms?

It is not required that the ME grade injuries, but only that they accurately and completely document them in the report.

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Questions from Consultants	
My facility does not get autopsy reports. What can I do?	
Open a dialog between the Trauma Program and the ME/C office. There is no federal prohibition (e.g. HIPAA) to such information sharing and	
state/local statutes should encourage this public health information	
sharing.	
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MedPartners'	
Questions from Consultants (Continued)	
This patient died in our hospital, but there was no autopsy performed.	-
How do I get updated injury information?	
M- 1D	
You can't. But had an autopsy been performed, the information for the	
trauma system could have been more accurate.	
This is the public health contribution of the ME/C and the	
Performance Improvement goal of the trauma program	