

1 Department of Health

2

3 Adopted Permanent Rules Relating to Health; Traumatic Brain

4 Injury and Spinal Cord Injury Registry

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6 Rules as Adopted

7 4643.0010 PURPOSE, SCOPE, AND APPLICABILITY.

8 The purpose and scope of parts 4643.0010 to 4643.0040 are
9 to prescribe requirements applicable to the statewide traumatic
10 brain injury and spinal cord injury registry, including what
11 information must be reported, who is required to submit reports,
12 when reports must be submitted, the provision of registry data
13 to public and private entities, and fees to be charged for
14 compiling or analyzing registry data.

15 4643.0015 INCORPORATIONS BY REFERENCE.

16 The Fourth edition of the International Classification of
17 Diseases, Clinical Modification, 9th Revision, 1991, and
18 corresponding annual updates is incorporated by reference. It
19 is subject to frequent change, is published by the United States
20 Department of Health and Human Services, Health Care Financing
21 Administration, and may be purchased through the Superintendent
22 of Documents, United States Government Printing Office,
23 Washington, D.C. 20402. It is available through the Minitex
24 interlibrary loan system.

25 4643.0020 DEFINITIONS.

26 Subpart 1. **Scope.** For purposes of parts 4643.0010 to
27 4643.0040, the following terms have the meanings given them in
28 this part.

29 Subp. 2. **Commissioner.** "Commissioner" means the state
30 commissioner of health, or the commissioner's designee.

31 Subp. 3. **E-Code.** "E-Code" means the ICD-9-CM
32 classification code assigned to describe the environmental
33 events, circumstances, and conditions determined to be the
34 external cause of the injury.

1 Subp. 4. **Electronic submission of data.** "Electronic
2 submission of data" means the transfer of data from a computer
3 used by a reporting hospital to a computer specified by the
4 commissioner through the use of a modem, magnetic tape, or
5 magnetic disk.

6 Subp. 5. **Hospital.** "Hospital" means an acute care
7 institution licensed in accordance with Minnesota Statutes,
8 sections 144.50 to 144.581.

9 Subp. 6. **ICD-9-CM.** "ICD-9-CM" means the International
10 Classification of Diseases, Clinical Modification, 9th Revision,
11 1991.

12 Subp. 7. **N-Code.** "N-Code" means the ICD-9-CM
13 classification code assigned to describe the clinical nature of
14 the injury.

15 Subp. 8. **Spinal cord injury reportable case.** "Spinal cord
16 injury reportable case" means an injury event as defined in
17 Minnesota Statutes, section 144.661, subdivision 3, which
18 results in a hospital acute care inpatient admission or
19 emergency room death, and is assigned one or more of the
20 following N-Codes: 806, 907.2, and 952.

21 Subp. 9. **Summary registry data.** "Summary registry data"
22 means statistical records and reports derived from registry data
23 on individuals but in which individuals are not identified and
24 from which neither their identities nor any other characteristic
25 that could uniquely identify an individual is ascertainable.

26 Subp. 10. **Traumatic brain injury reportable case.**
27 "Traumatic brain injury reportable case" means an injury event
28 as defined in Minnesota Statutes, section 144.661, subdivision
29 2, which results in a hospital acute care inpatient admission or
30 emergency room death, and is assigned one or more of the
31 following N-Codes: 310.2, 348.1, (when used in combination with
32 994.1 or 994.7), 800, 801, 803, 804, 850, 851, 852, 853, 854,
33 905.0, 907.0 and 950.

34 4643.0030 REGISTRY REPORTING REQUIREMENTS.

35 Subpart 1. **Hospitals required to report.** Hospitals shall

1 submit to the commissioner reports containing the information
2 items in subpart 2 for all traumatic brain injury and spinal
3 cord injury reportable cases.

4 Subp. 2. **Report content.** The following information items
5 must be submitted to the commissioner for each reportable case:

6 A. Patient data including: name, street address,
7 city, county, and state of residence, telephone number, date of
8 birth, gender, race/ethnicity, social security number, type of
9 insurance or payment source, and name of parent or guardian for
10 individuals under the age of 18 years.

11 B. Injury circumstance data including: date and time
12 of day injury occurred, location where injury occurred (street
13 address, city, county, and state), E-Codes or equivalent
14 information submitted on forms provided by the commissioner,
15 alcohol/drug levels (from toxicology reports), employer name
16 (for work-related injuries), and use of protective equipment.

17 C. Nature of injury data including: N-Codes and
18 fatality of injury.

19 D. Reporting source data including: name and address
20 of hospital, name and telephone number of person completing
21 report, date of report, patient medical record number, date of
22 admission, date of discharge or transfer from acute care, place
23 discharged or transferred to (for example home, rehabilitation
24 center, nursing home) and whether the place is located in
25 Minnesota or another state, and name of attending physician.

26 Subp. 3. **Report format.** Registry information must be
27 submitted on forms provided by the commissioner for that
28 purpose. The commissioner may approve alternative means for
29 providing registry information including the electronic
30 submission of data.

31 Subp. 4. **Report submission deadline.** A report must be
32 completed and submitted to the commissioner within 60 days of
33 patient death, discharge, or transfer from the acute care
34 setting.

35 Subp. 5. **Report quality assurance.** A hospital must take
36 all reasonable measures to assure that the registry information

1 submitted to the commissioner is complete and accurate. A
2 hospital must cooperate with the commissioner in the conduct of
3 registry information validation studies, including providing
4 access to patient medical records.

5 4643.0040 PROVISION OF REGISTRY DATA.

6 Subpart 1. **Summary registry data.** Except as provided in
7 Minnesota Statutes, section 144.664, subdivision 3, the
8 commissioner will release only summary registry data.

9 Subp. 2. **Data compilation or analyses.** The commissioner
10 must provide assistance in response to requests from public or
11 private entities engaged in research regarding the compilation
12 or analyses of summary registry data. The assistance must
13 include interpreting data analysis results and providing
14 recommendations concerning the subsequent use of this
15 information.

16 Subp. 3. **Fees.** The commissioner may charge fees in
17 accordance with Minnesota Statutes, section 13.03, subdivision
18 3, to recover all expenses and costs. These costs may include
19 employee hourly wages, employee expenses, electronic data
20 processing costs, duplicating, and clerical charges incurred by
21 the commissioner as a result of requests by public and private
22 entities for summary registry data compilation or analyses under
23 the following conditions:

24 A. the entity requesting the summary registry data is
25 not a community health services board as defined in Minnesota
26 Statutes, chapter 145A;

27 B. the request requires more than one person hour of
28 time to complete for an employee of the commissioner who is
29 classified as either a programmer/analyst or higher, or an
30 epidemiologist I or higher; and

31 C. the estimated total out-of-pocket expenses,
32 regardless of person hours needed to satisfy the request, are
33 greater than \$50.