

CHAPTER 4643
DEPARTMENT OF HEALTH
TRAUMATIC BRAIN AND SPINAL CORD INJURY

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4643.0010 PURPOSE, SCOPE, AND APPLICABILITY.

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

Statutory Authority: *MS s 144.05; 144.12; 144.661 to 144.665*

History: *17 SR 1021*

4643.0015 INCORPORATIONS BY REFERENCE.

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

Statutory Authority: *MS s 144.05; 144.12; 144.661 to 144.665*

History: *17 SR 1021*

4643.0020 DEFINITIONS.

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

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

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

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

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

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

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

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

Subp. 9. **Summary registry data.** "Summary registry data" means statistical records and reports derived from registry data on individuals but in which individuals are not

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identified and from which neither their identities nor any other characteristic that could uniquely identify an individual is ascertainable.

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

Statutory Authority: *MS s 144.05; 144.12; 144.661 to 144.665*

History: *17 SR 1021*

4643.0030 REGISTRY REPORTING REQUIREMENTS.

Subpart 1. Hospitals required to report. Hospitals shall submit to the commissioner reports containing the information items in subpart 2 for all traumatic brain injury and spinal cord injury reportable cases.

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

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

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

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

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

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

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

Subp. 5. Report quality assurance. A hospital must take all reasonable measures to assure that the registry information submitted to the commissioner is complete and accurate. A hospital must cooperate with the commissioner in the conduct of registry information validation studies, including providing access to patient medical records.

Statutory Authority: *MS s 144.05; 144.12; 144.661 to 144.665*

History: *17 SR 1021*

4643.0040 PROVISION OF REGISTRY DATA.

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

Subp. 2. Data compilation or analyses. The commissioner must provide assistance in response to requests from public or private entities engaged in research regarding the compilation or analyses of summary registry data. The assistance must include

interpreting data analysis results and providing recommendations concerning the subsequent use of this information.

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

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

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

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

Statutory Authority: *MS s 144.05; 144.12; 144.661 to 144.665*

History: *17 SR 1021*