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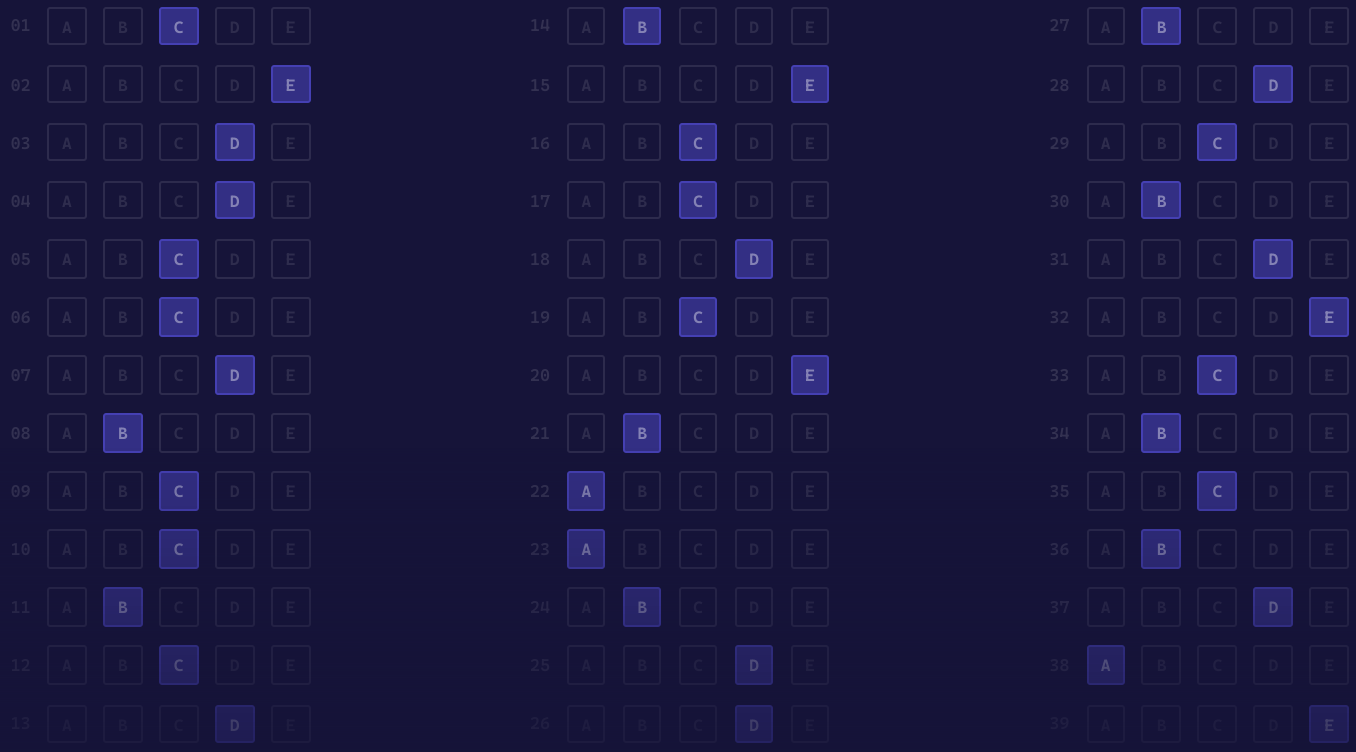

PRACTICE QUESTIONS

American Trauma Society (ATS)

SBFGK8PF

Certified Specialist in Trauma Registry - v3

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Trauma Society (ATS) `SBFGK8PF`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `SBFGK8PF`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

Which of the following best describes the purpose of a trauma registry data dictionary?

A **A document that establishes the standard definitions, codes, and inclusion criteria for every data element collected in the trauma registry**

B A billing reference used by hospital finance departments to assign DRG codes to trauma patients

C A clinical protocol that guides bedside care during the resuscitation phase of an injured patient

D A state-mandated consent form used to authorize release of protected health information

ANSWER **A**

WHY A trauma registry data dictionary defines each data element, its permissible values, and how it should be abstracted, ensuring consistency across registrars and facilities. Options B, C, and D describe billing, clinical care, and consent documents, which are separate from the registry data dictionary.

QUESTION 2 SINGLE CHOICE

A patient is admitted to the hospital after a motor vehicle crash. Which criterion most commonly determines whether this patient must be included in a trauma registry?

A Patient's insurance status at the time of admission

B **Mechanism of injury, hospital admission status, and/or specific diagnosis or ICD-coded injury criteria defined by the registry**

C Whether the emergency department physician consulted a surgical specialist

D Total length of hospital stay exceeding 24 hours

ANSWER **B**

WHY Trauma registries use defined inclusion criteria based on mechanism of injury, patient disposition (e.g., admission, transfer, death), and specific injury diagnoses (ICD codes). Insurance status, consultation patterns, and length of stay alone are not registry inclusion criteria.

QUESTION 3 SINGLE CHOICE

The Injury Severity Score (ISS) is calculated by:

A Adding the AIS severity codes of the three most severely injured body regions

B Squaring the AIS scores of the three highest AIS values from three different body regions, then summing them

C Multiplying the highest single AIS code by the patient's age

D Averaging all AIS codes across the six body regions

ANSWER B

WHY ISS is calculated by summing the squares of the highest AIS severity scores from the three most severely injured body regions (out of six). The other options describe invalid calculations that are not part of ISS methodology.

QUESTION 4 SINGLE CHOICE

The Glasgow Coma Scale (GCS) score is composed of which three components?

A Heart rate, blood pressure, and respiratory rate

B Eye opening, verbal response, and motor response

C Pupil size, oxygen saturation, and level of consciousness

D Systolic BP, capillary refill, and temperature

ANSWER B

WHY The GCS assesses three components: eye opening (1-4), verbal response (1-5), and motor response (1-6). The other options describe vital signs or other trauma scoring systems, not the GCS components.

QUESTION 5 SINGLE CHOICE

When abstracting data for the trauma registry, the abstractor should primarily use which source for the most accurate documentation of injuries and procedures?

A The emergency department triage notes only

B The attending physician's verbal report

C **The official medical record including operative reports, radiology reports, and discharge summary**

D The patient's self-reported history at follow-up

ANSWER C

WHY Registry data should be abstracted from the official medical record (operative reports, radiology, discharge summary, progress notes) as these are the most accurate and legally documented sources. Triage notes alone are incomplete, verbal reports may be informal, and patient self-report at follow-up may be inaccurate.

QUESTION 6 SINGLE CHOICE

Which ICD-10-CM code structure is used to identify the nature of the injury (e.g., fracture, laceration)?

A The first character

B The seventh character (extension) for encounter type

C **The category (first three characters)**

D The place of occurrence code

ANSWER C

WHY In ICD-10-CM, the category (first three characters) identifies the general type of injury (e.g., S72 for fracture of femur). The seventh character indicates encounter type (initial, subsequent, sequela). The first character identifies the chapter (S or T for injuries).

QUESTION 7 SINGLE CHOICE

Which activity is a key component of a trauma registry data quality assurance program?

A **Routine audits of abstracted records for accuracy and completeness, with feedback to registrars**

B Eliminating all records with missing data from the registry

C Restricting data entry to physicians only

D Sharing identifiable patient data with marketing departments

ANSWER **A**

WHY Data quality assurance in trauma registries includes routine audits, validation checks, and feedback to registrars to improve accuracy and completeness. Eliminating incomplete records destroys data, restricting entry to physicians is impractical, and sharing identifiable data violates HIPAA.

QUESTION 8 MULTIPLE CHOICE

Which of the following are valid uses of trauma registry data in a hospital's Performance Improvement and Patient Safety (PIPS) program? (Choose two.)

A **Identifying trends in complications or unplanned returns to the operating room**

B Replacing the need for morbidity and mortality conferences

C **Benchmarking clinical outcomes against national standards (e.g., NTDB/TQIP)**

D Publicly posting individual surgeon names and their complication rates on the hospital website

ANSWER **A** · **C**

WHY Trauma registry data supports PIPS by identifying adverse trends and benchmarking outcomes against national standards. It does not replace M&M conferences, and publicly posting individual surgeon data raises privacy and peer-review concerns and is not a standard registry function.

QUESTION 9 MULTIPLE CHOICE

Which of the following are required for a trauma center to submit data to the National Trauma Data Bank (NTDB)? (Choose two.)

A **Using the standardized National Trauma Data Standard (NTDS) data element definitions**

B Obtaining written approval from every patient before submission

C **Establishing a data submission schedule that meets NTDB deadlines and passing data validation checks**

D Excluding all pediatric patients from submission

ANSWER **A · C**

WHY NTDB submission requires use of NTDS standardized data definitions and adherence to submission schedules with passing data validation. Patient consent is not required for de-identified registry submission, and pediatric patients are not excluded — they are an important subset.