

DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF CHRONIC DISEASE AND INJURY

SPINAL CORD AND TRAUMATIC BRAIN INJURY REPORTING

(By authority conferred on the department of public health by sections 5413 and 5439 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.5413 and 333.5439 of the Michigan Compiled Laws)

R 325.9061 Definitions.

Rule 1. (1) As used in these rules:

(a) "Acute injury" means an injury for which a person has been continuously hospitalized since recognition of that injury.

(b) "A reportable case" means a person who is admitted or transferred to a hospital with a diagnosis of acute traumatic spinal cord or brain injury or a person who is pronounced dead in the emergency room of a hospital with a diagnosis of traumatic spinal cord or brain injury.

(c) "A spinal cord injury" means an acute, traumatic lesion of the neural elements in the spinal canal which results in any degree of sensory deficit, motor deficit, or bladder or bowel dysfunction.

(d) "A traumatic brain injury" means an insult to the brain which is not of a degenerative or congenital nature, which may produce a diminished or altered state of consciousness, and which results in the impairment of cognitive abilities or physical functioning.

(e) "Department" means the department of public health.

(f) "Registry report" means all of the information that is contained on a form which is prescribed or approved by the department of an identified spinal cord or traumatic brain injury that has been submitted to the registry.

(2) The term "hospital," as defined in section 20106 of Act No. 368 of the Public Acts of 1978, as amended, being S333.20106 of the Michigan Compiled Laws, has the same meaning when used in these rules.

History: 1993 AACCS.

R 325.9062 Reportable injuries.

Rule 2. (1) Reportable injuries are those injuries that are identified by the following selected codes which are listed in the publication entitled "International Classifications of Diseases, 9th Revision, Clinical Modification:"

(a) 800.00-800.99.

(b) 801.00-801.99.

(c) 803.00-803.99.

(d) 804.00-804.99.

(e) 806.00-806.9.

(f) 850.00-850.99.

(g) 851.00-851.99.

(h) 852.00-852.59.

(i) 853.00-853.19.

(j) 854.00-854.19.

(k) 952.00-952.9.

The descriptions of the selected codes listed in this publication are adopted by reference in R 325.9067.

(2) Spinal cord injury and traumatic brain injury cases shall be reported to the department in a manner that is consistent with these rules and procedures issued by the department.

(3) Cases of spinal cord injury and traumatic brain injury shall be reported by all hospitals.

(4) The department shall specify, through written instructions and procedures, the injuries to be reported.

(5) A hospital shall submit notification, on a form prescribed or approved by the department, of an identified spinal cord or traumatic brain injury case within 30 days of a patient's admission to the initial hospital or within 30 days of the death of a patient who is pronounced dead in the emergency room of a hospital with a diagnosis of spinal cord or traumatic brain injury. Notification may also be forwarded by electronic media.

(6) A hospital shall submit notification, on a form prescribed or approved by the department, of an identified spinal cord or traumatic brain injury case within 60 days after a patient's discharge from a hospital. Notification may also be forwarded by electronic media.

(7) Registry reports that are submitted by electronic media shall meet the data quality, format, and timeliness standards prescribed by the department, as described in the manual for completing the spinal cord and traumatic brain injury registry report forms.

History: 1993 AACCS.

#### R 325.9063 Quality assurance; confidentiality of patient medical records.

Rule 3. (1) For the purpose of assuring the quality of submitted data, each hospital shall allow the department, with not less than 5 working days' notice and during reasonable working hours, to inspect the parts of a patient's medical records as necessary to verify the accuracy of submitted data.

(2) A hospital shall, upon a request by the department, supply missing information, if known, or clarify information submitted to the department.

(3) Upon mutual agreement between a hospital and the department, the hospital may elect to submit copies of medical records instead of on-site inspection of the records by the department. Each copy of a medical record or part thereof that is submitted to the department pursuant to this rule shall be used only for verification of corresponding reported data, shall not be recopied by the department, and shall be kept in a locked file cabinet when not being used. Such copies shall promptly be destroyed following verification of the corresponding reported data or, if the reported data appear to be inaccurate, following clarification or correction of the reported data.

(4) Both of the following provisions shall be complied with to preserve the confidentiality of each patient's medical records:

(a) Each hospital, when requested, shall provide the department with, for inspection only, all of the following records and reports:

(i) Reports of emergency room visits for the purpose of identifying a spinal cord or traumatic brain injury.

(ii) Reports of radiological examinations performed for the purpose of determining the presence or absence of a spinal cord or traumatic brain injury.

(iii) Reports of diagnoses of spinal cord or traumatic brain injuries and notations of the reasons for such diagnoses, including both the primary clinician's reports and consultation reports.

(iv) Those parts of medical records that contain the specific information required to be reported.

(b) A hospital shall not be required by this rule to allow the inspection of any part of any patient's medical records other than those parts specified in subrule (1) of this rule. A hospital may allow the inspection of medical records from which parts, other than those specified, have been deleted, masked, crossed out, or otherwise rendered illegible.

History: 1993 AACCS.

#### R 325.9064 Confidentiality of registry reports.

Rule 4. (1) The department shall maintain the confidentiality of all registry reports of spinal cord or traumatic brain injuries submitted to the department and shall not release such registry reports, or any information which, because of name, identifying number, mark, or description, can be readily associated with a particular individual, unless the release is in compliance with the provisions of subrules (2), (3), (4), and (5) of this rule. The department shall not release any information that would indicate whether or not the name of a particular person is listed in the registry, except in accordance with the provisions of subrules (2), (3), (4), and (5) of this rule.

(2) A registry report of a spinal cord or traumatic brain injury that is submitted to the department concerning a particular individual and any other information maintained in the registry system which, because of name, identifying number, mark, or description, can be readily associated with a particular individual shall be released as follows:

(a) To the particular individual upon compliance with both of the following provisions:

(i) Receipt of a written request which is signed by the particular individual and which is witnessed or notarized as required by the provisions of subrule (3) of this rule.

(ii) Presentation by the particular individual of suitable identification as required by the provisions of subrule (4) of this rule.

(b) If the particular individual is a minor, to a parent of the particular individual upon compliance with all of the following provisions:

(i) Receipt of a written request which is signed by the parent and which is witnessed or notarized as required by the provisions of subrule (3) of this rule.

(ii) Receipt of a certified copy of the birth certificate of the particular individual.

(iii) Presentation by the parent of suitable identification as required by the provisions of subrule (4) of this rule.

(c) If the particular individual has a court-appointed guardian or if the particular individual is deceased, to the court-appointed guardian or to the executor or administrator of the particular individual's estate upon compliance with all of the following provisions:

(i) Receipt of a written request which is signed by the court-appointed guardian, executor, or administrator and which is witnessed or notarized as required by the provisions of subrule (3) of this rule.

(ii) Receipt of a certified copy of the order or decree which appoints the guardian, executor, or administrator.

(iii) Presentation by the guardian, executor, or administrator of suitable identification as required by the provisions of subrule (4) of this rule.

(d) To an attorney or other person who is designated by the particular individual upon compliance with both of the following provisions:

(i) Receipt of a written request which is signed by the particular individual, which is witnessed or notarized as required by the provisions of subrule (3) of this rule, and which requests release of the information to the attorney or other person.

(ii) Presentation by the attorney or other person of suitable identification as required by the provisions of subrule (4) of this rule.

(e) To an attorney or other person who is designated by the court-appointed guardian of the particular individual or designated by the executor or administrator of the estate of the particular individual upon compliance with all of the following provisions:

(i) Receipt of a written request which is signed by the court-appointed guardian, executor, or administrator, which is witnessed or notarized as required by the provisions of subrule (3) of this rule, and which requests release of the information to the attorney or other person.

(ii) Receipt of a certified copy of the order or decree which appoints the guardian, executor, or administrator.

(iii) Presentation by the attorney or other person of suitable identification as required by the provisions of subrule (4) of this rule.

(f) If the particular individual is a minor, to an attorney or other person who is designated by the parent of the particular individual upon compliance with all of the following provisions:

(i) Receipt of a written request which is signed by the parent, which is witnessed or notarized as required by the provisions of subrule (3) of this rule, and which requests release of the information to the attorney or other person.

(ii) Receipt of a certified copy of the birth certificate of the particular individual.

(iii) Presentation by the attorney or other person of suitable identification as required by the provisions of subrule (4) of this rule.

(3) Every written request for the release of information that is submitted pursuant to the provisions of subrule (2) of this rule shall be signed by the person who makes the written request. Such signature shall be in compliance with either of the following provisions:

(a) Be witnessed by an employee of the department who has been designated to witness such requests and to whom the person who makes the request presents suitable identification as required by the provisions of subrule (4) of this rule.

(b) Be notarized by a notary public or magistrate.

(4) Any person who is required by the provisions of subrule (2) or (3) of this rule to present suitable identification shall present an identification document, such as a driver's license, or other document which contains both a picture of the person and the signature or mark of the person.

(5) The director of the department may, pursuant to the provisions of R 325.9065, release information from the spinal cord and traumatic brain injury registry to an authorized representative of a study or research project that shall be reviewed by a scientific advisory panel and approved by the director. The process for the release of information that identifies the registrant shall be as set forth in this subrule. After the proposal for the research has been reviewed pursuant to the provisions of R 325.9065, and before any information is released to the researcher, information shall be sent to the registrant or legal guardian of the registrant that describes the goals and process of the research project. The registrant or legal guardian of the registrant shall be asked to indicate if he or she wishes to participate in the project. The name of the registrant shall only be released to the director of the research project when the registrant or legal guardian of the registrant grants approval for such release. The department shall not release any part of a patient's medical record obtained pursuant to the provisions of R 325.9063.

History: 1993 AACS.

R 325.9065 Scientific advisory panel; release of information for research.

Rule 5. (1) The director of the department shall appoint a scientific advisory panel of not less than 3 scientists to review research proposals for which the release of information that is maintained by the department and that identifies an individual who is reported to have a spinal cord or traumatic brain injury is required.

(2) All research proposals which require the release of information that identifies individuals with spinal cord or traumatic brain injuries shall be reviewed by the scientific advisory panel.

(3) The panel shall, in writing, advise the director of the department concerning the merits of research proposals.

(4) The release of information for research which identifies individuals with reported spinal cord and traumatic brain injuries shall be subject to the terms and conditions set by the department. Such study or research project shall not publish the name of any individual who is or was the subject of a reported case submitted to the department, and such study or research project shall not release any identifying number, mark, or description which can be readily associated with an individual who is or was the subject of a registry report of a case submitted to the department. A formal memorandum of agreement that is signed by an authorized representative of the department and the director of the research project shall include all of the following provisions:

(a) That electronic files, optical files, or hard copy of the data provided by the department shall not be copied for retention, resold, or otherwise provided to another person or agency and will be returned to the department upon completion of processing of the study.

(b) That any reports or published papers that rely, in whole or in part, on the data furnished by the department to the study or research project shall acknowledge the Michigan spinal cord/traumatic brain injury registry of the department as the source of the data.

(c) That a prepublication copy of all resulting papers shall be sent to the department not less than 15 days before the expected date of publication.

History: 1993 AACS.

R 325.9066 Exchange of records with state or national registries.

Rule 6. The department, by agreement, may transmit transcripts or copies of reported cases to state or national spinal cord or traumatic brain injury registries when the registry reports relate to residents of other states or countries. The agreement shall require that the transcripts or

records be used for statistical purposes only as specified in the agreement and that the identity of a person who is subject to the registry report shall not be released.

History: 1993 AACCS.

R 325.9067 Adoption by reference.

Rule 7. The descriptions of the selected codes specified in R 325.9062 which are set forth in the publication entitled "International Classifications of Diseases, 9th Revision, Clinical Modification," 1979, are adopted by reference in these rules. Copies of the adopted matter may be obtained from Healthcare Knowledge Resources, 3853 Research Park Drive, Post Office Box 303, Ann Arbor, Michigan 48106-0303, or from the Michigan Department of Public Health, Office of the State Registrar, 3423 N. Martin Luther King, Jr. Blvd., Post Office Box 30195, Lansing, Michigan 48909. The cost at the time of adoption of these rules is \$57.00.

History: 1993 AACCS.