



Georgia Department of Public Health

Georgia Trauma Data Dictionary

2021 EDITION This dictionary serves as the required data fields and definition requirements referred to as Georgia Trauma Data Standard (GTDS) for use by a Georgia designated trauma center with 2021 admitted trauma patients.

- Georgia Department of Public Health, Office of EMS-Trauma
- Georgia Committee for Trauma Excellence (GCTE)

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2021 Georgia Trauma Registry Data Dictionary

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The Georgia Trauma Registry Data Dictionary is a component of the Georgia Trauma Registry (GTR) and is maintained by:

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Georgia Trauma Registry Inclusion Criteria

- **Any patient presenting with a traumatic injury occurring within 14 days of initial hospital visit and with an ICD-10_CM diagnosis code below:**
 - S00-S99 w/ 7th character modifiers of A, B, or C. (see exclusions)
 - T07 (unspecified multiple injuries)
 - T14 (injury of unspecified body region)
 - T20-T28 with 7th character A only or T30-T32 **with a non-burn trauma dx**
 - T79.A1 – T79.A9 w/ 7th character modifier A (Traumatic Compartment Syndrome – initial diagnosis)
- **EXCLUDING patients with isolated injuries:**
 - *Diagnosis codes of ICD-10-CM superficial injuries: S00, S10, S20, S30, S40, S50, S60, S70, S80, S90*
 - *Late effect codes w/ the 7th character modifier of D through S*
 - *Patients w/ isolated burn injuries T20-T28 w/7th modifier A or T30-T32*
 - *Patients admitted for elective and/or planned surgical intervention*
 - *Patients w/ injuries older than 14 days from first ED arrival date*
- **AND must include one of the following in addition to a valid trauma diagnosis code from the listed above**
 - Admitted to the hospital after discharge from the ED, regardless of length of stay
 - Transferred to or from another acute care facility
 - Died, regardless of length of stay
 - DOA: defined as a patient that died from a traumatic injury before hospital arrival
- **Additional criteria/notes:**
 - The Georgia data collection standard for blood utilization includes data for any blood products administered within the first 4 hours from the patient arrival time.
 - Unplanned readmissions must be associated with the initial trauma injury, have a trauma diagnosis, ISS total, and be readmitted within 72 hours of discharge from the first visit.
 - **■** Indicates a difference between the Georgia Criteria and the NTDS Criteria
 - The ICD-9 codes were retired 01/01/2017.
 - Per the Centers for Medicare and Medicaid Services, Acute Care Hospital is defined as a hospital capable of providing inpatient medical care with services for surgery, acute medical conditions, or injuries.

Revised: 7/29/2020, 7/22/2020, 11/15/2019 eff.01/01/2020, Blood collection revised 07/10/2019, 12/18/2017 eff. 01/01/2018, 03/01/2016, 05/20/2015, 04/23/2014, 02/14/2013, 12/31/2012 eff. 01/01/2013; Created: 06/26/2002

Definitions Section

Demographic: Medical Record Number

| | | | |
|----------------------|---------------------------------|-----------------------|------------|
| TAB NAME: | Demographic, Record Info | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | NO | ALLOW UNK? | NO |

REP WRITER NAME: PAT_REC_NUM

DEFINITION:

The unique identification number assigned as the patient identifier.

ADDITIONAL INFORMATION:

- In some instances, patients are assigned a new medical record number (MRN) when they already have one from a previous encounter. Typically, all the patient's records will be merged under the latest medical record number. Check with your facility's Medical Records / Health Information Management Department to determine the standard of practice and use the final MRN assigned to the patient.

DATA SOURCE:

Billing/Registration Form, Admission Form

Demographic: LongID (part 1 of 2)

| | | | |
|----------------------------------|---------------------------------|-----------------------|------------|
| TAB NAME: | Demographic, Record Info | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | NO |
| REP WRITER NAME: LINK_NUM | | | |

DEFINITION: The LongID is a variable that will help registry records link with other state data sources. The variable, LONGID, is alphanumerical and has a 15-digit length.

1. To create the variable, record the following data in the order listed:
 - a) the first two letters of the first name,
 - b) the first and last two letters of the last name,
 - c) the birth date (date of birth – DOB) in an eight-digit mmddyyyy format and
 - d) gender as “M” for male and “F” for female
1. No symbols such as apostrophes as in names like O’Connor or slashes (“/”) like those in birth dates separating the month, day and year should be included in the values of LONGID.
2. Suffixes such as “Jr.”, “Sr.”, “II” or “III” shall not be considered when creating the values for LONGID.
3. Some names have few letters, e.g. Ray, Coe or Li. In such circumstances, letters will be used repeatedly but in the same order as described above.
4. Some names have two parts separated by space or a hyphen, e.g. Di Napoli, Ramirez-Martinez, Jones Smith. Regardless of the separator between the two parts, use always the first two letters of the first part and the last two letters of the last part of the compound names.
5. If the name and date of birth are unknown, use the names Jane Doe for a female or John Doe for a male and the date of birth January 1, 1900.

Demographic: LongID (part 2 of 2)

Examples:

- Subject's first name is Michael, last name is Thompson, DOB: May 9, 1924 the LONGID will be:
 - MI + TH + ON + 05091924 + M = **"MITHON05091924M"**
- Subject's first name is D'Arcy and last name is O'Brien, DOB: 04/15/1932 then the LONGID will be
 - DA + OB + EN + 04151932 + F = **"DAOBEN04151932F"**
- Subject's first name is William, the last name is Ray, DOB: February 23, 1940 then the LONGID will be
 - WI + RA + AY + 02231940 + M = **"WIRAAAY02231940M"**
- Subject's first name is Edward, last name is Li, born on December 6, 1946 then the LONGID will be
 - ED + LI + LI + 12061946 + M = **"EDLILI12061946M"**
- Subject's first name is Anthony, last name is De Virgilio, born on September 15, 1956 then the LONGID will be
 - AN + DE + IO + 09151956 + M = **"ANDEIO09151956M"**
- If the first name is Paula, the last name is Ramirez-Martinez, DOB: January 9, 1960 then the LONGID will be
 - PA + RA + EZ + 01091960 + F = **"PARAEZ01091960F"**
- Subject's first name is John, the last name is Jones-Smith, DOB: May 29, 1955 then the LONGID will be
 - JO + JO + TH + 0529195 + M = **"JOJOTH05291955M"**
- Subject's first name is Jane, the last name is Doe, DOB: January 1, 1900 then the LONGID will be
 - JA + DO + OE + 01011900 + F = **"JADOOE01011900F"**
- Subject's first name is John, the last name is Doe, DOB: January 1, 1900 then the LONGID will be
 - JO + DO + OE + 01011900 + M = **"JODOOE01011900M"**

Demographic: Arrived From

TAB NAME: Demographic - Record Info

TQIP RISK ADJ? NO

SEND TO NTDB? NO

SEND TO STATE? YES

ALLOW N/A? NO

ALLOW UNK? YES

REP WRITER NAME: PAT_ORIGIN

DEFINITION:

Patient's immediate location before arriving at your facility. Answer choices include:

- 1, Scene
- 2, Referring Hospital
- 3, Home
- 4, Other
- /, Not Applicable
- ?, Unknown

ADDITIONAL INFORMATION:

- Applies to all patients.
- Not applicable should not be used.

DATA SOURCE:

ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR

Demographic: Armband Number

| | | | |
|---------------|--|----------------|-----------|
| TAB NAME: | Demographic - Patient | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES* <i>*until armband is implemented statewide</i> | ALLOW UNK? | <u>NO</u> |

REP WRITER NAME: LINK_NUM

DEFINITION: The armband identification number is printed on a colored armband provided by the state to providers.

ADDITIONAL INFORMATION:

- Enter value - N/A until armband is IN USE.
- The purpose of the armband number is to represent a Key Patient Identification Number that can be used to link multiple local, state, and national databases.
- The DPH Office of EMS Trauma plans to distribute armbands to providers and provide education in the near future on the purpose and use statewide.
- The armband will be placed on the patient by the first care provider. The first provider may be a public health agency, EMS, police, or hospital ED.
- The armband should remain on the patient from initial contact by the first provider through rehabilitation or the patient's final destination of care.
- The armband number will be useful in local, state, and national emergencies.

DATA SOURCES:

Demographic: State Download Inclusion

| | | | |
|---------------|-----------------------|----------------|-----------|
| TAB NAME: | Demographic - Patient | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | NO | ALLOW UNK? | <u>NO</u> |

REP WRITER NAME: REGINC_YN02_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION: Does the registry record meet the Georgia Trauma Registry Criteria? Answer choices include:

1. Yes
2. No

ADDITIONAL INFORMATION:

- Selecting Yes causes the registry software to include the record in the download file sent to the Georgia Trauma Registry central site.
- All records marked Yes must meet the Georgia Trauma Registry Criteria, be “Validated” and “CLOSED” to be included in the download file.
- Selecting No, blocks the record from being downloaded to the Georgia Trauma Registry central site, regardless of the Closed record status.

DATA SOURCES:

Injury: Report of Physical Abuse

TAB NAME: Injury, Injury Information TQIP RISK ADJ? NO

SEND TO NTDB? NO SEND TO STATE? YES

ALLOW N/A? YES ALLOW UNK? NO

REP WRITER NAME: INJ_ABUSE_RP_YN

DEFINITION: A report of suspected physical abuse was made to law enforcement and/or protective services.
Answer choices include:
1. Yes 2. No

ADDITIONAL INFORMATION:

This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse.

DATA SOURCE:

Case Management/Social Service Notes, ED Records, Progress Notes, Discharge Summary, History & Physical, Nursing Notes/Flow Sheet, EMS Patient Care Record (PCR)

Best Practices Guidelines for Trauma Center Recognition of Abuse & Violence (link)

https://www.facs.org/-/media/files/quality-programs/trauma/tqip/abuse_guidelines.ashx

Injury Coding: (table from page 101 of Best Practices Guidelines)

Table 18. Coding Guidance for Confirmed and Suspected Abuse

| If suspected abuse... | 2019 Arrivals and Prior | 2020 Arrivals and Later |
|-------------------------------|--|--|
| Primary External Cause Code | T code | T code |
| Secondary External Cause Code | Not Applicable | Not Applicable |
| Tertiary External Cause Code | | Not Applicable |
| If confirmed abuse... | 2019 Arrivals and Prior | 2020 Arrivals and Later |
| Primary External Cause Code | T code or Y code | T code |
| Secondary External Cause Code | Code representing mechanism that caused injury | Y code (perpetrator) |
| Tertiary External Cause Code | | Code representing mechanism that caused injury |

Injury: Investigation of Physical Abuse

TAB NAME: Injury – Injury Information **TQIP RISK ADJ?** NO

SEND TO NTDB? NO **SEND TO STATE?** YES

ALLOW N/A? YES **ALLOW UNK?** NO

REP WRITER NAME: INJ_ABUSE_INVST_YN

DEFINITION: An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse. Answer choices include:

1. Yes
2. No

ADDITIONAL INFORMATION:

- This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse.
- Only complete when Report of Physical Abuse is 1. Yes.
- The null value "Not Applicable" should be used for patients where Report of Physical Abuse is 2. No.

DATA SOURCE:

Case Management/Social Service Notes, ED Records, Progress Notes, Discharge Summary, History & Physical, Nursing Notes/Flow Sheet, EMS Patient Care Record (PCR)

ICD 10 PROCEDURE CODING FOR ABUSE ASSESSMENT *(if applies)*

| | |
|---------|---------------------------------------|
| BW0MZZZ | Skeletal survey, patient < 1 year old |
| BW0LZZZ | Skeletal survey, patient > 1 year old |

Injury: Chief Complaint

TAB NAME: Injury, Mechanism of Injury, ICD10 TQIP RISK ADJ? NO

SEND TO NTDB? NO SEND TO STATE? YES

ALLOW N/A? NO ALLOW UNK? YES

REP WRITER NAME: INJ_MECH01_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

A general, simplified description of the ICD 10 cause of injury code. Answer choices include:

- | | |
|---------------------------------|---------------------------------|
| 1, MVC | 13, Shotgun |
| 2, Fall Under 1m (3.3 ft) | 14, Other Gun |
| 3, Fall 1m - 6m (3.3 - 19.7 ft) | 15, Glass |
| 4, Fall Over 6m (19.7 ft) | 16, Biting |
| 5, Fall - NFS | 17, Other Penetrating Mechanism |
| 6, Assault | 18, Chemical Burn |
| 7, Motorcycle | 19, Inhalation Burn |
| 8, Pedestrian | 20, Thermal Burn |
| 9, Bicycle | 21, Electrical Burn |
| 10, Other Blunt Mechanism | 22, Other Burn Mechanism |
| 11, Knife | /, Not Applicable |
| 12, Handgun | ?, Unknown |

ADDITIONAL INFORMATION:

- The first chief complaint value captured should reflect the primary reason the patient is admitted to the hospital and should directly reflect the ICD-10 Primary External Cause Code.
- In cases of abuse “Assault” should be captured to reflect the patient’s chief complaint.
- Other chief complaints:
 Golf cart/ATV/Go Cart = MVC (4 wheel)
 Dirt bike/Motor Scooter/Moped/Segway = Motorcycle (2 wheeled)
 Unknown type gun/BB gun/Pellet Gun = Other Gun
- If a secondary ICD-10 External Cause Code is captured, the second chief complaint should reflect the secondary code.

DATA SOURCE:

EMS Patient Care Report (PCR), Triage/Trauma Flowsheet, History & Physical/Progress/Nurse Notes

Prehospital Provider: POV/Walk in

| | | | |
|---------------|------------------------------|----------------|-----|
| TAB NAME: | Prehospital, Scene/Transport | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | NO | ALLOW UNK? | NO |

REP WRITER NAME: PH_POV_YN AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Identification if patient arrived by private means, privately own vehicle (POV) or walked in to emergency department. Answer choices include:

Yes
No
/, Not Applicable
?, Unknown

ADDITIONAL INFORMATION

- If the patient arrives to the ED via any type of Emergency Medical Services transport, answer NO.
- If the patient arrives to the ED via any OTHER type of transport, answer YES.

DATA SOURCE:

Triage/Trauma Flowsheet, History & Physical/Progress/Nurse Notes, Registration notes

Prehospital Provider: Trauma Triage Criteria (steps 1 & 2)

| | | | |
|----------------------|--------------------------------------|-----------------------|------------|
| TAB NAME: | Prehospital - Scene/Transport | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: PHP_AGNCLNKS_L_AS_TEXT

To read answer as text, add "_AS_TEXT", otherwise field info returns as a number

DEFINITION:

Physiologic and anatomic EMS trauma triage criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma. This information must be found on the scene of injury EMS Run Report with values that include:

1. Glasgow Coma Score ≤ 13
2. Systolic blood pressure < 90 mmHg
3. Respiratory rate < 10 or > 29 breaths per minute (< 20 in infants aged < 1 year) or need for ventilatory support
4. All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
5. Chest wall instability or deformity (e.g., flail chest)
6. Two or more proximal long-bone fractures
7. Crushed, degloved, mangled, or pulseless extremity
8. Amputation proximal to wrist or ankle
9. Pelvic fracture
10. Open or depressed skull fracture
11. Paralysis

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.
- The null value "Not Applicable" should be reported to indicate that the patient did not arrive by EMS.
- The null value "Not Applicable" should be reported if EMS Run Report indicates patient did not meet any Trauma Triage Criteria.
- The null value "Not Known/Not Recorded" should be reported if this information is not indicated, as an identical response choice, on the EMS Run Report or if the EMS Run Report is not available.
- Element Values must be determined by the EMS provider and must not be assigned by the index hospital
- Report all that apply.
- Consistent with NEMSIS v3.

DATA SOURCE:

EMS Patient Care Report (PCR)

<https://www.mygemsis.org/hub/default.cfm>

Prehospital Provider: Trauma Triage Criteria (steps 3 & 4)

| | | | |
|----------------------|------------------------------|-----------------------|-----|
| TAB NAME: | Prehospital, Scene/Transport | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: PH_TRIAGE01_AS_TEXT

To read answer as text, add "AS_TEXT", otherwise field info returns as a number

DEFINITION:

EMS trauma triage mechanism of injury criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma. This information must be found on the scene of injury EMS Run Report. Answer choices include:

- | | |
|---|--|
| 1. Fall adults: > 20 ft. (one story is equal to 10 ft.) | 8. Motorcycle crash > 20 mph |
| 2. Fall children: > 10 ft. or 2-3 times the height of the child | 9. For adults > 65; SBP < 110 |
| 3. Crash intrusion, including roof: > 12 in. occupant site; > 18 in. any site | 10. Patients on anticoagulants/bleeding disorder |
| 4. Crash ejection (partial or complete) from automobile | 11. Pregnancy > 20 weeks |
| 5. Crash death in same passenger compartment | 12. EMS provider judgment |
| 6. Crash vehicle telemetry data (AACN) consistent with high risk injury | 13. Burns |
| 7. Auto v. pedestrian/cyclist thrown/run over >20 MPH impact | 14. Burns with Trauma |

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.
- The null value "Not Applicable" should be reported to indicate that the patient did not arrive by EMS.
- The null value "Not Applicable" should be reported if EMS Run Report indicates patient did not meet any Trauma Triage Criteria.
- The null value "Not Known/Not Recorded" should be reported if this information is not indicated, as an identical response choice, on the EMS Run Report or if the EMS Run Report is not available.
- Element Values must be determined by the EMS provider and must not be assigned by the index hospital
- Report all that apply.
- Consistent with NEMSIS v3.

DATA SOURCE:

GEMSIS Hospital Hub

<https://www.mygemsis.org/hub/default.cfm>

Prehospital Provider: Agency [state ID & name]

TAB NAME: Prehospital, Scene/Transport TQIP RISK ADJ? NO

SEND TO NTDB? NO SEND TO STATE? YES

ALLOW N/A? YES ALLOW UNK? YES

REP WRITER NAME: PHP_AGNCLNKS_L_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Identification of the emergency medical services (EMS) agency providing prehospital care and transport from the scene to a facility. Answer choices are contained in a drop down menu but are not displayed due to space constraints.

ADDITIONAL INFORMATION:

- All EMS Agencies are listed in a pick list in the registry program. Start typing the name to find the correct agency. The state ID number will autopopulate when an agency name is chosen.
- The null value “Not Applicable” is used only for patients who were not transported by EMS.
- The value “Unknown” is used if the EMS Agency number is not available in the medical record.
- If you are unable to locate a Georgia EMS agency in the pick list, use the generic code listed below and notify the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov.
- EMS Agencies outside of Georgia are not listed in the registry software. If an out of state EMS Agency brings a patient to a Georgia trauma center, use the applicable generic state EMS Agency number listed in the pick list. The surrounding Georgia generic state EMS Agency codes in the pick list are as follows:

| If EMS agency name not available | Agency # | Agency Name |
|----------------------------------|----------|-------------------------|
| Georgia | 2020999 | Georgia EMS generic |
| Out of state EMS agency? Alabama | 50100 | Alabama EMS generic |
| Florida | 51200 | Florida EMS generic |
| Louisiana | 54900 | Louisiana EMS generic |
| Mississippi | 54800 | Mississippi EMS generic |
| North Carolina | 53700 | NC EMS generic |
| South Carolina | 54500 | SC EMS generic |
| Tennessee | 54700 | Tennessee generic |

DATA SOURCE:

GEMSIS Hospital Hub

<https://www.mygemsis.org/hub/default.cfm>

Prehospital Provider: Transport Role

| | | | |
|----------------------|------------------------------|-----------------------|-----|
| TAB NAME: | Prehospital, Scene/Transport | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: PHP_ROLES_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Identification of the emergency medical services (EMS) agency role to provide transport to treating facility. Answers choices include:

- 3, Non-Transport
- /, Not Applicable
- ?, Unknown
- 4, Transport from Scene to Facility
- 5, Transport from Scene to Rendezvous
- 6, Transport from Rendezvous to Facility
- 7, Transport to Other
- 8, Transport from Non-Scene Location

ADDITIONAL INFORMATION:

- This field applies to all patients who arrive by EMS and should not be left blank or answered N/A.

DATA SOURCE:

Nursing notes, H&P, Progress notes, hospital registration information

GEMSIS Hospital Hub

<https://www.mygemsis.org/hub/default.cfm>

Prehospital Provider: Scene EMS Report

TAB NAME: Prehospital, Scene/Transport TQIP RISK ADJ? NO

SEND TO NTDB? NO SEND TO STATE? YES

ALLOW N/A? NO ALLOW UNK? YES

REP WRITER NAME: PHP_RP_DETAILS AS_TEXT
To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Availability of the EMS patient care report (PCR) access through the Georgia EMS Information System (GEMSIS) Hospital Hub. Answers may include:

- 1, Complete
- 2, Incomplete
- 3, Missing
- 4, Unreadable
- /, Not Applicable
- ?, Unknown

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.

DATA SOURCE:

GEMSIS Hospital Hub

<https://www.mygemsis.org/hub/default.cfm>

Prehospital Provider: PCR Number (#)

| | | | |
|----------------------|------------------------------|-----------------------|-----|
| TAB NAME: | Prehospital, Scene/Transport | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | NO | ALLOW UNK? | YES |

REP WRITER NAME: PHP_PCR_NUMS

DEFINITION:

EMS Patient Care Report (PCR) Number Response number (a 25-digit number, NEMSIS 3.4)

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.
- The null value "Not Applicable" should be reported to indicate that the patient did not arrive by EMS.
- The null value "Not Known/Not Recorded" should be reported if PCR is missing.
- The null value "Not Known/Not Recorded" should be reported if PCR is incomplete and/or 25-digit number cannot be located.

DATA SOURCE:

GEMSIS Hospital Hub

<https://www.mygemsis.org/hub/default.cfm>

Prehospital Provider: EMS Call Dispatched Date/Time

| | | | |
|-------------------------|--|-----------------------|-----|
| TAB NAME: | Prehospital, Scene/Transport | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: | PHP_D_DATES_L OR PHP_D_TIMES_L OR PHP_D_EVENTS_L (list date/time together) | | |

DEFINITION:

The date/time the unit transporting to your hospital was notified by dispatch.

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.
- Reported as MM-DD-YYY and HH:MM (military) for time.
- For inter-facility transfer patients, this is the date/time on which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport.
- The null value “Not Applicable” is reported for patients who were NOT transported by EMS.

DATA SOURCE:

GEMSIS Hospital Hub

<https://www.mygemsis.org/hub/default.cfm>

Prehospital Provider: EMS Arrived Location Date/Time

TAB NAME: Prehospital, Scene/Transport

TQIP RISK ADJ? NO

SEND TO NTDB? NO

SEND TO STATE? YES

ALLOW N/A? YES

ALLOW UNK? YES

REP WRITER NAME: PHP_A_DATES_L OR PHP_A_TIMES_L OR PHP_A_EVENTS_L (list date/time together)

DEFINITION:

The date and time the unit transporting to your hospital arrived on the scene or transferring facility.

ADDITIONAL INFORMATION:

- Reported as MM-DD-YYY and HH:MM (military) for time.
- For inter-facility transfer patients, this is the date/time on which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).
- For patient transported from the scene of injury to your hospital, this is the date/time the transporting unit arrived at the patient's location (arrival is defined as the date/time when the vehicle stopped moving).
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.

DATA SOURCE:

GEMSIS Hospital Hub

<https://www.mygemsis.org/hub/default.cfm>

Prehospital Provider: EMS Depart Location Date/Time

TAB NAME: Prehospital, Scene/Transport **TQIP RISK ADJ?** NO

SEND TO NTDB? NO **SEND TO STATE?** YES

ALLOW N/A? YES **ALLOW UNK?** YES

REP WRITER NAME: PHP_L_DATES OR PHP_L_TIMES OR PHP_L_EVENTS_L (list date/time together)

DEFINITION:

The date/time the unit transporting to your hospital left the scene or transferring facility.

ADDITIONAL INFORMATION:

- Reported as MM-DD-YYY and HH:MM (military) for time.
- For inter-facility transfer patients, this is the date/time on which the unit transporting the patient to your facility from the transferring facility departed (departure is defined as date/time when the vehicle started moving).
- For patient transported from the scene of injury to your hospital, this is the date/time on which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined as date/time when the vehicle started moving).
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.

DATA SOURCE:

GEMSIS Hospital Hub

<https://www.mygemsis.org/hub/default.cfm>

Prehospital Provider: EMS Arrived Destination Date/Time

TAB NAME: Prehospital, Scene/Transport **TQIP RISK ADJ?** NO

SEND TO NTDB? NO **SEND TO STATE?** YES

ALLOW N/A? YES **ALLOW UNK?** YES

REP WRITER NAME: PHP_L_DATES OR PHP_L_TIMES OR PHP_L_EVENTS_L (list date/time together)

DEFINITION:

The date/time the unit transporting (left the scene or transferring facility) patient arrived at facility.

ADDITIONAL INFORMATION:

- Reported as MM-DD-YYY and HH:MM (military) for time.
- For inter-facility transfer patients, this is the date/time on which the unit transporting the patient to your facility from the transferring facility departed (departure is defined as date/time when the vehicle started moving).
- For patient transported from the scene of injury to your hospital, this is the date/time on which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined as date/time when the vehicle started moving).
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.

DATA SOURCE:

GEMSIS Hospital Hub

<https://www.mygemsis.org/hub/default.cfm>

Immediate Referring Facility: Referring Facility

TAB NAME: Referring Facility, Referral History **TQIP RISK ADJ?** NO
SEND TO NTDB? NO **SEND TO STATE?** YES
ALLOW N/A? YES **ALLOW UNK?** NO

REP WRITER NAME: RFS_FACLNK_AS_TEXT
 To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Acute care facility where patient received care immediately before transfer.

ADDITIONAL INFORMATION:

- Hospital providers are listed in the registry program. Start typing the name to find the correct hospital. The state ID number will auto populate when a hospital name is chosen.
- The null value “Not Applicable” is used only for patients who were not received from another facility.
- If you are unable to locate a Georgia hospital in the pick list, please contact the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov. Facilities change names periodically for various reasons and the name may have changed in the registry program. New facilities must be added to the registry program. If a facility is not available as a choice, use one of the following (as applies):

| If facility name not available | Facility # | Facility Name |
|------------------------------------|------------|---|
| Georgia (not designated) | 10000 | Acute Care Hospital, Non-Desgd, Unsp (GA) |
| Georgia (designated trauma center) | 20000 | Acute Care Hospital, trauma hospital, Unsp (GA) |
| Georgia | 99999 | Georgia Hospital (unspecified) |
| Out of state? Alabama | 16000 | Alabama Hospital |
| Florida | 15000 | Florida Hospital |
| North Carolina | 13000 | NC Hospital |
| South Carolina | 19010 | SC Hospital |
| Tennessee | 19020 | Tennessee Hospital |
| Texas | 91900 | Texas Hospital |
| Other States | 17000 | Other state specified |
| Unspecified state | 40000 | Unspecified state |
| Air Force Hospital | 14010 | Moody |
| | 14015 | Warner Robins |
| U.S. Naval Services | 14030 | U.S.N.S. Comfort |
| U.S. Penitentiary | 15090 | Penitentiary Hospital |
| U.S. Virgin Islands | 14040 | Virgin Islands Hospital |

DATA SOURCE:

EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

ED/Resus: Direct Admit

TAB NAME: ED/Resus, Arrival/Admission

TQIP RISK ADJ? NO

SEND TO NTDB? NO

SEND TO STATE? YES

ALLOW N/A? NO

ALLOW UNK? NO

REP WRITER NAME: ED_BYPASS_YN_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

The patient bypasses care in the Trauma Bay and/or Emergency Department AND proceeds directly to another location (ICU, Operating Room, Interventional Procedure Unit) for care/admission.

ADDITIONAL INFORMATION:

- This field applies to all patients and should not be left blank or answered N/A.
- If the patient is a DIRECT ADMIT (to Special Procedures, Operating Room, etc.) and has surgery, procedure or admitted AND meets Georgia Registry Inclusion Criteria, the patient should be included in the registry.
- There is no ACS assessment criteria regarding direct admits. The Verification Review Committee (VRC) recommends patients who have been transferred in with a full work up at another facility be assessed in your Emergency Department (ED) for the opportunity to identify additional injuries. Should patients be directly admitted (bypass an ED assessment), you must track and monitor patients through the PIPS process.

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

ED/Resus: Admitting Service

TAB NAME: ED/Resus, Arrival/Admission

TQIP RISK ADJ? NO

SEND TO NTDB? NO

SEND TO STATE? YES

ALLOW N/A? YES

ALLOW UNK? YES

REP WRITER NAME: ADM_SVC_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Admitting physician’s specialty. Answer choices include:

- | | |
|---------------------------|------------------------|
| 1, Trauma | 8, Emergency Medicine |
| 2, Neurosurgery | 9, Pediatrics |
| 3, Orthopedics | 98, Other Surgical |
| 4, General Surgery | 99, Other Non-Surgical |
| 5, Pediatric Surgery | /, Not Applicable |
| 6, Cardiothoracic Surgery | ?, Unknown |
| 7, Burn Services | 57, Intensivist |

ADDITIONAL INFORMATION:

- Admitting specialty answer usually does NOT include one of the following specialties: Emergency Medicine, Radiology, or Anesthesiology. While these specialty providers care/treat trauma patients, they typically do not have admitting privileges to oversee the care of the patient.
- In some facilities, Emergency Medicine physicians do have privileges to oversee care after admission. Check with your Trauma Program Manager to determine your facility’s practice.
- If the patient dies in the ED without admission orders the Admitting Service will be N/A.
- If the patient dies in the ED with admission orders, the patient’s admitting physician specialty answer will equal the specialty of the provider who wrote the admission order.

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

ED/Resus: Mode of Arrival

TAB NAME: ED/Resus, Arrival/Admission

TQIP RISK ADJ? NO

SEND TO NTDB? NO

SEND TO STATE? YES

ALLOW N/A? NO

ALLOW UNK? NO

REP WRITER NAME: PAT_A_MODE_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Transportation type used by patient to reach facility. Answer choices include:

- 1, Ground Ambulance
- 2, Helicopter Ambulance
- 3, Fixed-Wing Ambulance
- 4, Private/Public Vehicle/Walk-In
- 5, Police
- 6, Other
- /, Not Applicable
- ?, Unknown

ADDITIONAL INFORMATION:

- Applies to all patients.

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

ED/Resus: Response Level

| | | | |
|-------------------------|---|-----------------------|-----|
| TAB NAME: | ED/Resus, Arrival/Admission | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | YES | SEND TO STATE? | YES |
| ALLOW N/A? | NO | ALLOW UNK? | NO |
| REP WRITER NAME: | ED_TTA_TYPE01_ <u>AS_TEXT</u> To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number | | |

DEFINITION:

Based on facility trauma team activation (TTA) criteria, the TTA level first assigned to the patient. Answer choices include:

- 1, Full
- 2, Partial
- 3, Consult
- 4, No Trauma Activation
- /, Not Applicable
- ?, Unknown

ADDITIONAL INFORMATION:

- This field applies to all patients.

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

ED/Resus: Revised Response Level

| | | | |
|----------------------|-----------------------------|-----------------------|-----|
| TAB NAME: | ED/Resus, Arrival/Admission | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | YES | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | NO |

REP WRITER NAME: ED_TTA_TYPE02

DEFINITION:

The new trauma activation level applied after the initial (paged) activation level. Answer choices include:

- 1, Full
- 2, Partial
- 3, Consult
- 4, No Trauma Activation
- /, Not Applicable
- ?, Unknown

ADDITIONAL INFORMATION:

- If there is no change to the original trauma activation level, enter N/A.
- Unknown should NOT be used.

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

ED/Resus: Response Activation Date & Time

| | | | |
|-------------------------|---|-----------------------|------------|
| TAB NAME: | ED/Resus, Arrival/Admission | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: | ED_TTA_DATE01 Date ED_TTA_TIME01 Time ED_TTA_EVENT01 Date/Time | | |

DEFINITION:

Date/time trauma response level first activated (paged) to alert the team.

ADDITIONAL INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.

DATA SOURCE:

Trauma Nurse Flowsheet, EMS Run Report, ER nursing notes, ER EMS log

ED/Resus: Revised Response Act Date & Time

| | | | |
|-------------------------|---|-----------------------|-----|
| TAB NAME: | ED/Resus, ED Arrival/Admission | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: | ED_TTA_DATE01 Date ED_TTA_TIME01 Time ED_TTA_EVENT01 Date/Time | | |

DEFINITION:

Date/time the trauma activation level was changed or paged out.

ADDITIONAL INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- If activation level not upgraded or changed, date and time will be Not Applicable.

DATA SOURCE:

Trauma Nurse Flowsheet, EMS Run Report, ER nursing notes, ER EMS log

ED/Resus: ED Departure Date/Time

| | | | |
|-------------------------|--------------------------------|------------------------|-----|
| TAB NAME: | ED/Resus, ED Arrival/Admission | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | NO |
| REP WRITER NAME: | EDD_DATE | ED Departure Date | |
| | EDD_TIME | ED Departure Time | |
| | EDD_EVENT | ED Departure Date/Time | |

DEFINITION:

The date/time the patient physically left the Emergency Department.

ADDITIONAL INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- If patient is a Direct Admit, enter Not Applicable.

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Admit/Discharge/Transfer (ADT) Software

ED Arrival/Admission: OR Disposition

| | | | |
|----------------------|---------------------------------------|-----------------------|------------|
| TAB NAME: | ED/Resus, ED Arrival/Admission | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: OR_DISP_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

If patient’s ED disposition is Operating Room (OR), then record where the patient was sent after leaving the OR. Answers choices include:

| | | |
|----------------------------------|----------------------------------|--|
| 1, Resuscitation Room | 9, Burn Unit | <u>Retired 2021:</u> 1 - Resuscitation Room 7 - Telemetry Unit |
| 2, Emergency Department | 10, Radiology | |
| 3, Operating Room | 11, Post Anesthesia Care Unit | |
| 4, Intensive Care Unit | 12, Special Procedure Unit | |
| 5, Step-Down Unit | 13, Labor and Delivery | |
| 6, Floor | 14, Neonatal/Pediatric Care Unit | |
| 7, Telemetry Unit | /, Not Applicable | |
| 8, Observation Unit | ?, Unknown | |

ADDITIONAL INFORMATION:

- If patient ED disposition was not the OR, then enter Not Applicable.

DATA SOURCE:

ER nursing notes, ER MD documentation, History & Physical (H&P), OP note, Intraoperative documentation, Anesthesia documentation, nursing notes, Consult note

ED/Resus: Temperature Unit (measurement scale)

| | | | |
|-------------------------|-------------------------------------|------------------------|------------|
| TAB NAME: | ED/Resus, Initial Assessment | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: | EDAS_TEMP_UT | Temperature unit/scale | |

DEFINITION:

Scale used to record temperature. Answers choices include:

- F Fahrenheit scale
- C Celsius scale

ADDITIONAL INFORMATION:

- If this field left blank or marked Unknown, the actual patient temperature is considered missing by NTDS. NTDS only accepts temperature results on the Celsius scale. The V5 software converts Fahrenheit temperatures to Celsius for upload to NTDB.

DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), patient assessment forms

ED/Resus: Temperature Route

| | | | |
|-------------------------|---|-----------------------|-----|
| TAB NAME: | ED/Resus, Initial Assessment | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: | EDAS_TEMP_R_ <u>AS_TEXT</u> 1 To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number | | |

DEFINITION:

Body area used to measure temperature. Answers choices include:

- 1, Oral
- 2, Tympanic
- 3, Rectal
- 4, Axillary
- 5, Core
- 6, Other
- ?, Unknown
- 7, Temporal

ADDITIONAL INFORMATION:

DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), patient assessment forms

ED/Resus: Intubation Method

| | | | |
|----------------------|------------------------------|-----------------------|-----|
| TAB NAME: | ED/Resus, Initial Assessment | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: EDAS_INTUB_M01_AS_TEXT Intubation Method
To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Device used to effectively provide air (oxygen) to the lungs and assist with breathing. Answer choices include:

- 1, Combitube
- 2, Cricothyrotomy
- 3, Cricothyrotomy - Needle
- 4, Endotracheal Tube - Nasal
- 5, Endotracheal Tube - Oral
- 6, Endotracheal Tube - Route NFS
- 7, Esophageal Obturator Airway
- 8, Laryngeal Mask Airway
- 9, LT Blind Insertion Airway Device
- 10, Tracheostomy
- ?, Unknown

ADDITIONAL INFORMATION:

DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, EMS PCR, Respiratory Therapy documentation

ED/Resus: Diastolic Blood Pressure (DBP)

| | | | |
|--|-------------------------------------|-----------------------|------------|
| TAB NAME: | ED/Resus, Initial Assessment | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: EDAS_DBP Diastolic Blood Pressure | | | |

DEFINITION:

Pressure in the arteries with the heart rests between beats, fills with blood and receives oxygen. Answer choice is a number.

ADDITIONAL INFORMATION:

- Diastolic Blood Pressure is the bottom/second number when blood pressure is recorded.
- A normal diastolic blood pressure is < 80 but can often be much higher.

DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, Vital Signs flowsheet

ED/Resus: Drug Use Indicators

| | | | |
|-------------------------|--|-----------------------|-----|
| TAB NAME: | ED/Resus, Initial Assessment | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: | ED_IND_DRG01_ _AS_TEXT Drug Use Indicator01 ED_IND_DRG02_ _AS_TEXT Drug Use Indicator02 To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number | | |

DEFINITION:

Was the patient tested for drug use at outside facility OR your facility? Answer choices include:

1. No (Not Tested)
2. No (Confirmed by Test)
3. Yes (Confirmed by Test [Prescription Drug])
4. Yes (Confirmed by Test [Illegal Use Drug])
- /, Not Applicable
- ?, Unknown
5. Yes (Confirmed by Test (Unknown if Prescribed or Illegal))

ADDITIONAL INFORMATION:

- More than one answer may be needed if the patient tested positive for prescription and illegal drug use.
- Information from a referring facility may be used.

DATA SOURCE:

Lab results, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

ED/Resus: CPR

TAB NAME: ED/Resus, Vitals

TQIP RISK ADJ? NO

SEND TO NTDB? NO

SEND TO STATE? YES

ALLOW N/A? YES

ALLOW UNK? YES

REP WRITER NAME: ED_CPR_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Was CPR initiated in the ED by hospital personnel?

0, Not Performed

1, Performed

/, Not Applicable

?, Unknown

ADDITIONAL INFORMATION:

- If patient is a Direct Admit, answer should be Not Applicable.
- Excludes CPR initiated by EMS.
- If the patient had CPR in progress on arrival and the patient had return of spontaneous circulation (ROSC) and then had to have CPR re-initiated, the field value will be Performed.

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

ED/Resus: Mass Blood Protocol

| | | | |
|----------------------|-------------------------|-----------------------|------------|
| TAB NAME: | ED/Resus, Vitals | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: ED_MBP_YN_AS_TEXT
 To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Was Massive Blood Protocol (MBP) or Massive Transfusion Protocol (MTP) activated in the first 4 hours after patient arrival?

Yes

No

/, Not Applicable

?, Unknown

ADDITIONAL INFORMATION:

- Applies to all patients.
- If MBP or MTP not used in first 4 hours of patient stay, answer NO.
- Protocol use is not dependent on the patient location as long as protocol activated in first 4 hours after arrival.

DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Lab and/or Blood Bank documentation

ED/Resus: Mass Blood Protocol Date/Time

| | | | |
|----------------------|-------------------------|-----------------------|------------|
| TAB NAME: | ED/Resus, Vitals | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: ED_MBP_DATE Mass Blood Protocol Date
 ED_MBP_TIME Mass Blood Protocol Time
 ED_MBP_EVENT Mass Blood Protocol Date/Time

DEFINITION:

Date and time the Massive Blood Protocol was activated (ordered).

ADDITIONAL INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- If activated (ordered), enter date and time even if blood was not administered i.e. patient died.
- Date and time protocol started is not dependent on the patient location as long as protocol activated in first 4 hours after arrival.

DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Blood Bank documentation

ED/Resus: Mass Blood Protocol Administered

| | | | |
|-------------------------|--------------------|--|-----|
| TAB NAME: | ED/Resus, Vitals | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: | ED_MBP_ADMIN_DATE | Mass Blood Protocol Administration Date | |
| | ED_MBP_ADMIN_TIME | Mass Blood Protocol Administration Time | |
| | ED_MBP_ADMIN_EVENT | Mass Blood Protocol Administration Date/Time | |

DEFINITION:

Date and time the first blood product administered for Massive Blood Protocol.

ADDITIONAL INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- Date and time blood product administration is not dependent on the patient location as long as protocol activated in first 4 hours after arrival.
- If activated (ordered) but blood was not administered i.e. patient died, enter N/A.

DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Blood Bank documentation

Providers/Resus Team: Trauma Provider Specialty

| | | | |
|-------------------------|--|-----------------------|-----|
| TAB NAME: | Providers, Resus Team | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: | EDP_TYPE01 <u>AS_TEXT</u> Trauma Provider Specialty # EDP_MD_LNK01 Trauma Provider ID # To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number | | |

DEFINITION:

The physician/provider name delivering trauma care in any level of team activation.

ADDITIONAL INFORMATION:

- Only Trauma specialty information is required. Check with your Trauma Program Manager if the name of the Trauma Physician should also be included. Usually the physician name is collected by the facility for program reporting purposes.
- If teaching facility, enter Attending Physician’s name/number.
- If patient has response level answer, 3 Consult or 4 No Response, the trauma provider # and name should be Not Applicable.
- If the physician name is included, it is not downloaded by the state.
- Provider consults for Emergency Medicine, Anesthesiology, Neurosurgery, Orthopedics may be entered on this tab or the In-House Consults tab.

DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P)

Providers/Resus Team: Trauma Arrived Date/Time

| | | | |
|-------------------------|--|-----------------------|------------|
| TAB NAME: | Providers, Resus Team | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |
| REP WRITER NAME: | EDP_A_DATE01 Trauma Arrival Date EDP_A_TIME01 Trauma Arrival Time EDP_A_EVENT01 Trauma Arrival Date/Time | | |

DEFINITION:

First documented date and time Trauma Physician/Attending arrives at the patient bedside for team activation.

ADDITIONAL INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- Response time is for the Trauma/General Surgeon providing care/oversite of team resuscitation.
- For Level 1 and 2 trauma centers, the maximum acceptable response time for the highest activation level is 15 minutes. Response time is tracked from patient arrival
- For Level III and Level IV trauma centers, the maximum acceptable response time for the highest activation level is 30 minutes. Response time is tracked from patient arrival
- An 80 percent attendance threshold must be met for the highest-level activations (CD 2–8).

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

Providers: In-House Consults: Type (part 1 of 2)

TAB NAME: Providers, In-House Consults TQIP RISK ADJ? NO

SEND TO NTDB? NO SEND TO STATE? YES

ALLOW N/A? YES ALLOW UNK? YES

REP WRITER NAME: A_CS_TYPE **_AS_TEXT** Consult Specialty
CS_MD_LNKS List of all Consults as ID Link
CS_MD_LNKS **_AS_TEXT** List of all Consultants as text
To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Providers giving recommendations and/or care to a trauma patient during hospitalization. Answer choices include:

| Essential or State Required Consult Specialties | | | |
|--|------------------------|-------------------------|--------------------------|
| Trauma | Neurosurgery | Orthopedics | Interventional Radiology |
| Consult Specialties Recorded per Facility Requirements | | | |
| Anesthesiology | Drug/Alcohol Counselor | Oro-maxillo Facial Surg | Nephrology |
| Burn Services | Emergency Medicine | Palliative Care | Neurology |
| Chaplain | Family Medicine | Pediatrics | Rehab |
| Child Protective Team | General Surgery | Pediatric Surgery | Respiratory Therapist |
| Critical Care | Home Health | Pharmacy | Social Services |
| Cardiothoracic Surgery | Hospitalist | Physiatry | Social Work |
| ENT | Intensivist | Physical Therapy | Speech Therapy |
| Hand Surgery | Laboratory | Physician Assistant | Trauma Resus Nurse |
| Microvascular Surgery | Nurse Practitioner | Plastic Surgery | Triage Nurse |
| Cardiology | Nursing | Psychiatry | Other Surgical |
| Gastrointestinal (GI) | Nutrition | Pulmonology | Other Non-Surgical |
| Infectious Disease | Oncology | Radiology | / Not Applicable |
| Internal Medicine | Ortho-Spine | Thoracic Surgery | ? Unknown |
| Discharge Planner | OB-GYN | Urology | |
| Documentation Recorder | Ophthalmology | Vascular Surgery | |
| Services required by 2014 ACS standards include: Adult: CD 11-70 through CD 11-74 Pediatrics: CD 10-12 through CD-10-23 | | | |

Providers: In-House Consults: Type (part 2 of 2)

ADDITIONAL INFORMATION:

- Essential specialties listed have Performance Improvement and Patient Safety (PIPS) metrics for response timeliness, therefore only 4 specialties are listed.
- All other non-essential specialties are collected at the discretion of each facility.
- If there is no trauma team activation but there is a trauma consult, enter Trauma consult information in this field.
- Only the consultant specialty is required. Check with your Trauma Program Manager if the name of the consultant should also be included.
- Do not list 2 consultants from the same specialty. Due to call coverage, often several providers from the same specialty may see the patient to maintain 24/7 coverage during the patient's stay.
- Provider consults for Emergency Medicine, Anesthesiology, Neurosurgery, Orthopedics may be entered on this tab or on the Resus Team tab.
- For ACS verification/state designation, capture of consultant specialty service in this field does not substantiate the availability of services required by ACS standards.

DATA SOURCE:

ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

Procedures: Location Code & Description

TAB NAME: Procedures, ICD 10 TQIP RISK ADJ? NO

SEND TO NTDB? NO SEND TO STATE? YES

ALLOW N/A? NO ALLOW UNK? NO

REP WRITER NAME: A_PR_LOC_AS_TEXT Patient location where procedure performed
To read answer as text, add "AS_TEXT", otherwise field info returns as a number

DEFINITION:

Patient location where procedure performed. Procedures performed in the ED, OR and ICU are essential.
Answer choices include:

- | | |
|----------------------------------|----------------------------------|
| 1, Resuscitation Room | 9, Burn Unit |
| 2, Emergency Department | 10, Radiology |
| 3, Operating Room | 11, Post Anesthesia Care Unit |
| 4, Intensive Care Unit | 12, Special Procedure Unit |
| 5, Step-Down Unit | 13, Labor and Delivery |
| 6, Floor | 14, Neonatal/Pediatric Care Unit |
| 7, Telemetry Unit | /, Not Applicable |
| 8, Observation Unit | ?, Unknown |

Retired 2021:

- 1 - Resuscitation Room
7 - Telemetry Unit

ADDITIONAL INFORMATION:

- If procedure is performed in the Specialty Procedures area of Radiology, choose the answer Radiology.
- Special procedure unit can include Endoscopy, Vascular Lab, Hyperbaric chamber, etc.
- Check with your TPM on areas that fall into the category Special Procedure Unit.

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

Outcome: Discharge Status

| | | | |
|----------------------|-----------------------------------|-----------------------|------------|
| TAB NAME: | Outcome, Initial Discharge | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | NO | ALLOW UNK? | NO |

REP WRITER NAME: DIS_STATUS_AS_TEXT Patient status at discharge/death
 To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Location in facility when patient died (brain death declared, if applies). Patient status at end of hospital visit.
 Answer choices include:

1. Alive
2. Dead

ADDITIONAL INFORMATION:

- Mark according to patient outcome regardless of death location.

Outcome: Discharge/Death Date/Time (physical DC)

| | | | |
|-------------------------|-----------------------------------|---------------------------|------------|
| TAB NAME: | Outcome, Initial Discharge | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | NO |
| REP WRITER NAME: | DIS_DATE | Discharge/Death Date | |
| | DIS_TIME | Discharge/Death Time | |
| | DIS_EVENT | Discharge/Death Date/Time | |

DEFINITION:

The date and time the patient physically left the hospital room or care area.

ADDITIONAL INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.

DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

Outcome: Discharged to Alternate Caregiver

| | | | |
|----------------------|-----------------------------------|-----------------------|------------|
| TAB NAME: | Outcome, Initial Discharge | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: DIS_TO_ALT_CGVR_YN Discharged to Alternate Caregiver

DEFINITION:

This field is opened for completion if Report of Physical Abuse on Injury, Injury Information tab is answered YES. Answer choices include:

Yes
No
/, Not Applicable
?, Unknown

ADDITIONAL INFORMATION:

DATA SOURCE:

Nursing notes, Discharge Planner notes, Discharge Summary

Outcome: If transferred, facility

TAB NAME: Outcome, Initial Discharge

TQIP RISK ADJ? NO

SEND TO NTDB? NO

SEND TO STATE? YES

ALLOW N/A? YES

ALLOW UNK? YES

REP WRITER NAME: DIS_FAC_LINK AS_TEXT If transferred, facility
To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

The name of the acute care facility the patient is transferred (discharged).

ADDITIONAL INFORMATION:

- Acute care facilities are listed in the registry program. Start typing the name to find the correct hospital. The state ID number will auto populate when a hospital name is chosen.
- The null value “Not Applicable” is used only for patients who were not received from another facility.
- If you are unable to locate a Georgia hospital in the pick list, please contact the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov. Facilities change names periodically for various reasons and the name may have changed in the registry program. New facilities must be added to the registry program. If a facility is not available as a choice, use one of the following (as applies):

| If facility name not available | Facility # | Facility Name |
|------------------------------------|------------|---|
| Georgia (not designated) | 10000 | Acute Care Hospital, Non-Desgd, Unsp (GA) |
| Georgia (designated trauma center) | 20000 | Acute Care Hospital, trauma hospital, Unsp (GA) |
| Georgia | 99999 | Georgia Hospital (unspecified) |
| Out of state? Alabama | 16000 | Alabama Hospital |
| Florida | 15000 | Florida Hospital |
| North Carolina | 13000 | NC Hospital |
| South Carolina | 19010 | SC Hospital |
| Tennessee | 19020 | Tennessee Hospital |
| Texas | 91900 | Texas Hospital |
| Other States | 17000 | Other state specified |
| Unspecified state | 40000 | Unspecified state |
| Air Force Hospital | 14010 | Moody |
| | 14015 | Warner Robins |
| U.S. Naval Services | 14030 | U.S.N.S. Comfort |
| U.S. Penitentiary | 15090 | Penitentiary Hospital |
| U.S. Virgin Islands | 14040 | Virgin Islands Hospital |

DATA SOURCE:

Nursing notes, D/C summary, Consult note, Discharge panner notes

Outcome: If death: Location (death)

TAB NAME: Outcome, If Death

STATE PRIORITY: HIGH

TQIP RISK ADJ? NO

SEND TO NTDB? NO

SEND TO STATE? YES

ALLOW N/A? YES

ALLOW UNK? NO

REP WRITER NAME: DTH_LOC_S_AS_TEXT Patient location at time of death
To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Location in facility when patient died (brain death declared, if applies). Answer choices include:

- | | |
|----------------------------------|----------------------------------|
| 1, Resuscitation Room | 9, Burn Unit |
| 2, Emergency Department | 10, Radiology |
| 3, Operating Room | 11, Post Anesthesia Care Unit |
| 4, Intensive Care Unit | 12, Special Procedure Unit |
| 5, Step-Down Unit | 13, Labor and Delivery |
| 6, Floor | 14, Neonatal/Pediatric Care Unit |
| 7, Telemetry Unit | /, Not Applicable |
| 8, Observation Unit | ?, Unknown |

Retired 2021:

- 1 - Resuscitation Room
- 7 - Telemetry Unit

ADDITIONAL INFORMATION:

- If patient died, do not use Unknown.
- If patient did not die, software will not open this section to allow data entry.

DATA SOURCE:

D/C Summary, Death Note, Nursing notes, Progress Notes, Patient location data field in EMR

Outcome: Circumstances of Death

| | | | |
|----------------------|--|-----------------------|------------|
| TAB NAME: | Outcome, Circumstances of Death | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: DTH_CIRC_AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

What caused the patient to die?

- 1, Burn Shock
- 2, Burn Wound
- 3, Cardiovascular Failure
- 4, Multiple Organ (Metabolic) Failure
- 5, Pre-Existing Illness
- 6, Pulmonary Failure
- 7, Sepsis
- 8, Trauma Shock
- 9, Trauma Wound
- 10, Other
- /, Not Applicable
- ?, Unknown

ADDITIONAL INFORMATION:

- Autopsy findings often add information about the patient’s medical status and/or injuries that may be unknown at the time of death.
- An external autopsy refers to a detailed examination of the patient without dissection. A forensic autopsy refers to detailed examination including dissection and usually toxicology testing. Either type of autopsy qualifies for this field.
- Some Medical Examiner’s will only give a verbal report of autopsy findings when requested by personnel at the trauma center. If a verbal report is received, the conversation and findings should be recorded in the patient’s registry record to substantiate subsequent AIS injury coding or pre-existing conditions.

DATA SOURCE:

ER MD documentation, History & Physical (H&P), Discharge summary, Death note, Autopsy Report

Outcome: If death: Was autopsy performed?

TAB NAME: Outcome, If Death TQIP RISK ADJ? NO

SEND TO NTDB? NO SEND TO STATE? YES

ALLOW N/A? YES ALLOW UNK? YES

REP WRITER NAME: AUT_YN_AS_TEXT
To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

Was an autopsy performed on patient (private or by state medical examiner)?

ADDITIONAL INFORMATION:

- Autopsy findings often add information about the patient’s medical status and/or injuries that may be unknown at the time of death.
- An external autopsy refers to a detailed examination of the patient without dissection. A forensic autopsy refers to detailed examination including dissection and usually toxicology testing. Either type of autopsy qualifies for this field.
- Some Medical Examiner’s will only give a verbal report of autopsy findings when requested by personnel at the trauma center. If a verbal report is received, the conversation and findings should be recorded in the patient’s registry record to substantiate subsequent AIS injury coding or pre-existing conditions.

DATA SOURCE:

ER MD documentation, History & Physical (H&P), Discharge summary, Death note

Outcome: If death: Was organ donation requested?

TAB NAME: Outcome, If Death TQIP RISK ADJ? NO

SEND TO NTDB? NO SEND TO STATE? YES

ALLOW N/A? YES ALLOW UNK? YES

REP WRITER NAME: ORG_STAT_YN AS_TEXT

To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

If the patient qualified as an organ/tissue donor, was permission for donation request? Answers for this field includes:

Yes

No

/, Not Applicable

?, Unknown

ADDITIONAL INFORMATION:

- None

DATA SOURCE:

Nursing notes, MD documentation, Provider Progress note, Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary

Outcome: If death: Was request granted?

| | | | |
|----------------------|--------------------------|-----------------------|------------|
| TAB NAME: | Outcome, If Death | TQIP RISK ADJ? | NO |
| SEND TO NTDB? | NO | SEND TO STATE? | YES |
| ALLOW N/A? | YES | ALLOW UNK? | YES |

REP WRITER NAME: ORG_GR_YN_**AS_TEXT**
To read answer as text, add “_AS_TEXT”, otherwise field info returns as a number

DEFINITION:

If the patient qualified as an organ/tissue donor and donation permission requested, was request for donation granted / agreed to by legal next of kin? Answer choices include:

Yes
No
/, Not Applicable
?, Unknown

ADDITIONAL INFORMATION:

- Applies to all patient deaths.

DATA SOURCE:

Nursing notes, MD documentation, Provider Progress note, Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary

Outcome: Related Admissions

INFORMATION:

Readmits / 'bounce backs' specific data collection is not state required. However, each facility must collect data related to readmissions for state site reviews and Ongoing Trauma Center Performance Evaluation (OTCPE) i.e. state reporting purposes.

Georgia Trauma Reporting

Data Upload Requirements

Due Dates for Quarterly Trauma Registry Data and Trauma Program Reports (OTCPE)

Fiscal Year 2021
(July 1, 2020 – June 30, 2021)

Trauma Registry Data Downloads

Data Date Range

Due Date *

| | |
|---|--------------------|
| January 1, 2020 – March 31, 2020 | June 30, 2020 |
| January 1, 2020 – June 30, 2020 | September 30, 2020 |
| January 1, 2020 - September 30, 2020 | December 30, 2020 |
| January 1, 2020 – December 31, 2020 Final 2020 download | March 31, 2021 |
| January 1, 2021 – March 31, 2021 | June 30, 2021 |

Trauma Program Reports (OTCPE OBCPE) - Instructions:

The 1st, 2nd, & 4th quarter reports considered past due if received more than 30 days after the due date.

** The 3rd quarter report is due on April 15, 2021 without a late grace period due to the GTC Performance Based Pay (PBP) scorecard review.

| | | Service/Event Date Range | Data Report Range | |
|---|-----------------------|---|--------------------------------------|--------------|
| Trauma Program Report | State Fiscal Year Qtr | Trauma Program Activity Dates | Data Report Dates | Due Date |
| Quarterly Trauma Program Report (item numbers 1 – 10) | 1st | 07/01/20 – 09/30/20 (page 1 and items 1-3, 10) | 04/01/20 - 06/30/20 (items # 4-9) | 10/15/2020 |
| | 2nd | 10/01/20 - 12/31/20 (page 1 and items 1-3, 10) | 07/01/20 - 09/30/20 (items # 4-9) | 01/15/2021 |
| | 3rd | 01/01/21 - 03/31/21 (page 1 and items 1-3, 10) | 10/01/20 - 12/31/20 (items # 4-9) | 04/15/2021** |
| Annual Trauma Program Report & 4th Quarter Trauma Program Report (all item numbers 1-19) | 4th | 04/01/21 – 06/30/21 (page 1 and items 1-3, 10) | 01/01/21 - 03/31/21 (items # 4-9) | 07/15/2021 |
| | | 07/01/20 – 06/30/21 (items # 11–19) | | |

*Due dates are listed for ease of memory. If the due date falls on a weekend day or holiday, the actual due date is the first business day following the date listed. DPH Revised: 08/18/2020

Data Reporting Requirements

What is the purpose of the DPH Office of EMS/Trauma (OEMS/T) quarterly and annual report known as the Ongoing Trauma Center Performance Evaluation (OTCPE)?

- The purpose of the quarterly and annual OTCPE is to enable the OEMS/Trauma to evaluate individual trauma center performance in between re-designation visits and external data validation visits. The OTCPE provides a data-driven and self-reporting review of facility level trauma program performance improvements and clinical process improvements required for designation by the OEMS/T and the American College of Surgeons (ACS). The OTCPE is a tool for the facility to use to review, monitor and make trauma program improvements.

Describe how data is reviewed to assess ongoing trauma center readiness?

- Trauma registry downloads are required quarterly according to the published schedule. Concurrent data entry is best; however, not always possible. Data downloads are required at least 90 days in arrears. The trauma center performance improvement efforts rely on the trauma registry data being current. Peer review and timely response to patient care events is critical for improving care.
- The trauma data is used to evaluate trauma center readiness by continuously reviewing the report sample topics listed in the table below. The list represents the minimum topics that should be evaluated monthly. Further evaluation of the outlier data is performed by the trauma center to monitor the efficiency of the trauma service and identify opportunities for improvement.
- Injury data analysis is used to develop injury prevention programs, evaluate statewide system performance, and to develop public policy. An annual report of the statewide injury data is produced by the DPH OEMS/T Epidemiologist.
- Trauma registry data requests are processed by the DPH Privacy Officer per DPH Policy # CO-12007 Data Request located at <https://dph.georgia.gov/phil-data-request>.
- Georgia Quality Improvement Process (GQIP) – is an extensive statewide review of focused process measures to evaluate the quality of trauma care. The GQIP analysis uses predictive strategies to aid trauma centers in reducing data collection variations, improve the quality of the trauma data, improve patient outcomes, and prevent re-occurring statewide system variances.

Ongoing Trauma Center Performance Evaluation (OTCPE) Reports

| Report Topic | Report Name | ACS Standard(s) | Tied to Trauma Center Funding |
|----------------------------------|---|------------------------|-------------------------------|
| Data Entry and Completion Rate | V5 User Report: PRQ_DATA_ENTRY Query: STATE_Y (State box=Y) Gather: BY_ARR_MO | CD 15-6 | Yes |
| Trauma Patient Re-admission Rate | V5 User Report: VOLUME_MO Queries together: 1. STATE_Y, and 2. READMISSIONS Gather: BY_ARR_MO | NA | No |
| Over and Under Triage Review | V5 Standard Report: Over/Under Triage Analysis (initial activation level- Arrival Month/Year) <u><i>RUN THIS REPORT THREE TIMES WITH THE DIFFERENT SETS OF QUERIES</i></u> 1. Query: STATE_Y, 2. Query: Age_LT_15, and STATE_Y 3. Query: AGE_GTE_65, and STATE_Y Gather: None | CD 16-7 | No |
| Trauma Surgeon Response Time | V5 User Report: PRQ_TRMA_SURG_TIME Query: STATE_Y Gather: BY_ARR_MO | CD 2-8 | Yes |
| Non-surgical Admissions | 2. V5 User Report: PRQ_NON_SURG Query: STATE_Y Gather: BY_ARR_MO 3. V5 User Report: PRQ_NON_SURGICAL_ADM Queries together: 1. STATE_Y, and 2. PRQ_ADM_SVC_NON_SURG, Gather: BY_ARR_MO | CD 5-18 | Yes |
| Injury Prevention | V5 Standard Report: Injury Summary Query: STATE_Y Gather: None | CD 18.1, 18.5, 18.6 | No |

Georgia Trauma Data Standard (GTDS) Required Data Elements

For Georgia designated Trauma Centers, the table below represents the trauma registry data elements required by OEMS-T in addition to the current NTDS data dictionary. (2021: 80 GA required data fields plus Complications, and Comorbidity/Explicit Negative fields) Performance improvement and provider specific field data is required to be captured by each facility for internal use and to document performance improvement and patient safety (PIPS) initiatives for state designation, site visit, and ACS consultation or verification.

| V5 Screen Field Name | | V5 Technical Field Name | 2021 State Download Required Data: GREEN Field |
|-----------------------------|---|-------------------------|--|
| DEMOGRAPHIC SECTION | | | |
| 1 | Record Created Date - Auto-populate | TRK_CREATED_DATE | X |
| 2 | Record Created Time - Auto-populate | TRK_CREATED_TIME | X |
| 3 | Record Created By - Auto-populate | TRK_CREATED_USRLNK | X |
| 4 | Facility Number **KEY DATA ELEMENT** | FACILITY_LNK | X |
| 5 | Facility Number and Description | TRK_CREATED_FACLNK | X |
| 6 | Medical Record Number | PAT_REC_NUM | X |
| 7 | LongID | LINK_NUM | X |
| 8 | Georgia Systems of Care (armband number for Trauma, Cardiac Care, Stroke patients) | TRAUMA_BAND | X |
| 9 | Arrived From | PAT_ORIGIN | X |
| 10 | State - Download Inclusion Field | REGINC_YN02 | X |
| INJURY SECTION | | | |
| 11 | Report Physical Abuse | INJ_ABUSE_RP_YN | X |
| 12 | Investigation of Physical Abuse | INJ_ABUSE_INVST_YN | X |
| 13 | Injury Type (Blunt, Penetrating, Burn, Other) – Auto-populate (linked to ICD 10 E-Code) | INJ_TYPE01 | X |
| 14 | Chief Complaint (LINE 1) | INJ_MECH01 | X |
| 15 | Chief Complaint (LINE 2) | INJ_MECH02 | X |
| PRE-HOSPITAL SECTION | | | |
| 16 | POV/Walk In | PH_POV_YN | X |
| 17 | Agency ID and Name | PHP_AGNCLNKS | X |

| V5 Screen Field Name | | V5 Technical Field Name | 2021 State Download Required Data: GREEN Field |
|-----------------------------------|--|-------------------------|--|
| 18 | Transport Role | PHP_ROLES | X |
| 19 | Scene EMS Report (complete YN) | PHP_RP_DETAILS | X |
| 20 | PCR # EMS Patient Care Report Number Response number (25-digit number, NEMSIS 3.4) | PHP_PCR_NUMS | X |
| 21 | EMS Call Dispatched Date | PHP_D_DATES_L | X |
| 22 | EMS Call Dispatched Time | PHP_D_TIMES_L | X |
| 23 | EMS Arrived at Location Date | PHP_A_DATES_L | X |
| 24 | EMS Arrived at Location Time | PHP_A_TIMES_L | X |
| 25 | EMS Departed Location Date | PHP_L_DATES_L | X |
| 26 | EMS Departed Location Time | PHP_L_TIMES_L | X |
| 27 | EMS Arrived at Destination Date | PHP_AD_DATES | X |
| 28 | EMS Arrived at Destination Time | PHP_AD_TIMES | X |
| 29 | EMS Scene Time Elapsed – Auto-populate | PHP_ELAPSED_MINSSC | X |
| 30 | EMS Transport Time Elapsed – Auto-populate | PHP_ELAPSED2_MINSSC | X |
| 31 | Pre-Hospital Triage Rational (Several) / Trauma Center Criteria (Multiple fields for this data element : PH_TRIAGE01 - PH_TRIAGE18) | PH_TRIAGE01 | X |
| REFERRING FACILITY SECTION | | | |
| 32 | Referring Facility ID AND NAME | RFS_FACLNK | X |
| ED/RESUS SECTION | | | |
| 33 | Direct Admit | ED_BYPASS_YN | X |
| 34 | ED Departure Date | EDD_DATE | X |
| 35 | ED Departure Time | EDD_TIME | X |
| 36 | Time in ED - Auto-populate | ED_LOS | X |
| 37 | Mode of Arrival | PAT_A_MODE | X |
| 38 | Admitting Service | ADM_SVC | X |
| 39 | OR Disposition | OR_DISP | X |
| 40 | Response Activation Level Date | ED_TTA_DATE01 | X |
| 41 | Response Activation Level Time | ED_TTA_TIME01 | X |

| V5 Screen Field Name | | V5 Technical Field Name | 2021 State Download Required Data: GREEN Field |
|-------------------------|---|-------------------------|--|
| 42 | Response Activation Level Elapsed – Auto-populate | ED_TTA_ELAPSED01 | X |
| 43 | Revised Response Activation Level Date | ED_TTA_DATE02 | X |
| 44 | Revised Response Activation Level Time | ED_TTA_TIME02 | X |
| 45 | Revised Response Activation Level Elapsed – Auto-populate | ED_TTA_ELAPSED02 | X |
| 46 | Temperature Unit | EDAS_TEMP_UT | X |
| 47 | Temperature Route | EDAS_TEMP_R | X |
| 48 | BMI – Auto-populate | EDAS_BMI | X |
| 49 | If Yes, Intubation Method | EDAS_INTUB_M01 | X |
| 50 | DBP | EDAS_DBP | X |
| 51 | Initial Assisted Resp Rate | EDAS_ARR | X |
| 52 | RTS – Auto-populate | EDAS_RTS_W | X |
| 53 | Drug Use Indicators (1) | ED_IND_DRG01 | X |
| 54 | Drug Use Indicators (2) | ED_IND_DRG02 | X |
| 55 | CPR | ED_CPR | X |
| 56 | Mass Blood Protocol | ED_MBP_YN | X |
| 57 | Mass Blood Protocol "Ordered" Date | ED_MBP_DATE | X |
| 58 | Mass Blood Protocol "Ordered" Time | ED_MBP_TIME | X |
| 59 | Mass Blood Protocol Administered Date | ED_MBP_ADMN_DATE | X |
| 60 | Mass Blood Protocol Administered Time | ED_MBP_ADMN_TIME | X |
| PROVIDER SECTION | | | |
| 61 | Provider Type Service (MULTIPLE ENTRIES X 22) | EDP_TYPE01 | X |
| 62 | Provider Resus Team Arrival Elapsed Time (PT arrival time to provider arrival time) Auto-populate | EDP_ELAPSED01 | X |

| V5 Screen Field Name | | V5 Technical Field Name | 2021 State Download Required Data: GREEN Field |
|---|--|-------------------------|--|
| 63 | Provider Resus Team Arrival Elapsed Time (Provider called time to provider arrival time) Auto-populate | EDP_ELAPSED201 | X |
| IN-HOUSE CONSULT SECTION | | | |
| 64 | In House Consult Type (MULTIPLE ENTRIES X 20) | CS_TYPE01 | X |
| PROCEDURES SECTION | | | |
| 65 | Location CODE AND DESCRIPTION | PR_LOCS | X |
| DIAGNOSIS SECTION | | | |
| 66 | ISS – Auto-populate | ISS | X |
| 67 | NISS – Auto-populate | NISS | X |
| 68 | TRISS – Auto-populate | TRISS | X |
| OUTCOMES/DISCHARGE SECTION | | | |
| 69 | Discharge Status CODE AND DESCRIPTION | DIS_STATUS | X |
| 70 | Discharge/Death Date | DIS_DATE | X |
| 71 | Discharge/Death Time | DIS_TIME | X |
| 72 | Hospital Days – Auto-populate from Pt Arrival and D/C dates | HOSP_DAYS | X |
| 73 | Hospital LOS - Auto-populate from Pt Arrival and D/C dates | HOSP_LOS | X |
| 74 | Discharge to Alternate Caregiver (applies to legal minors only) | DIS_TO_ALT_CGVR_YN | X |
| 75 | If Transferred, Facility CODE AND DESCRIPTION | DIS_FACLNK | X |
| 76 | If Death: Location CODE AND DESCRIPTION | DTH_LOC | X |
| 77 | If Death: Circumstances CODE & DESCRIPTION | DTH_CIRC | X |
| 78 | If Death: Was autopsy performed? | AUT_YN | X |
| 79 | If Death: Was organ donation requested? | ORG_STAT_YN | X |
| 80 | If Death: Was request granted? | ORG_GR_YN | X |
| COMORBID/EXPLICIT NEGATIVE SECTION | | | X |
| COMPLICATIONS SECTION | | | X |

Additional Information

National Trauma Data Standard FAQs

This is a great resource answering frequently asked questions related to registry inclusion criteria, data definitions, etc.

<https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds/faq>

ICD 10 Coding: COVID

Enter these ICD 10 Codes on the Diagnosis tab about COVID status for trauma patients

| | |
|---------|--|
| Z20.828 | Patient tested due to symptoms and is NEGATIVE <i>(do not code patients tested for admission/screening)</i> |
| U07.1 | Patient who tests POSITIVE regardless of reason tested |

To view the ACS TQIP webinar on Reporting COVID-19 for trauma patients follow this link:

<https://web4.facs.org/tqip/home.mvc/index>

You can also access the webinar on the internet by visiting the:

- TQIP Participant Hub
<https://www.facs.org/quality-programs/trauma/tqp/center-programs/tqp-center>
- Account Center
- Click on Resources
- Click on TQIP Education Portal

To view the ICD-10-CM Official Coding Guidelines for COVID-19, April-September 2020 follow this link: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>

Auto-Populated Fields

There are 18 Georgia required fields that “auto-populate” in the ESO DI software based on other data entered in the record. These fields are not defined in this data dictionary, but are included in GTDS Element list and how the field value is calculated.

| GTDS List Row # | V5 Screen Field Name | V5 Technical Field Name | Auto-populates based on: |
|-----------------------|---|----------------------------|--|
| 6 | Record Created Date | TRK_CREATED_DATE | The trauma registry software automatically records the date the registry record is created in the program. |
| 7 | Record Created Time | TRK_CREATED_TIME | The trauma registry software automatically records the time the registry record is created in the program. |
| 8 | Record Created By | TRK_CREATED_USRLNK | The trauma registry software automatically records the User’s name that created the record in the program. |
| 113 | Injury Type | INJ_TYPE01 | Linked to primary ICD-10 code and injury type assigned by CDC. |
| 154 | EMS Scene Time Elapsed | PHP_ELAPSED_MINSSC | Linked to EMS arrival at location and EMS departed location. Time between arrived and departed location. |
| 155 | EMS Transport Time Elapsed | PHP_ELAPSED2_MINSSC | Linked to EMS departed location and arrived at destination. Time between departed location and arrived at destination. |
| 337 | Time in ED* | ED_LOS | Linked to ED arrival / admit and ED departure. Time between ED Arrival/Admit and ED Departure |
| 349 | Response Activation Level Elapsed | ED_TTA_ELAPSED01 | Linked to ED arrival / admit and Response Activation. Time between ED Arrival/Admit and Response Activation |
| 353 | Revised Response Activation Level Elapsed | ED_TTA_ELAPSED02 | Linked to ED arrival /admit and Revised Activation. Time between ED Arrival/Admit and Revised Response Activation |
| 366 | Body Mass index (BMI) | EDAS_BMI | Linked to height and weight $BMI = kg/m^2$ |
| 387 | Revised trauma score (RTS) | EDAS_RTS_W | Linked to GCS, SBP and RR $RTS = 0.9368 (GCS) + 0.7326 (SBP) + 0.22908 (RR \text{ Value})$ |

| GTDS List Row # | V5 Screen Field Name | V5 Technical Field Name | Auto-populates based on: |
|-----------------|--|-------------------------|---|
| 487 | Provider Resus Team Arrival Elapsed Time (arrival) | EDP_ELAPSED01 | Linked to ED arrival / admit and provider resus team arrival. Hours and minutes between patient arrival and provider resus team arrival. |
| 488 | Provider Resus Team Arrival Elapsed Time (call) | EDP_ELAPSED201 | Linked to resus team arrival and activation call. Hours and minutes between resus team arrival and activation call. |
| 512 | Injury Severity Score (ISS) | ISS | Linked to AIS codes. The sum of the squares of the highest AIS code in each of the three most severely injured ISS body regions |
| 513 | New Injury Severity Score (NISS) | NISS | Linked to AIS codes. The sum of the squares of the three highest AIS codes. |
| 514 | Trauma Revised ISS (TRISS) | TRISS | Linked to the ISS / RTS score. $b_{\text{Blunt}} = -0.4499 + 0.8085 \times \text{RTS} - 0.0835 \times \text{ISS} - 1.7430 \times \text{AgeIndex}$ $b_{\text{Penetrating}} = -2.5355 + 0.9934 \times \text{RTS} - 0.0651 \times \text{ISS} - 1.1360 \times \text{AgeIndex}$ |
| 542 | Hosp Days (<i>whole days</i>)* | HOSP_DAYS | Linked to ED admit/arrival and Discharge/Death |
| 543 | Hosp LOS (<i>fractional days</i>)* | HOSP_LOS | Linked to ED admit/arrival and Discharge/Death |
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*V5 calculates LOS for ED & hospital by patient's physical presence. NTDS LOS calculated using DC order.