Georgia Department of Public Health

Georgia Trauma Data Dictionary

2022 ADMISSION YEAR   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 2022 admitted trauma patients.

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

Contents

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

> Georgia Department of Public Health
> Office of EMS-Trauma
> 1680 Phoenix Blvd., Suite 200
> Atlanta, Georgia 30349

For more information about the GTR or the State of Georgia's Trauma System, contact Renee Morgan, Trauma Program Director, at (404) 569-3119, Renee.Morgan@dph.ga.gov or trauma@dph.ga.gov.

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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 w/ injuries older than 14 days from first ED arrival date. (NTDS2021))*
  - *Patients admitted for elective and/or planned surgical intervention. (NTDS2022)*
  - *Patients w/ an In-House trauma injury sustained after the initial ED/Hospital arrival and before ED/Hospital discharge. This exclusion involves all data related to the In-House injury. (NTDS2022)*

- **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:**
  - UUID field entry should be Not Known/Not Recorded until the NEMSIS 3.5 OS is implemented nationwide.
  - 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

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. "CMS Data Navigator Glossary of Terms" https://www.cms.gov/Research-Statistics-Data-and systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf (accessed January 15, 2019).

Revised: 09/01/2021 eff. 01/01/2022

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

V5 REP WRITER NAME: PAT_REC_NUM   **ITPR FIELD LABEL:** TR1.2

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
V5 REP WRITER NAME:	LINK_NUM	**ITPR FIELD LABEL:**	TR 1.30

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) sex as "M" for male, "F" for female, and "U" for unknown or if the patient does not identify as a male or 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.
6. If the sex is unknown or the patient does not identify as a male or female, use "U" for unknown as the sex.

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

DATA SOURCE:
Hospital Patient Registration, Billing information, ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR

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 = "**WIRAAY02231940M**"
- 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"**
- Subject's sex is unknown, first name is Michael, last name is Thompson, DOB: May 9, 1924 the LONGID will be:
    - MI + TH + ON + 05091924 + U = "**MITHON05091924U**"
- Subject's sex is unknown, first name is Michelle, last name is Thompson, DOB: May 9, 1924 the LONGID will be:
    - MI + TH + ON + 05091924 + U = "**MITHON05091924U**"
- Subject's first name is Jane, the last name is Doe, DOB: January 1, 1900 then the LONGID will be
    - JA + DO + OE + 01011900 + U = **"JADOOE01011900U"**
- Subject's first name is John, the last name is Doe, DOB: January 1, 1900 then the LONGID will be
    - JO + DO + OE + 01011900 + U = **"JODOOE01011900U"**

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	**ITPR FIELD LABEL:**	TR16.22

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 (*until implemented statewide*)   **ALLOW UNK?** NO

REP WRITER NAME: LINK_NUM   **ITPR FIELD LABEL:** TR7.4

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?**	NO

REP WRITER NAME: REGINC_YN02**_AS_TEXT**
**To read answer as text, add "_AS_TEXT",
otherwise field info returns as a number**

ITPR FIELD LABEL: NOT APPLICABLE

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	**ITPR FIELD LABEL:**	TR41.1

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	**ITPR FIELD LABEL:**	TR41.2

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

ITPR FIELD LABEL: TR5.8

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**

ITPR FIELD LABEL: TR8.8

DEFINITION:
Identification if patient arrived by private means, privately own vehible (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 <u>any OTHER type of transport</u>, answer YES.

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

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**

ITPR FIELD LABEL: TR7.3

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
	Louisianna	54900	Louisianna EMS generic
	Mississippi	54800	Mississippi EMS generic
	North Carolina	53700	North Carolina EMS generic
	South Carolina	54500	South Carolina EMS generic
	Tennesse	54700	Tennesse 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**

ITPR FIELD LABEL: TR8.12

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

ITPR FIELD LABEL: TR15.38

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	**ITPR FIELD LABEL:** TR9.11	

DEFINITION:
EMS Patient Care Report (PCR) Number Response number. The number can be a numerical or alpha-numeric digit number depending on the EMS provider and EMS software used. The number is a unique number assigned to each patient care report per medical encounter. The number will not be duplicated by another EMS provider.

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 the 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?	YES, 2022 SEE APPENDIX A4.1	**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)

ITPR FIELD LABEL: TR9.1, TR9.10

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.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

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?	YES, 2022 SEE APPENDIX A4.1	**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)

ITPR FIELD LABEL: TR9.2, TR9.2.1

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.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

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?	YES, 2022 SEE APPENDIX A4.1	**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)

ITPR FIELD LABEL: TR9.3, TR9.3.1

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.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

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)

ITPR Field Label: TR9.4, TR9.4.1

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

Prehospital Provider: Trauma Triage Criteria (Steps 1 and 2)

TAB NAME:	**Prehospital, Scene/Transport**
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1
ALLOW N/A?	YES
REP WRITER NAME:	PH_TRIAGE01

TQIP RISK ADJ?	NO
SEND TO STATE?	YES
ALLOW UNK?	YES
ITPR Field Label:	TR17.22

DEFINITION:
The prehospital provider rationale for transporting the patient to the facility or designated trauma center.

Option:	Option Description:
	All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
	Amputation proximal to wrist or ankle
	Chest wall instability or deformity (e.g. flail chest)
	Crushed, degloved, mangled, or pulseless extremity
	Glasgow Coma Score <=13
	Open or depressed skull fracture
	Paralysis
	Pelvic fracture
	Systolic blood pressure < 90 mmHg
	Respiratory rate 29 breaths per minute (<20 in infants aged <1) or need for ventilatory support
	Two or more proximal long-bone fractures
	Not Applicable
	Not Known/Not Recorded

ADDITIONAL INFORMATION:
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1
- 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: Trauma Triage Criteria (Steps 3 and 4)

TAB NAME:	**Prehospital, Scene/Transport**

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	?	**ITPR Field Label:**	TR17.47

DEFINITION:

The prehospital provider rationale for transporting the patient to the facility or designated trauma center.

Option:	Option Description:
	Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact
	Burns
	Burns with Trauma
	Crash death in same passenger compartment
	Crash ejection (partial or complete) from automobile
	Crash intrusion, including roof: >12 inches occupant site; >18 inches any site
	Crash vehicle telemetry data (AACN) consistent with high risk injury
	EMS Provider judgement
	Fall adults: > 20 feet (one story is equal to 10 feet)
	Fall children: > 10 feet or 2-3 times the height of the child
	For adults > 65; SBP <110
	Motorcycle crash > 20 mph
	Patients on anticoagulants and bleeding disorders
	Pregnancy > 20 weeks
	Not Applicable
	Not Known/Not Recorded

ADDITIONAL INFORMATION:

- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1
- 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

Revised: 03/2022, 12/2021, 09/2021, 02/2021, 12/2020

Georgia Department of Public Health

Prehospital Provider: Systolic Blood Pressure

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	PHAS_SBPS	**ITPR Field Label:**	TR18.67

DEFINITION:
Systolic Blood Pressure -Maximum blood pressure occurring during contraction of ventricles. Acceptable range is 0- 300.

ADDITIONAL INFORMATION:
- Direct entry. First recorded SBP by the EMS Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: Diastolic Blood Pressure

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	PHAS_DBPS	**ITPR Field Label:**	TR18.68

DEFINITION:
Diastolic Blood Pressure - Maximum blood pressure in the arteries when the heart rests between beats. Acceptable range is 0-120+.

ADDITIONAL INFORMATION:
- Direct entry. First recorded DBP by the Prehospital Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: Pulse Rate

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	PHAS_PULSES	**ITPR Field Label:**	TR18.69

DEFINITION:
Pulse Rate – Rate of the heartbeat measured in beats per minute. (Do not use the cardiac monitor).

ADDITIONAL INFORMATION:
- Direct entry. First recorded Pulse Rate by the Prehospital Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: Unassisted Respiratory Rate

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?** NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?** YES
ALLOW N/A?	YES	**ALLOW UNK?** YES
REP WRITER NAME:	PHAS_URRS	**ITPR Field Label:** TR18.70

DEFINITION:
The act of breathing measured in spontaneous **unassisted** breaths per minute without the use of mechanical devices.

ADDITIONAL INFORMATION:
- Direct entry. First recorded Unassisted Respiratory Rate by the Prehospital Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: O2 Oxygen Saturation

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	PHAS_SAO2S	**ITPR Field Label:**	TR18.82, TR18.134

DEFINITION:
Determination of the presence of supplemental oxygen during assessment of Prehospital Provider Oxygen Saturation level.
No– No Supplemental Oxygen
Yes – Supplemental Oxygen

ADDITIONAL INFORMATION:
- Direct entry. First recorded O2 Oxygen Saturation level or presence of supplemental oxygen provided.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: Eye Response on GCS

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	PHAS_GCS_EOS	**ITPR Field Label:**	TR18.60

DEFINITION:
The Glasgow Coma Scale for Eye Opening
4 = Spontaneous
3 = To Voice
2 = To Pain
1 = No Response

ADDITIONAL INFORMATION:
- Direct entry. First recorded Eye GCS recorded by the Prehospital Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: Verbal Response on GCS

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	PHAS_GCS_VRS	**ITPR Field Label:**	TR18.61.2

DEFINITION:
The Glasgow Coma Scale for Verbal Response

5 = Oriented
4 = Confused
3 = Inappropriate words
2 = Incomprehensible words
1 = None

ADDITIONAL INFORMATION:
- Direct entry. First recorded Verbal GCS recorded by the EMS Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: Motor Response on GCS

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	PHAS_GCS_MRS	**ITPR Field Label:**	TR18.62.2

DEFINITION:
The Glasgow Coma Scale for Motor Response
6 = Obeys commands
5 = Localizes pain
4 = Withdraw (pain)
3 = Flexion (pain)
2 = Extension (pain)
1 = None

ADDITIONAL INFORMATION:
- Direct entry. First recorded Motor GCS recorded by the EMS Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: Glascow Coma Scale Total

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	PHAS_GCSSC	**ITPR Field Label:**	TR18.65

DEFINITION:
The Glasgow Coma Scale Total. The total is the sum of the GCS Eye, Verbal, and Motor scores.

ADDITIONAL INFORMATION:
- Direct entry. First recorded GCS Total recorded by the EMS Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: GCS 40 Eye

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	**?**	**ITPR Field Label:**	TR18.90.2

DEFINITION:
The first recorded Glasgow Coma Scale 40 (Eye) response measured at the scene of injury.
4 = Spontaneous
3 = To Sound
2 = To Pressure
1 = None
0 = Not Testable

ADDITIONAL INFORMATION:
- Direct entry. First recorded GCS 40 Eye recorded by the EMS Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: GCS 40 Verbal

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	**?**	**ITPR Field Label:**	TR18.91.2

DEFINITION:
The first recorded Glasgow Coma Scale 40 (Verbal) response measured at the scene of injury.

5 = Oriented
4 = Confused
3 = Words
2 = Sounds
1 = None
0 = Not Testable

ADDITIONAL INFORMATION:
- Direct entry. First recorded GCS 40 Verbal recorded by the EMS Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: GCS 40 Motor

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	**?**	**ITPR Field Label:**	TR18.92.2

DEFINITION:
The first recorded Glasgow Coma Scale 40 (Motor) response measured at the scene of injury.

6 = Obeys Commands
5 = Localizing
4 = Normal Flexion
3 = Abnormal Flexion
2 = Extension
1 = None
0 = Not Testable

ADDITIONAL INFORMATION:
- Direct entry. First recorded GCS 40 Motor recorded by the EMS Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

Prehospital Provider: GCS 40 Total

TAB NAME:	**Prehospital, Scene/Transport**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	YES, 2022 SEE APPENDIX A4.1NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	**?**	**ITPR Field Label:**	TR18.94.1

DEFINITION:
The first recorded Glasgow Coma Scale 40 (Total) response measured at the scene of injury. The total is the sum of the GCS 40 Eye, Verbal and Motor scores entered.

ADDITIONAL INFORMATION:
- Direct entry. First recorded GCS 40 Total recorded by the EMS Provider.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- 2022 NTDB DICTIONARY, SEE APPENDIX A4.1

DATA SOURCE:
GEMSIS Hospital Hub   https://www.mygemsis.org/hub/default.cfm
EMS Provider Patient Care Report

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**

ITPR Field Label: TR33.1

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	North Carolina Hospital
	South Carolina	19010	South Carolina 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:
Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

Immediate Referring Facility: Interfacility Transport Mode

TAB NAME:	**Referring Facility, Providers/Vitals**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME: ITP_MODES		**ITPR Field Label:** TR33.48	

DEFINITION:
The transportation mode used to transport the patient from the referring facility to the receiving facility.

ADDITIONAL INFORMATION:
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- 1 = Ground Ambulance
- 2 = Helicopter Ambulance
- 3 = Fixed-Wing Ambulance
- 4 = Private/Public Vehicle/Walk-In
- 5 = Police
- 6 = Other
- / = Not Applicable
- ? = Unknown
- The null value "Not Applicable" is used only for patients who were not transferred from a referring facility to another facility.

DATA SOURCE:
- Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note, Referring Hospital Outside facility documentation, EMS Patient Care Report (PCR)

Immediate Referring Facility: Admit date/time

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_A_DATE
RFS_A_TIME
RFS_A_EVENT (list date/time together)

ITPR Field Label: TR33.2, TR33.3

DEFINITION:
The date and time the patient arrived at the Acute care facility where the patient received care immediately before transfer.

ADDITIONAL INFORMATION:
- Report as MM-DD-YYYY and HH:MM (military) for time.
- For inter-facility transfer patients, this is the date/time on which the patient arrived at the referring facility prior to being transferred to your facility.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:
- Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

Immediate Referring Facility: Discharge date/time

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_DIS_DATE
RFS_DIS_TIME
RFS_DIS_EVENT (list date/time together)

ITPR Field Label: TR33.30, TR33.31

DEFINITION:
The date and time the patient departed from the Acute care facility where the patient received care immediately before transfer.

ADDITIONAL INFORMATION:
- Report as MM-DD-YYYY and HH:MM (military) for time.
- For inter-facility transfer patients, this is the date/time on which the patient departed from the referring facility prior to being transferred to your facility.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:
- Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

Immediate Referring Facility: Transfer Rationale

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:	___?_____	**ITPR Field Label:** TR33.29	

DEFINITION:

The transfer rationale is the trauma system related reason the trauma patient was transferred to the receiving facility. For example, if the trauma patient required a Hand specialty service and one was not availabe at the referring hospital, the transfer rationale recorded by the receiving facility is Specialty – Hand.

V5 options	ITPR options:
1, Specialty Resource Center	Specialty Resource Center
2, Hospital of Choice	Hospital of Choice
3, Insurance/Health Plan Repatriation	Insurance/Health Plan Repatriation
4, Specialty Care/Higher level Care	Specialty Care / Higher Level Care
5, Resources Unavailable (Beds, Equipment, Staff, MD)	Resources Unavailable (Beds, Equipment, Staff, MD)
6, Patient Request	Patient Request
7, Lower Level of Care	Lower Level of Care
8, Economic	Economic
9, System Protocol	System Protocol
10, Physician/Services Available	Physicians/Services Available
11, Other	Other
12, Specialty - Pediatrics	Specialty – Pediatrics
13, Specialty – Hand	Specialty – Hand
14, Specialty – Spine	Specialty – Spine
15, Specialty – Pelvic Ring/Acetabular Fxs	Specialty – Orthopaedics – Pelvic Ring/Acetabular
16, Specialty – Orthopedics – Soft Tissue Coverage	Specialty – Orthopaedics – Soft Tissue Coverage
17, Specialty – Other Orthopedics	Specialty – Other Orthopaedics
18, Specialty – Neurosurgery	Specialty – Neurosurgery
19, Specialty – Replantation	Specialty – Replantation
20, Specialty – Vascular/Aortic Injuries	Specialty – Vascular/Aortic Injuries
21, Specialty - Cardiac (Bypass)	Specialty - Cardiac (Bypass)
22, Specialty – Facial Trauma	Specialty – Facial Trauma
23, Specialty – Burns	Specialty – Burns
24, Ear, Nose, and Throat	*Option to be added to ITPR TR33.29*
25, Ophthalmology	*Option to be added to ITPR TR33.29*

26, Plastic Surgery	*Option to be added to ITPR TR33.29*
27, Orthopedic - Spine	*Option to be added to ITPR TR33.29*
/, Not Applicable	Not Applicable
?, Unknown	Not Known/Not Recorded

ADDITIONAL INFORMATION:
- For inter-facility transfer patients, this is the trauma system related reason for the transfer to your facility.
- If the reason for the transfer is unknown by the receiving facility, choose V5 ?, Unknown or ITPR Not Known/Not Recorded.
- **For 2022 records, V5 users need to set the Default as ?, Unknown due to lack of definitions for the pick list options and insight on how to utilize the field.**
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:
- Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

Immediate Referring Facility: Systolic Blood Pressure

TAB NAME:	**Referring Facility, Referral History**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	RFAS_SBP	**ITPR Field Label:**	TR33.5

DEFINITION:
Systolic Blood Pressure -Maximum blood pressure occurring during contraction of ventricles. Acceptable range is 0- 300.

ADDITIONAL INFORMATION:
- Direct entry. First recorded SBP by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:
- Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note, Referring Hospital Outside facility documentation

Immediate Referring Facility: Diastolic Blood Pressure

TAB NAME: **Referring Facility, Referral History**   **TQIP RISK ADJ?** NO

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

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

REP WRITER NAME: RFAS_DBP   **ITPR Field Label:** TR33.40

DEFINITION:
Diastolic Blood Pressure - Maximum blood pressure in the arteries when the heart rests between beats. Acceptable range is 0-120+.

ADDITIONAL INFORMATION:
- Direct entry. First recorded DBP by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:
- Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note, Referring Hospital Outside facility documentation

Immediate Referring Facility: Pulse Rate

TAB NAME:	**Referring Facility, Referral History**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	RFAS_PULSE	**ITPR Field Label:**	TR33.6

DEFINITION:

Pulse Rate – Rate of the heartbeat measured in beats per minute. (Do not use the cardiac monitor).

ADDITIONAL INFORMATION:

- Direct entry. First recorded Pulse Rate by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:

- Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note, Referring Hospital Outside facility documentation

Immediate Referring Facility: Unassisted Respiratory Rate

TAB NAME:	**Referring Facility, Referral History**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	RFAS_URR	**ITPR Field Label:** TR33.8	

DEFINITION:
The act of breathing measured in spontaneous unassisted breaths per minute without the use of mechanical devices.

ADDITIONAL INFORMATION:
- Direct entry. First recorded Unassisted Respiratory Rate by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:
- Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note, Referring Hospital Outside facility documentation

Immediate Referring Facility: Eye Response on GCS

TAB NAME:	**Referring Facility, Referral History**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	RFAS_GCS_EO	**ITPR Field Label:**	TR33.12

DEFINITION:
The Glasgow Coma Scale for Eye Opening
4 = Spontaneous
3 = To Voice
2 = To Pain
1 = No Response

ADDITIONAL INFORMATION:
- Direct entry. First recorded Eye GCS recorded by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:
- Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note, Referring Hospital Outside facility documentation

Immediate Referring Facility: Verbal Response on GCS

TAB NAME:	**Referring Facility, Referral History**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	RFAS_GCS_VR	**ITPR Field Label:**	TR33.13.2

DEFINITION:
The Glasgow Coma Scale for Verbal Response

5 = Oriented
4 = Confused
3 = Inappropriate words
2 = Incomprehensible words
1 = None

ADDITIONAL INFORMATION:
- Direct entry. First recorded Verbal GCS recorded by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:
- Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note, Referring Hospital Outside facility documentation

Immediate Referring Facility: Motor Response on GCS

TAB NAME:	**Referring Facility, Referral History**	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	RFAS_GCS_MR	**ITPR Field Label:**	TR33.14.2

DEFINITION:
The Glasgow Coma Scale for Motor Response
6 = Obeys commands
5 = Localizes pain
4 = Withdraw (pain)
3 = Flexion (pain)
2 = Extension (pain)
1 = None

ADDITIONAL INFORMATION:
- Direct entry. First recorded Motor GCS recorded by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:
- Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note, Referring Hospital 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**

ITPR Field Label: TR18.99

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 NFORMATION:
- 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

Georgia Department of Public Health

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**

ITPR Field Label: TR17.30

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: 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** **ITPR Field Label:** TR8.8
**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.
- This field is the ED Resus screen equivalent of the NTDB field Prehospital Info/Transport Mode.

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

ITPR Field Label: TR17.21

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 NFORMATION:
- 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		**ITPR Field Label:** TR17.78.3	

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 NFORMATION:

- 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   **ITPR Field Label:** TR17.31, TR17.34
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   **ITPR Field Label:** TR17.78.1, TR17.78.1.1
                     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 <u>not</u> 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   **ITPR Field Label:** TR17.25, TR17.26
EDD_TIME   ED Departure Time
EDD_EVENT   ED Departure Date/Time

DEFINITION:
The date/time the patient <u>physically left</u> 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/Tranfer (ADT) Software

ED/Resus: If transferred, facility

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

REP WRITER NAME: *Future V5 data element*
If transferred, facility
To read answer as text, add "_AS_TEXT", otherwise field info returns as a number

ITPR Field Label: TR17.61

DEFINITION:
If transferred is selected for ED Disposition, the name of the facility receiving the patient.

ADDITIONAL INFORMATION:
- 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

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**

ITPR Field Label: TR17.28

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 ~~(struck)~~   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 ~~(struck)~~   /, Not Applicable
8, Observation Unit   ?, Unknown

Retired 2021:
1 - Resuscitation Room
7 - Telemetry Unit

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

ITPR Field Label: TR18.30 Celsius
TR18.30.1 Fahrenheit

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 SOURCEE:
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_**AS_TEXT**
**To read answer as text,
add "_AS_TEXT", otherwise field info returns as a number**

ITPR Field Label: TR18.147

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 SOURCEE:
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**

ITPR Field Label: TR14.36

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 SOURCEE:
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

ITPR Field Label: TR18.13

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 SOURCEE:

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

ED/Resus: Base Deficit

TAB NAME:	ED/Resus/Initial Assessment/ED Vitals	**TQIP RISK ADJ?**	NO
SEND TO NTDB?	NO	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES
REP WRITER NAME:	ED_ABG_BASE	**ITPR Field Label:**	TR18.93

DEFINITION:
Defined as a value greater than 4 at any time during admission. This number is reported as a component or arterial or venous blood gases. The number may be reported by the lab as Base Deficit, or as Base Excess with a negative value.

ADDITIONAL INFORMATION:
- Base Deficit - Arterial blood gas component showing the degree of acid/base imbalance with a normal ranges being +/- 2 Meq./L. A valid Base Deficit value range is +/- 80.
- -81 = Not Available (Default)
- -83 = Pending

DATA SOURCEE:
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: **ITPR Field Label:** TR18.45

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 <u>at outside facility</u> 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**

ITPR Field Label: TR18.71

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**	**ITPR Field Label:**	NONE

**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) <u>activated in the first 4 hours</u> 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 <u>not dependent on the patient location</u> 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:

ITPR Field Label: TR22.14, TR22.17

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: **ITPR Field Label:** TR22.16, TR22.19
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 <u>administered</u> 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: **ITPR Field Label:** TR17.13
EDP_TYPE01**_AS_TEXT**   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 <u>trauma care</u> in any level of <u>team</u> activation.

ADDITIONAL INFORMATION:
- <u>Only Trauma specialty information is required</u>. <u>Check with your Trauma Program Manager if the name of the Trauma Physician should also be included</u>. 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?	YES, 2022 NTDB DD	**SEND TO STATE?**	YES
ALLOW N/A?	YES	**ALLOW UNK?**	YES

REP WRITER NAME: EDP_A_DATE01   Trauma Arrival Date   **ITPR Field Label:** TR17.15, TR17.11
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: **ITPR Field Label:** TR17.32

A_CS_TYPE_**AS_TEXT**   Consult Specialty as text
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			

Created: 3/2019

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**   **ITPR Field Label:** TR200.11

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 Specialy Procedures area of Radiology, choose the answer Radiology.
- Special procedure unit can include Endoscopy, Vascular Lab, Hyperberic 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**

ITPR Field Label: TR25.92

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

ITPR Field Label: TR25.34, TR25.48

DEFINITION:

The date and time the patient <u>physically left</u> 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: **ITPR Field Label:** TR41.3

DIS_TO_ALT_CGVR_YN   Discharged to Alternate Caregiver

DEFINITION:

This field is opened for completion if <u>Report of Physical Abuse</u> 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**   **ITPR Field Label:** TR25.35
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 planner notes

Outcome: If transferred, Other

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_S_**AS_TEXT**   **ITPR Field Label:** TR25.42
If transferred, transfer rationale
To read answer as text, add "_AS_TEXT", otherwise field info returns as a number

DEFINITION:
The reason the facility was chosen as the next destination for the patient.

ADDITIONAL INFORMATION:
- The null value "Not Applicable" is used only for patients who were not transferred out from the ED or after hospital admission to another facility.

V5 options	ITPR options:
1, Specialty Resource Center	Specialty Resource Center
2, Hospital of Choice	Hospital of Choice
3, Insurance/Health Plan Repatriation	Insurance
4, Specialty Care/Higher level Care	Specialty Care / Higher level Care
5, Resources Unavailable (Beds, Equipment, Staff, MD)	Resources Unavailable (Beds, Equipment, Staff, MD)
6, Patient Request	Patient Request
7, Lower Level of Care	Lower Level Care
8, Economic	Economic
9, System Protocol	System Protocol
10, Physician/Services Available	Physicians/Services Available
11, Other	Other
12, Specialty - Pediatrics	Specialty – Pediatrics
13, Specialty – Hand	Specialty – Hand
14, Specialty – Spine	Specialty – Spine
15, Specialty – Pelvic Ring/Acetabular Fxs	Specialty – Orthopaedics – Pelvic Ring/Acetabular
16, Specialty – Orthopedics – Soft Tissue Coverage	Specialty – Orthopaedics – Soft Tissue Coverage
17, Specialty – Other Orthopedics	Specialty – Other Orthopaedics
18, Specialty – Neurosurgery	Specialty – Neurosurgery
19, Specialty – Replantation	Specialty – Replantation
20, Specialty – Vascular/Aortic Injuries	Specialty – Vascular/Aortic Injuries
21, Specialty - Cardiac (Bypass)	Specialty - Cardiac (Bypass)
22, Specialty – Facial Trauma	Specialty – Facial Trauma
23, Specialty – Burns	Specialty – Burns

24, Ear, Nose, and Throat	Ear, Nose, Throat
25, Ophthalmology	Ophthalmology
26, Plastic Surgery	Plastic Surgery
27, Orthopedic - Spine	Orthopaedic Spine
/, Not Applicable	Not Applicable
?, Unknown	
	Not Known/Not Recorded

DATA SOURCE: Nursing notes, D/C summary, Consult note, Discharge planner notes

Outcome: If death: Location (death)

TAB NAME:	**Outcome, If Death**		
STATE PRIORITY:	<u>HIGH</u>	**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**   **ITPR Field Label:** TR25.30
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	<u>Retired 2021</u>:
2, Emergency Department	10, Radiology	1 - Resuscitation Room
3, Operating Room	11, Post Anesthesia Care Unit	7 - Telemetry 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 died, <u>do not use</u> 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   **ITPR Field Label:** TR25.32
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

Created: 3/2019

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**

ITPR Field Label: TR25.37

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**

ITPR Field Label: TR25.69

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 Procument 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

ITPR Field Label: TR25.29

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 Procurment Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary

Outcome: If death: Organs Procured

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_DNR01 through ORG_DNR20**   **ITPR Field Label:** TR25.70
**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 was granted, report the organ(s) procured.

ADDITIONAL INFORMATION:
- Applies to all patient deaths.

DATA SOURCE:
Nursing notes, MD documentation, Provider Progress note, Organ Procurment 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) for the metric Trauma Patient Re-admission Rate (page 65).

Georgia Trauma Reporting

Program and Data <u>Upload</u> Requirements

**Due Dates for Quarterly Trauma Registry Data
and Trauma / Burn Program Reports (OTCPE, OBCPE)**
Fiscal Year 2022
(July 1, 2021 – June 30, 2022)

<mark>**Trauma Registry Data Upload**</mark>

Data Date Range	Due Date *
January 1, 2021 – March 31, 2021	June 30, 2021
January 1, 2021 – June 30, 2021	September 30, 2021
January 1, 2021 - September 30, 2021	December 30, 2021
January 1, 2021 – December 31, 2021 **Final 2021 upload**	March 31, 2022
January 1, 2022 – March 31, 2022	June 30, 2022

<mark>**Trauma Program Reports (OTCPE and OBCPE)**</mark>

Instructions:
** All quarterly OTCPE and OBCPE reports are due on the 15th per the table below. The online License Management System form will close at the end of the month a report is due allowing for a grace period of 10 business days past the due date.

	Quarter	Trauma Program Activity Dates	Data Report Dates	Due Date*
Quarterly Trauma Program Report	**1st**	**07/01/2021 – 9/30/2021**	**04/01/2021 - 6/30/2021**	**10/15/2021**
	2nd	**10/01/2021 - 12/31/2021**	**07/01/2021 - 9/30/2021**	**01/15/2022**
	3rd	**01/01/2022 - 03/31/2022**	**10/01/2021 - 12/31/2021**	**04/15/2022**
Annual Trauma Program Report and 4th Quarter Trauma Program Report	**4th – Trauma Program Activities**	**04/01/2022 – 6/30/2022**	**01/01/2022 - 3/31/2022**	**07/15/2022**
	4th Quarter Annual Report	**07/01/2021 – 6/30/2022**		

*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.   <u>DPH Revised</u>: 09/01/2021

Data <u>Reporting</u> 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 arears. 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 at the facility and state levels 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 at the facility and state levels 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/phip-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	No
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) *RUN THIS REPORT THREE TIMES WITH THE DIFFERENT SETS OF QUERIES* 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	No
Injury Prevention	V5 Standard Report: Injury Summary Query: STATE_Y Gather: None	CD 18.1, 18.5, 18.6	No

Additional Information

Required GTDS Fields that auto-populate (calculated based on values from other fields) are not defined in the data dictionary. These fields are labeled Auto-populated.

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. (2022: 66 GA required data fields plus 20 auto-calculated fields. Hospital events and pre-existing conditions, explicit negative field, not included in this count). 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	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
DEMOGRAPHIC				
Record Created Date - Autopopulated	**TRK_CREATED_DATE**		No TR#	X
Record Created Time - Autopopulated	**TRK_CREATED_TIME**		No TR#	X
Record Created By - Autopopulated	**TRK_CREATED_USRLNK**		No TR#	X
Facility Number **KEY DATA ELEMENT**	**FACILITY_LNK**		TR6	X
Facility Number and Description	**TRK_CREATED_FACLNK**		No TR#	X
Medical Record Number	**PAT_REC_NUM**	Medical Record Number	TR1.2	X
LongID	**LINK_NUM**	GA_Long_ID	TR1.30	X
Georgia Systems of Care (armband number for Trauma, Cardiac Care, Stroke patients)	**TRAUMA_BAND**	Armband #	TR7.4	X
Arrived From	**PAT_ORIGIN**	Arrived From	TR16.22	X

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
State	**REGINC_YN02**	**State Inclusion**	TR18.108 TR1.23	**X**
INJURY SECTION				
Report Physical Abuse	**INJ_ABUSE_RP_YN**	Report of Physical Abuse	TR41.1	**X**
Investigation of Physical Abuse	**INJ_ABUSE_INVST_YN**	Investigation of Physical Abuse	TR41.2	**X**
Injury Type (Blunt, Penetrating, Burn, Unk) (Auto-calculated field)	**INJ_TYPE01**	Type of Injury	TR200.3.3	**X**
Chief Complaint (LINE 1)	**INJ_MECH01**	Chief Complaint #1	TR5.8	**X**
Chief Complaint (LINE 2)	**INJ_MECH02**		No TR#	**X**
PREHOSPITAL SECTION				
POV/Walk In	**PH_POV_YN**		No TR#	**X**
Agency ID and Name	**PHP_AGNCLNKS**	Name of EMS Service	TR7.3	**X**
Transport Role	**PHP_ROLES**	EMS Role	TR8.12	**X**
Scene EMS Report (complete Y, N)	**PHP_RP_DETAILS**	EMS Report Status	TR15.38	**X**
PCR # EMS Patient Care Report Number Response number (a 25 digit number, NEMSIS 3.4)	**PHP_PCR_NUMS**	EMS PCR Number	TR9.11	**X**

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
EMS Call Dispatched Date	**PHP_D_DATES**	Dispatch Notified Date	TR9.1	**X**
EMS Call Dispatched Time	**PHP_D_TIMES**	Dispatch Notified Time	TR9.10	**X**
EMS Arrived at Location Date	**PHP_A_DATES**	Date Unit Arrived at Scene	TR9.2	**X**
EMS Arrived at Location Time	**PHP_A_TIMES**	Time Unit Arrived at Scene	TR9.2.1	**X**
EMS Departed Location Date	**PHP_l_DATES**	Date Unit Left Scene	TR9.3	**X**
EMS Departed Location Time	**PHP_l_TIMES**	Time Unit Left Scene	TR9.3.1	**X**
EMS Arrived at Destination Date (use hospital arrival date/time; often PCR time is different from hospital d/t)	**PHP_AD_DATES**	Unit Arrived Hospital Date	TR9.4	**X**
EMS Arrived at Destination Time (use hospital arrival date/time; often PCR time is different from hospital d/t)	**PHP_AD_TIMES**	Unit Arrived Hospital Time	TR9.4.1	**X**
EMS Scene Time Elapsed (Auto-calculated field)	**PHP_ELAPSED_MINS SC**		No TR#	**X**
EMS Transport Time Elapsed (Auto-calculated field)	**PHP_ELAPSED2_MIN SSC**		No TR#	**X**

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
Pre-Hospital Triage Rational (Several) / Trauma Center Criteria (Multiple fields for this data element: PH_TRIAGE01 - PH_TRIAGE18)	**PH_TRIAGE01**	Trauma Triage Criteria Step 1, 2, 3, 4	TR17.22	X
???	**No matching field. Future V5 field.**	Trauma Triage Criteria 3, 4	TR17.47	X
EMS SBP	**PHAS_SBPS**	EMS Systolic Blood Pressure	TR18.67	X
EMS DBP	**PHAS_DBPS**	EMS Diastolic Blood Pressure	TR18.68	X
EMS Pulse Rate	**PHAS_PULSES**	Prehospital Pulse Rate	TR18.69	X
EMS Unassisted Resp Rate	**PHAS_URRS**	Prehospital Respiratory Rate	TR18.70	X
O2 Sat	**PHAS_SAO2S**	EMS Oxygen Saturation	TR18.82	X
GCS: Eye	**PHAS_GCS_EOS**	Prehospital GCS Eye	TR18.60	X
Verbal	**PHAS_GCS_VRS**	Prehospital GCS Verbal	TR18.61.2	X
Motor	**PHAS_GCS_MRS**	Prehospital GCS Motor	TR18.62.2	X
				X

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
Total	**PHAS_GCSSC**	Prehospital GCS Total	TR18.65, TR18.64	**X**
???	???	Prehospital GCS 40 EYE	TR18.90.2	**X**
???	???	Prehospital GCS 40 VERBAL	TR18.91.2	**X**
???	???	Prehospital GCS 40 MOTOR	TR18.92.2	**X**
???	???	Prehospital GCS 40 Total Calculated and Manual	TR18.94.1, ~~TR18.94~~	**X**
				X
REFERRING HOSPITAL				
Referring Facility ID AND NAME	**RFS_FACLNK**	Referring Hospital	TR33.1	**X**
Referring Facility Arrival Date	**RFS_A_DATE**	Referring Hospital Arrival Date	TR33.2	**X**
Referring Facility Arrival Time	**RFS_A_TIME**	Referring Hospital Arrival Time	TR33.3	**X**
Referring Facility Departure Date	**RFS_DIS_DATE**	Referring Hospital Discharge Date	TR33.30	**X**
Referring Facility Departure Time	**RFS_DIS_TIME**	Referring Hospital Discharge Time	TR33.31	**X**
Referring Facility Transfer Rationale	???	Destination Determination	TR33.29	**X - 2023**

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
Referring Facility Length of Stay (Auto-calculated field)	**RFS_LOS_MINS**		No TR#	**X**
Referring Facility SBP	**RFAS_SBP**	Referring Hospital Systolic Blood Pressure	TR33.5	**X**
Referring Facility DBP	**RFAS_DBP**	Referring Hospital Diastolic Blood Pressure	TR33.40	**X**
Referring Facility Pulse Rate	**RFAS_PULSE**	Referring Hospital Pulse Rate	TR33.6	**X**
Referring Facility Unassisted Resp Rate	**RFAS_URR**	Referring Hospital Respiratory Rate	TR33.8	**X**
Referring Facility GCS EYE	**RFAS_GCS_EO**	Referring Hospital GCS Eye	TR33.12	**X**
Referring Facility GCS VERBAL	**RFAS_GCS_VR**	Referring Hospital GCS Verbal	TR33.13.2	**X**
Referring Facility GCS MOTOR	**RFAS_GCS_MR**	Referring Hospital GCS Motor	TR33.14.2	**X**
Referring Facility Interfacility Transport Mode	**ITP_MODES**	**ITP_MODES**	TR33.48	**X**
ED RESUS/ ARRIVAL/ADMISSION				
Direct Admit	**ED_BYPASS_YN**	Direct Admit	TR17.30	**X**
ED Departure Date	**EDD_DATE**	ED Discharge Date	TR17.25	**X**
ED Departure Time	**EDD_TIME**	ED Discharge Time	TR17.26	**X**
Add new field in 2023: Hospital Transferred to from the ED	**No matching field. Future V5 field.**	Hospital Transferred to (Field on the	TR17.61 (ED Dispo=Transfer)	**X**

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
		ED/Acute Care screen)		
Time in ED (Auto-calculated field)	**ED_LOS**	Length of Stay in ED	TR17.99	**X**
Mode of Arrival	**PAT_A_MODE**	Transported To Your Facility	TR8.8	**X**
Admitting Service	**ADM_SVC**	Admitting Service	TR18.99	**X**
OR Disposition	**OR_DISP**	Operating Room Discharge Disposition	TR17.28	**X**
If Transferred, Facility CODE AND DESCRIPTION	**DIS_FACLNK (V5 Field opens if Outcomes screen/Hospital Disposition=Transfer)**	Hospital Transferred to (Field on the Outcome/Hospital Disposition screen)	TR25.35 (Hospital Dispo=Transfer)	**X**
Response Level	**ED_TTA_TYPE01**	Level of Trauma Team Activated; aka "Trauma Team Activated?"	TR17.21	**X**
Response Activation Level Date	**ED_TTA_DATE01**	Date Trauma Team Activated	TR17.31	**X**
Response Activation Level Time	**ED_TTA_TIME01**	Time Trauma Team Activated	TR17.34	**X**
Response Activation Level Elapsed (Auto-calculated field) ED arrival d/t minus Resp TTA d/t.	**ED_TTA_ELAPSED01**		No TR#	**X**

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
Revised Response Activation Level	**ED_TTA_TYPE02**	New Activation Level	TR17.78.3	**X**
Revised Response Activation Level Date	**ED_TTA_DATE02**	Date Activation Level Changed	TR17.78.1	**X**
Revised Response Activation Level Time	**ED_TTA_TIME02**	Time Activation Level Changed	TR17.78.1.1	**X**
Revised Response Activation Level Elapsed (Auto-calculated field) ED arrival d/t minus Revised TTA d/t.	**ED_TTA_ELAPSED02**		No TR#	**X**
Temperature Unit	**EDAS_TEMP_UT**	Initial Assessment Temperature Fahrenheit or Celsius	TR18.30 Celsius, TR18.30.1 Fahrenheit	**X**
Temperature Route	**EDAS_TEMP_R**	Initial ED/Hospital Temperature Route	TR18.147	**X**
BMI (Auto-calculated field)	**EDAS_BMI**	Body Mass Index	TR1.36	**X**
If Yes, Intubated Method	**EDAS_INTUB_M01**	Airway Management	TR14.36	**X**
DBP	**EDAS_DBP**	Initial Assessment	TR18.13	**X**

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
		Diastolic Blood Pressure		
Base Deficit/Base Excess	**ED_ABG_BASE**	Base Deficit	TR18.93	**X**
RTS <mark>(Auto-calculated field</mark>)	**EDAS_RTS_W**	Initial ED/Hospital calculated RTS Total	TR18.135	**X**
Drug Use Indicators (1)	**ED_IND_DRG01**	Drug Use Indicator (Drug Screen Results at facility) #1	TR18.45	**X**
Drug Use Indicators (2)	**ED_IND_DRG02**	Drug Use Indicator (Drug Screen Results at facility) #2	No TR#	**X**
CPR	**ED_CPR**	Initial ED/Hospital CPR Performed	TR18.71	**X**
Mass Blood Protocol	**ED_MBP_YN**	Massive Blood Protocol activated	TR22.21 (see TQIP screen, Mass Blood Protocol date)	**X**
Mass Blood Protocol "Ordered" Date	**ED_MBP_DATE**	First Unit of blood ordered date	TR22.46 TQIP screen	**X**
Mass Blood Protocol "Ordered" Time	**ED_MBP_TIME**	First Unit of blood ordered time	TR22.46.1 TQIP screen	**X**

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
Mass Blood Protocol Administered Date	**ED_MBP_ADMN_DATE**	First unit of blood administered date - Initial Assessment screen Date blood was administered - TQIP screen	TR22.45 TQIP screen	**X**
Mass Blood Protocol Administered Time	**ED_MBP_ADMN_TIME**	First unit of blood administered time	TR22.45.1 TQIP screen	**X**
PROVIDER				
Provider Type Service (MULTIPLE ENTRIES X 22)	**EDP_TYPE01**	Provider Type	TR17.13	**X**
Provider Resus Team Arrival Elapsed Time 01 *(Patient arrival time to provider arrival time)* (Auto-calculated field)	**EDP_ELAPSED01**		No TR#	**X**
Provider Resus Team Arrival Elapsed Time 02 *(Provider called time to provider arrival time)* (Auto-calculated field)	**EDP_ELAPSED201**		No TR#	**X**

V5 Screen Field Name	V5 Technical Field Name	Image Trend Patient Registry Field Name	Image Trend Technical Field Name	2022 State Download or Web Data Entry Required Fields to State (ITPR) central site
Provider/Resus Team Trauma Arrival Date	EDP_A_DATE01	Date Physician Arrived	TR17.15	X
Provider Resus Team Time of Arrival	EDP_A_TIME01	Time Physician Arrived	TR17.11	X
IN-HOUSE CONSULT				
In House Consult Type (MULTIPLE ENTRIES X 20)	CS_TYPE01	Consulting Service Type	TR17.32	X
PROCEDURES				
Location CODE AND DESCRIPTION	PR_LOCS	Procedure Performed Location	TR200.11	X
DIAGNOSIS				
ISS (Auto-calculated field)	ISS	ISS	N/A - this is calculated	X
NISS (Auto-calculated field)	NISS	New Injury Severity Score	TR21.24	X
TRISS (Auto-calculated field)	TRISS	Probability of Survival	TR21.9	X
ISS Body Region AIS – Auto calculated)	ISS_BR01	ISS Region/Calculated	N/A - this is calculated	X

OUTCOMES DISCHARGE				
Discharge Status CODE AND DESCRIPTION	**DIS_STATUS**	Death Occurred/Patient Discharge Status	TR25.92	**X**
Discharge/Death Date	**DIS_DATE**	Hospital Discharge Date	TR25.34	**X**
Discharge/Death Time	**DIS_TIME**	Hospital Discharge Time	TR25.48	**X**
Hospital Days -(Auto-calculated) field from Pt Arrival and D/C dates) **Whole Days**, Linked to ED admit/arrival and Discharge Order/Death	**HOSP_DAYS**	Hospital Length of Stay Days	TR25.44	**X**
Hospital LOS - (Auto-calculated) field from Pt Arrival and D/C dates) **Fractional Days**, Linked to ED admit/arrival and Discharge Order/Death	**HOSP_LOS**	Hospital Length of Stay Minutes	TR25.44	**X**
Discharge to Alternate Caregiver (applies to minors only)	**DIS_TO_ALT_CGVR_YN**	Alt Caregiver at Discharge	TR41.3	**X**
If Transferred, Facility CODE AND DESCRIPTION	**DIS_FACLNK**	Hospital Transferred To	TR25.35	**X**
If Transferred, to Other	**DIS_FAC_S**	Other Destination Determination/ Transfer Rationale	TR25.42	**X**

IF-DEATH SUB-SECTION				
Location CODE AND DESCRIPTION	**DTH_LOC**	Location of Death	TR25.30	**X**
Circumstances CODE & DESCRIPTION	**DTH_CIRC**	Death Circumstances	TR25.32	**X**
Was autopsy performed	**AUT_YN**	Autopsy Performed	TR25.37	**X**
Add new field in 2023: Was organ donation referral made to LifeLink? Y/N		*Add new field in 2023: Was organ donation referral made to LifeLink? Y/N*		
Was organ donation requested? Y/N	**ORG_STAT_YN**	Organs/Tissues Donation Requested	TR25.69	**X**
Add new field in 2023: Did patient qualify as an Organ Donor? Y/N		*Add new field in 2023: Did patient qualify as an Organ Donor? Y/N*		
Was request granted? Y/N	**ORG_GR_YN**	Organ Donation	TR25.29	**X**
Organs Procured	**ORG_DNR01 through ORG_DNR20**	Organ Donated Code	TR25.70	**X**

2022 Changes from 2021 Georgia Data Dictionary

Data Element	Difference from 2021 GA data dictionary	Comment
Prehospital Provider: Trauma Triage Criteria (steps 1-4)	Removed from GA data dictionary	Field is a 2022 NTDS field, see page A4.1 Appendix.
Referring Hospital Arrival Date	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital Arrival Time	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital Discharge Date	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital Discharge Time	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital SBP	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital DBP	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital Pulse Rate	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital Unassisted Resp Rate	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital GCS - Eye	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital GCS - Verbal	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital GCS - Motor	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
Referring Hospital/EMS Provider/ Interfacility Transport Mode	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Time to Definitive Care Analysis
ED Initial Assessment/ED Vitals/Base Deficit	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Shock and Time to Definitive Care Analysis
If Death/Organs Procured	Added	Added to 2022 GA Data Dictionary for the OEMST GQIP Analysis

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

Education: Pre-Existing Conditions & Hospital Events

Want additional help with identifying a pre-existing conditions or hospital events? Check out the resources available at the American College of Surgeons website *(username/password required)*:

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

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** *(do not code patients tested for admission/screening)*
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 19 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.

V5 Screen Field Name	V5 Technical Field Name	Auto-populates based on:
Record Created Date	TRK_CREATED_DATE	The trauma registry software automatically records the date the registry record is created in the program.
Record Created Time	TRK_CREATED_TIME	The trauma registry software automatically records the time the registry record is created in the program.
Record Created By	TRK_CREATED_USRLNK	The trauma registry software automatically records the User's name that created the record in the program.
Injury Type	INJ_TYPE01	Linked to primary ICD-10 code and injury type assigned by CDC.
EMS Scene Time Elapsed	PHP_ELAPSED_MINSSC	Linked to EMS arrival at location and EMS departed location. Time between arrived and departed location.
EMS Transport Time Elapsed	PHP_ELAPSED2_MINSSC	Linked to EMS departed location and arrived at destination. Time between departed location and arrived at destination.
Time in ED*	ED_LOS	Linked to ED arrival / admit and ED departure. Time between ED Arrival/Admit and ED Departure
Response Activation Level Elapsed	ED_TTA_ELAPSED01	Linked to patient ED arrival / admit and Trauma Provider ED arrival time.
Revised Response Activation Level Elapsed	ED_TTA_ELAPSED201	Time between ED Arrival/Admit and Revised Response Activation
Body Mass index (BMI)	EDAS_BMI	Linked to height and weight $BMI = kg/m^2$
Revised trauma score (RTS)	EDAS_RTS_W	Linked to GCS, SBP and RR $RTS = 0.9368 (GCS) + 0.7326 (SBP) + 0.22908 (RR\ Value)$

V5 Screen Field Name	V5 Technical Field Name	Auto-populates based on:
Provider Resus Team Arrival Elapsed Time (arrival) **01**	EDP_ELAPSED01	Linked to ED arrival / admit and provider resus team arrival. Hours and minutes between patient arrival and provider resus team arrival.
Provider Resus Team Arrival Elapsed Time (call) **02**	EDP_ELAPSED201	Linked to resus team arrival and activation call. Hours and minutes between resus team arrival and activation call.
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
ISS Body Region AIS	ISS_BR01 (last 2 numbers differ based on body region)	Linked to AIS codes. Squared value of the highest severity post-dot code in a body region.
New Injury Severity Score (NISS)	NISS	Linked to AIS codes. The sum of the squares of the three highest AIS codes.
Trauma Revised ISS (TRISS)	TRISS	Linked to the ISS / RTS score. b_{Blunt} = -0.4499 + 0.8085 x RTS - 0.0835 x ISS - 1.7430 x AgeIndex $b_{Penetrating}$ = -2.5355 + 0.9934 x RTS - 0.0651 x ISS - 1.1360 x AgeIndex
Hosp Days *(whole days)**	HOSP_DAYS	Linked to ED admit/arrival and Discharge/Death
Hosp LOS *(fractional days)**	HOSP_LOS	Linked to ED admit/arrival and Discharge/Death

*V5 calculates LOS for ED & hospital by patient's physical presence. NTDS LOS calculated using DC order.