Georgia Department of Public Health

# Georgia Trauma Data Dictionary

**2023 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 2023 admitted trauma patients.

- Georgia Department of Public Health, Office of EMS-Trauma
- Georgia Trauma Care Network Commission
- Georgia Quality Improvement Program
- Georgia Committee for Trauma Excellence (GCTE)

# Contents

# Acknowledgements

The following individuals from the Georgia Committee for Trauma Excellence (GCTE) and many other interested stakeholders contributed to this version of the Georgia Trauma Registry Data Dictionary:

- Jesse Gibson, Northeast Georgia Medical Center, GCTE Chair, 2021-2023
- Tracy Johns, Atrium Health Navicent, GCTE Vice-Chair, 2021 to present
- Kelli Vaughn, J.D. Archbold Memorial Hospital, Registry Subcommittee Chair, 2021 to present
- Liz Atkins, Georgia Trauma Care Network Commission (GTCNC), Executive Director
- Gina Solomon, GTCNC, Georgia Quality Improvement Program (GQIP) Director
- April Moss, Deputy Director Systems of Care, Department of Public Health, Office of EMS and Trauma
- Marie Probst, State Trauma Registrar, Department of Public Health, Office of EMS and Trauma
- Members of the 2023 Trauma Registry Workgroup (Colleen Horne, Robyn Axlund, Barlynda Bryant, Linda Greene, Jessica Davis)
- Georgia Trauma Center Program Managers and Registrars

    *Special Thanks to Ginny Land, Atrium Navicent, for document formatting and editing of the first edition.*

Grateful appreciation and recognition to other stakeholders and staff, past and present, who contributed to previous versions of the Georgia Trauma Registry Data Dictionary and the Georgia Trauma Registry Repository.

The Georgia Trauma Registry Data Dictionary is a component of the Georgia Patient Registry (GPR) 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 GPR or the State of Georgia's Trauma System, contact the Office of EMS Trauma at trauma@dph.ga.gov .

Introduction last revised: 04/2023, 07/2022, 03/2022, 12/2021, 09/2021, 12/2020

# 2023 Georgia Trauma Registry Inclusion Criteria
## Office of EMS/Trauma

- **Include patients 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 ONLY. Injuries to specific body parts – initial encounter (see exclusions below)
  - T07 (unspecified multiple injuries)
  - T14 (injury of unspecified body region)
  - T20-T28 with 7th character A only or T30-T32 *(only with a non-burn trauma dx meeting inclusion criteria)*
  - T79.A1 – T79.A9 w/ 7th character modifier A ONLY (Traumatic Compartment Syndrome – initial encounter)

- **EXCLUDING:**
  - Patients with isolated superficial 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 (NTDS 2021)
  - Patients admitted to a medical or social service w/ a minor trauma injury that would not have been otherwise admitted for their injury.  Inclusion decisions are at the discretion of each facility. **\*** (GA 2023)
  - Patients w/ injuries <u>older</u> than 14 days from first ED/hospital arrival date. (NTDS 2021)
  - Patients admitted for elective and/or planned surgical intervention. (NTDS 2022)
  - 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. (NTDS 2022)

- **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 or directly admitted to the hospital, 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 and was pronounced dead by a physician in the emergency department.

- **Additional criteria/notes:**
  - The Georgia data collection standard for blood utilization includes data for any blood products administered within the first 4 hours from the patient arrival time.
  - Unplanned readmissions must be associated with the initial trauma injury, have a trauma diagnosis, ISS total, and be readmitted within 72 hours of discharge from the first visit.
  - Dictionary **Data Sources** are simply a guide; Centers should use the most reliable source at their center.

\* 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: 05/2023, 07/20/2022 eff. 01/01/2023, 08/20/2021 eff. 01/01/2022, 7/22/2020, 11/15/2019 eff.01/01/2020,
Blood collection revised 07/10/2019, 12/18/2017 eff. 01/01/2018, 03/01/2016, 05/20/2015, 04/23/2014, 02/14/2013,
12/31/2012 eff. 01/01/2013; Created: 06/26/2002

# Definitions Section

# Demographic: Medical Record Number

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

**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 alphanumeric 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 MM/DD/YYYY 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, always use 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

# Demographic: LongID (part 2 of 2)

Examples:
- Subject's first name is Michael, last name is Thompson, DOB: May 9, 1924 the LONGID will be:
    - MI + TH + ON + 05091924 + M = "**MITHON05091924M**"
- Subject's first name is D'Arcy and last name is O'Brien, DOB: 04/15/1932 then the LONGID will be
    - DA + OB + EN + 04151932 + F = "**DAOBEN04151932F**"
- Subject's first name is William, the last name is Ray, DOB: February 23, 1940 then the LONGID will be
    - WI + RA + AY + 02231940 + M = "**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, Referring Hospital records

# 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:**
- <u>**Enter value - N/A until armband is IN USE.**</u>
- 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:**
n/a

# 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.

# 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**  **ITPR FIELD LABEL:** TR5.8
**To read answer as text,**
**add "_AS_TEXT", otherwise field info returns as a number**

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

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

**ADDITIONAL INFORMATION:**
- The first chief complaint value captured should reflect the <u>primary</u> reason the patient is admitted to the hospital and should <u>directly reflect</u> the ICD-10 Primary External Cause Code (the mechanism causing the injury—e.g., gun, knife, MVC, fall, etc.).
- In cases of assault or abuse, "<u>Assault</u>" should be captured as the SECOND complaint.  Assault should only be captured as the first chief complaint if no other mechanism applies (e.g., bodily force, fist fight without weapon).
- <u>Other chief complaints</u>:
  Golf cart/ATV/Go Kart/Segway = <u>23. Other Motorized Vehicle</u>
  Dirt bike/Motor Scooter/Moped = <u>Motorcycle</u>
  Unknown type gun/BB gun/Pellet Gun = <u>Other Gun</u>

**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 owned vehicle (POV) or walked in to first hospital. 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 law enforcement/police, answer NO.
- If the patient arrives to the ED via any OTHER type of transport answer YES.

**DATA SOURCE:**
Triage/Trauma Flowsheet, History & Physical/Progress/Nurse Notes, Registration notes, EMS Patient Care Record (PCR)

# 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**              **ITPR FIELD LABEL:** TR7.3
**To read answer as text,
add "_AS_TEXT", otherwise field info returns as a number**

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

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

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

**DATA SOURCE:**
GEMSIS Hospital Hub                      https://www.mygemsis.org/hub/default.cfm

# Prehospital Provider: Transport Role

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

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

**ITPR FIELD LABEL:** TR8.12

**DEFINITION:**
Identification of the emergency medical services (EMS) agency role to provide transport to first 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.
- The null value "not applicable" is reported for patients who were not transported by EMS**.**

**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?**    Accepted    **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 the first hospital was notified by dispatch.

**ADDITIONAL INFORMATION:**
- Applies to all patients transported by EMS.
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS to the first facility.

**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?** | Accepted | **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 the first hospital arrived on the scene or the patient's location.

**ADDITIONAL INFORMATION:**
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the Date/Time the transporting unit arrived at the patient's location (arrival is defined as the Date/Time when the vehicle stopped moving).
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.

**DATA SOURCE:**
GEMSIS Hospital Hub                https://www.mygemsis.org/hub/default.cfm

# Prehospital Provider: EMS Depart Location Date/Time

| | | | |
|---|---|---|---|
| **TAB NAME:** | **Prehospital, Scene/Transport** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | Accepted | **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 the first hospital departed the scene or the patient's location.

**ADDITIONAL INFORMATION:**
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the unit transporting the patient to the first facility departed from the scene or patient location (departure is defined as date/time when the vehicle started moving).
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.

**DATA SOURCE:**
GEMSIS Hospital Hub                           https://www.mygemsis.org/hub/default.cfm

# Prehospital Provider: EMS Arrived Destination Date/Time

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

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

**ITPR Field Label:** TR9.4, TR9.4.1

**DEFINITION:**
The date/time the unit transporting patient arrived at the first hospital.

**ADDITIONAL INFORMATION:**
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the unit transporting the patient to the first hospital departed from the scene or patient location (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** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | Accepted | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |

**REP WRITER NAME:** PH_TRIAGE01 **OR**        **ITPR Field Label:** TR17.22
PH_TRIAGES for all Steps
**To read answer as text, add "_AS_TEXT", otherwise field info returns as a number**

**DEFINITION:**
The prehospital provider rationale for transporting the patient to the facility or designated trauma center. Trauma Triage Criteria includes Step One: Physiologic Criteria, Step Two: Anatomic Criteria, Step Three: Mechanism-of-Injury Criteria, and Step Four: Special Considerations.

| Option: | Option Description: |
|---|---|
| 4 | All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee |
| 8 | Amputation proximal to wrist or ankle |
| 5 | Chest wall instability or deformity (e.g., flail chest) |
| 7 | Crushed, degloved, mangled, or pulseless extremity |
| 1 | Glasgow Coma Score <=13 |
| 10 | Open or depressed skull fracture |
| 11 | Paralysis |
| 9 | Pelvic fracture |
| 2 | Systolic blood pressure < 90 mmHg |
| 3 | Respiratory rate 29 breaths per minute (<20 in infants aged <1) or need for ventilatory support |
| 6 | Two or more proximal long-bone fractures |
| / | Not Applicable |
| 30 | Not Known/Not Recorded |

**ADDITIONAL INFORMATION:**
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Must be taken from the "Assessment Exam - Trauma Center Criteria" section in the PCR.

**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** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | Accepted | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | PH_TRIAGE02 **OR** | **ITPR Field Label:** | TR17.47 |
| | PH_TRIAGES for all Steps | | |

**DEFINITION:**
The prehospital provider rationale for transporting the patient to the facility or designated trauma center. Trauma Triage Criteria includes Step One: Physiologic Criteria, Step Two: Anatomic Criteria, Step Three: Mechanism-of-Injury Criteria, and Step Four: Special Considerations.

| Option: | Option Description: |
|---|---|
| 17 | Auto v. pedestrian thrown, run over, or > 20 MPH impact |
| 18 | Auto v. cyclist thrown, run over, or > 20 MPH impact |
| 29 | Burns |
| 23 | Burns with Trauma |
| 15 | Crash death in same passenger compartment |
| 14 | Crash ejection (partial or complete) from automobile |
| 13 | Crash intrusion, including roof: >12 inches occupant site; >18 inches any site |
| 16 | Crash vehicle telemetry data (AACN) consistent with high-risk injury |
| 25 | EMS Provider judgment |
| 26 | Fall adults: > 20 feet (one story is equal to 10 feet) |
| 27 | Fall children: > 10 feet or 2-3 times the height of the child |
| 28 | For adults > 65; SBP <110 |
| 19 | Motorcycle crash > 20 mph |
| 22 | Patients on anticoagulants and bleeding disorders |
| 24 | Pregnancy > 20 weeks |
| / | Not Applicable |
| 31 | Not Known/Not Recorded |

**ADDITIONAL INFORMATION:**
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Must be taken from the "Assessment Exam - Vehicular, Pedestrian, or Other Injury Risk Factor" section in the PCR.

**DATA SOURCE:** GEMSIS Hospital Hub          https://www.mygemsis.org/hub/default.cfm

# Prehospital Provider: Systolic Blood Pressure

| | | | |
|---|---|---|---|
| **TAB NAME:** | **Prehospital, Scene/Transport** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | Accepted | **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. <u>First recorded</u> SBP 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.
- Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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?** | Accepted | **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.
- Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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?** | Accepted | **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. <u>First recorded</u> 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.
- Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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?** | Accepted | **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.
- Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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?** | Accepted | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | PHAS_SAO2S | **ITPR Field Label:** | TR18.82, TR18.134 |

**DEFINITION:** Measure of the amount of oxygen-carrying hemoglobin in the blood relative to the amount of hemoglobin not carrying oxygen.

**ADDITIONAL INFORMATION:**
- Direct entry. First recorded O2 Oxygen Saturation (SPO2) level.
- :-4 = Not Recorded (V5)
- :-5 = Not Available (V5)
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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?** | Accepted | **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. <u>First recorded</u> 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.
● Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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**

**SEND TO NTDB?** Accepted

**ALLOW N/A?** YES

**REP WRITER NAME:** PHAS_GCS_VRS

**TQIP RISK ADJ?** NO

**SEND TO STATE?** YES

**ALLOW UNK?** YES

**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 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.
- Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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?** | Accepted | **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 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.
- Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

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

# Prehospital Provider: GCS Total

| | | | |
|---|---|---|---|
| **TAB NAME:** | **Prehospital, Scene/Transport** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | Accepted | **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 (number between 3-15).

**ADDITIONAL INFORMATION:**
- Direct entry. First recorded GCS Total 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.
- Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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?** | Accepted | **SEND TO STATE?** YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** YES |
| **REP WRITER NAME:** PHAS_GCS40_EOS | | **ITPR Field Label:** TR18.90.2 |

**DEFINITION:**
The first recorded Glasgow Coma Scale 40 (Eye) response recorded by the Prehospital Provider.
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.
- The null value "Not known/Not recorded" is reported if Prehospital Provider GCS Eye is reported.
- Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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?** | Accepted | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | PHAS_GCS40_VRS | **ITPR Field Label:** | TR18.91.2 |

**DEFINITION:**
The <u>first recorded</u> Glasgow Coma Scale 40 (Verbal) response recorded by the Prehospital Provider.
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.
● The null value "Not known/Not recorded" is reported if Prehospital Provider GCS Verbal is reported.
● Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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?** | Accepted | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | PHAS_GCS_MRS | **ITPR Field Label:** | TR18.92.2 |

**DEFINITION:**
The first recorded Glasgow Coma Scale 40 (Motor) response recorded by the Prehospital Provider.
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.
● The null value "Not known/Not recorded" is reported if Prehospital Provider GCS Motor is reported.
● Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals.

**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

Created: 3/2019
Revised: 05/2023, 07/2022, 03/2022, 12/2021, 09/2021, 02/2021, 12/2020

# 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.
- 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)

# 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.
- 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)

# Immediate Referring Facility: Transfer Rationale

| | |
|---|---|
| **TAB NAME:** | **Referring Facility, Referral History** |
| **SEND TO NTDB?** | NO |
| **ALLOW N/A?** | YES |
| **REP WRITER NAME:** | RFS_XFR_RATS |

| | |
|---|---|
| **TQIP RISK ADJ?** | NO |
| **SEND TO STATE?** | YES |
| **ALLOW UNK?** | NO |
| **ITPR Field Label:** TR17.59 |
| **ITPR Field Name:** Destination Determination |

**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 available 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 **4. Specialty Care/ Higher Level of Care**
● 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

# 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

# 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

# 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

# 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

# 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

# Immediate Referring Facility: Verbal Response on GCS

| | |
|---|---|
| **TAB NAME:** | **Referring Facility, Referral History** |
| **SEND TO NTDB?** | NO |
| **ALLOW N/A?** | YES |
| **REP WRITER NAME:** | RFAS_GCS_VR |

| | |
|---|---|
| **TQIP RISK ADJ?** | NO |
| **SEND TO STATE?** | YES |
| **ALLOW UNK?** | YES |
| **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

# 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

# Immediate Referring Facility: GCS Total

| | | | |
|---|---|---|---|
| **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 | **ITPR Field Label:** | TR33.50 |

**DEFINITION:**

The Glasgow Coma Scale Total. The total is the sum of the GCS Eye, Verbal, and Motor scores (number between 3 and 15).

**ADDITIONAL INFORMATION:**

- Direct entry. First recorded Total 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 notes

# Immediate Referring Facility: GCS 40 Eye

| | | | |
|---|---|---|---|
| **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 | **ITPR Field Label:** | NA |

**DEFINITION:**
The first recorded Glasgow Coma Scale 40 (Eye) response measured at the referring hospital.
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 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.
- The null value "not known/not recorded" is reported if GCS Eye is reported.

**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 notes

# Immediate Referring Facility: GCS 40 Verbal

| | | | |
|---|---|---|---|
| **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_GCS40_VR | **ITPR Field Label:** | NA |

**DEFINITION:**

The first recorded Glasgow Coma Scale 40 (Verbal) response measured at the referring hospital.

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 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.
- The null value "not known/not recorded" is reported if GCS Verbal is reported.

**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 notes

# Immediate Referring Facility: GCS 40 Motor

**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_GCS40_MR                               **ITPR Field Label:** NA


**DEFINITION:**
The first recorded Glasgow Coma Scale 40 (Motor) response measured at the referring hospital.
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 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.
- The null value "not known/not recorded" is reported if GCS Motor is reported.


**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 notes

# 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.
- Corresponds with NTDS Transport Mode element.

**DATA SOURCE:**
Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Trauma Nurse Flowsheet

# Inter-Facility Transport: Agency [state ID & name]

| | | | |
|---|---|---|---|
| **TAB NAME:** | **Referring Facility, Inter-Facility Transport** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | NO | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |

**REP WRITER NAME:** ITP_AGNCLNKS**_AS_TEXT**          **ITPR Field Label:** TR7.3
**To read answer as text,**
**add "_AS_TEXT", otherwise field info returns as a number**

**DEFINITION:**
Identification of the emergency medical services (EMS) agency providing transport from the referring facility to your hospital. 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 auto populate when an agency name is chosen.
● The null value "Not Applicable" is used for patients who were not transported by EMS from a referring facility to your hospital.
● The value "Unknown" is used if the EMS Agency number is not available in the medical record.
● If you are unable to locate a Georgia EMS agency in the pick list, use the generic code listed below and notify the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov .
● EMS Agencies outside of Georgia are not listed in the registry software. If an out of state EMS Agency brings a patient to a Georgia trauma center, use the applicable generic state EMS Agency number listed in the pick list. The surrounding Georgia generic state EMS Agency codes in the pick list are as follows:

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

**DATA SOURCE:**
GEMSIS Hospital Hub                    https://www.mygemsis.org/hub/default.cfm

# Inter-Facility Transport: Transport Role

| | | | |
|---|---|---|---|
| **TAB NAME:** | Referring Facility, Inter-Facility Transport | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | NO | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |

**REP WRITER NAME:** ITP_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 from the referring facility to your hospital. Answers choices include:

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

**ADDITIONAL INFORMATION:**
- Applies to all patients transported by EMS from a referring facility to your hospital.
- The null value "Not Applicable" is reported for patients who were not transported by EMS or were not transferred from a referring facility.

**DATA SOURCE:**
Nursing notes, H&P, Progress notes, hospital registration information
GEMSIS Hospital Hub                https://www.mygemsis.org/hub/default.cfm

# Inter-Facility Transport: EMS Report

| | | | |
|---|---|---|---|
| **TAB NAME:** | Referring Facility, Inter-Facility Transport | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | NO | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |

**REP WRITER NAME:** ITP_RP_DETAILS_AS_TEXT            **ITPR Field Label:** TR15.38
**To read answer as text,
add "_AS_TEXT", otherwise field info returns as a number**

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

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

**ADDITIONAL INFORMATION:**
- Applies to all patients transported by EMS from a referring facility to your hospital.
- The null value "Not Applicable" is reported for patients who were not transported by EMS or were not transferred from a referring facility.

**DATA SOURCE:**
GEMSIS Hospital Hub                https://www.mygemsis.org/hub/default.cfm

# Inter-Facility Transport: PCR Number (#)

**TAB NAME:** **Referring Facility, Inter-Facility Transport**     **TQIP RISK ADJ?** NO

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

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

**REP WRITER NAME:** ITP_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 from a referring facility to your hospital.
- The null value "Not Applicable" is reported for patients who were not transported by EMS or were not transferred from a referring facility.
- 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

# Inter-Facility Transport: EMS Call Dispatched Date/Time

| | | | |
|---|---|---|---|
| **TAB NAME:** | **Referring Facility, Inter-Facility Transport** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | NO | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | ITP_D_EVENTS | **ITPR FIELD LABEL:** | TR9.1, TR9.10 |

**DEFINITION:**
The date/time the unit transporting from the referring hospital to your facility was notified by dispatch.

**ADDITIONAL INFORMATION:**
- Applies to all patients transported by EMS from a referring facility to your hospital.
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- 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 or were not transferred from a referring facility.

**DATA SOURCE:**
GEMSIS Hospital Hub                           https://www.mygemsis.org/hub/default.cfm

# Inter-Facility Transport: EMS Arrived Location Date/Time

| | | | |
|---|---|---|---|
| **TAB NAME:** | **Referring Facility, Inter-Facility Transport** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | NO | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | ITP_A_EVENTS | **ITPR FIELD LABEL:** | TR9.4, TR9.4.1 |

**DEFINITION:**
The date and time the unit transporting to your hospital arrived at the transferring facility.

**ADDITIONAL INFORMATION:**
● Applies to all patients transported by EMS from a referring facility to your hospital.
● Reported as MM-DD-YYYY and HH:MM (military) for time.
● 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).
● The null value "Not Applicable" is reported for patients who were not transported by EMS or were not transferred from a referring facility.

**DATA SOURCE:**
GEMSIS Hospital Hub                    https://www.mygemsis.org/hub/default.cfm

# Inter-Facility Transport: EMS Depart Location Date/Time

**TAB NAME:** **Referring Facility, Inter-Facility Transport**    **TQIP RISK ADJ?**    NO

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

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

**REP WRITER NAME:** ITP_L_EVENTS                    **ITPR FIELD LABEL:**  TR9.17, TR9.17.1

**DEFINITION:**
The date and time the unit transporting to your hospital departed from the transferring facility.

**ADDITIONAL INFORMATION:**
- Applies to all patients transported by EMS from a referring facility to your hospital.
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the unit transporting the patient to your facility departed from the referring hospital (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 or were not transferred from a referring facility.

**DATA SOURCE:**
GEMSIS Hospital Hub                    https://www.mygemsis.org/hub/default.cfm

# Inter-Facility Transport: EMS Arrived Destination Date/Time

| | | | |
|---|---|---|---|
| **TAB NAME:** | **Referring Facility, Inter-Facility Transport** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | NO | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | ITP_AD_EVENTS | **ITPR FIELD LABEL:** | TR9.4, TR9.4.1 |

**DEFINITION:**
The date/time the unit transporting patient from the referring facility arrived at your hospital.

**ADDITIONAL INFORMATION:**
● Applies to all patients transported by EMS from a referring facility to your hospital.
● Reported as MM-DD-YYYY and HH:MM (military) for time.
● This is the date/time on which the unit transporting the patient to your facility arrived at your facility.
● The null value "Not Applicable" is reported for patients who were not transported by EMS or were not transferred from a referring facility.

**DATA SOURCE:**
GEMSIS Hospital Hub                     https://www.mygemsis.org/hub/default.cfm

# 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 | 59, Endocrinology |
| 2, Neurosurgery | 9, Pediatrics | 60, Geriatrics |
| 3, Orthopedics | 98, Other Surgical | 61, Hand Surgery |
| 4, General Surgery | 99, Other Non-Surgical | 62, Interventional Radiology |
| 5, Pediatric Surgery | /, Not Applicable | |
| 6, Cardiothoracic Surgery | ?, Unknown | |
| 7, Burn Services | 57, Intensivist | |

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

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

# ED/Resus: 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.
Answer choice include:

Yes
No
~~/, Not Applicable~~
?, Unknown

**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 are 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:**
History & Physical (H&P), Consult note, Referring facility documentation, Admission sheet

# ED/Resus: Mode of Arrival

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

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

**ITPR Field Label:** TR8.8

**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
7, 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, Referring 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 INFORMATION:**
- Applies to all patients.
- Answer should not be "Not Applicable".

**DATA SOURCE:**
Trauma Nurse Flowsheet, EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

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

**DATA SOURCE:**
Trauma Nurse Flowsheet, EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

# ED/Resus: Response Activation Date/Time

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

**REP WRITER NAME:**  ED_TTA_DATE01    Date
ED_TTA_TIME01    Time
ED_TTA_EVENT01   Date/Time

**ITPR Field Label:**  TR17.31, TR17.34

**DEFINITION:**
The 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 Activation Date & Time

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

**REP WRITER NAME:** ED_TTA_DATE01    Date  
                            ED_TTA_TIME01    Time  
                            ED_TTA_EVENT01  Date/Time

**ITPR Field Label:** TR17.78.1, TR17.78.1.1

**DEFINITION:**

The 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
EDD_TIME ED Departure Time
EDD_EVENT ED Departure Date/Time

**ITPR Field Label:** TR17.25, TR17.26

**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/Transfer (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:** DIS_FAC_LINK**_AS_TEXT**
**To read answer as text, add "_AS_TEXT"**
**otherwise, field info returns as a number**

**ITPR Field Label:** TR17.61

**DEFINITION:**
If patient is transferred from the ED to another facility for continued care, the name of the facility receiving the patient.

**ADDITIONAL INFORMATION**:
- Only applies to <u>patients discharged from the ED</u> without orders for admission/ observations, or procedure performed in the operating room.
- This field is not currently available in ED/Resus section of V5 registry and **must be entered in Outcome tab**
  - See "Outcome: If Transferred, Facility" (pages 97-98)
  - Instructions:
    - Go to Outcome - Initial Discharge tab.
    - In the "Discharge To" field, choose "70. Discharged/Transferred to a Short-Term General Hospital for Inpatient Care".
    - In the "If Transferred, Facility" field, start typing the name of the receiving facility to find the hospital the patient was transferred to. The state ID number will auto populate when a hospital name is chosen.
    - Go back to the "Discharge To" field and change it back to "Not Applicable".

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

# ED Arrival/Admission: OR Disposition

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

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

**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 | 9, Burn Unit | Retired 2021: |
| 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 ED disposition was not the OR, then enter Not Applicable.
- If patient was discharged from the OR, without going to the ICU/Floor/Observation, report "11. Post Anesthesia Care Unit".

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

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

# ED/Resus: Temperature Route

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

**REP WRITER NAME:** EDAS_TEMP_R**_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 SOURCE:**
ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), patient assessment forms

# ED/Resus: Intubation Method

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

**REP WRITER NAME:** EDAS_INTUB_M01**_AS_TEXT**
Intubation Method
**To read answer as text, add "_AS_TEXT"**
**Otherwise, field info returns as a number**

**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:**
- Report the Intubation Method that coincides with the Initial ED/Hospital vital signs.

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

# ED/Resus: Respiratory Assist 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_ARR_TYPE**_AS_TEXT**  **ITPR Field Label:** TR14.36
**To read answer as text, add "_AS_TEXT"**
**otherwise, field info returns as a number**

**DEFINITION:**
Respiratory Assistance Method used to effectively provide air (oxygen) to the lungs and assist with breathing. Answer choices include:

1. Bag Valve Mask
2. Nasal Airway
3. Oral Airway
4. Ventilator
?. Unknown

**ADDITIONAL INFORMATION:**
- Report the Respiratory Assistance Method that coincides with the Initial ED/Hospital Respiratory Rate.

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

# ED/Resus: Diastolic Blood Pressure (DBP)

| | | | |
|---|---|---|---|
| **TAB NAME:** | **ED/Resus, Initial Assessment** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | NO | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | EDAS_DBP | **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:**
● Report first Diastolic Blood Pressure recorded within 30 minutes upon arrival to your hospital.
● Diastolic Blood Pressure is the bottom/second number when blood pressure is recorded.
● A normal diastolic blood pressure is < 80 but can often be much higher.

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

# ED/Resus: 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:**

This number is reported as a component of arterial or venous blood gasses. The number may be reported by the lab as Base Deficit, or as Base Excess with a negative value.

**ADDITIONAL INFORMATION:**

- First recorded Base Excess/Base Deficit within 24 hours of arrival to index hospital.
- Base Deficit - Arterial blood gas component showing the degree of acid/base imbalance with a normal range being +/- 2 Meq./L. A valid Base Deficit value range is +/- 80.
- -81 = Not Available
- -83 = Pending

**DATA SOURCE:**

Laboratory results, 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 <u>Performed</u>.

**DATA SOURCE:**
EMS Run Report, Trauma Nurse Flowsheet, Code sheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

# ED/Resus: Mass Blood Protocol

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

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

**ITPR Field Label:** NONE

**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 arrival, 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:**
ED_MBP_DATE       Mass Blood Protocol Date
ED_MBP_TIME       Mass Blood Protocol Time
ED_MBP_EVENT     Mass Blood Protocol Date/Time

**ITPR Field Label:** TR22.14, TR22.17

**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 specialty delivering <u>trauma care</u> in any level of <u>team</u> activation.

**ADDITIONAL INFORMATION:**
- <u>Only Trauma specialty information is required</u>. Check with your Trauma Program Manager if the name of the Trauma Physician should also be included. Usually, the physician's 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's 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 (at the discretion of each facility).

**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
EDP_A_TIME01    Trauma Arrival Time
EDP_A_EVENT01   Trauma Arrival Date/Time

**ITPR Field Label:** TR17.15, TR17.11

**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/oversight 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:**
Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

# 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 |

**Full V5 Consult Service list:**

| | | |
|---|---|---|
| 1, Trauma | 27, Nephrology | 52, Thoracic Surgery |
| 2, Neurosurgery | 28, Neurology | 53, Trauma Resuscitation Nurse |
| 3, Orthopedics | 29, Nurse Practitioner | 54, Triage Nurse |
| 4, General Surgery | 30, Nursing | 55, Urology |
| 5, Pediatric Surgery | 31, Nutrition | 56, Vascular Surgery |
| 6, Cardiothoracic Surgery | 32, Ob-Gyn | 57, Intensivist |
| 7, Burn Services | 33, Occupational Therapy | 58, Physician Assistant |
| 8, Emergency Medicine | 34, Oncology | 59, Endocrinology |
| 9, Pediatrics | 35, Ophthalmology | 60, Geriatrics |
| 10, Anesthesiology | 36, Oral Surgery | 61, Hand Surgery |
| 11, Cardiology | 37, Oral Maxillofacial Surgery | 62, Interventional Radiology |
| 12, Chaplain | 38, Ortho-Spine | 98, Other Surgical |
| 13, Child Protective Team | 39, Palliative Care | 99, Other Non-Surgical |
| 14, Critical Care | 40, Pharmacy | /, Not Applicable |
| 15, Discharge Planner | 41, Physiatry | ?, Unknown |
| 16, Documentation Recorder | 42, Physical Therapy | 63, Advanced Practice Provider |
| 17, Drug/Alcohol Counselor | 43, Plastic Surgery | 64, CCA |
| 19, ENT | 44, Psychiatry | 66, Craniofacial |
| 20, Family Medicine | 45, Pulmonary | 65, CRNA |
| 21, GI | 46, Radiology | 67, Emergency Airway Team |
| 22, Home Health | 47, Rehab | 68, Emergency Airway Team Lead |
| 23, Hospitalist | 48, Respiratory Therapist | 69, Mental Health |
| 24, Infectious Disease | 49, Social Services | 70, Otolaryngology |
| 25, Internal Medicine | 50, Social Worker | 71, Pain Management |
| 26, Laboratory | 51, Speech Therapy | 72, Scribe |
| | | 73, Surgical ICU |
| | | 74, Wound Care/Soft Tissue |

# 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 two 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 (at the discretion of each facility).

**DATA SOURCE:**
Consult notes, Procedure notes, Operative Reports, MD documentation, History & Physical (H&P)

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

**ITPR Field Label:** TR200.11

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

1, Resuscitation Room
2, Emergency Department
3, Operating Room
4, Intensive Care Unit
5, Step-Down Unit
6, Floor
7, Telemetry Unit
8, Observation Unit
9, Burn Unit
10, Radiology

11, Post Anesthesia Care Unit
12, Special Procedure Unit
13, Labor and Delivery
14, Neonatal/Pediatric Care Unit
/, Not Applicable
?, Unknown
25, Interventional Radiology
26, Computed Tomography (CT)
27, Point of Care Ultrasound
28, Magnetic Resonance Imagining (MRI)

Retired 2021:
1 - Resuscitation Room
7 - Telemetry Unit

**ADDITIONAL INFORMATION:**
- If procedure is performed in the Interventional Radiology Procedures area of Radiology, choose the answer Radiology.
- If the procedure was performed in a special procedure unit such as Endoscopy, Vascular Lab, Hyperbaric chamber, etc., chose Specialty.
- Check with your TPM on areas that fall into the category Special Procedure Unit.

**DATA SOURCE:**
ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Operative reports, Procedure notes, ICU notes

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

**ITPR Field Label:** TR25.92

**DEFINITION:**
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.
● Do not use n/a or unknown.
● For brain death, enter 2. Dead.

**DATA SOURCE:**
Discharge/death records, Nursing notes, MD documentation, History & Physical (H&P), Consult note, ADT/ Hospital Timestamp

# 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:**                                                    **ITPR Field Label:**  TR25.34, TR25.36, TR25.48
DIS_DATE          Discharge/Death Date
DIS_TIME          Discharge/Death Time
DIS_EVENT        Discharge/Death Date/Time

**DEFINITION:**
The date and time the patient <u>physically left</u> the hospital room or care area, or time of death.

**ADDITIONAL INFORMATION:**
- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- Use time brain death declared, if applicable.
- For patients discharged from the ED without admit orders, report the null value "Not Applicable".

**DATA SOURCE:**
Discharge/death records, Nursing notes, MD documentation, History & Physical (H&P), Consult note, Hospital Timestamp

# Outcome: Discharged to Alternate Caregiver

| | | | |
|---|---|---|---|
| **TAB NAME:** | Outcome, Initial Discharge | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | NO | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | DIS_TO_ALT_CGVR_YN | **ITPR Field Label:** | TR41.3 |

**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:**
- Only report when Report of Physical Abuse is "Yes".
- Only report for minors as determined by state/local definition, excluding emancipated minors.
- The null value "Not Applicable" should be reported for patients where Report of Physical Abuse is "No" or were older than the state/local age definition of a minor.
- The null value "Not Applicable" should be reported if the patient expires prior to discharge.

**DATA SOURCE:**
Nursing notes, Discharge Planner notes, Discharge Summary, Social Work / Case Worker notes

# Outcome: Hospital Disposition

| | | | |
|---|---|---|---|
| **TAB NAME:** | **Outcome, Initial Discharge** | **TQIP RISK ADJ?** | YES |
| **SEND TO NTDB?** | YES | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES, if ED discharge without orders | **ALLOW UNK?** | NO |
| | | **ITPR Field Label:** | TR25.27 |

**DEFINITION:**
This field is a NTDS data required element. The disposition of the patient after hospital discharge. Answer choices include:

40, Discharged Home with No Home Services
41, Discharge/Transferred to Home Under Care of Organized Home Health Service
42, Left Against Medical Advice or Discontinued Care
44, Expired
70, Discharged/Transferred to a Short-Term General Hospital for Inpatient Care
71, Discharged/Transferred to an Intermediate Care Facility (ICF)
72, Discharged/Transferred to Skilled Nursing Facility (SNF)
75, Discharged/Transferred to Hospice Care
79, RETIRED 2014 - Discharged/Transferred to Another Type of Rehab or LTCF
/, Not Applicable
?, Unknown
43, Discharged/Transferred to Court/Law Enforcement
73, Discharged/Transferred to Inpatient Rehab or Designated Unit
74, Discharged/Transferred to Long Term Care Hospital (LTCH)
76, Discharged/Transferred to a Psychiatric Hospital or Distinct Part Unit of a Hosp
78, Discharged/Transferred to Another Type of Institution not Defined Elsewhere
80, Burn Center
81, SCI Rehabilitation
82, TBI Rehabilitation
83, Musculoskeletal Rehabilitation

**ADDITIONAL INFORMATION**:
● Short-Term General Hospital for Inpatient Care: an acute care hospital capable of providing inpatient medical care with services for surgery, acute medical conditions, or injuries.
● Skilled Nursing Facility (SNF): a nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services. A level of care that requires the daily involvement of skilled nursing or rehabilitation staff.
● Intermediate care facility (ICF): a long-term care facility that provides nursing and supportive care to residents on a non-continuous skilled nursing care basis and provide custodial care for those who are unable to care for themselves because of mental disability or declining health.
● For patients discharged from the ED without admit orders, report the null value "Not Applicable".

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

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

**DEFINITION:**
The name of the Intermediate Care facility, Acute Care hospital, Skilled Nursing facility (SNF), Inpatient Rehab, or Long-term Care facility where the patient is discharged.

**ADDITIONAL INFORMATION**:
● This data field is also used for patients transferred from the ED to another facility. See "ED/Resus: If Transferred, Facility" for instructions (page 75).
● Facilities are listed in the registry program. Start typing the name to find the correct facility. The state ID number will auto populate (if available) when a name is chosen.
● The null value "Not Applicable" is used only for patients who were not discharged to another facility.
● If you are unable to locate a Georgia facility in the pick list, please contact the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov. 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 (not further specified) | 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 |
| Other: | Rehab Facility, Unspecified | 40000 | Rehab Facility, Unspecified |
| Intermediate Care Facility, Unspecified | | 70000 | Intermediate Care Facility, Unspecified |
| Skilled Nursing Facility, Unspecified | | 60000 | Skilled Nursing Facility, Unspecified |

**DATA SOURCE:** Nursing notes, Discharge Summary, Discharge Orders, Discharge planner notes

Revised: 05/2023, 07/2022, 03/2022, 12/2021, 09/2021, 02/2021, 12/2020

# Outcome: Discharged To- Specify

## (Data field is currently a request from the Rehab Subcommittee)

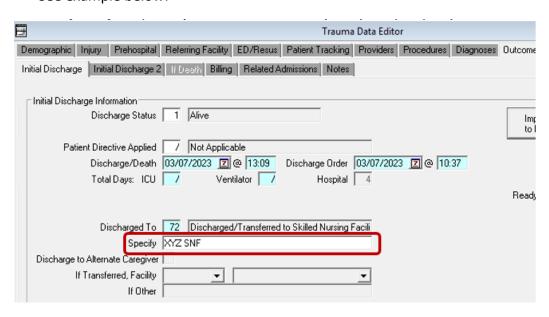| | | | |
|---|---|---|---|
| **TAB NAME:** | **Outcome, Initial Discharge** | **TQIP RISK ADJ?** | NO |
| **SEND TO NTDB?** | NO | **SEND TO STATE?** | YES |
| **ALLOW N/A?** | YES | **ALLOW UNK?** | YES |
| **REP WRITER NAME:** | | **ITPR Field Label:** | |

**DEFINITION:**
The name of the facility the patient was discharged to, if choice is not available in the "If Transferred, Facility" pick list.

**ADDITIONAL INFORMATION**:
- This is a free text field for facilities not listed in the "If Transferred, Facility" pick list.
- Applies to Skilled Nursing facilities (SNF), Inpatient Rehab facilities, Long-term Care facilities, Intermediate Care facilities, and Acute Care hospitals.
- This data field is also used for patients discharged from the ED to another facility.  See "ED/Resus: If Transferred, Facility" for instructions (page 74).
- The null value "Not Applicable" is used only for patients who were not discharged to another facility.
- See example below:



**DATA SOURCE:**  Nursing notes, Discharge Summary, Discharge Orders, Discharge planner notes

# Outcome: Transfer Rationale

| | | | |
|---|---|---|---|
| **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_RS01**_AS_TEXT**
**To read answer as text, add "_AS_TEXT"
otherwise, field info returns as a number**

**ITPR Field Label:** TR25.42

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

1, Economic
2, Level of Care
3, Personal
4, System Protocol
6, Managed Care Patient
5, Other
/, Not Applicable
?, Unknown

**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.
- **Answer "Unknown" until field is defined, or choices are updated to match the Referring Facility Transfer Rationale pick list.**

**DATA SOURCE:**
D/C Summary, Death Note, Nursing notes, Progress Notes

# Outcome: If death: Location (of 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**
                               **To read answer as text, add "_AS_TEXT"**
                               **Otherwise, field info returns as a number**

                                                                   **ITPR Field Label:** TR25.30

**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:**
- Applies to all patient deaths.
- Autopsy findings/ ME reports often provide information regarding the cause of death and may add information about the patient's medical status and/or injuries that may be unknown at the time of death.

**DATA SOURCE:**
MD documentation, History & Physical (H&P), Discharge summary, Death note, Autopsy Report/ME findings

# 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)?
Answer choices include:
1. Yes    2. No

**ADDITIONAL INFORMATION:**
- Applies to all patient deaths
- Report "Yes" for Forensic/Full autopsies and External/View Only autopsies. An external autopsy refers to a detailed examination of the patient without dissection. A forensic autopsy refers to detailed examination including dissection. Both types of autopsy qualifies for this field.

**DATA SOURCE:**
MD documentation, History & Physical (H&P), Discharge summary, Death note, Autopsy report

# Outcome: If death: Organ Donor?

| | | | |
|---|---|---|---|
| **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_DONOR_YN_**AS_TEXT**
**To read answer as text, add "_AS_TEXT"**
**Otherwise, field info returns as a number**

**ITPR Field Label:** Field Requested

**DEFINITION:**
Was the patient a qualified organ/tissue donor?  Answers for this field includes:

Yes
No
/, Not Applicable
?, Unknown

**ADDITIONAL INFORMATION:**
- Applies to all patient deaths
- **If organs were donated, answer "Yes" to all three organ donation fields.**

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

# 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:**
- Applies to all patient deaths
- **If organs were donated, answer "Yes" to all three organ donation fields.**

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

# Outcome: If death: Was request granted?

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

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

**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.
- **If organs were donated, answer "Yes" to all three organ donation fields.**

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

# Outcome: If death: 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.
- Must answer "Yes" to Outcome: If Death: Organ Donor.

**DATA SOURCE:**
Nursing notes, MD documentation, Provider Progress note, Life Link/ Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary, Operative reports for organ procurement

# 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 2024
### (July 1, 2023 – June 30, 2024)

## Trauma Registry Data Upload

**Instructions:**
Trauma registry downloads are uploaded to the DPH OEMST Georgia Patient Registry at
https://www.mygemsis.org/pr. Direct entry users enter trauma data directly in the central site. No downloading
is necessary. DPH OEMST download due dates are aligned with GQIP, NTDB, and TQIP download dates.

| Data Date Range | Due Date * |
|---|---|
| January 1, 2023 – March 31, 2023 | June 1, 2023 |
| January 1, 2023 – June 30, 2023 | September 1, 2023 |
| January 1, 2023 - September 30, 2023 | December 1, 2023 |
| January 1, 2023 – December 31, 2023 **Final Calendar Year 2022 download** | March 1, 2024 |
| January 1, 2024 – March 31, 2024 | June 1, 2024 |

## Trauma Program Reports (OTCPE and OBCPE)

**Instructions:**
All quarterly OTCPE and OBCPE reports are due on the 15th per the table below. The online form on the
License Management System at https://www.mygemsis.org/lms 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 Date Range | Registry Data Date Range | Due Date* |
|---|---|---|---|---|
| **Quarterly Trauma Program Report** | 1st | 07/01/2023 - 9/30/2023 | 04/01/2023 - 6/30/2023 | 10/15/2023 |
| | 2nd | 10/01/2023 - 12/31/2023 | 07/01/2023 - 9/30/2023 | 01/15/2024 |
| | 3rd | 01/01/2024 - 03/31/2024 | 10/01/2023 - 12/31/2023 | 04/15/2024 |
| **4th Quarter Trauma Program and Annual Report** | 4th – Program Activities | 04/01/2024 - 6/30/2024 | 01/01/2024 - 3/31/2024 | 07/15/2024 |
| | 4th Quarter Annual Report | 07/01/2023 - 6/30/2024 | | |

 **\***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>: 04/01/2023, 07/01/2022

# 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<br>Query: STATE_Y (State box=Y)<br>Gather: BY_ARR_MO | CD 15-6 | Yes<br>LI, II, III, IV |
| Trauma Patient Re-admission Rate | V5 User Report: VOLUME_MO<br>Queries together:  1. STATE_Y, and     2. READMISSIONS<br>Gather: BY_ARR_MO | NA | No |
| Over and Under Triage Review | V5 Standard Report: Over/Under Triage Analysis (initial activation level- Arrival Month/Year)<br>*RUN THIS REPORT THREE TIMES WITH THE DIFFERENT SETS OF QUERIES*<br>1. Query: STATE_Y,<br>2. Query: Age _LT_15, and STATE_Y<br>3. Query: AGE_GTE_65, and STATE_Y<br>Gather: None | CD 16-7 | No |
| Trauma Surgeon Response Time | V5 User Report: PRQ_TRMA_SURG_TIME<br>Query: STATE_Y<br>Gather: BY_ARR_MO | CD 2-8 | Yes<br>LI, II, III |
| Non-surgical Admissions | 2.  V5 User Report: PRQ_NON_SURG<br>Query: STATE_Y<br>Gather: BY_ARR_MO<br><br>3.  V5 User Report: PRQ_NON_SURGICAL_ADM<br>Queries together: 1. STATE_Y, and<br>2. PRQ_ADM_SVC_NON_SURG,<br>Gather: BY_ARR_MO | CD 5-18 | No |
| Injury Prevention | V5 Standard Report: Injury Summary<br>Query: STATE_Y<br>Gather: None | CD 18.1, 18.5, 18.6 | No |

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

# Additional Information

# Georgia Trauma Data Standard 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. (2023: 107 GA required data fields plus 20 auto-calculated fields. Hospital events and pre-existing conditions, explicit negative field, are 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 | 2023 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 |
| State | **REGINC_YN02** | **State Inclusion** | TR18.108  TR1.23 | X |

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| **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 - EMS Data is required by Georgia.** | | | | |
| POV/Walk In | **PH_POV_YN** | | TR8.10 | **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) *Currently not captured* | **PHP_PCR_NUMS** | EMS PCR Number | TR9.11 | **X** |
| EMS Call Dispatched Date | **PHP_D_DATES** | Dispatch Notified Date | TR9.1 | **X** |

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| 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** |
| Pre-Hospital Triage Rational (Several) / Trauma Center Criteria (Multiple | **PH_TRIAGE01** | Trauma Triage Criteria Step 1, 2, 3, 4 | TR17.22 | **X** |

Revised: 05/2023, 07/2022, 03/2022, 12/2021, 09/2021, 02/2021, 12/2020

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| fields for this data element:  PH_TRIAGE01 - PH_TRIAGE18) | | | | |
| Trauma Triage Criteria 3, 4 | **PH_TRIAGE02   OR PH_TRIAGES for all Steps** | 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 |
| GCS: Verbal | **PHAS_GCS_VRS** | Prehospital GCS Verbal | TR18.61.2 | X |
| GCS: Motor | **PHAS_GCS_MRS** | Prehospital GCS Motor | TR18.62.2 | X |
| GCS: Total | **PHAS_GCSSC** | Prehospital GCS Total | TR18.65, TR18.64 | X |
| GCS 40 Eye | **PHAS_GCS40_EOS** | Prehospital GCS 40 EYE | TR18.90.2 | X |

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| GCS 40 Verbal | **PHAS_GCS40_VRS** | Prehospital GCS 40 VERBAL | TR18.91.2 | **X** |
| GCS 40 Motor | **PHAS_GCS40_MRS** | Prehospital GCS 40  MOTOR | TR18.92.2 | **X** |
| **REFERRING HOSPITAL** | | | | |
| Referring Facility ID AND NAME | **RFS_FACLNK** | Referring Hospital | TR33.1 | **X** |
| Referring Facility Interfacility Transport Mode | **ITP_MODES** | Transported to Referring Facility By | TR33.48 | 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 | **RFS_XFR_RATS** | Destination Determination | TR33.29 | **X** |
| 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** |

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| 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 GCS Total | RFAS_GCS | Referring Hospital GCS Total | TR33.50 | X |
| Referring Facility GCS 40 EYE | RFAS_GCS | | NA | X |
| Referring Facility GCS 40 VERBAL | RFAS_GCS40_VR | | NA | X |
| Referring Facility GCS 40 MOTOR | RFAS_GCS40_MR | | NA | X |
| Referring Facility, Interfacility Transport, Agency [state ID and Name] | ITP_AGNCLNKS_AS_TEXT | Name of EMS Service | TR7.3 | X |
| Referring Facility, Interfacility Transport, Transport Role | ITP_ROLES_AS_TEXT | EMS Role | TR8.12 | X |
| Referring Facility, Interfacility Transport, EMS Report | ITP_RP_DETAILS_AS_TEXT | EMS Report Status | TR15.38 | X |
| Referring Facility, Interfacility Transport, PCR Number (#) | ITP_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 | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| Referring Facility, Interfacility Transport, EMS Call Dispatched Date/Time | **ITP_D_EVENTS** | Dispatch Notified Date and Time | TR9.1, TR9.10 | **X** |
| Referring Facility, Interfacility Transport, EMS Arrived Location Date/Time | **ITP_A_EVENTS** | Unit Arrived Hospital Date and Time | TR9.4, TR9.4.1 | **X** |
| Referring Facility, Interfacility Transport, EMS Depart Location Date/Time | **ITP_L_EVENTS** | En Route Date and Time | TR9.17, TR9.17.1 | X |
| Referring Facility, Interfacility Transport, EMS Arrived Destination Date/Time | **ITP_AD_EVENTS** | Unit Arrived Hospital Date and Time | TR9.4, TR9.4.1 | 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 future?* Hospital Transferred to from the ED | **No matching field. Future V5 field.** | Hospital Transferred to (Field on the ED/Acute Care screen) | TR17.61 (ED Dispo=Transfer) | **X** |
| 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** |

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| If Transferred, Facility *See page 75 and Outcomes section below for additional details. | DIS_FAC_LINK_AS_TEXT | Hospital Transferred To | TR17.61 | X |
| OR Disposition | OR_DISP | Operating Room Discharge Disposition | TR17.28 | 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 |
| 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 |

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| 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 |
| Respiratory Assist Method | EDAS_ARR_TYPE_AS_TEXT | Airway Management | TR14.36 | X |
| DBP | EDAS_DBP | Initial Assessment Diastolic Blood Pressure | TR18.13 | X |
| Base Deficit/Base Excess | ED_ABG_BASE | Base Deficit | TR18.93 | X |
| RTS (Auto-calculated field) | EDAS_RTS_W | Initial ED/Hospital calculated RTS Total | TR18.135 | X |

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| 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 |
| 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 |

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| 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** |
| Provider/Resus Team Trauma Arrival Date | **EDP_A_DATE01** | Date Physician Arrived | TR17.15 | **X** |

| V5 Screen Field Name | V5 Technical Field Name | Image Trend Patient Registry Field Name | Image Trend Technical Field Name | 2023 State Download or Web Data Entry Required Fields to State (ITPR) central site |
|---|---|---|---|---|
| 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 (V5 field opens if Outcomes screen/Hospital Disposition field = Transfer** | 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** |
| If Death: Organ Donor? (was the patient a qualified organ/tissue donor? | **ORG_DONOR_YN** | *Add new field in 2023: Did patient qualify as an Organ Donor? Y/N* | Not available | **X** |
| Was organ donation requested? Y/N | **ORG_STAT_YN** | Organs/Tissues Donation Requested | TR25.69 | **X** |
| 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** |
| *Add new field? Was organ donation referral made to LifeLink? Y/N* | Not Available | *Add new field: Was organ donation referral made to LifeLink? Y/N* | Not Available | |

# 2023 Changes - Georgia Data Dictionary Change Log

| Element Name | Change Location | Change Text |
|---|---|---|
| -------- | Inclusion Criteria | Removed asterisks from burn instructions (same as NTDS inclusion) |
| -------- | Inclusion Criteria | Removed UUID additional criteria (field not used & instructions are same as NTDS) |
| -------- | Inclusion Criteria | ADDED: Patients admitted to a medical or social service w/ a minor trauma injury that would not have been otherwise admitted for their injury.  Inclusion decisions are at the discretion of each facility. * (GA 2023) |
| -------- | Inclusion Criteria | ADDED: Dictionary Data Sources are simply a guide; Centers should use the most reliable source at their center. |
| Injury: Chief Complaint | Definition | ADDED: 23. Other Motorized Vehicle |
| Injury: Chief Complaint | Additional Information | CHANGED TO: Golf cart/ATV/Go Kart/Segway = 23. Other Motorized Vehicle |
| Injury: Chief Complaint | Additional Information | CHANGED TO: In cases of assault or abuse, "Assault" should be captured as the SECOND complaint.  Assault should only be captured as the first chief complaint if no other mechanism applies (e.g., bodily force, fist fight without weapon). |
| Prehospital Provider: POV/Walk in | Additional Information | ADDED: If the patient arrives to the ED via law enforcement/police, answer NO. |
| Prehospital Provider: Trauma Center Criteria | Additional Information | ADDED: Must be taken from the "Assessment Exam - Vehicular, Pedestrian, or Other Injury Risk Factor" section in the PCR. |
| Prehospital Provider: O2 Oxygen Saturation | Definition | CHANGED TO: Measure of the amount of oxygen-carrying hemoglobin in the blood relative to the amount of hemoglobin not carrying oxygen. |
| Prehospital Provider: *ALL vitals* | ELEMENTS | CHANGED:  Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre-hospital vitals. |
| Immediate Referring Facility: Transfer Rationale | ELEMENTS | ADDED |
| Immediate Referring Facility: GCS Total | ELEMENT | ADDED |
| Immediate Referring Facility: GCS 40 – *Eye, Verbal, & Motor* | ELEMENT | ADDED |
| Inter-Facility Transport- EMS Transfer (time fields) | ELEMENTS | ADDED |
| ED/Resus: If Transferred, Facility | Additional Information | ADDED: Instructions for entering receiving facility for ED discharges on the Outcomes tab |

| | | |
|---|---|---|
| ED/Resus: OR Disposition | Additional Information | ADDED: If patient was discharged from the OR, without going to the ICU/Floor/Observation, report "11. Post Anesthesia Care Unit". |
| ED/Resus: Respiratory Assist Method | ELEMENT | ADDED |
| ED/Resus: Base Deficit | Definition | REMOVED: Defined as a value greater than 4 at any time during admission. |
| ED/Resus: Base Deficit | Additional Information | ADDED: First recorded Base Excess/Base Deficit within 24 hours of arrival to index hospital. |
| Providers: In-House Consults | ELEMENT | CHANGED: Answer choices (2023 Update) |
| Procedures: Locations | ELEMENT | CHANGED: Answer choices (2023 Update) |
| Outcome: Discharge Status | Additional Information | ADDED: For brain death, enter 2. Dead |
| Outcome: Discharged to Alternative Caregiver | Additional Information | ADDED |
| Outcome: Hospital Disposition | ELEMENT | ADDED |
| Outcome: If Transferred, Facility | Definition | ADDED: The name of the Intermediate Care facility, Skilled Nursing facility (SNF), Inpatient Rehab, Long-term Care facility, or Acute Care hospital where the patient is discharged. |
| Outcome: If Transferred, Facility | Additional Information | ADDED: This data field is also used for patients discharged from the ED to another facility.  See "ED/Resus: If Transferred, Facility" for instructions (page 75). |
| Outcome: Discharged to-Specify | ELEMENT | ADDED: The name of the facility the patient was discharged to, if choice is not available in the "If Transferred, Facility" pick list.  *(This data field is currently a request from the Rehab Subcommittee)* |
| Outcome: Transfer Rationale | ELEMENT | ADDED (Answer "Unknown" until field is defined, or choices are updated to match the Referring Facility Transfer Rationale pick list) |
| Outcome: If Death: Organ Donor? | ELEMENT | ADDED |
| Outcome: If Death: Was Organ Donation Requested? | Additional Information | ADDED: If organs were donated, answer "Yes" to all three organ donation fields. |
| Outcome: If Death: Was Organ Donation Granted? | Additional Information | ADDED: If organs were donated, answer "Yes" to all three organ donation fields. |

# 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** <br> *(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<br>BMI = $kg/m^2$ |
| Revised trauma score (RTS) | EDAS_RTS_W | Linked to GCS, SBP and RR<br>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. $b_{Blunt} = -0.4499 + 0.8085 \times RTS - 0.0835 \times ISS - 1.7430 \times AgeIndex$ $b_{Penetrating} = -2.5355 + 0.9934 \times RTS - 0.0651 \times ISS - 1.1360 \times AgeIndex$ |
| 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.