

Trauma Data Collection File Specification

For Fixed Field Length Data Filers

August 2008

Version 2.1

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Revision History

03/06/2008 Altered the Record Specification Elements to allow for Multiple Entry for Glasgow Coma Score Assessment Qualifier in the ED Drug Use Indicators and AirBag Deployment.

03/06/2008 Altered the lookup values for GCS Assessment Qualifiers (table 8) they appeared to be out dated.

04/09/2008 Changed severity of FilingOrgID and SiteOrgID from A Error to Drop File

04/22/2008 Revised "Data to Include..." section, Incident City (remove reference to incident zip) and Drug Use Indicator (make all occurrences conditional), added Incident State and Transport Mode.

06/03/2008 Revised the Incident City to be the text description of the city instead of the FIPS Code.

06/23/2008 Revised the Patient City to be the text description of the city instead of the FIPS Code. Revised Incident State to be the 2 digit postal code instead of the FIPS Code. Removed the requirement of Non Trauma Centers to supply Drug Use Indicators.

06/30/2008 Revised to synchronize required flags

07/02/2008 Revised to make remove reference to remove reference to patient's industry and patient's occupation

07/02/2008 Revised to change the field name Inpatient or Observation Date and Time to ED/Hospital Arrival Date and Time

07/11/2008 Revised date of document, submittal schedule, added an option "9-Unknown" for Transport Mode added "9 Not possible to assign" to AIS

7/15/2008 Revised to remove the language "For Trauma Centers" from the RecordType20 since at least 1 recordtype20 is required for both Trauma and non-Trauma centers

08/06/2008 Revised Drug Use Indicator and CoMorbidity lookup table values. Added maximum record counts to Co Morbid and Complication records.

11/23/2009 Correction to differences Between Trauma File Specification Version 1.0 and Version 2.0, Primary Ecode is required in current and all previous specification versions

Trauma Data Submission Overview

Data To Include in Trauma Data Electronic Submissions.

Trauma data shall be reported for all trauma cases having a principal ICD-9-CM diagnostic code of 800 - 959.9 or 994.1 or 994.7

AND

- Hospital inpatient admission; **OR**
- Observation stay admission; **OR**
- Transfer patient via EMS transport (including air ambulance) from one hospital to another hospital (includes inpatient or observation or emergency department); **OR**
- Death (independent of hospital admission source or hospital transfer status)

Definitions

Terms used in this bulletin are defined in the regulation's general definition section (105 CMR 130.850) or are defined in this bulletin. If a term is not otherwise defined, use any applicable definitions from the other sections of the regulation.

Data File Format

The data for Trauma Data must be submitted in a fixed-length text file format and must be submitted using the following format specifications:

Records	500 character rows of text
Record Separator	Carriage return and line feed must be placed at the end of each record

Data Transmission Media Specifications

Data will be transferred to the Division via the Internet using the DHCFP's data collection Web site (INET). In order to do that in a secure manner the Division's Secure Encryption and Decryption System (SENDS) must be utilized. You must first download a copy of the Secure

Encryption and Decryption System (SENDS) from the DHCFP web site. There is a separate installation guide for installing the SENDS program. SENDS will take your submission file and compress, encrypt and rename it in preparation of transmitting to the Division. The newly created encrypted file shall be transferred to the Division via its INET website.

Trauma Data Quality Standards

The data will be edited for compliance with the edit specifications set forth in this document. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of Category A or B errors as listed for each data element under the following conditions:

All errors will be recorded for each patient Record and for the Submission as a whole. An Edit Report will be provided to the data submitter, displaying detail for all errors found in the Submission.

A Trauma **Record** will be rejected if there is:

- Presence of one or more errors for Category A elements.
- Presence of two or more errors for Category B elements.

A Trauma data **Submission** will be rejected (Dropped) if:

- The file format is not correct
- FilingOrgID on the Record Type 10 does not match the OrgID of the Organization who files the submission on INET
- 1% or more of Trauma are rejected or
- 50 consecutive records are rejected.

Acceptance of data under the edit check procedures identified in this document shall not be deemed acceptance of the factual accuracy of the data contained therein.

Differences Between Trauma File Specification Version 1.0 and Version 2.0 (this version)

Edits based on Submitting Entity Type

The trauma registry will consist of two tiers edits performed on the submitted data. The edits performed will be different based on data submitted by trauma centers and that submitted by non-trauma center acute care hospitals that treat trauma centers. The edit differences will be noted in the file specification section below. The trauma registry data and its edits will be generally compatible with the ACS's National Trauma Data Bank (NTDB).

Fields no Longer Required

The following fields were required in Trauma File Specification Version 1.0 but are no longer required. In order to preserve the length of the Trauma File records in Version 1.0, we converted these fields to FILLER for Version 2.0.

Fields No Longer Required

Discharge Date from Transferring Hospital
ED Admission Date
ED Admission Time
ED Discharge Date
ED Discharge Time
ED Patient Status/Disposition
ED Death
Source of Discharge
Billing Number
Patient Country
Patient State
Patients Occupational Industry
Patients Occupation
Employer Name
Incident Location Zip Code
Activity Code
Sports Activity

Additional Circumstances of Injury
Additional (Secondary) ECode
ISS

Trauma Data Record Specification

Record Specification Elements

The Trauma Data File is made up of a series of 500 character records. The Record Specifications that follow provide the following data for each field in the record:

Data Element	Definition
F#	Sequential number for the field in the record (Field Number).
Field Name	Name of the Field.
Type	Data format required for field (Field Type). Refer to Field Types section below.
Lgth	Record length, or number of characters in the field.
Pos Frm	Beginning position of the field in the ### character record.
Pos To	Ending position of the field in the ### character record.
R?	Field Requirement Indicator. R = Required, N = Not Required, C = Conditionally Required. Refer to Edit Specifications data (below) for details about requirements.
Field Definition	Definition of the field name and/or description of the expected contents of the field.
Edit Specifications	Explanation of Conditional Requirements. List of edits to be performed on fields to test for validity of File, Batch, and Claim.

Field Types

Field Type	Field Use	Definition	Examples
Text	Date field	Date fields are 8 characters. The field is formatted as follows: CCYYMMDD	February 14, 2000 would be entered as: 20000214

Field Type	Field Use	Definition	Examples
	Field containing alpha-numeric data, which will not be used in a numeric calculation	Alphanumeric characters (A- Z and 0-9), left justified with trailing spaces.	a) Patient's Last Name (a 20 character field) might be entered as: Jones
Numeric (Num)	A numeric field which will be used in a calculation	Numeric, whole, unsigned, integer digits, right-justified with leading zeros.	Days Supplied (a 3 character field) might be entered as: 030
Currency (Curr)	A numeric field which will contain a currency amount	(Unformatted) numeric, whole, unsigned integer digits, right-justified. Last two fields will indicate cents. Always include cents, but no decimal. Do NOT use EBCDIC signed fields.	20 dollars in a 10 character field might be entered as: 0000002000

Record Type Inclusion Rules

Record Type and Title	Required?	Conditions	Number
Record Type '10': Patient Trauma Data	R	Must be present.	One per Trauma.
Record Type '20': Patient Trauma Diagnosis Data	R	Must be present.	At least 1 per Trauma Record. Can have multiples per Trauma Record.
Record Type '30': Patient Trauma Safety Equipment	R	Must be present.	At least 1 per Trauma Record. Can have multiples per Trauma Record.
Record Type '40': Patient Trauma Co-Morbidity	R	Must be present.	At least 1 per Trauma Record. Can have multiples per Trauma Record.
Record Type '50': Patient Trauma Complication	R	May be present.	Can have multiples per Trauma Record.

Record Type 10 Trauma Data Record

- Required for every Trauma data record.
- Only one allowed per Trauma record.
- Must be followed by a Record Type 20

<u>F#</u>	<u>Field Name</u>	<u>Must be Filed By Trauma a Center s</u>	<u>Must be Filed by Non- Trauma a Center s</u>	<u>National Element</u>	<u>Type</u>	<u>Length</u>	<u>From</u>	<u>To</u>	<u>Required</u>	<u>Edit Specification</u>	<u>Field Definition</u>	<u>Error Type</u>
1	Record Type '10'			No	Text	2	1	2	R	Must be present. Must be 10.	Indicator for the Record Type '10': Patient Trauma Data	A
2	FilingOrgId	X	X	Yes Facility ID	Text	7	3	9	R	Must be present. Characters must be numeric. Must be valid entry as specified in Data Code Tables. (Table I)	The Organization ID assigned by the Massachusetts Division of Health Care Finance and Policy (DHCFP) to the provider filing the submission.	Drop File

3	SiteOrgID	X	X	No	Text	7	10	16	R	<p>Must be present.</p> <p>Characters must be numeric. Must be valid entry as specified in Data Code Tables. (Table I)</p> <p>Must be equal to the FilingOrgID if the Site and Filing Organization are the same Organization.</p>	The Organization ID assigned by the Massachusetts Division of Health Care Finance and Policy (DHCFP) to the provider of care for the trauma.	Drop File
4	Inter-Facility Transfer	X	X	Yes	Number	1	17	17	R	<p>Must be Present.</p> <p>Must be a 1 or 2.</p>	<p>Was the patient transferred to your facility from another acute care facility?</p> <p>1 = Yes 2 = No</p> <p>Patients transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to your hospital by a non-EMS transport is not considered an inter-facility transfer.</p>	A
5	SiteOrgID of Transferring Hospital	X	X	No	Number	7	18	24	C	<p>Must be present if Inter-Facility Transfer is '1'</p> <p>If present, and the Transferring Hospital is in-state, must be valid entry as</p>	The Organization ID assigned by the Massachusetts Division of Health Care Finance and Policy (DHCFP) to the site from which the patient was	A

										specified in Data Code Tables. (Table 1) If the Transferring Hospital is out of state enter '9999999'.	transferred.	
6	FILLER				Text	8	25	32	C	Must be present. Must be spaces.		
7	Discharge Time from Transferring Hospital	X	X	No	Text	5	33	37	C	May be present if Inter-Facility Transfer is '1' Must be numeric. Must range from 00:00 to 23:59	Time the patient left the originating hospital if a transfer patient	A
8	FILLER				Text	8	38	45	R	Must be present. Must be spaces.		
9	FILLER				Text	5	46	50	R	Must be present. Must be spaces.		
10	FILLER				Text	8	51	58	R	Must be present. Must be spaces.		
11	FILLER				Text	5	59	63	R	Must be present. Must be spaces.		
12	FILLER				Text	2	64	65	R	Must be present. Must be spaces.		
13	FILLER				Text	1	66	66	R	Must be present. Must be spaces.		
14	ED/Hospital Arrival Date	X	X	Yes	Text	8	67	74	R	Must be a valid date format (CCYYMMDD).	The date the patient arrived to the ED/Hospital.	A
15	ED/Hospital Arrival Time	X	X	Yes	Text	5	75	79	R	Must be numeric.	The time the patient arrived to the	A

										Must range from 00:00 to 23:59	ED/Hospital.	
16	Location of Direct Admission	X	X	No	Text	1	80	80	C	Must be a valid code as specified in Data Code Tables (Table 10)	The location the patient was directly taken to if direct admission.	A
17	FILLER				Text	1	81	81	R	Must be present. Must be spaces.		
18	FILLER				Text	17	82	98	R	Must be present. Must be spaces.		
19	Medical Record Number	X	X	No	Text	10	99	108	R	Must be present.	Patient's hospital Medical Record Number	A
20	Social Security Number	X	X	Yes Patient ID	Text	9	109	117	R	Must be present if known. Must be numeric. Must be a valid social security number or '000000001' if Unknown	Patient's Social Security Number	A
21	Date of Birth	X	X	Yes	Number	8	118	125	R	Must be present. Must be a valid date format (CCYYMMDD).	Patient's Date of Birth	A
22	Gender	X	X	Yes	Text	1	126	126	R	Must be present. Must be 1-Male, 2-Female	Patient Gender.	A
23	FILLER				Text	3	127	129	R	Must be present. Must be spaces.		
24	FILLER				Text	2	130	131	R	Must be present. Must be spaces.		
25	FILLER				Text	5	132	136	R	Must be present.		

										Must be spaces.		
26	Patient Zip Code	X	X	Yes	Text	9	137	145	R	<p>Must be present unless Patient Country is not the United States.</p> <p>Must be numeric.</p> <p>Must be a valid postal code.</p>	The patient's home ZIP code of primary residence. 4-Digit zip code extension can be applied.	A
27	Injury Incident Date	X	X	Yes	Text	8	146	153	C	<p>May be present.</p> <p>If present, must be a valid date format (CCYYMMDD).</p>	<p>The date the injury occurred.</p> <p>Estimates of date of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call time) should not be used.</p> <p>If date of injury is "Not Recorded" or "Not Known", the null value is blank (or empty).</p>	A
28	Injury Incident Time	X		Yes	Text	5	154	158	C	<p>May be present.</p> <p>If present, must range from 00:00 to 23:59.</p>	<p>The time the injury occurred.</p> <p>Collected as HH:MM.</p> <p>HH:MM should be collected as military time.</p> <p>Estimates of time of injury should be</p>	A

											based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call time) should not be used. If time of injury is "Not Reported" or "Not Known," the null value is blank (or empty).	
29	Work-related	X	X	Yes	Number	1	159	159	C	May be present. If present, must be a 1 or 2.	Indication of whether the injury occurred during paid employment. 1 = Yes 2 = No	A
30	FILLER				Text	2	160	161	R	Must be present. Must be spaces.		
31	FILLER				Text	2	162	163	R	Must be present. Must be spaces.		
32	Patient Street Address	X	X	No	Text	100	164	263	R	Must be present.	The patient's home street address.	A
33	FILLER				Text	9	264	272	R	Must be present. Must be spaces.		
34	Incident City	X	X	Yes		25	273	297	R	Must be present and must be the text value of the Incident City name.	The city or township where the patient was found or to which the unit responded (or best approximation).	A

35	Alcohol Use Indicator	X		Yes	Number	1	298	298	C	May be present. Must be a valid code as specified in Data Code Tables (Table 11).	Use of alcohol by the patient.	A
36	Drug Use Indicator1	X		Yes	Number	1	299	299	C	May be present. Must be a valid code as specified in Data Code Tables (Table 12).	Use of drugs by the patient.	A
37	Drug Use Indicator2	X		Yes	Number	1	300	300	C	May be present. Must be a valid code as specified in Data Code Tables (Table 12).	Use of drugs by the patient.	A
38	Location ECode	X	X	Yes	Text	6	301	306	R	Must be present. Must be a valid ICD-9-CM Ecode 849.X (exclude decimal point) as specified in Data Code Tables (Table 13)	E-code used to describe the place/site/location of the injury event (E 849.X). Relevant ICD-9-CM code value for injury event	A

39	FILLER				Text	2	307	308	R	Must be present. Must be spaces.		
40	FILLER				Text	125	309	433	C	Must be present. Must be spaces.		
41	Patient City	X	X	Yes	Text	25	434	458	R	Must be present and must be the text value of the patient's home City name.	The patient's city (or township, or village) of residence.	A

42	Primary ECode	X	X	Yes	Text	6	459	464	R	<p>Must be present.</p> <p>Must be a valid ICD-9-CM Ecode. (exclude decimal point) E800 through E999.</p> <p>Exclude E849.0 – E849.9, E869.4, E870 – E879, E930 – E949 and E967 as they are not valid for Primary ECode.</p>	<p>ECode used to describe the mechanism (or external factor) that caused the injury event.</p> <p>(If two or more events cause separate injuries, an E code should be assigned for each cause. The first-listed E code should correspond to the cause of the most serious diagnosis due to an assault, accident, or self-harm. A code for the ICD-9-CM external cause of injury that permits classification of environmental events, circumstances, and conditions as the cause of injury,</p>	A
43	FILLER				Text	6	465	470	R	<p>Must be present.</p> <p>Must be spaces.</p>		
44	Initial Glasgow Eye Component in ED	X		Yes	Text	1	471	471	C	<p>May be present.</p> <p>If present must be</p>	Glasgow Coma Scale for Eye Opening.	A

										numeric and must be valid entry as specified in Data Code Tables. (Table 5)		
45	Initial Glasgow Verbal Component in ED	X		Yes	Text	1	472	472	C	May be present. If present must be numeric and must be valid entry as specified in Data Code Tables. (Table 6)	Glasgow Coma Scale for Best Verbal Response	A
46	Initial Glasgow Motor Component in ED	X		Yes	Text	1	473	473	C	May be present. If present must be numeric and must be valid entry as specified in Data Code Tables. (Table 7)	The initial Glasgow Coma Scale Motor Response in ED.	A
47	Glasgow Coma Score Total in the ED	X		Yes	Text	2	474	475	C	May be present. If present must be numeric and must be the sum of Eye, Verbal and Motor.	First recorded Glasgow Coma Score (total) in the ED/hospital. The Glasgow Coma Scale is used to quantify level of consciousness by totaling Glasgow Eye plus Verbal plus Motor	A
48	Glasgow Coma Score Assessment Qualifier in the ED 1	X		Yes	Text	1	476	476	C	May be present. If present must be numeric and must be valid entry as specified in Data Code Tables.(Table 8)	Other confounding factors which alter the patients level of consciousness interfere with the Glasgow scale's ability to accurately reflect the severity measurement	A

49	Glasgow Coma Score Assessment Qualifier in the ED 2	X		Yes	Text	1	477	477	C	May be present. If present must be numeric and must be valid entry as specified in Data Code Tables.(Table 8)	Other confounding factors which alter the patients level of consciousness interfere with the Glasgow scale's ability to accurately reflect the severity measurement	A
50	Glasgow Coma Score Assessment Qualifier in the ED 3	X		Yes	Text	1	478	478	C	May be present. If present must be numeric and must be valid entry as specified in Data Code Tables.(Table 8)	Other confounding factors which alter the patients level of consciousness interfere with the Glasgow scale's ability to accurately reflect the severity measurement	A
51	Respiration Rate	X	X	Yes	Text	3	479	481	R	Must be present. Must be numeric. Must be between 0 and 100. If not recorded within 15 minutes of arrival, code ND for not documented.	First recorded respiratory rate in the ED/hospital (expressed as a number per minute).	A
52	Blood Pressure	X	X	Yes	Text	3	482	484	R	Must be present. Must be numeric. Must be between 0 and 299. If not recorded within 15 minutes of arrival, code ND for not documented.	The initial assessment in the ED of the systolic blood pressure in either arm by auscultation or palpation measured in mm (Hg) by manual or automatic method.	A
53	Pulse Rate	X	X	Yes	Text	3	485	487	R	Must be present.	First Recorded pulse in the ED or hospital	A

										Must be numeric. Must be between 0 and 299. If not recorded within 15 minutes of arrival, code ND for not documented.	(palpated or auscultated, expressed as a number per minute.)	
54	Incident State	X	X	Yes	Text	2	488	489	R	Must be present and must be a valid 2-digit postal state code.	The state, territory, or province where the patient was found or to which the unit responded (or best approximation).	A
55	Transport Mode	X	X	Yes	Text	1	490	490	R	Must be present. When present must be numeric and must be valid entry as specified in Data Code Tables.(Table 17)	The mode of transport delivering the patient to your hospital.	
56	Filler				Text	10	491	500	R	Must be present. Must be spaces.		

Record Type 20 Trauma Diagnosis Data Record(s)

- At least 1 Record Type 20 is required for every Trauma data record. Unlimited number of Record Type 20 records allowed per Trauma record.
- Must follow a Record Type 10 or Record Type 20

<u>F#</u>	<u>Field Name</u>	<u>Must be Filed</u>	<u>Must be Filed</u>	<u>National Eleme</u>	<u>Type</u>	<u>Length</u>	<u>From</u>	<u>To</u>	<u>Required</u>	<u>Edit Specification</u>	<u>Field Definition</u>	<u>Error Type</u>
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		<u>By Trauma Centers</u>	<u>by Non- Trauma Centers</u>	<u>nt</u>								
1	Record Type '20'	X	X	No	Text	2	1	2	R	Must be present. Must be 20.	Indicator for the Record Type '20': Patient Diagnosis Data	A
2	Medical Record Number	X	X	No	Text	10	3	12	R	Must be present. Must match the Medical Record Number on the Record Type 10.	Patient's hospital Medical Record Number	A
3	Diagnosis Code	X	X	Yes	Text	5	13	17	R	Must be present. Must be valid ICD-9- CM code. (exclude decimal point).	Patient Diagnosis Code	A
4	AIS	X		No	Text	8	18	25	R	Must be present. Must be a valid AIS code. Must consist of 6 numbers followed by a decimal point followed by 1 number. The number following the decimal point must be as specified in Data Code Tables. (Table 9) (1-6)	AIS numerical injury identifier.	A
5	AIS Version	X		No	Text	2	26	27	R	Must be present. Must be 85, 90 or 98.	Indicates which version of AIS is used to calculate AIS90. Only the	A

											1998 revision of AIS90 or an earlier version are accepted.	
6	Filler				Text	473	28	500	R	Must be present. Must be spaces.		

Record Type 30 Trauma Safety Equipment Data Record(s)

- For Trauma Centers, at least 1 Record Type 30 is required for every Trauma data record. If the submitting organization is not a Trauma Center, this record Type is not required.
- Unlimited number of Record Type 30 records allowed per Trauma record.
- Must follow a Record Type 20 or Record Type 30

<u>F#</u>	<u>Field Name</u>	<u>Must be Filed By Trauma Centers</u>	<u>Must be Filed by Non-Trauma Centers</u>	<u>National Element</u>	<u>Type</u>	<u>Length</u>	<u>From</u>	<u>To</u>	<u>Required</u>	<u>Edit Specification</u>	<u>Field Definition</u>	<u>Error Type</u>
1	Record Type '30'	X	X	No	Text	2	1	2	R	Must be present. Must be 30.	Indicator for the Record Type '30': Patient Safety Equipment	A
2	Medical Record Number	X	X	No	Text	10	3	12	R	Must be present. Must match the Medical Record Number on the Record Type 10.	Patient's hospital Medical Record Number	A

3	Protective Devices	X		Yes		2	13	14	R	<p>Must be present.</p> <p>Must be numeric.</p> <p>Must be valid entry as specified in Data Code Tables. (Table 2)</p>	Protective devices (safety equipment) in use or worn by the patient at the time of the injury	A
4	Child Specific restraint	X		Yes	Text	1	15	15	C	<p>Must be present if Protective Devices = 6 (Child Restraint).</p> <p>Must be valid entry as specified in Data Code Tables. (Table 3)</p>	Protective child restraint devices used by patient at the time of injury.	A
5	Airbag Deployment 1	X		Yes	Text	1	16	16	C	<p>Must be present if Protective Devices = 8 (Airbag).</p> <p>Must be valid entry as specified in Data Code Tables. (Table 4)</p>	Indication of an airbag deployment during a motor vehicle crash	A

6	Airbag Deployment 2	X		Yes	Text	1	17	17	C	Must be present if Protective Devices = 8 (Airbag). Must be valid entry as specified in Data Code Tables. (Table 4)	Indication of an airbag deployment during a motor vehicle crash	A
7	Airbag Deployment 3	X		Yes	Text	1	18	18	C	Must be present if Protective Devices = 8 (Airbag). Must be valid entry as specified in Data Code Tables. (Table 4)	Indication of an airbag deployment during a motor vehicle crash	A
8	FILLER			No	Text	482	19	500	R	Must be present. Must be spaces.		

Record Type 40 Trauma Co-Morbidity Data Record(s)

Pre-existing co morbid factors present before patient arrival at the ED/hospital.

- For Trauma Centers, at least 1 Record Type 40 is required for every Trauma data record. If the submitting organization is not a Trauma Center, this record Type is not required.
- Maximum number of 5 Record Type 40 records allowed per Trauma record.
- Must follow a Record Type 30 or Record Type 40

<u>F#</u>	<u>Field Name</u>	<u>Must be Filed By Trauma Centers</u>	<u>Must be Filed by Non-Trauma Centers</u>	<u>National Element</u>	<u>Type</u>	<u>Length</u>	<u>From</u>	<u>To</u>	<u>Required</u>	<u>Edit Specification</u>	<u>Field Definition</u>	<u>Error Type</u>
1	Record Type '40'	X	X	No	Text	2	1	2	R	Must be present. Must be 40.	Indicator for the Record Type '40': Patient Co Morbidity	A
2	Medical Record Number	X	X	No	Text	10	3	12	R	Must be present. Must match the Medical Record Number on the Record Type 10.	Patient's hospital Medical Record Number	A
3	Co-Morbid Condition	X		Yes	Text	2	13	14	R	Must be present. Must be valid entry as specified in Data Code Tables. (Table 14)	Pre-existing co morbid factors present before patient arrival at the ED/hospital.	A
4	FILLER			No	Text	486	15	500	R	Must be present. Must be spaces.		

Record Type 50 Trauma Hospital Complication Data Record(s)

Any medical complication that occurred during the patient's stay at your hospital.

- For Trauma Centers, at least 1 Record Type 50 is required for every Trauma data record if applicable. If the submitting organization is not a Trauma Center, this record Type is not required.
- Maximum number of 10 Record Type 50 records allowed per Trauma record.
- Must follow a Record Type 40 or Record Type 50

<u>F#</u>	<u>Field Name</u>	<u>Must be Filed By Trauma Centers</u>	<u>Must be Filed by Non- Trauma Centers</u>	<u>National Element</u>	<u>Type</u>	<u>Length</u>	<u>From</u>	<u>To</u>	<u>Required</u>	<u>Edit Specification</u>	<u>Field Definition</u>	<u>Error Type</u>
1	Record Type '50'	X	X	No	Text	2	1	2	R	Must be present. Must be 50.	Indicator for the Record Type '50': Patient Complication	A
2	Medical Record Number	X	X	No	Text	10	3	12	R	Must be present. Must match the Medical Record Number on the Record Type 10.	Patient's hospital Medical Record Number	A
3	Complication	X		Yes	Text	2	13	14	R	Must be present if Record Type 50 is present. Must be valid entry as specified in Data Code Tables. (Table 15)	Pre-existing co morbid factors present before patient arrival at the ED/hospital.	A

4	FILLER			No	Text	486	15	500	R	Must be present. Must be spaces.		
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Trauma Data Code Tables

1. DHCFP Organization IDs for Hospitals

OrgID	Organization Name
1	Anna Jaques Hospital
2	Athol Memorial Hospital
6	Baystate Mary Lane Hospital
4	Baystate Medical Center
7	Berkshire Medical Center - Berkshire Campus
9	Berkshire Medical Center - Hillcrest Campus
53	Beth Israel Deaconess Hospital - Needham
10	Beth Israel Deaconess Medical Center - East Campus
140	Beth Israel Deaconess Medical Center - West Campus
144	Boston Medical Center - East Newton Campus

	16	Boston Medical Center - Harrison Avenue Campus
	22	Brigham and Women's Hospital
	25	Brockton Hospital
	27	Cambridge Health Alliance - Cambridge Campus
	143	Cambridge Health Alliance - Somerville Campus
	142	Cambridge Health Alliance - Whidden Memorial Campus
	39	Cape Cod Hospital
	42	Caritas Carney Hospital
	62	Caritas Good Samaritan Medical Center - Brockton Campus
	4460	Caritas Good Samaritan Medical Center - Norcap Lodge Campus
	75	Caritas Holy Family Hospital and Medical Center
	41	Caritas Norwood Hospital
	126	Caritas St. Elizabeth's Medical Center
	46	Children's Hospital Boston
	132	Clinton Hospital
	50	Cooley Dickinson Hospital
	51	Dana-Farber Cancer Institute
	57	Emerson Hospital
	8	Fairview Hospital

40	Falmouth Hospital
59	Faulkner Hospital
5	Franklin Medical Center
66	Hallmark Health System - Lawrence Memorial Hospital Campus
141	Hallmark Health System - Melrose-Wakefield Hospital Campus
68	Harrington Memorial Hospital
8548	Health Alliance Hospital -- Burbank Campus
8509	Health Alliance Hospital -- Leominster Campus
73	Heywood Hospital
77	Holyoke Medical Center
78	Hubbard Regional Hospital
79	Jordan Hospital
136	Kindred Hospital Boston
135	Kindred Hospital Boston North Shore
81	Lahey Clinic -- Burlington Campus
4448	Lahey Clinic Northshore
83	Lawrence General Hospital
85	Lowell General Hospital
133	Marlborough Hospital

88	Martha's Vineyard Hospital
89	Massachusetts Eye and Ear Infirmary
91	Massachusetts General Hospital
118	Mercy Medical Center - Providence Behavioral Health Hospital Campus
119	Mercy Medical Center - Springfield Campus
70	Merrimack Valley Hospital
49	MetroWest Medical Center - Framingham Campus
457	MetroWest Medical Center - Leonard Morse Campus
97	Milford Regional Medical Center
98	Milton Hospital
99	Morton Hospital and Medical Center
100	Mount Auburn Hospital
101	Nantucket Cottage Hospital
52	Nashoba Valley Medical Center
103	New England Baptist Hospital
105	Newton-Wellesley Hospital
106	Noble Hospital
107	North Adams Regional Hospital
116	North Shore Medical Center, Inc. - Salem Campus

	3	North Shore Medical Center, Inc. - Union Campus
	109	Northeast Hospital Corporation - Addison Gilbert Campus
	110	Northeast Hospital Corporation - Beverly Campus
	112	Quincy Medical Center
	114	Saint Anne's Hospital
	127	Saint Vincent Hospital
	115	Saints Memorial Medical Center
	122	South Shore Hospital
	123	Southcoast Hospitals Group - Charlton Memorial Campus
	124	Southcoast Hospitals Group - St. Luke's Campus
	145	Southcoast Hospitals Group - Tobey Hospital Campus
	129	Sturdy Memorial Hospital
	104	Tufts-New England Medical Center
	130	UMass Memorial Medical Center - Memorial Campus
	131	UMass Memorial Medical Center - University Campus
	138	Winchester Hospital
	139	Wing Memorial Hospital and Medical Centers

2. Safety Equipment/Protective Devices

Valid Entries	Definition
1	None
2	Lap Belt
3	Personal Flotation Device
4	Protective Non-clothing Gear (e.g., shin guard)
5	Eye Protection
6	Child Restraint (booster seat, child car seat)
7	Helmet (e.g., bicycle, skiing, motorcycle)
8	Airbag
9	Protective Clothing (e.g., padded leather pants)
10	Shoulder Belt
11	Other

3. Child Restraint - Safety Equipment/Protective Devices

Valid Entries	Definition
1	Child car seat

Valid Entries	Definition
2	Infant car seat
3	Child booster seat

4. Airbag Deployment - Safety Equipment/Protective Devices

Valid Entries	Definition
1	No airbag deployed
2	Airbag deployed front
3	Airbag deployed side
4	Airbag deployed other (knee, airbelt, curtain. etc)

5. Glasgow Coma Score - Eye

Valid Entries	Definition
1	No eye movement when assessed
2	Opens eyes in response to painful stimulation
3	Opens eyes in response to verbal stimulation

Valid Entries	Definition
4	Opens eyes spontaneously

6a. Glasgow Coma Score – Verbal (Pediatric < 2 years old)

Valid Entries	Definition
1	No vocal response
2	Inconsolable, agitated
3	Inconsistently consolable, moaning
4	Cries but consolable, inappropriate interactions
5	Smiles, oriented to sounds, follows objects, interacts

6b. Glasgow Coma Score – Verbal (Adult)

Valid Entries	Definition
1	No verbal response
2	Incomprehensible sounds
3	Inappropriate words
4	Confused

Valid Entries	Definition
5	Oriented

7a. Glasgow Coma Score – Motor (Pediatric < 2 years old)

Valid Entries	Definition
1	No motor response
2	Extension to pain
3	Flexion to pain
4	Withdrawal from pain
5	Localizing pain
6	Appropriate response to stimulation

7b. Glasgow Coma Score – Motor (Adult)

Valid Entries	Definition
1	No motor response
2	Extension to pain

Valid Entries	Definition
3	Flexion to pain
4	Withdrawal from pain
5	Localizing pain
6	Obeys commands

8. GCS Assessment Qualifier

Valid Entries	Definition
1	Patient chemically sedated
2	Obstruction to the Patient's eye
3	Patient Intubated

9. AIS (Abbreviated Injury Scale)

Valid Entries	Definition
1	Minor injury
2	Moderate injury
3	Serious injury, not life threatening
4	Severe injury, life threatening, but survival probable
5	Critical injury, survival uncertain
6	Maximum injury, untreatable and virtually unsurvivable
9	Not possible to assign

10. Location of Direct Admission

Valid Entries	Definition
1	Non-Intensive floor bed
2	Observation
3	Telemetry/Step Down Unit
7	Operating Room
8	Intensive Care Bed

11. Alcohol Use

Valid Entries	Definition
1	No (not suspected)
2	No (confirmed by test)
3	Yes (confirmed by test [trace levels])
4	Yes (confirmed by test [beyond legal limit])

12. Drug Use

Valid Entries	Definition
1	No (not suspected, not tested)
2	No (confirmed by test)
3	Yes (confirmed by test [prescription drug])
4	Yes (confirmed by test [illegal use drug])

13. ICD-9-CM Location Ecodes

Valid Entries	Definition
E8490	Home
E8491	Place of occurrence, farm

E8492	Place of occurrence, mine and quarry
E8493	Place of occurrence, industrial places and premises
E8494	Place of occurrence, place for recreation and sport
E8495	Place of occurrence, street and highway
E8496	Place of occurrence, public building
E8497	Place of occurrence, residential institution
E8498	Other specified place of occurrence
E8499	Unspecified place of occurrence

14.Co-Morbidity Codes

Valid Entries	Definition
1	No NTDS co-morbidities are present
2	Alcoholism
3	Ascites within 30 days
4	Bleeding disorder
5	Chemotherapy for cancer within 30 days
6	Congenital Anomalies
7	Congestive heart failure
8	Current smoker
9	Currently requiring or on dialysis
10	CVA/residual neurological deficit
11	Diabetes mellitus
12	Disseminated cancer
13	Do not resuscitate (DNR) status
14	Esophageal varices
15	Functionally dependant health status
16	History of angina with past 1 month
17	History of myocardial infarction within past 6 months
18	History of revascularization / amputation for PVD
19	Hypertension requiring medication
20	Impaired sensorium

21	Prematurity
22	Obesity
23	Respiratory Disease
24	Steroid Use

15. Hospital Complication

Valid Entries	Definition
1	No medical complication occurred
2	Abdominal compartment syndrome
3	Abdominal fascia left open
4	Acute renal failure
5	Acute respiratory distress syndrome (ARDS)
6	Base deficit
7	Bleeding
8	Cardiac arrest with CPR
9	Coagulopathy
10	Coma
11	Decubitus ulcer
12	Deep surgical site infection
13	Drug or alcohol withdrawal syndrome
14	Deep Vein Thrombosis (DVT)/thrombophlebitis
15	Extremity compartment syndrome
16	Graft/prosthesis/flap failure
17	Intracranial pressure
18	Myocardial infarction
19	Organ/space surgical site infection
20	Pneumonia
21	Pulmonary embolism
22	Stroke / CVA
23	Superficial surgical site infection

24	Systemic sepsis
25	Unplanned intubation
26	Wound disruption

16. Postal State Codes

Valid Entries	Definition
AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi

MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

17. Transport Mode

Valid Entries	Definition
1	Ground Ambulance
2	Helicopter Ambulance

3	Fixed-wing Ambulance
4	Private/Public Vehicle/Walk-in
5	Police
6	Other
9	Unknown

Submittal Schedule

Trauma Data File **must be submitted quarterly** to the DHCFP and must be submitted within 45 days of the close of the quarter. Include records whose final discharge date must be within the quarter of submission.

Quarter 1	Close December 31 st	Due by March 15 th
Quarter 2	Close March 31 st	Due by June 15 th
Quarter 3	Close June 30 th	Due by September 15 th
Quarter 4	Close September 30 th	Due by December 15 th

Compliance

Any licensed Trauma Center not complying with *regulation 105 CMR 130.850* shall be subject to the penalties specified in said regulation. The Division shall consider a trauma center out of compliance with *105 CMR 130.850* in the following circumstances:

- a) A rejected submission, on a monthly basis, is excluded from the data base by the Division because the records do not pass critical edit checks as specified in these specifications and the hospital fails to submit satisfactorily corrected records within 30 days or
- b)) the trauma center fails to submit the required data in accordance with the dates specified above.

Protection of Confidentiality of Data

The Division shall institute appropriate administrative procedures and mechanisms to ensure that it is in compliance with the provisions of M.G.L. c. 66A, the Fair Information Practices Act, to the extent that the data collected there under are "personal data" within the meaning of that statute. In addition, the Division shall ensure that any contract entered into with other parties for the purposes of processing and analysis of this data shall contain assurances such other parties shall also comply with the provisions of M.G.L.c. 66A.