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| **Data Elements Collected per Circular Letter DHCQ 08-03-483 and additional data elements**  |
| **Field Name** | **(R)equired** | **Non-Trauma Centers**  | **Trauma Centers** |
|   | **(C)onditionally** |
|   | **Required** |
| FilingOrgId  | R | X | X |
| SiteOrgID  | R | X | X |
| Inter-Facility Transfer  | R | X | X |
| SiteOrgID of Transferring Hospital  | C1 | X | X |
| Discharge Time from Transferring Hospital  | Retired June 2016 | X | X |
| EMS Unit Departure Time from Scene and Transferring Hospital  | R | X | X |
| ED/Hospital Admission Date  | R | X | X |
| ED/Hospital Admission Time  | R | X | X |
| Location of Direct Admission  | Retired June 2016 | X | X |
| Medical Record Number | R | X | X |
| Social Security Number  | R | X | X |
| Date of Birth  | R | X | X |
| Gender  | R | X | X |
| Patient’s Home Street Address  | R | X | X |
| Patient’s Home City  | R | X | X |
| Patient’s Home Zip/Postal Code  | R | X | X |
| Injury Incident Date  | R | X | X |
| Injury Incident Time  | R | X | X |
| Work-related  | R | X | X |
| Incident City  | R | X | X |
| Incident State  | R | X | X |
| Transport Mode | R | X | X |
| Alcohol Use Indicator  | C2 |   | X |
| Drug Use Indicator  | C3 |   | X |
| Primary Ecode ICD-9-CM  | R | X | X |
| ICD-10-CM Primary External Cause code  | R | X | X |
| Location Ecode ICD-9-CM  | R | X | X |
| ICD-10-CM Location External Cause Code  | R | X | X |
| Initial ED/Hospital Glasgow Eye Component in ED | C4 |   | X |
| Initial ED/Hospital Glasgow Verbal Component in ED | C5 |   | X |
| Initial ED/Hospital Glasgow Motor Component in ED | C6 |   | X |
| Glasgow Coma Score Total in the ED | C7 |   | X |
| Glasgow Coma Score Assessment Qualifier in the ED | C8 |   | X |
| Respiration Rate  | R | X | X |
| Systolic Blood Pressure  | R | X | X |
| Pulse Rate  | R | X | X |
| ICD-9-CM Diagnosis Code | R | X | X |
| ICD-10-CM Diagnosis Code  | R | X | X |
| AIS (numerical identifier for predot code and severity code) | R |   | X |
| AIS Version  | R |   | X |
| Protective Devices  | R |   | X |
| Child Specific restraint  | C9 |   | X |
| Airbag Deployment  | C10 |   | X |
| Co-Morbid Conditions  | R |   | X |
| Complications  | R |   | X |
| Patient's Home Country  | C11 | X | X |
| Patient's Home County  | C12 | X | X |
| Alternate Home Residence  | R | X | X |
| Age  | R | X | X |
| Age Units  | R | X | X |
| Race  | R | X | X |
| Ethnicity  | R | X | X |
| Patient's Occupational Industry  | C13 |   | X |
| Patient's Occupation  | C14 | X | X |
| ICD-9 Additional External Cause Code  | Not being added |   | X |
| ICD-10-CM Additional External Cause Code  | R |   | X |
| Incident Location Zip/Postal Code  | R | X | X |
| Incident Country  | R |   | X |
| Incident County  | R |   | X |
| Report of Physical Abuse  | R | X | X |
| Investigation of Physical Abuse  | C15 |   | X |
| Caregiver at Discharge  | C16 |   | X |
| EMS Dispatch Date  | R | X | X |
| EMS Dispatch Time  | R | X | X |
| EMS Unit Arrival Date at Scene or Transferring Facility | R | X | X |
| EMS Unit Arrival Time at Scene or Transferring Facility | R | X | X |
| EMS Unit Departure Date from Scene or Transferring Facility | R | X | X |
| Other Transport Mode | R |   | X |
| Initial Field Systolic Blood Pressure | R |   | X |
| Initial Field Pulse Rate | R |   | X |
| Initial Field Respiratory Rate | R |   | X |
| Initial Field Oxygen Saturation | R |   | X |
| Initial Field GCS - Eye | R |   | X |
| Initial Field GCS - Verbal | R |   | X |
| Initial Field GCS - Motor | R |   | X |
| Initial Field GCS - Total | R |   | X |
| Trauma Center Criteria | R |   | X |
| Vehicular, Pedestrian, Other Risk Injury | R |   | X |
| Pre-Hospital Cardiac Arrest | R | X | X |
| Initial ED/Hospital Temperature | R |   | X |
| Initial ED/Hospital Respiratory Assistance | R |   | X |
| Initial ED/Hospital Oxygen Saturation | R |   | X |
| Initial ED/Hospital Supplemental Oxygen | R |   | X |
| Initial ED/Hospital Height | R |   | X |
| Initial ED/Hospital Weight | R |   | X |
| ED Discharge Disposition  | R | X | X |
| Signs of Life | R |   | X |
| ED Discharge Date | R | X | X |
| ED Discharge Time | R | X | X |
| ICD-9 Hospital Procedures | Not being added |   | X |
| ICD-10-CM Hospital Procedures | R |   | X |
| Hospital Procedure Start Date | R |   | X |
| Hospital Procedure Start Time | R |   | X |
| Total ICU Length of Stay | R |   | X |
| Total Ventilator Days | R |   | X |
| Hospital Discharge Date | R | X | X |
| Hospital Discharge Time | C17 |   | X |
| Hospital Discharge Disposition | R | X | X |
| Primary Method of Payment | R | X | X |
| DPH Facility Identification Numbers  | R | X | X |
| Service Level | R |   | X |

NOT APPICABLE may be coded as 1 in designated fields

NOT KNOWN/UNKNOWN/NOT RECORDED may be coded as 2 in designated fields

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| **NOTE: EXPLANATION OF CONDITIONAL STATUS DATA ELEMENTS** |
| 1. SiteOrgID of Transferring Hospital: Fill in when Inter-facility Transfer=1,  |
| 2. Alcohol Use Indicator: Not always known, 3. Drug Use Indicator: Not always known, 4. Initial Glasgow Eye  |
| Component in ED: Should be recorded within 30 minutes or less of arrival with first set of vitals, 5. Initial Glasgow Verbal: |
| Component in ED: Should be recorded within 30 minutes or less of arrival with first set of vitals, 6. Initial Glasgow Motor  |
| Component in ED: Should be recorded within 30 minutes or less of arrival with first set of vitals, 7. Glasgow Coma Score  |
| Total in the ED: Should be recorded within 30 minutes or less of arrival with first set of vitals, 8. Glasgow Coma Score  |
| Assessment Qualifier in the ED: Glasgow not always recorded. 9. Child Specific restraint: Only for pediatric patientsAnd protective devices=6; 10. Airbag Deployment: Only for patients involved in Motor Vehicle crashes and Protective |
| Devices=8. 11. Patient’s Home Country: Fill in when patient zip code is known, 12. Patient’s Home County: Fill in when US only, 13. Patient’s Occupational Industry: Fill in when Work-related field=1, 14. Patient’s Occupation: Fill in when Work-related field=1, 15. Investigation of Physical Abuse: Fill in when Report of Physical Abuse=1, 16. Caregiver at Discharge: |
| Fill in when Report of Physical Abuse=1, 17. Hospital Discharge Time: Fill in when ED Discharge Disposition = 1-3, 7, 8, 12-14 |