Final

Data Elements Collected per Circular Letter DHCQ 08-03-483 and additional data elements			
Field Name	**(R)equired (C)onditionally Required**	**Non-Trauma Centers**	**Trauma Centers**
FilingOrgId	R	X	X
SiteOrgID	R	X	X
Inter-Facility Transfer	R	X	X
SiteOrgID of Transferring Hospital	C[1]	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	C[2]		X
Drug Use Indicator	C[3]		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	C[4]		X
Initial ED/Hospital Glasgow Verbal Component in ED	C[5]		X
Initial ED/Hospital Glasgow Motor Component in ED	C[6]		X
Glasgow Coma Score Total in the ED	C[7]		X

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Glasgow Coma Score Assessment Qualifier in the ED	C[8]		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	C[9]		X
Airbag Deployment	C[10]		X
Co-Morbid Conditions	R		X
Complications	R		X
Patient's Home Country	C[11]	X	X
Patient's Home County	C[12]	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	C[13]		X
Patient's Occupation	C[14]	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	C[15]		X
Caregiver at Discharge	C[16]		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

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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	C[17]		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

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

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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 patients And 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