**Data Elements to be Reported to the Department of Public Health**

The following table shows the required data elements that designated trauma centers and non-trauma centers must report to the Department of Public Health.

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| **Field Name** **CY 2023 (1/1/2023-12/31/2023)** | **(R)equired (C)onditionally Required** | **Non-Trauma Centers**  | **Trauma Centers** |
|
|
| Trauma Number | R | X | X |
| Facility | R | X | X |
| Transfer In | R | X | X |
| Referring Facility | C1 | X | X |
| Prehospital Provider Departed Location Time | Retired | X | X |
| Interfacility Transport Departed Location Time | Retired  | X | X |
| Facility Arrival Date | R | X | X |
| Facility Arrival Time | R | X | X |
| Medical Record Number | R | X | X |
| Date of Birth | R | X | X |
| Sex (Previously Gender) | R | X | X |
| Gender Identity | R | X | X |
| Patient Address Street 1 | R | X | X |
| Patient Address Street2 | C | X | X |
| Patient Address City | R | X | X |
| Patient Address ZIP Code | R | X | X |
| Patient Address - Postal Code | Retired | X | X |
| Injury Date | R | X | X |
| Injury Time | R | X | X |
| Work Related | R | X | X |
| Injury Address City | R | X | X |
| Injury Address State | R | X | X |
| Mode of Arrival | R | X | X |
| Interfacility Transfer Mode of Arrival | C1 | X | X |
| Drug Screen | R | X | X |
| Alcohol Use Indicator | R | X | X |
| ETOH/BAC Level | R | X | X |
| Primary ICD-10 Mechanism | R | X | X |
| Secondary ICD-10 Mechanism | R | X | X |
| Tertiary ICD-10 Mechanism | R | X | X |
| ICD-10 Location Code | R | X | X |
| Initial Vitals - GCS: Eye | C2 |   | X |
| Initial Vitals - GCS: Verbal | C3 |   | X |
| Initial Vitals - GCS: Motor | C4 |   | X |
| Initial Vitals - GCS: Total | C5 |   | X |
| Additional Vitals - Paralytic Agents | C6 |   | X |
| Additional Vitals - Sedated | C6 |   | X |
| Additional Vitals - Eye Obstruction | C6 |   | X |
| Additional Vitals - Intubated | C6 |   | X |
| Initial Vitals Unassisted Respiration Rate | R | X | X |
| Initial Vitals Assisted Respiration Rate | R | X | X |
| Initial Vitals SBP | R | X | X |
| Initial Vitals Pulse Rate | R | X | X |
| ICD-10 Diagnosis Code | R | X | X |
| PreDot | R |   | X |
| AIS Severity | R |   | X |
| AIS Version | R |   | X |
| Protective Device Equipment | R |   | X |
| Protective Devices Restraint 1 | C |   | X |
| Protective Devices Restraint 2 | C |  | X |
| Protective Devices - Airbag | C7 |   | X |
| Patient Address Country | C8 | X | X |
| Patient Address County | C9 | X | X |
| Alternate Residence | R | X | X |
| Age | R | X | X |
| Age Units | R | X | X |
| Race1 | R | X | X |
| Race2 | R | X | X |
| Ethnicity | R | X | X |
| Occupation Industry | C10 |   | X |
| Occupation | C11 | X | X |
| Injury Address ZIP Code | R | X | X |
| Injury Address Postal Code | Retired | X | X |
| Injury Address Country | R |   | X |
| Injury Address County | R |   | X |
| Prehospital Provider Call Dispatched Date | R | X | X |
| Prehospital Provider Call Dispatched Time | Retired | X | X |
| Prehospital Provider Arrived at Location Date | R | X | X |
| Interfacility Transport Arrived at Location Date | C1 | X | X |
| Prehospital Provider Arrived at Location Time | Retired | X | X |
| Inter-facility Transport Arrived at Location Time | Retired | X | X |
| Prehospital Provider Departed Location Date | R | X | X |
| Interfacility Transport Departed Location Date | C1 | X | X |
| Prehospital Vitals SBP | Retired |   | X |
| Prehospital Vitals Pulse Rate | Retired |   | X |
| Prehospital Vitals Unassisted Respiratory Rate | Retired |   | X |
| Prehospital Vitals Oxygen Saturation | Retired |   | X |
| Pre-Arrival Cardiac Arrest | R | X | X |
| Initial Vitals Temperature Value | R |   | X |
| Initial Vitals Temperature Unit | R |   | X |
| Initial Vitals Respiration Assisted? | R |   | X |
| Initial Vitals O2 Saturation | R |   | X |
| Initial Vitals Supplemental O2 | R |   | X |
| Initial Vitals Height | R |   | X |
| Initial Vitals Height Unit | R |   | X |
| Initial Vitals - Weight | R |   | X |
| Initial Vitals - Weight Unit | R |   | X |
| Post ED Disposition | R | X | X |
| ED Departure Order Date | R | X | X |
| ED Departure Order Time | R | X | X |
| ICD-10 Procedure Code | R |   | X |
| Procedures - Start Date | R |   | X |
| Procedure - Start Time | R |   | X |
| ICU Days | R |   | X |
| Total Ventilator Days | R |   | X |
| Discharge Order Date | R | X | X |
| Discharge Order Time | C12 |   | X |
| Discharged To | R | X | X |
| Primary Payor | R | X | X |
| Admission Type | R |   | X |
| Initial Vitals - GCS40: Eye | R |   | X |
| Initial Vitals - GCS40: Verbal | R |   | X |
| Initial Vitals - GCS40: Motor | R |   | X |
| Universally Unique Identifier (UUID) | C |  | X |
| Comorbidity13 | R |   | X |
| Complications | R |   | X |
| First Name | R | X | X |
| Middle Initial | R | X | X |
| Last Name | R | X | X |
| Patient Home State | R | X | X |
| Homeless | R | X | X |

NOT APPICABLE/NOT KNOWN/UNKNOWN/NOT RECORDED choices are coded according to the specification guides for each data field.

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| **NOTE: EXPLANATION OF CONDITIONAL STATUS DATA ELEMENTS** |

1. SiteOrgID of Transferring Hospital: Fill in when Inter-facility Transfer=1
2. Initial Glasgow Eye Component in ED: Should be recorded within 30 minutes or less of arrival with first set of vitals,
3. Initial Glasgow Verbal: Component in ED: Should be recorded within 30 minutes or less of arrival with first set of vitals
4. Initial Glasgow Motor Component in ED: Should be recorded within 30 minutes or less of arrival with first set of vitals
5. Glasgow Coma Score Total in the ED: Should be recorded within 30 minutes or less of arrival with first set of vitals
6. Glasgow Coma Score Assessment Qualifier in the ED: Glasgow not always recorded
7. Airbag Deployment: Only for patients involved in Motor Vehicle crashes and Protective Devices=8
8. Patient’s Home Country: Fill in when patient zip code is known
9. Patient’s Home County: Fill in when US only
10. Patient’s Occupational Industry: Fill in when Work-related field=1
11. Patient’s Occupation: Fill in when Work- related field=1
12. Hospital Discharge Time: Fill in when ED Discharge Disposition = 1-3, 7, 8, 12-14
13. Two data element menu items removed and 6 data element menu items added