**Massachusetts Trauma Registry**



**Calendar Year 2023 Admissions**

Version 1.0

Effective for patients receiving treatment on or after January 1, 2023 to December 31, 2023

Bureau of Health Care Safety and Quality

Division of Quality Improvement

Massachusetts Department of Public Health

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**Acknowledgements**

The Bureau of Health Care Safety and Quality would like to thank the myriad of people – too numerous to list here – who have worked tirelessly to create the Massachusetts Trauma Registry. The current upgrades to the system and variable list are being done to continue the growth of the trauma registry and keep building on their knowledge and hard work.

The Massachusetts Trauma Registry is maintained by the Bureau of Health Care Safety and Quality, 250 Washington Street, Boston, MA 02108. For more information about the Massachusetts Trauma Registry, contact the Massachusetts Department of Public Health, Bureau of Health Care Safety and Quality (Bureau), at (617)-753-8000, or visit <https://www.mass.gov/service-details/state-trauma-registry-data-submission>

# **Revision History**

|  |  |
| --- | --- |
| **Change** | **Action** |
| Rename Gender to Sex | No other action, variable definition, coding and XML file formatting are unchanged |
| Remove T75.1 and T71 from inclusion criteria | Update inclusion criteria to better alignment with national standard, continue to collect burns  |
| Added detail to Common Null Value section | Example code snippet added |
| Updated Data Submission Deadline Calendar |  |
| Prehospital Provider Departed Location Time | Data element retired |
| Interfacility Transport Departed Location Time | Data element retired |
| Injury Address Postal Code | Data element retired |
| Prehospital Provider Call Dispatched Time | Data element retired |
| Prehospital Provider Arrived at Location Time | Data element retired |
| Inter-facility Transport Arrived at Location Time | Data element retired |
| Prehospital Vitals SBP | Data element retired |
| Prehospital Vitals Pulse Rate | Data element retired |
| Prehospital Vitals Unassisted Respiratory Rate | Data element retired |
| Prehospital Vitals Oxygen Saturation | Data element retired |
| Patient Address - Postal Code | Data element retired |
| Comorbidity Changes |  |
| Remove menu option Angina Pectoris | Remove data element menu option |
| Remove menu option Mental/Personality Disorders | Remove data element menu option |
| Add menu option Bipolar I/II Disorder | Add data element menu option |
| Add menu option Major Depressive Disorder | Add data element menu option |
| Add menu option Other Mental/Personality Disorders | Add data element menu option |
| Add menu option Post-Traumatic Stress Disorder | Add data element menu option |
| Add menu option Schizoaffective Disorder | Add data element menu option |
| Add menu option Schizophrenia  | Add data element menu option |
| Add applicable common null values to Nullable section of each variable description | Indicate whether biu=1 and/or biu=2 as appropriate |
| Removed Legacy Registry data element names from each data element page | Removed to avoid confusion, there are no data element name changes from 2021/22 to 2023 |

# **Trauma Data Submission Regulatory Requirements**

The Trauma Registry is a web-based patient registry that captures traumatic injury in the state of Massachusetts. All acute care hospitals are required to submit trauma records, in accordance with the Massachusetts Department of Public Health (DPH) Hospital Licensure regulations (105 CMR 130.851 and 105 CMR 130.852). Massachusetts trauma data requirements are outlined in this submission guide.  Any hospital that does not receive trauma patients must send quarterly e-mail verifications that no trauma patients meeting the eligibility criteria were treated at their facility.

The trauma registry data are **submitted quarterly and due no later than 75 days after quarter close**, or the deadline set by the Department. If the records for the designated quarter are completed by the hospital prior to submission date, the hospital may submit the data early to the trauma registry for that designated quarter. Trauma Registry personnel may, at their discretion, and for good cause, grant an extension in time to a hospital submitting trauma data.

Some data elements allow the use of “unknown” and “not applicable,” these should only be used when all data sources, patient medical records, ambulance run sheet, etc., have been exhausted.

# **Submission schedule**

Trauma data must be submitted quarterly through the ESO Gen6 web-based Patient Registry software. These must be received within 75 days of the close of the quarter. The records included in each quarter is based on the patient admission date within the quarter of submission.

**Table 1.** Massachusetts Trauma Registry Quarterly Submission Deadlines

|  |  |  |
| --- | --- | --- |
| **Quarter** | **Reporting Period** | **Data File Submission Deadline** |
| CY 2022 Q4**(FFY 2022 Data Standard)** | October 1-December 31 | March 16 |
| CY 2023 Q1 (CY 2023 Data Standard) | January 1-March 31 | June 14 |
| CY 2023 Q2 (CY 2023 Data Standard) | April 1-June 30 | September 13 |
| CY 2023 Q3 (CY 2023 Data Standard) | July 1-September 30 | December 14 |
| CY 2023 Q4 (CY 2023 Data Standard) | October 1-December 31 | March 16 |

# **Protection of confidential data**

ESO 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.

# **Trauma data submission overview**

 **Trauma Centers**

Trauma Centers with hospital-based IDTX compatible Trauma Registry software will extract data from their registry and upload to the Massachusetts Trauma Registry. All uploads must meet the Massachusetts Trauma Registry inclusion/exclusion criteria. Facilities should communicate with their registry software vendors for more information on data upload to ESO Gen6 Patient Registry. All data will be managed directly in the hospital registry software, and users will have read only access to the web-based Massachusetts Gen6 Portal and access to the Data Driller reporting tool.

 **Community Hospitals**

Hospitals without designated trauma registry software will have two options for submitting required data elements to the Massachusetts Trauma Registry. Direct data entry into the Gen6 Patient Registry and XSD file upload will be made available to facility users. Users may also view the patient records directly in the web portal, and access integrated reporting tools.

**Direct data entry** – Hospitals will have the option of directly entering required patient records into the Gen6 Patient Registry. Required data elements, including Gen6 patient registry tab navigation and variable names, are provided in this submission guide. Use the “For Direct Data Entry” button for each data element to navigate to the correct variables.

**XSD file submission** – The Department will provide and XSD file format that will be used to create file submissions. Please note, the provided XSD includes more fields than are mandated by the Department. **Facilities must submit the Massachusetts required data elements provided in guidance and outlined in this submission guide**. Additional fields in the XSD format are not required for CY 2023 data submissions, however the data element menus in the XSD are the gold standard. This guide is intended to be a reference document and is superseded by the XSD.

# **Trauma Registry inclusion/exclusion criteria**

**Trauma Patient**

A Trauma Patient is defined as a patient sustaining a traumatic injury and meeting the following criteria as a principal or primary diagnosis\*:

**Include the following ICD-10-CM codes:**

* S00 – S99 with 7th character modifiers of A, B, or C only (injuries to specific body parts – initial encounter)
* T07 (Unspecified multiple injuries)
* T14 (Injury of unspecified body region)
* T79.A1-T79.A9 with 7th character modifier of A only (Traumatic Compartment Syndrome – initial encounter
* T20 – T28 with 7th character modifier of A only (Burns by specific body parts – initial encounter)
* T30 – T32 (Burn by TBSA percentages)

**Exclude the following isolated injuries:**

* S00 (Superficial injuries of the head)
* S10 (Superficial injuries of the neck)
* S20 (Superficial injuries of the thorax)
* S30 (Superficial injuries of the abdomen, pelvis, lower back, and external genitals)
* S40 (Superficial injuries of the shoulder and upper arm)
* S50 (Superficial injuries of the elbow and forearm)
* S60 (Superficial injuries of the wrist, hand, and fingers)
* S70 (Superficial injuries of the hip and thigh)
* S80 (Superficial injuries of the knee and lower leg)
* S90 (Superficial injuries of the ankle, foot, and toes)

**Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.**

**AND**

**Patient Admission Definition:**

Patient sustained one or more traumatic injuries within 14 days of initial hospital encounter

* Hospital inpatient admission; **OR**
* Observation stay admission; **OR**
* Transfer patient via EMS transport (including air ambulance) from one acute care hospital to another acute care hospital (includes inpatient, observation or emergency department encounter at originating hospital); **OR**
* Death resulting from the traumatic injury (independent of hospital admission source or hospital transfer status); **OR**
* Patient directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention)

**Note**: Use the best code to describe the direct injury or the information surrounding how the injury occurred. Avoid non-specified codes unless there is no other code is accurate after reviewing all the necessary documentation around the injury.

\*In-house traumatic injuries sustained after initial ED/Hospital arrival and before hospital discharge at the index hospital (the hospital reporting data), and all data associated with that injury event, are excluded.

# **Common null values**

All fields allowing a common null value will be clearly marked in this submission guide and in the XSD format for data upload. For XSD submitters nullable fields will contain the attribute reference “biu” or have a data element menu indicating “biu”. The attribute “biu” allows certain fields to accept the common null values. Please refer to the XSD format for more information on fields requiring the attribute “biu” to enter the common nulls values.

* 1. *Not Applicable = 1:* This null value code applies if, at any time of patient care documentation, the information requested was “Not Applicable” to the patient, the hospitalization or the patient care event. For example, variables documenting EMS care would be *N/A* if a patient self-transports to the hospital. This is documented with a value of 1.
	2. *Not Known/Not Recorded = 2:* This null value applies if, at the time of patient care documentation, information was “Not Known” (to the patient, family, healthcare provider) or no value for the element was recorded for the patient. This documents that there was an attempt to obtain information, but it was unknown by all parties or the information was missing at the time of documentation. For example, injury date and time may be documented in the hospital patient care report as “Unknown.” This is documented with a value of 2.

Example Common Null Value Coding

* 1. Correct biu Coding: <AlcoholUseIndicator biu='2'/>
	2. Incorrect biu Coding:

<AlcoholUseIndicator> biu='2'</AlcoholUseIndicator>

# **Resources**

Resources for Optimal Care of the Injured Patient (2022 Standards)– This document corresponds with the evolution of the philosophy of care set by the American College of Surgeons Committee on Trauma (ACS – COT). This is the oldest standing committee of ACS. This document emphasizes the principle that the needs of all injured patients are addressed wherever they are injured and wherever they receive care. Available at: https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/

American College of Surgeons National Trauma Data Standard: Data Dictionary 2023 (NTDS) – These documents are designed to establish a national standard for the exchange of trauma registry data, and to serve as the operational definitions for the National Trauma Data Bank. These documents will serve as reference guides when working with the data variables that are being required for the state trauma registry. Available at: https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/

ICD - 10 – CM - The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government’s Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as a companion document to the official version of the ICD-10-CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO). The ICD-10-CM coding contains up to 7 characters and are alphanumeric. Available at: https://www.cms.gov/medicare/icd-10/2023-icd-10-cm

ICD – 10 – PCS – The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) is used to code out the procedures that were done for the trauma cases. The ICD-10-PCS coding contains 7 characters that represent the section, body system, root operation, body part, approach, device, and qualifier which are coded using the information in the PCS code tables. Available at: https://www.cms.gov/medicare/icd-10/2023-icd-10-pcs

# **Help Desk and Registration**

**Digital Innovations by ESO Help Desk –** Responsible for system-wide issues affecting connectivity and performance. Please email support.di@eso.com with questions.

**Gen6 web portal accounts and passwords** –managed by Massachusetts Trauma Registry staff. Please email mdph\_traumaregistry@mass.gov regarding registry accounts, system registration, and staffing changes.

# **Definitions**

**ESO** – The vendor hosting the Massachusetts web-base Trauma Registry. Responsible for providing the web-portal and integrated reporting tool.

 **Digital Innovations by ESO** – Subsidiary of ESO, abbreviated as DI.

**Gen6** – Product name of the DI by ESO Patient Registry that hosts the Massachusetts Trauma Registry.

**Outpatient emergency department stay** - All emergency department visits, including Satellite Emergency Facility visits, by patients whose visits result in neither an outpatient observation stay nor an inpatient admission at the reporting facility.

**Outpatient observation stay** - Patient who receive observation services and who are not admitted. Example: A post-surgical day care patient who, after a normal recovery period, continues to require hospital observation and then is released from the hospital.

**Inpatient stay** - Patient who has been admitted as an inpatient visit at the reporting facility.

**Death on arrival** - A patient becomes deceased en route to the reporting facility.

# **Summary of changes from FFY 2023 data submissions**

**New Fields**

None

**Retired fields**

|  |
| --- |
| Prehospital Provider Call Dispatched Time |
| Prehospital Provider Arrived at Location Time |
| Inter-facility Transport Arrived at Location Time |
| Prehospital Provider Departed Location Time |
| Interfacility Transport Departed Location Time |
| Initial Field Systolic Blood Pressure  |
| Initial Field Pulse Rate  |
| Initial Field Respiratory Rate  |
| Initial Field Oxygen Saturation Patient Address Postal CodeInjury Address Postal Code |

**Trauma Record Info**

**Facility ID**

**Definition**: The Facility ID and Description of the hospital who created the record, please see [Appendix A](#FacilityIDList) for a list of Facility IDs

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** No

**For Direct Data Entry:** Generated automatically

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Schema Datatype | Length |
| Element: TraumaRecordsComplex Type: TraumaRecordTypeComplex type: FacilityInfoComplex element: FacilityId | Xs:string | 20 |
| Required | **Multiple Entry Configuration** | **Accepts Null Value** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | No |

* Must be valid Facility ID from Appendix A. [Go to Appendix A](#FacilityIDList)
* Must be the Facility ID of the treating facility
* Must be numeric
* Cannot be unknown or not applicable

**Trauma Number**

**Definition**: Unique number assigned in software for each patient record.

**Trauma Center Required:** Yes (generated by hospital-based trauma registry software)

**Community Hospital Required:** Yes

**NTDS Required:** No

**For Direct Data Entry:** Generated automatically

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: TraumaNumber | Xs:decimal | 9 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | No |

* XSD submitters **must generate and submit** this number
* Can be up to nine digits in length
* Recommend using first four digits to represent the current federal fiscal year/quarter of admission
	+ For example, the first trauma in FFY2021 Q1 would be numbered 210100001, the second numbered 210100002. This is a suggested number, facilities may choose their method as long as all trauma records receive unique numbers
* Hospital-based trauma registry software will auto-assign using consecutive sequence number
* Cannot be unknown or not applicable

# **Demographic Information**

**Patient First Name**

**Definition:** The patient's first name

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** No

**For Direct Data Entry:** Demographic > Patient > Name – First

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientNameComplex: NameComplex element: First | Xs:string | 30 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=’2’ |

* Must be present
* If Patient First Name is unknown, then enter the null value for “Not Known/Not Recorded”

**Patient Middle Initial**

**Definition**: The patient's middle initial

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** No

**For Direct Data Entry:** Demographic > Patient > Name – MI

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientNameComplex: NameComplex element: MiddleInitial | Xs:string | 1 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=’2’ |

* Must be present
* If Patient Middle Initial is unknown, then enter the null value for “Not Known/Not Recorded”

**Patient Last Name**

**Definition**: The patient's last name

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** No

**For Direct Data Entry:** Demographic > Patient > Name – Last

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientNameComplex: NameComplex element: Last | Xs:string | 50 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=’2’ |

* Must be present
* If Patient Last Name is unknown, then enter the null value for Unknown

**Patient Address Street 1**

**Definition**: The patient's home street address

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** No

**For Direct Data Entry:** Demographic > Patient > Patient Address Street 1

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientAddressComplex: AddressElement: StreetAddress1 | Xs:string | 50 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=’2’ |

* Must be present
* If Patient Address Street 1 is unknown, then enter the null value for “Not Known/Not Recorded”

**Patient Address Street 2**

**Definition**: Additional line for the patient's street address. Only required if two lines needed for patient address. For example, street address includes an apartment or unit number

**Trauma Center Required:** Conditional

**Community Hospital Required:** Conditional

**NTDS Required:** No

**For Direct Data Entry:** Demographic > Patient > Patient Address Street 2

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientAddressComplex: AddressComplex element: StreetAddress2 | Xs:string | 50 |
| Required in XSD | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – ConditionallyCommunity Hospitals -Conditionally | No | Yesbiu=’1’ or biu=’2’ |

* Conditionally required if Patient Street Address 1 is not enough space to provide patient home street address

**Patient Address City**

**Definition**: The city where the patient resides

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Demographic > Patient > Patient Address – City

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientAddressComplex: AddressComplex element: City | Xs:string | 60 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=’2’ |

* Must be present
* If Patient Address City is unknown, then enter the null value for “Not Known/Not Recorded”

**Patient Home State**

**Definition**: The state (territory, province, or District of Columbia) where the patient resides

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Demographic > Patient > Patient Address – State

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientAddressComplex: AddressComplex element: State | Xs:string | 2 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=’1’ |

* Provide the two-letter state, territory, province, or district of Columbia state code, see [Appendix 2](#PostalStateCodes)
* Must be present

Only reported when country is US. The null value “Not Applicable” is reported if the Patient Home Country is not US

**Patient Address County**

**Definition**: The patient's county (or parish) of residence

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Demographic > Patient > Patient Address – County

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientAddressComplex: AddressComplex element: FipsCounty | Xs:string | 5 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=’1’ or biu=’2’ |

* Must be a valid three-digit FIPS county code, full listing is provided here: <https://www.census.gov/geographies/reference-files.2019.html>
* If Patient Address Country is not US, then enter the null value “Not Applicable”
* Complete when Patient Address ZIP is not completed and Patient Address Country is US
* If patient home county is unknown then enter the common null value “Not Known/Not Recorded”

**Patient Address ZIP Code**

**Definition**: The patient's home ZIP code of primary residence

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Demographic > Patient > Patient Address – ZIP Code

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientAddressComplex: AddressComplex element: Zip | Xs:string | 10 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yes biu=’1’ or biu=’2’ |

* Must contain a valid 5-digit ZIP code, do not include postal code
* Must be present unless Patient Address Country is not US
* If ZIP code is unknown record the common null value "Not Known/Not Recorded," and complete variables: Patient's Home Country, Patient's Home County (US only), and Patient's Home City
* If ZIP code is “Not Applicable,” record the common null value and complete variable: Alternate Residence

**Patient Address Country**

**Definition**: The country where the patient resides, must be 2-digit alpha country code. Please see [Appendix Z](#CountryCodes)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Demographic > Patient > Patient Address – Country

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientAddressComplex: AddressComplex element: CountryText | Xs:string | 2 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=’1’ or biu=’2’ |

* Must be a 2-digit code from the country code list in [Appendix Z](#CountryCodes)
* If patient home country is unknown enter the appropriate common null value “Not Known/Not Recorded,”
* If Patient's Home Country is not US, then the common null value for “Not Applicable” is used for Patient Address State, Patient Address County and Patient Address City

**Alternate Residence**

**Definition**: Documentation of the type of patient without a home ZIP/Postal code

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Undocumented Worker |
| 2 | Migrant Worker |
| 3 | Foreign Visitor |

**For Direct Data Entry:** Demographic > Patient > Alternate Residence

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: AlternateHomeResidence | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

* Only completed when ZIP/Postal code is "Not Applicable"
* Undocumented Worker is defined as a national of another country who has entered or stayed in another country without permission
* Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country
* The null value “Not Applicable” is reported if Patient’s Home ZIP/Postal Code is reported

**Homeless**

**Definition**: Indicator to specify if the patient is homeless when ZIP Code and Postal Code are both not applicable

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** Demographic > Patient > Patient Address - Homeless

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Homeless | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

* Homeless is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters

**Date of Birth**

**Definition**: The patient's birth date

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Demographic > Patient > Date of Birth

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: BirthDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’2’ |

* If Date of Birth is “Not Known” then complete variables: Age and Age Units

**Patient Age**

**Definition**: The patient's age at the time of injury (best approximation)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Demographic > Patient > Age

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: AgeValue | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

* If Date of Birth is “Not Known/Not Recorded,” complete variables: Age and Age Units
* If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed
* Must also complete variable Age Units
* The null value “Not Applicable” is reported if Date of Birth is reported
* Element must be “Not Applicable” if Date of Birth is reported unless Date of Birth is the same as ED/Hospital Arrival Date

**Age Units**

**Definition**: The units used to document the patient's age (Minutes, Hours, Days, Months, Years, Weeks)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Years |
| 2 | Months |
| 3 | Days |
| 5 | Hours |
| 6 | Minutes |
| 7 | Weeks |

**For Direct Data Entry:** Demographic > Patient > in (Age Units)

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: AgeUnit | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

* If Date of Birth is “Not Known/Not Recorded,” complete variables: Age and Age Units
* If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed
* Must also complete variable Age
* Field must be “Not Known/Not Recorded” when Age is “Not Known/Not Recorded”
* Element must be “Not Applicable” if Age is “Not Applicable”

**Sex**

**Definition**: The patient's assigned sex at birth

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Male |
| 2 | Female |

**For Direct Data Entry:** Demographic > Patient > Gender

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Gender | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yes |

**Gender Identity**

**Definition**: Each person's internal and individual experience of gender

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Transgender-Female |
| 2 | Transgender-Male |
| 3 | Non-Binary |
| 4 | Male |
| 5 | Female |
| 6 | Other |
| 7 | Non-Disclosed |

**For Direct Data Entry:** Demographic > Patient > Gender Identity

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: GenderIdentity | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yes |

**Patient Race**

**Patient Race 2**

**Definition**: The patient's race

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | American Indian |
| 2 | Asian |
| 3 | Black or African American |
| 4 | Native Hawaiian or Other Pacific Islander |
| 5 | White |
| 6 | Other Race |

**For Direct Data Entry:** Demographic > Patient > Race

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Race | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’2’ |

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Race2 | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

* Patient race should be based upon self-report or identified by a family member
* Race 1 element cannot be “Not Applicable” or “Not Known/Not Recorded”

**Patient Ethnicity**

**Definition**: The patient's ethnicity

**Previous Data Element Name:** Ethnicity

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Hispanic or Latino |
| 2 | Not Hispanic or Latino |

**For Direct Data Entry:** Demographic > Patient > Ethnicity

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Ethnicity | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’2’ |

* Patient ethnicity should be based upon self-report or identified by a family member
* Element cannot be “Not Applicable”

**Medical Record Number**

**Definition**: Unique alphanumeric number assigned and used by the hospital to identify a patient's health records at their institution

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Demographic > Record Info > Medical Record #

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: MedicalRecordNumber | Xs:string | 20 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’2’ |

# **Injury Information**

**Injury Address City**

**Definition**: The city or township where the patient was found or to which the unit responded

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Injury > Injury Information > Injury Address – City

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InjuryAddressComplex: InjuryAddressComplex element: City | Xs:string | 60 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=‘1’ or biu=’2’ |

* Must be present
* Completed when Injury Address Location ZIP/Postal code is “Not Known/Not Recorded,” and country is US
* If Injury Address Country is not US report the common null value for “Not Applicable”
* If Injury Address City is “Not Known/Not Recorded” or “Not Applicable” enter the appropriate common null value

**Injury Address State**

**Definition**: The state, territory, or province where the patient was found or to which the unit responded (or best approximation)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Injury > Injury Information > Injury Address – State

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InjuryAddressComplex: InjuryAddressComplex element: State | Xs:string | 2 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=‘1’ or biu=’2’ |

* Provide the two-letter state, territory, province, or district of Columbia postal code, see [Appendix 2](#PostalStateCodes)
* Completed when Injury Address ZIP is “Not Applicable” or “Not Known/Not Recorded” and country is US
* If Patient Injury Address Country is not US then report the null value for “Not Applicable”

**Injury Address County**

**Definition**: The county or parish where the patient was found to which the unit responded (or best approximation)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** Injury > Injury Information > Injury Address – County

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InjuryAddressComplex: InjuryAddressComplex element: FipsCounty | Xs:string | 5 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -No | No | Yesbiu=‘1’ or biu=’2’ |

* Must be a valid five digit FIPS county code
* The null value “Not Applicable” coded using the appropriate common null value is used if Incident Location Zip/Postal Code is reported
* If Incident Country is not US, report the null value ”Not Applicable”
* If Incident County is “Not Known/Not Recorded” or “Not Applicable,” then enter the appropriate common null value

**Injury Address ZIP Code**

**Definition**: The ZIP code of the incident location

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Injury > Injury Information > Injury Address – ZIP Code

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InjuryAddressComplex: InjuryAddressComplex element: Zip | Xs:string | 10 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu=‘1’ or biu=’2’ |

* Must contain a valid ZIP code, do not include postal code
* If not known record appropriate code and complete variables: Injury Address Country, Injury Address State (US ONLY), Injury Address County (US ONLY) and Injury Address City (US ONLY)
* Field cannot be Not Applicable
* If ZIP code is known, then must complete Injury Address Country

**Injury Address Country**

**Definition**: The country where the patient was found or to which the unit responded (or best approximation), must be 2-digit alpha country code. Please see [Appendix Z](#CountryCodes)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** Injury > Injury Information > Injury Address – Country

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InjuryAddressComplex: InjuryAddressComplex element: CountryText | Xs:string | 2 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -No | No | Yesbiu=‘1’ or biu=’2’ |

* Must be a code from the country code list in [Appendix Z](#CountryCodes)
* If Injury Address Country is not US, then the common null value for “Not Applicable” is used for: Injury Address State and Injury Address County
* If Injury Address Country is “Not Known/Not Recorded,” then enter the appropriate common null value
* Element cannot be “Not Known/Not Recorded” when Injury Address Zip is any response other than “Not Known/Not Recorded”

**Injury Date**

**Definition**: The date the injury occurred

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Injury > Injury Information > Injury Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InjuryDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yes |

* Must be present
* 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
* Injury Incident Date cannot be greater than 14 days earlier than ED/Hospital Arrival Date

**Injury Time**

**Definition**: The time the injury occurred

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Injury > Injury Information > Injury Time

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InjuryTime | Xs:time |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’2’ |

Estimates of time 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

**Restraint 1**

**Restraint 2**

**Definition**: Protective devices (safety equipment) in use or worn by the patient at the time of the injury. Includes protective child restraint devices used by patient at the time of injury

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | None |
| 2 | Seatbelt - Lap and Shoulder |
| 3 | Seatbelt - Lap Only |
| 4 | Seatbelt - Shoulder Only |
| 5 | Seatbelt - NFS |
| 6 | Child Booster Seat |
| 7 | Child Car Seat |
| 8 | Infant Car Seat |
| 9 | Truck Bed Restraint |

**For Direct Data Entry:** Injury > Injury Information > Protective Devices > Restraint

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Restraint | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu=‘1’ or biu=’2’ |
| XSD Key Element and Complex Names | **Data Type** | **Length** |
| Element: Restraint2 | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu=‘1’ or biu=’2’ |

* Evidence of the use of a child restraint may be reported or observed

**Restraint 1**

**Restraint 2 (cont)**

* If chart indicates “3-point-restraint,” report Element Values “Lap Belt” and “Shoulder Belt”
* If documented that a “Child Restraint (booster seat or child/infant car seat)” was used or worn, but not properly fastened, either on the child or in the car, report Element Value “None”
* • Lap Belt should be reported to include those patients that are restrained

**Protective Devices Equipment**

**Definition**: Protective devices (safety equipment) in use or worn by the patient at the time of the injury

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | None |
| 2 | Helmet |
| 3 | Eye Protection |
| 4 | Protective Clothing |
| 5 | Protective Non-Clothing (e.g., Shin Guard, Padding) |
| 6 | Hard Hat |
| 7 | Personal Floatation Device |
| 8 | Other |

**For Direct Data Entry:** Injury – Injury Information > Protective Devices - Equipment

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: ProtectiveDevicesComplex: ProtectiveDeviceComplex element: ProtectiveDevice | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Repeats up to 10 times | Yesbiu=‘1’ or biu=’2’ |

* Report all that apply
* Evidence of the use of safety equipment may be reported or observed

**Airbag Deployment**

**Definition**: Indication of airbag deployment during a motor vehicle crash

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | No Airbags in Vehicle |
| 2 | Airbags Did Not Deploy |
| 3 | Front (Deployed) |
| 4 | Side (Deployed) |
| 5 | Airbag Deployed Other (Knee, Airbelt, Curtain, etc.) |
| 6 | Airbag Type Unknown (Deployed) |

**For Direct Data Entry:** Injury > Injury Information > Protective Devices > Airbag

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: AirbagDeploymentsComplex: AirbagDeploymentComplex element: AirbagDeployment | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -No | Repeats up to 4 times | Yesbiu=‘1’ or biu=’2’ |

* Report all that apply
* Evidence of airbag deployment may be reported or observed

Airbag Deployed Front should be reported for patients with documented airbag deployments but are not further specified

**Primary ICD-10 Mechanism**

**Secondary ICD-10 Mechanism**

**Tertiary ICD-10 Mechanism**

**Definition**: External Cause Code used to describe the mechanism (or external factor) that caused the injury event. Relevant ICD-10-CM or ICD-10 CA code value for injury event

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Injury > Mechanism of Injury > Primary E-code

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EcodesComplex: ECodeTypeComplex element: Icd10Code | Xs:string | 8 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | Repeats up to 3 times | No |

* Must be present and must contain ICD-10 code decimal
* The primary external cause code should describe the main reason a patient is admitted to the hospital
* Must be a valid ICD-10-CM external cause code 3 to 7 digits/characters long, (V00-Y38, Y62-Y84) with exclusion criteria listed below. Must contain decimal point
* Exclude Y90.XXX - Y99.XXX, and Z00.XXX – Z99.XXX as they are not valid for Primary code
* ICD-10-CM or ICD-10-CA codes are accepted for this data element. Activity codes are not reported under the NTDS and should not be reported for this data element
* Associated diagnostic fields may be used for additional external cause codes (V, W, X, Y) including supplemental codes: Y90-Y99 (place of injury, activity, status) and Z00-Z99 (factors influencing health status and seeking services)

**ICD-10 Location Code**

**Definition**: Place of occurrence external cause code used to describe the place/site/location of the injury event (Y92.x). Relevant ICD-10-CM or ICD-10-CA code value for injury event

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Injury > Injury Information > ICD10 Location Code

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Icd10InjuryPace | Xs:string | 8 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=‘1’ or biu=’2’ |

* Only ICD-10-CM or ICD-10-CA codes are accepted for ICD-10 Place of Occurrence External Cause Code
* Place of Injury code should be Y92.X/Y92.XX/Y92.XXX (where X is A-Z [excluding I,O]or 0-9) (ICD-10 CM only)
* Must contain ICD-10 code decimal point

**Work Related**

**Definition**: Indication of whether the injury occurred during paid employment

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** Injury > Injury Information > Work Related

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: WorkRelated | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Accepts Null Value** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’2’ |

* If Work-Related is “Yes” then Patient's Occupation should not be “Not Known/Not Recorded”
* If Work-Related is “Yes” then Patient's Occupational Industry should not be entered as “Not Known/Not Recorded” for trauma centers
* Field cannot be Not Applicable

**Occupational Industry**

**Definition**: The occupational industry associated with the patient's work environment

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 |  Finance, Insurance, and Real Estate |
| 2 |  Manufacturing |
| 3 |  Retail Trade |
| 4 |  Transportation and Public Utilities |
| 5 |  Agriculture, Forestry, Fishing |
| 6 |  Professional and Business Services |
| 7 |  Education and Health Services |
| 8 |  Construction |
| 9 |  Government |
| 10 |  Natural Resources and Mining |
| 11 |  Information Services |
| 12 |  Wholesale Trade |
| 13 |  Leisure and Hospitality |
| 14 |  Other Services |

**For Direct Data Entry:** Injury > Injury Information > Occupational Industry

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: OccupationalIndustry | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu-=’1’or biu=’2’ |

* If work related, also complete Patient's Occupation
* Based upon US Bureau of Labor Statistics Industry Classification
* The null value “Not Applicable” is reported if Work-Related is Element Value “No”

**Occupation**

**Definition**: The occupation of the patient

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Business and Financial Operations Occupations |
| 2 | Architecture and Engineering Occupations |
| 3 | Community and Social Services Occupations |
| 4 | Education, Training, and Library Occupations |
| 5 | Healthcare Practitioners and Technical Occupations |
| 6 | Protective Service Occupations |
| 7 | Building and Grounds Cleaning and Maintenance |
| 8 | Sales and Related Occupations |
| 9 | Farming, Fishing, and Forestry Occupations |
| 10 | Installation, Maintenance, and Repair Occupations |
| 11 | Transportation and Material Moving Occupations |
| 12 | Management Occupations |
| 13 | Computer and Mathematical Occupations |
| 14 | Life, Physical, and Social Science Occupations |
| 15 | Legal Occupation |
| 16 |  Arts, Design, Entertainment, Sports, and Media |
| 17 |  Healthcare Support Occupations |
| 18 |  Food Preparation and Serving Related |
| 19 |  Personal Care and Service Occupations |
| 20 |  Office and Administrative Support Occupations |
| 21 |  Construction and Extraction Occupations |
| 22 |  Production Occupations |
| 23 |  Military Specific Occupations |

**For Direct Data Entry:** Injury > Injury Information > Occupation

**Occupation (cont.)**

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Occupation | Menu | n/a |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu-=’1’or biu=’2’ |

* Only completed if injury is work-related
* If work related, also complete Patient's Occupational Industry
* If Work-Related is Element Value “Yes”, Patient’s Occupation cannot be “Not Applicable”
* “Not Applicable” must be reported if Work-Related is Element Value “No”

# **Prehospital Information**

**Mode of Arrival**

**Definition**: The mode of transport by which the person arrives at the emergency department

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Ground Ambulance |
| 2 | Helicopter Ambulance |
| 3 | Fixed-Wing Ambulance |
| 4 | Private Vehicle or Walk-In |
| 5 | Police |
| 6 | Public Safety |
| 7 | Water Ambulance |
| 8 | Other |

**For Direct Data Entry:** Prehospital > Scene/Transport > Prehospital Provider – Mode

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element:PhProvidersComplex: PhProviderComplex element: Mode | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | Repeats up to 4 times | Yesbiu=’2’ |

* Field cannot be “Not Applicable”

**Prehospital Provider Call Dispatched Date**

**Definition**: The date the unit transporting to your hospital was notified by dispatch

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Prehospital – Scene/Transport > Prehospital Provider – Call Dispatched Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhProvidersComplex: PhProviderComplex element: DispatchDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | Repeats up to 4 times | Yesbiu-=’1’or biu=’2’ |

* The common null value for “Not Applicable” is used for patients not transported by EMS
* For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched
* Interfacility transfers will be recorded in the interfacility transfer section

**Prehospital Provider Arrived at Location Date**

**Definition**: The date the unit transporting to your hospital arrived on the scene/transferring facility

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Prehospital – Scene/Transport > Prehospital Provider – Arrived at Location Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhProviderComplex: PhProviderComplex element: ArrivedLocationDate | Xs:date |  |
| Required  | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | Repeats up to 4 times | Yesbiu-=’1’or biu=’2’ |

* For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving)
* The common null value for “Not Applicable” is used for patients not transported by EMS
* Interfacility transfers will be recorded in the interfacility transfer section

**Prehospital Provider Departed Location Date**

**Definition**: The date the unit transporting to your hospital left the scene/transferring facility

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Prehospital – Scene/Transport > Prehospital Provider – Departed Location Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhProvidersComplex: PhProviderComplex element: LeftLocationDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | Repeats up to 4 times | Yesbiu-=’1’or biu=’2’ |

* For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined at date/time when the vehicle started moving)
* The common null value “Not Applicable” is used for patients who were not transported by EMS
* Interfacility transfers will be recorded in the interfacility transfer section

**Universally Unique Identifier**

**Definition**: The patient’s universally unique identifier (UUID) as assigned by the emergency medical service (EMS) agency

**Trauma Center Required:** Conditionally

**Community Hospital Required:** Conditionally

**NTDS Required:** Yes

**For Direct Data Entry:** Prehospital – Scene/Transport > Prehospital Provider – PCR UUID

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhProvidersComplex: PhProviderComplex element: PcrUUID | Xs:string | 36 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | Repeats up to 4 times | Yesbiu-=’1’or biu=’2’ |

* Please note this variable is currently **conditionally required**. Massachusetts EMS is upgrading to NEMSIS v3.5.0. UUID will be available once this upgrade is complete and will be required as soon as it is available from EMS provider software. Communication will be provided to trauma centers and community hospitals when this information is available.
* Consistent with NEMSIS v3.5.0
* Automated abstraction technology provided by registry product providers/vendors must be used for this data element. In the absence of automated technology, report the common null value unknown
* The common null value for “Unknown” should be reported if the UUID is not documented on the EMS Run Report. The UUID will not be documented on EMS Run Reports until NEMSIS version 3.5.0 is released. In collaboration with NEMSIS, the ACS will communicate when NEMSIS 3.5.0 is released
* Assigned by the transporting EMS agency electronic Patient Care Reporting(ePCR) software in accordance with the IETF RFC 4122 standard
* The common null value for “Not Applicable” must be reported for all patients where Inter-facility Transfer data element is “Yes”
* The common null value for “Not Applicable” must be reported for all patients where Transport Mode is Element Values “Private/Public Vehicle/Walk-in,” “Police,” “Other” or if patient is not transported from the scene of injury by EMS
* For patients with multiple modes of transport from the scene of injury, report the UUID assigned by the EMS agency that delivered the patient to your hospital

**Pre-Arrival Cardiac Arrest**

**Definition**: Indication of whether patient experienced cardiac arrest prior to the ED/Hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** Diagnoses > Comorbidities > Pre-Arrival Cardiac Arrest

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PreArrivalCardiacArrest | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’2’ |

* A patient who experienced a sudden cessation of cardiac activity. The patient was unresponsive with no normal breathing and no signs of circulation
* The event must have occurred outside of the reporting hospital, prior to admission at the center in which the registry is maintained. Pre-hospital cardiac arrest could occur at a transferring institution
* Any component of basic and/or advanced cardiac life support must have been initiated

# **Interfacility Transport**

**Interfacility Transport Mode of Arrival**

**Definition**: The mode of transport by which the person arrives at the emergency department

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Ground Ambulance |
| 2 | Helicopter Ambulance |
| 3 | Fixed-Wing Ambulance |
| 4 | Private Vehicle or Walk-In |
| 5 | Police |
| 6 | Public Safety |
| 7 | Water Ambulance |
| 8 | Other |

**For Direct Data Entry:** Referring Facility > Inter-Facility Transport > Provider/Vitals > Mode

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: IftProvidersComplex: IftProviderComplex element: Mode | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | Repeats up to 10 time | Yesbiu=’2’ |

* Field cannot be Not Applicable
* Complete only for Interfacility transfer patients

**Referring Facility**

**Definition**: Facility ID of the facility from which the patient was transferred, please see [Appendix A](#FacilityIDList) for a list of Facility IDs

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:**

Referring Facility > Referral History > Immediate Referring Facility > Referring Facility

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: RfsComplex: RfAdditional Complex: IdElement: Id | Xs:string | 20 |
| Required  | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | No |

* Must be present if Transfer-In is 1

**Transfer In**

**Definition**: Was the patient transferred to your facility from another acute care facility?

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** Referring Facility > Referral History > Immediate Referring Facility > TransferIn

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InterFacilityTransfer | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu-=’1’or biu=’2’ |

* A patient 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
* Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.

**Interfacility Transport Arrived at Location Date**

**Definition**: The date the unit transporting arrived at the referred facility

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:**

Referring Facility > Inter-Facility Transport – Provider/Vitals > Arrived at Location Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: IftProvidersComplex: IftProviderComplex element: ArrivedLocationDate | Xs:date |  |
| Required  | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu-=’1’or biu=’2’ |

* For inter-facility transfer patients, this is the date 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)

**Interfacility Transport Departed Location Date**

**Definition**: The date the unit transporting to your hospital left the scene/transferring facility

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:**

Referring Facility > Inter-Facility Transport – Provider/Vitals > Departed Location Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: IftprovidersComplex: IftProviderComplex element: LeftLocationDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals -Yes | No | Yesbiu-=’1’or biu=’2’ |

* For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving)

# **Emergency Department Information**

**Facility Arrival Date**

**Definition**: The date the patient arrived to the ED/hospital

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Demographic > Record Info > Patient Arrival Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: FacilityArrivalDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | No |

* If the patient was brought to the ED, report date patient arrived at ED. If patient was directly admitted to the hospital, report date patient was admitted to the hospital
* ED/Hospital Arrival Date occurs more than 14 days after Injury Incident Date
* Element cannot be “Not Known/Not Recorded”

**Facility Arrival Time**

**Definition**: The time the patient arrived to the ED/hospital

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** No

**For Direct Data Entry:** Demographic > Record Info > Patient Arrival Time

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: FacilityArrivalTime | Xs:time |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’2’ |

* If the patient was brought to the ED, enter time patient arrived at ED. If patient was directly admitted to the hospital, enter time patient was admitted to the hospital
* Field cannot be Not Applicable

**Initial Vitals Temperature Value**

**Definition**: First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals – Temperature Unit

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: TemperatureComplex: TemperatureType Complex element: Value | Xs:float |  |
| Required  | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu=’2’ |

* Please note that first recorded/hospital vitals do not need to be from the same assessment

**Initial Vitals Temperature Unit**

**Definition**: The units used to document the patient's Temperature (Fahrenheit or Celsius)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Celsius |
|  2 | Fahrenheit |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals – Temperature Unit

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Complex: EDAssessmentsElement: TemperatureComplex: TemperatureType Complex element: Unit | Xs:integer |  |
| Required  | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu=’2’ |

**Respiration Assisted**

**Definition**: Determination of respiratory assistance associated with the additional ED/hospital respiratory rate within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** ED/Resus – Vitals > Additional Vitals > Respiration Assisted?

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessmentComplex element: AssistedResp | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu-=’1’or biu=’2’ |

* Complete when Initial ED/Hospital Respiratory Rate is completed
* Respiratory Assistance is defined as mechanical and/or external support of respiration
* Please note that first recorded/hospital vitals do not need to be from the same assessment
* The null value “Not Applicable” is reported if Initial ED/Hospital Respiratory Rate is “Not Known/Not Recorded.”

**Initial Vitals Unassisted Respiration Rate**

**Definition**: Additional recorded unassisted respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a number per minute)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals – Unassisted Resp Rate

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessmentComplex element: UnassistedRespRate | Xs:decimal |  |
| Required  | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | Up to 10 times | Yesbiu-=’1’or biu=’2’ |

* First recorded respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a number per minute)
* If available, complete additional field Respiration Assisted
* Please note that first recorded/hospital vitals do not need to be from the same assessment
* Field cannot be Not Applicable if Respiration Assisted is “No”

**Initial Vitals Assisted Respiration Rate**

**Definition**: First recorded assisted respiratory rate measured in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as number per minute)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals – Assisted Resp Rate

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessmentComplex element: AssistedRespRate | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | Up to 10 times | Yesbiu-=’1’or biu=’2’ |

* First recorded respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a number per minute)
* If available, complete additional field Respiration Assisted
* Please note that first recorded/hospital vitals do not need to be from the same assessment
* Field cannot be Not Applicable is Respiration Assisted is “Yes”

**Initial Vitals Pulse Rate**

**Definition**: First recorded pulse in the ED/hospital (palpated or auscultated) within 30 minutes or less of ED/hospital arrival (expressed as a number per minute)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus – Initial Assessment > Initial Vitals – Pulse Rate

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessmentComplex element: PulseRate | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | Up to 10 times | Yesbiu=’2’ |

* Please note that first recorded/hospital vitals do not need to be from the same assessment.
* Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.
* Field cannot be Not Applicable

**Initial Vitals Systolic Blood Pressure**

**Definition**: First recorded systolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus – Initial Assessment > Initial Vitals – SBP

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessmentComplex element: Sbp | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | Up to 10 times | Yesbiu=’2’ |

* Please note that first recorded/hospital vitals do not need to be from the same assessment
* Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.
* Field cannot be Not Applicable

**Initial Vitals Oxygen Saturation**

**Definition**: First recorded oxygen saturation in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a percentage)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > O2 Saturation

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessmentComplex element: SaO2 | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu-=’1’or biu=’2’ |

* Complete additional field: Initial ED/Hospital Supplemental Oxygen
* Please note that first recorded/hospital vitals do not need to be from the same assessment

**Initial Vitals Supplemental Oxygen**

**Definition**: Determination of the presence of supplemental oxygen during assessment of initial ED/hospital oxygen saturation level within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > Supplemental O2

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessmentComplex element: SupplementalO2Bool | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu-=’1’or biu=’2’ |

* The common null value for “Not Applicable” is reported if the Initial ED/Hospital Oxygen Saturation is coded as Not Known/Not Recorded
* Please note that first recorded/hospital vitals do not need to be from the same assessment

**Initial Vitals GCS: Eye**

**Definition**: First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 |  No Eye Movement when Assessed |
| 2 |  Opens Eyes in Response to Painful Stimulation |
| 3 |  Opens Eyes in Response to Verbal Stimulation |
| 4 |  Opens Eyes Spontaneously |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > GCS: Eye

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: GCSTypeComplex element: Eye | Menu |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* The 'Not Recorded' code is reported if the patient’s Initial ED/Hospital GCS - Eye was not measured within 30 minutes or less of ED/hospital arrival
* The 'Not Recorded' code is reported if Initial Field GCS 40 – Eye is documented.
* If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patients pupils are PERRL," an Eye GCS of 4 may be recorded, IF there is no other contradicting documentation
* Field cannot be Not Applicable
* Please note that first recorded hospital vitals do not need to be from the same assessment

**Initial Vitals GCS: Verbal**

**Definition**: First recorded Glasgow Coma Score (Verbal) in the ED/hospital within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |  |
| --- | --- | --- |
|  | **Adult** | **Pediatric (<= 2 years)** |
| 1 | No Verbal Response |  No Vocal Response |
| 2 | Incomprehensible Sounds |  Inconsolable, Agitated |
| 3 | Inappropriate Words |  Inconsistently Consolable, Moaning |
| 4 | Confused |  Cries but is Consolable, Inappropriate Interactions |
| 5 | Oriented |  Smiles, Oriented to Sounds, Follows Objects, Interacts |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > GCS: Verbal

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: GCSTypeComplex element: Verbal | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* The 'Not Recorded' code is reported if the patient’s Initial ED/Hospital GCS – Verbal was not measured within 30 minutes or less of ED/Hospital arrival
* The 'Not Recorded' code is reported if Initial ED/Hospital GCS 40 – Verbal is reported
* If patient is intubated then the GCS Verbal score is equal to 1
* If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient is oriented to person place and time," a Verbal GCS of 5 may be recorded, IF there is no other contradicting documentation
* Field cannot be Not Applicable
* Please note that first recorded/hospital vitals do not need to be from the same assessment

**Initial Vitals GCS: Motor**

**Definition**: First recorded Glasgow Coma Score (Motor) in the ED/hospital within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 |  No Motor Response |
| 2 |  Extension to Pain |
| 3 |  Flexion to Pain |
| 4 |  Withdrawal from Pain |
| 5 |  Localizing Pain |
| 6 |  Obeys Commands (Pediatric (< = 2 yrs): Appropriate Response to Stimulation) |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > GCS: Motor

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: GCSTypeComplex element: Motor | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* The 'Not Recorded' code is reported if the patient’s Initial ED/Hospital GCS – Motor was not measured within 30 minutes or less of ED/Hospital arrival
* The 'Not Recorded' code is reported if Initial ED/Hospital GCS 40 – Motor is reported
* If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 maybe recorded, IF there is no other contradicting documentation
* Field cannot be Not Applicable
* Please note that first recorded/hospital vitals do not need to be from the same assessment

**Initial Vitals GCS: Total**

**Definition**: First recorded Glasgow Coma Score (Total) in the ED/hospital within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > GCS: Total

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: GCSTypeComplex element: Total | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 is reported
* The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS – Eye, Initial ED/Hospital GCS – Motor, Initial ED/Hospital GCS – Verbal were not measured within 30 minutes or less of ED/Hospital arrival
* Field must be “Not Known/Not Recorded” when Initial ED/Hospital GCS 40 – Eye, Initial ED/Hospital GCS 40 – Verbal, or Initial ED/Hospital GCS 40 – Motor are reported
* If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3," "awake alert and oriented," or "patient with normal mental status," interpret this as GCS of 15 IF there is no other contradicting documentation
* Please note that first recorded/hospital vitals do not need to be from the same assessment
* Field cannot be Not Applicable

**Initial Vitals GCS40: Eye**

**Definition**: First recorded Glasgow Coma Score 40 (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 0 | Not Testable |
| 1 | None |
| 2 | To Pressure (Pediatric (< 5 yrs) to Pain) |
| 3 | To Sound |
| 4 | Spontaneous |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > GCS 40: Eye

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: GCS40TypeComplex element: Eye | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* If a patient does not have a numeric GCS score recorded, but written documentation closely (or
directly) relates to verbiage describing a specific level of functioning within the GCS 40 scale, the
appropriate numeric score may be listed. E.g. the chart indicates: "patient's eyes open spontaneously," an Eye GCS 40 of 4 may be recorded, IF there is no other contradicting
documentation
* Report Field Value “Not Testable” if unable to assess (e.g. swelling to eye(s))
* The null value “Not Known/Not Recorded” code is reported if Initial Field GCS – Eye is reported
* The null value “Not Known/Not Recorded” code is reported if the patient’s Initial ED/Hospital GCS 40-Eye was not measured within 30 minutes or less of ED/hospital arrival

**Initial Vitals GCS40: Verbal**

**Definition**: First recorded Glasgow Coma Score 40 (Verbal) in the ED/hospital within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |  |
| --- | --- | --- |
|  | **Adult** | **Pediatric (< 5 years)** |
| 0 | Not Testable | Not Testable |
| 1 | None | None |
| 2 | Sounds  | Cries |
| 3 | Words  | Vocal Sounds |
| 4 |  Confused  | Words |
| 5 |  Oriented  | Talks Normally |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > GCS 40: Verbal

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: GCS40TypeComplex element: Verbal | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient correctly gives
name, place and date" a Verbal GCS of 5 may be recorded, IF there is no other contradicting documentation
* Report Field Value “Not Testable” if unable to assess (e.g. patient is intubated)
* The null value “Not Known/Not Recorded” code is reported if Initial Field GCS – Verbal is reported
* The null value “Not Known/Not Recorded” code is reported if the patient’s Initial ED/Hospital GCS 40 -Verbal was not measured within 30 minutes or less of ED/hospital arrival

**Initial Vitals GCS40: Motor**

**Definition**: First recorded Glasgow Coma Score 40 (Motor) in the ED/hospital within 30 minutes or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |  |
| --- | --- | --- |
|  | **Adult** | **Pediatric (< 5 years)** |
| 0 | Not Testable | Not Testable |
| 1 | None | None |
| 2 |  Extension xtension to Pain | Extension to Pain |
| 3 |  Abnormal Flexion Flexion to Pain | Flexion to Pain |
| 4 |  Normal Flexion Localizes Pain | Localizes Pain |
| 5 |  Localizing Obeys Commands | Obeys Commands |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > GCS 40: Motor

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: GCS40TypeComplex element: Motor | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient opened mouth and stuck out tongue when asked" for adult patient’s, a Motor GCS 40 of 6 may be recorded, IF there is no other contradicting documentation
* Report Field Value “Not Testable” if unable to assess (e.g. neuromuscular blockade)
* The null value “Not Known/Not Recorded” code is reported if Initial Field GCS – Motor is reported
* The null value “Not Known/Not Recorded” code is reported if the patient’s Initial ED/Hospital GCS 40 -Motor was not measured within 30 minutes or less of ED/hospital arrival

**Paralytic Agents**

**Definition**: Determination of paralytic agents potentially affecting the additional assessment of GCS within 30 minutes or less of ED/hospital arrival. Used as a Hospital GCS Assessment Qualifier

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** No

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > Paralytic Agents?

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Complex element: Paralyzed | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Nobiu=’2’ |

* Identifies treatments given to the patient that may affect the first assessment of GCS. This element does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)
* The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 is reported
* The null value “Not Known/Not Recorded” is reported if the Initial ED/Hospital GCS Assessment Qualifiers are not documented within 30 minutes or less of ED/Hospital arrival
* Please note that first recorded hospital vitals do not need to be from the same assessment.
* Report all that apply

**Sedated**

**Definition**: Determination of sedation potentially affecting the additional assessment of GCS within 30 minutes or less of ED/hospital arrival. Used as a Hospital GCS Assessment Qualifier

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** No

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > Sedated?

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Complex element: Sedated | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* Identifies treatments given to the patient that may affect the first assessment of GCS. This element does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)
* The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 is reported
* The null value “Not Known/Not Recorded” is reported if the Initial ED/Hospital GCS Assessment Qualifiers are not documented within 30 minutes or less of ED/Hospital arrival
* Please note that first recorded hospital vitals do not need to be from the same assessment. Report all that apply

**Intubated**

**Definition**: Determination of intubation potentially affecting the additional assessment of GCS within 30 minutes or less of ED/hospital arrival. Used as a Hospital GCS Assessment Qualifier

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** No

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > Intubated?

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Complex element: Intubated | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record
* Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine’s effects last for only 5-10 minutes
* Identifies treatments given to the patient that may affect the first assessment of GCS. This element does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)
* The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 is reported
* The null value “Not Known/Not Recorded” is reported if the Initial ED/Hospital GCS Assessment Qualifiers are not documented within 30 minutes or less of ED/Hospital arrival
* Please note that first recorded hospital vitals do not need to be from the same assessment. Report all that apply

**Eye Obstruction**

**Definition**: Determination of obstruction to the eye potentially affecting the additional assessment of GCS within 30 minutes or less of ED/hospital arrival. Used as a Hospital GCS Assessment Qualifier

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** No

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals > Eye Obstruction?

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Complex element: EyeObstruction | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* Identifies treatments given to the patient that may affect the first assessment of GCS. This element does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)
* The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 is reported
* The null value “Not Known/Not Recorded” is reported if the Initial ED/Hospital GCS Assessment Qualifiers are not documented within 30 minutes or less of ED/Hospital arrival
* Please note that first recorded hospital vitals do not need to be from the same assessment. Report all that apply

**Initial Vitals Height**

**Definition**: First recorded height after ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals – Height

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: HeightAdditional Complex: HeightTypeComplex element: Value  | Xs:float |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* Report in centimeters or inches
* The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital Height was not recorded prior to discharge.
* Field cannot be Not Applicable
* May be based on family or self-report
* Please note that first recorded/hospital vitals do not need to be from the same assessment

**Initial Vitals Height Unit**

**Definition**: The units used to document the patient's height (centimeters or inches)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** No

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Centimeters |
| 2 | inches |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals – Height Unit

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: HeightAdditional Complex: HeightTypeComplex element: Unit | Xs:integer |  |
| Required  | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’1’ or biu=’2’ |

**Initial Vitals Weight**

**Definition**: First recorded, measured or estimated baseline weight within 24 hours or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals – Weight

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: WeightAdditional Complex: WeightType Complex element: Value | Xs:float |  |
| Required  | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’2’ |

* The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital Weight was not measured within 24 hours or less of ED/hospital arrival
* Field cannot be Not Applicable
* Recorded in kilograms or pounds
* May be based on family or self-report
* Please note that first recorded/hospital vitals do not need to be from the same assessment

**Initial Vitals Weight Unit**

**Definition**: First recorded, measured or estimated baseline weight within 24 hours or less of ED/hospital arrival

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Kilograms |
| 2 | Pounds |

**For Direct Data Entry:** ED/Resus > Initial Assessment > Initial Vitals – Weight Unit

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdAssessmentsComplex: EdAssessment Additional Complex: WeightAdditional Complex: WeightTypeComplex element: Unit | Xs:integer |  |
| Required  | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 10 times | Yesbiu=’1’ or biu=’2’ |

**Alcohol Use Indicator**

**Definition**: Use of alcohol by the patient. A blood alcohol concentration (BAC) test was performed on the patient within 24 hours after first hospital encounter

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 |  No |
| 3 |  Yes |

**For Direct Data Entry:** ED/Resus > Labs/Toxicology > Alcohol Use Indicator

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: AlcoholUseIndicator | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’2’ |

* Alcohol screen may be administered at any facility, unit, or setting treating this patient event
* Field cannot be Not Applicable
* **Please note the data element menu differs from the XSD format and other yes/no elements. Please use the coding above for this data element**

**Alcohol Screen Results**

**Definition**: First recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter. Equivalent to Alcohol Screen Results

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Labs/Toxicology > ETOH/BAC Level

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EtohBacLevel | Xs:float |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

* Reported as X.XX grams per deciliter (**g/dl**)
* Report BAC results within 24 hours after first hospital encounter, at either your facility or the transferring facility
* The null value “Not Applicable” is reported for those patients who were not tested
* For example: Result is 80 **mg/dL** serum ethanol level submitted as 0.08 (**g/dL**) BAC or 0.08 % (weight/volume)

**Drug Screen**

**Definition**: First recorded positive drug screen results within 24 hours after first hospital encounter (select all that apply)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | AMP (Amphetamine) |
| 2 |  BAR (Barbiturate) |
| 3 |  BZO (Benzodiazepines) |
| 4 | COC (Cocaine) |
| 5 | mAMP (Methamphetamine) |
| 6 | MDMA (Ecstasy) |
| 7 | MTD (Methadone) |
| 8 | OPI (Opioid) |
| 9 | OXY (Oxycodone) |
| 10 | PCP (Phencyclidine) |
| 11 | TCA (Tricyclic Antidepressant) |
| 12 | THC (Cannabinoid) |
| 13 | Other  |
| 14 | None |
| 15 | Not Tested |

**For Direct Data Entry:** ED/Resus > Labs/Toxicology > Drug Screen

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdDrugScreensComplex: Drug Screen Complex element: DrugCode | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals – Yes | Complex repeats up to 13 times | Yesbiu=’2’ |

* “None" is reported for patients whose only positive results are due to drugs administered at any facility (or setting) treating this patient event, or for patients who were tested and had no positive results

**Drug Screen (cont.)**

* If multiple drugs are detected, only report drugs that were not administered at any facility (or setting) treating this patient event
* Field cannot be blank
* Field cannot be Not Applicable

**Post ED Disposition**

**Definition**: The disposition of the patient at the time of discharge from the ED

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 3 |  Operating Room |
| 4 |  Intensive Care Unit |
| 5 | Step-Down Unit |
| 6 |  Floor |
| 7 |  Telemetry Unit |
| 8 |  Observation Unit |
| 9 | Burn Unit |
| 13 | Labor and Delivery |
| 14 | Neonatal/Pediatric Care Unit |
| 16 | Interventional Radiology |
| 40 |  Home or Self Care (Routine Discharge) |
| 41 |  Home with Services |
| 42 |  Left AMA |
| 43 | Correctional Facility/Court/Law Enforcement |
| 44 |  Morgue |
| 45 | Child Protective Agency |
| 70 |  Acute Care Facility |
| 71 | Intermediate Care Facility |
| 72 | Skilled Nursing Facility |
| 73 | Rehab (Inpatient) |
| 74 | Long-Term Care |
| 75 | Hospice |
| 76 | Mental Health/Psychiatric Hospital (Inpatient) |
| 77 | Nursing Home |
| 79 | Another Type of Inpatient Facility Not Defined Elsewhere |
| 80 | Burn Center |

**For Direct Data Entry:** ED/Resus > Arrival/Admission > Post ED Disposition

**Post ED Disposition (cont.)**

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PostEdDisposition | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ |

* The null value "Not Applicable" is used if the patient is directly admitted to the hospital
* If ED Discharge Disposition is 40, 41, 42, and 44 then Hospital Discharge Date, Time, and Discharge Disposition should be "Not Applicable"

**ED Departure Order Date**

**Definition**: The date the order was written for the patient to be discharged from the ED

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Arrival/Admission > ED Departure Order Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdDepartureOrderDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

* The null value "Not Applicable" is reported if the patient is directly admitted to the hospital
* If ED Discharge Disposition is “Deceased/Expired,” then ED Discharge Date is the date of death as indicated on the patient’s death certificate

**ED Departure Order Time**

**Definition**: The time the order was written for the patient to be discharged from the ED

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** ED/Resus > Arrival/Admission > ED Departure Order Time

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: EdDepartureOrderTime | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable Value** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

* The null value "Not Applicable" is reported if the patient is directly admitted to the hospital
* If ED Discharge Disposition is “Deceased/Expired,” then ED Discharge Time is the time of death as indicated on the patient’s death certificate

# **Diagnosis Information**

**ICD 10 Diagnosis Code(s)**

**Definition**: Diagnoses related to all identified injuries

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Diagnosis > Injury Coding > ICD10 Code

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: FinalAnatomicalDiagnosisComplex: Anatomical DiagnosisComplex element: ICD10Code | Xs:string | 8 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | Up to 50 repeats | Yesbiu=’2’ |

* IInjury diagnoses as defined by ICD-10-CM code range S00-S99, T07, T14, T79.A1 –T79.A29
* At least one code needs to meet the inclusion criteria as primary or principle code. The primary or principle code must be located in the first diagnostic data field for the record to be included in the submission
* ICD-10-CM codes pertaining to other medical conditions (e.g., CVA, MI, co-morbidities, etc.) may also be included in this element
* Must contain ICD-10 code decimal point

**AIS PreDot Code**

**Definition**: The Abbreviated Injury Scale (AIS) pre-dot codes that reflect the patient's injuries

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** Diagnoses > Injury Coding > PreDot Code

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: FinalAnatomicalDiagnosisComplex: Anatomical DiagnosisComplex element: PreDot | Xs:string | 6 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Yes | Yesbiu=’2’ |

* The Predot code is the 6 digits preceding the decimal point in an associated AIS code
* Cannot be Not Applicable

**AIS Severity**

**Definition**: The Abbreviated Injury Scale (AIS) severity codes that reflect the patient's injuries

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Minor |
| 2 | Moderate |
| 3 | Serious |
| 4 | Severe |
| 5 | Critical |
| 6 | Maximal |

**For Direct Data Entry:** Diagnoses > Injury Coding > Severity

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: FinalAnatomicalDiagnosisComplex: Anatomical DiagnosisComplex element: AisSeverity | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Yes | Yesbiu=’2’ |

* The severity code is the value after the decimal. The Abbreviated Injury Scale (AIS) severity codes that reflect the patient's injuries
* The pre dot code is the 6 digits preceding the decimal point in an associated AIS code
* Cannot be Not Applicable

**AIS Version**

**Definition**: The software version used to calculate the AIS (Abbreviated Injury Scale) severity codes

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 85 | AIS 85 |
| 90 | AIS 90 |
| 05 | AIS 2005 |

**For Direct Data Entry:** Diagnosis > Injury Coding > AIS Version

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: AisVersion | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu=’1’ or biu=’2’ |

* Cannot be Not Applicable

# **Pre-Existing Conditions**

**Comorbidity**

**Definition**: Pre-existing co-morbid factors

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 0 | No Known Co-Morbid Conditions |
| 2 | Alcohol Use Disorder |
| 4 |  Bleeding Disorder |
| 5 |  Currently Receiving Chemotherapy for Cancer |
| 6 |  Congenital Anomalies |
| 7 |  Congestive Heart Failure |
| 8 |  Current Smoker |
| 9 |  Chronic Renal Failure |
| 10 | Cerebrovascular Accident (CVA) |
| 11 |  Diabetes Mellitus |
| 12 |  Disseminated Cancer |
| 13 |  Advanced Directive Limiting Care |
| 15 |  Functionally Dependent Health Status |
| 19 | Hypertension |
| 23 | Chronic Obstructive Pulmonary Disease (COPD) |
| 24 |  Steroid Use |
| 25 |  Cirrhosis |
| 26 |  Dementia |
| 30 | Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) |
| 31 | Anticoagulant Therapy |
| 32 | Angina Pectoris |
|  |  |
| 34 | Myocardial Infarction (MI) |
| 35 | Peripheral Arterial Disease (PAD) |
| 36 | Substance Use Disorder |
| 37 | Prematurity |
| 38 | Pregnancy |
| 39 | Bipolar 1/11 Disorder |
| 40 | Major Depressive Disorder |
| 41 | Other Mental/Personality Disorder\* |
| 42 | Post-Traumatic Stress Disorder |
| 43 | Schizoaffective Disorder |
| 44 | Schizophrenia |

**Comorbidity (cont.)**

**For Direct Data Entry:** Diagnoses > Comorbidities > Comorbidity

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PreExistingConditionsComplex: PreExistingConditionComplex element: Code | Xs:string | 6 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | 30 | Yesbiu=’1’ or biu=’2’ |

* Present prior to injury
* The null value “Not Known/Not Recorded” codes are only reported if no past medical history is available
* Please see the National Trauma Data Standard data dictionary for comorbidity definitions, starting on page 66: <https://www.facs.org/media/hkejeat2/2023-data-dictionary.pdf>
	+ Alcohol Use Disorder is Not Applicable for patients < 15 years of age.
	+ Chronic Obstruction Pulmonary Disease Not Applicable for patients < 15 years of age.
	+ Peripheral Artery Disease is Not Applicable for patients < 15 years of age.
	+ Substance Use Disorder is Not Applicable for patients < 15 years of age.
	+ Congenital Anomalies is Not Applicable for patients >= 15 years of age.
	+ Prematurity is Not Applicable for patients >= 15 years of age.

# **Hospital Procedure Information**

**ICD 10 Procedure Code(s)**

**Definition**: Operative and selected non-operative procedures conducted during hospital stay. Operative and selected non-operative procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or complications

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** Procedures > Procedures > ICD10 Procedure Code

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: ProceduresComplex: ProcedureComplex element: Icd10Code | Xs:string | 8 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 200 times | Yesbiu=’1’ or biu=’2’ |

* See National Trauma Data Standard Data Dictionary 2021 for the list of procedures and description for entry starting on page 62: https://www.facs.org/media/hkejeat2/2023-data-dictionary.pdf

**Procedure Start Date**

**Definition**: The date the operative and selected non-operative procedures were begun

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** Procedures > Procedures > Start Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: ProceduresComplex: ProcedureComplex element: StartDate | Xs:date | n/a |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Yes | Yesbiu=’1’ or biu=’2’ |

* Hospital Procedure Start Date is earlier than ED/Hospital Arrival Date
* Element must be and can only be “Not Applicable” when ICD-10 Hospital Procedures is “Not Applicable”
* Element must be “Not Known/Not Recorded” when ICD-10 Hospital Procedures is “Not Known/Not Recorded”

**Procedure Start Time**

**Definition**: The date the operative and selected non-operative procedures were begun

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** Procedures > Procedures > Start Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: ProceduresComplex: ProcedureComplex element: StartTime | Xs:time | n/a |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Yes | Yesbiu=’1’ or biu=’2’ |

* Procedure start time is defined as the time the incision was made (or the procedure started)
* Element must be and can only be “Not Applicable” when Hospital Procedure Start Date is “Not Applicable”
* Element must be “Not Known/Not Recorded” when Hospital Procedure Start Date is “Not Known/Not Recorded”

# **Complications**

**Complications**

**Definition**: Any defined hospital event (complication, occurrence, filter, outlier) that occurred after injury including prehospital, transfer to and during the patient's stay at your hospital that is not part of the ITDX/TQIP defined standard. This includes any user-defined filters

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 4 | Acute Kidney Injury |
| 5 | Acute Respiratory Distress Syndrome (ARDS) |
| 36 | Alcohol Withdrawal Syndrome |
| 8 | Cardiac Arrest with CPR |
| 33 | Catheter Associated Urinary Tract Infection (CAUTI) |
| 34 | Central Line Associated Bloodstream Infection (CLABSI) |
| 12 | Deep Surgical Site Infection |
| 14 | Deep Vein Thrombosis  |
| 39 | Delirium |
| 18 | Myocardial Infarction (MI) |
| 19 | Organ / Space Surgical Site Infection |
| 29 | Osteomyelitis |
| 37 | Pressure Ulcer |
| 21 | Pulmonary Embolism (PE) |
| 32 | Severe Sepsis |
| 22 | Stroke / CVA |
| 38 | Superficial Incisional Surgical Site Infection |
| 31 | Unplanned Admission to the ICU |
| 25 | Unplanned Intubation |
| 40 | Unplanned Visit to the Operating Room |
| 35 | Ventilator Associated Pneumonia (VAP) |

**For Direct Data Entry:** QA Tracking > QA Items > Filters

**Complications (cont.)**

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: FiltersComplex: FilterComplex element: Code | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | Up to 75 | Yesbiu=’1’ or biu=’2’ |

* Must have occurred during the patient's initial stay at your hospital
* The null value “Not Known/Not Recorded” codes are only reported if no medical history is available
* Please see the National Trauma Data Standard data dictionary for comorbidity definitions, starting on page 100: https://www.facs.org/media/hkejeat2/2023-data-dictionary.pdf

# **Outcome Information**

**Admission Type**

**Definition**: The highest level of service provided in the hospital setting

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** No

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Outpatient Emergency Department Stay |
| 2 | Outpatient Observation Stay |
| 3 | Inpatient Stay |
| 4 | Death on Arrival |

**For Direct Data Entry:** ED/Resus > Arrival/Admission > Service Level

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: AdmissionType | Menu |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu=’1’ or biu=’2’ |

**Intensive Care Units Days**

**Definition**: The cumulative amount of time spent in the ICU. Each partial or full day should be measured as one calendar day

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** Outcome > Initial Discharge > Total Days: ICU

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: IcuDays | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Accepts Null Value** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu=’1’ or biu=’2’ |

* Recorded in full day increments with any partial calendar day counted as a full calendar day
* The calculation assumes that the date and time of starting and stopping an ICU episode are recorded in the patient’s chart
* The null value "Not Known/Not Recorded" is reported if any dates are missing
* If patient has multiple ICU episodes on the same calendar day, count that day as one calendar day
* At no time should the ICU LOS exceed the Hospital LOS
* The null value "Not Applicable" is used if the patient had no ICU days according to the above definition

**Total Ventilator Days**

**Definition**: The cumulative amount of time spent on the ventilator. Each partial or full day should be measured as one calendar day

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** Outcome > Initial Discharge > Total Days: Ventilator

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: VentilatorDays | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu=’1’ or biu=’2’ |

* Excludes mechanical ventilation time associated with operating room procedures
* Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days
* Recorded in full day increments with any partial calendar day counted as a full calendar day
* The calculation assumes that the date and time of starting and stopping Ventilator episode are recorded in the patient's chart
* The null value "Not Known/Not Recorded" is reported if any dates are missing
* At no time should the Total Vent Days exceed the Hospital LOS
* The null value "Not Applicable" is used if the patient was not on the ventilator according to the above definition

**Discharge Order Date**

**Definition**: The date the order was written for the patient to be discharged from the hospital

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**For Direct Data Entry:** Outcome > Initial Discharge > Discharge Order Date

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: DischargeOrderDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

* The null value "Not Applicable" is used If ED Discharge Disposition “Morgue”
* If ED Discharge Disposition is 40, 41, 42, and 44 then Hospital Discharge Date, Time, and Disposition should be "Not Applicable"
* If Hospital Discharge Disposition is “Morgue,” then Hospital Discharge Date is the date of death as indicated on the patient’s death certificate

**Discharge Order Time**

**Definition**: The time the order was written for the patient to be discharged from the hospital.

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDS Required:** Yes

**For Direct Data Entry:** Outcome > Initial Discharge > Discharge Order Time

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: DischargeOrderTime | Xs:time |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - No | No | Yesbiu=’1’ or biu=’2’ |

* The null value "Not Applicable" is used If ED Discharge Disposition = “Morgue”
* If ED Discharge Disposition is 40, 41, 42, and 44 then Hospital Discharge Date, Time, and Disposition should be "Not Applicable"
* If Hospital Discharge Disposition is “Morgue,” then Hospital Discharge Time is the time of death as indicated on the patient’s death certificate

**Discharge Disposition (Discharged To)**

**Definition**: The disposition of the patient when discharged from the hospital

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 40 | Home or Self Care (Routine Discharge) |
| 41 | Home with Services |
| 42 | Left AMA |
| 43 | Correctional Facility/Court/Law Enforcement |
| 44 | Morgue |
| 45 | Child Protective Agency |
| 70 | Acute Care Facility |
| 71 | Intermediate Care Facility |
| 72 | Skilled Nursing Facility |
| 73 | Rehab (Inpatient) |
| 74 | Long-Term Care |
| 75 | Hospice |
| 76 | Mental Health/Psychiatric Hospital (Inpatient) |
| 77 | Nursing Home |
| 79 | Another Type of Inpatient Facility Not Defined Elsewhere |
| 80 | Burn Center |

**For Direct Data Entry:** Outcome > Initial Discharge > Discharged To

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: DischargeDisposition | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | No | Yesbiu=’1’ or biu=’2’ |

**Discharge Disposition (Discharged To) (cont.)**

* Field value = 40, "Home" refers to the patient's current place of residence (e.g., prison, Child Protective Services etc.)
* Field values based upon UB-04 disposition coding
* Disposition to any other non-medical facility should be coded as 40
* Disposition to any other medical facility should be coded as 79
* The null value "Not Applicable" is used if ED Discharge Disposition = “Morgue”
* If ED Discharge Disposition is 40, 41, 42, and 44 then Hospital Discharge Date, Time, and Disposition should be "Not Applicable"

**Primary Payor**

**Definition**: Primary source of payment for hospital care

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDS Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | Self Pay |
| 2 | HMO |
| 3 | PPO |
| 5 | Blue Cross Blue Shield |
| 6 | Automobile |
| 7 | Workers Compensation |
| 8 | Medicare |
| 9 | Medicaid |
| 10 | Military (Tricare) |
| 11 | Other Commercial |
| 12 | Other Government |
| 13 | Not Billed (for Any Reason) |
| 14 | Charity |
| 15 | Other |

**For Direct Data Entry:** Outcome > Billing > Primary Payor

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PayorsComplex: PayorComplex element: Code | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – YesCommunity Hospitals - Yes | Up to 5 | Yesbiu=’2’ |

* No Fault Automobile, Workers Compensation, and Blue Cross/BlueShield should be captured as Private/Commercial Insurance
* Field cannot be Not Applicable

# **Appendices**

# **Appendix A****. Facility ID List**

|  |  |
| --- | --- |
| **Facility ID** | **Organization Name** |
| 1 | Anna Jaques Hospital |
| 2 | Athol Memorial Hospital |
| 5 | Baystate Franklin Medical Center |
| 6 | Baystate Mary Lane Hospital |
| 4 | Baystate Medical Center |
| 139 | Baystate Wing Memorial Hospital  |
| 7 | Berkshire Medical Center ~~-~~ Berkshire Campus 725 North Street |
| 98 | Beth Israel Deaconess Hospital - Milton  |
| 53 | Beth Israel Deaconess Hospital - Needham |
| 79 | Beth Israel Deaconess Hospital - Plymouth  |
| 10 | Beth Israel Deaconess Medical Center - East Campus |
| 140 | Beth Israel Deaconess Medical Center - West Campus |
| 109 | Northeast Hospital - Addison Gilbert Campus |
| 110 | Northeast Hospital – Beverly Campus  |
| 46 | Boston Children's Hospital  |
| 144 | Boston Medical Center – Newton Pavilion Campus |
| 16 | Boston Medical Center - Menino Pavilion Campus |
| 59 | Brigham and Women's Faulkner Hospital |
| 22 | Brigham and Women's Hospital |
| 27 | Cambridge Health Alliance - Cambridge Campus |
| 143 | Cambridge Health Alliance - Somerville Hospital Campus |
| 142 | Cambridge Health Alliance – Everett Hospital Campus |
| 39 | Cape Cod Hospital |
| 42 | Steward Carney Hospital, Inc. |
| 132 | Clinton Hospital |
| 50 | Cooley Dickinson Hospital |
| 51 | Dana-Farber Cancer Institute |
| 57 | Emerson Hospital |
| 8 | Fairview Hospital |
| 40 | Falmouth Hospital |
| 62 | Steward Good Samaritan Medical Center – Brockton Campus |
| 66 | Melrose-Wakefield Hospital - Lawrence Memorial Hospital Campus |
| 141 | Melrose-Wakefield Hospital  |
| 68 | Harrington Memorial Hospital |
| 73 | Heywood Hospital |
| 75 | Steward Holy Family Hospital, Inc. |
| 11466 | Holy Family Hospital at Merrimack Valley – A Steward Family Hospital, Inc. (old number 70) |
| 77 | Holyoke Medical Center |
| 136 | Curahealth Boston, LLC |
| 135 | Curahealth Boston North Shore, LLC |
| 81 | Lahey Hospital & Medical Center, Burlington |
| 4448 | Lahey Medical Center, Peabody |
| 83 | Lawrence General Hospital |
| 85 | Lowell General Hospital |
| 115 | Saints Medical Center  |
| 133 | Marlborough Hospital |
| 88 | Martha's Vineyard Hospital |
| 89 | Massachusetts Eye and Ear Infirmary |
| 91 | Massachusetts General Hospital |
| 119 | Mercy Medical Center - Springfield Campus |
| 49 | MetroWest Medical Center - Framingham Campus \* |
| 457 | MetroWest Medical Center - Leonard Morse Campus \* |
| 97 | Milford Regional Medical Center |
| 99 | Morton Hospital, A Steward Family Hospital, Inc. |
| 100 | Mount Auburn Hospital |
| 101 | Nantucket Cottage Hospital |
| 11467 | Nashoba Valley Medical Center, A Steward Family Hospital, Inc. (old number 52) |
| 103 | New England Baptist Hospital |
| 105 | Newton-Wellesley Hospital |
| 106 | Baystate Noble Hospital |
| 116 | North Shore Medical Center - Salem Campus |
| 3 | North Shore Medical Center - Union Campus |
| 41 | Steward Norwood Hospital, Inc. |
| 114 | Steward Saint Anne's Hospital, Inc. |
| 127 | Saint Vincent Hospital |
| 25 | Signature Healthcare Brockton Hospital |
| 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 |
| 126 | Steward St. Elizabeth's Medical Center  |
| 129 | Sturdy Memorial Hospital |
| 104 | Tufts Medical Center and Floating Hospital for Children (Pediatric Trauma) |
| 10177 | Tufts Medical Center (Adult Trauma Service) |
| 8548 | Health Alliance Hospital - Burbank Campus |
| 71 | Health Alliance Hospital - Leominster Campus  |
| 130 | UMass Memorial Medical Center - Memorial Campus |
| 131 | UMass Memorial Medical Center - University Campus |
| 138 | Winchester Hospital |

# **Appendix B.** **Postal State Codes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State Postal Code** | **Definition** |  | **State Postal Code** | **Definition** |
| AL | Alabama |  | NE | Nebraska |
| AK | Alaska |  | NV | Nevada |
| AZ | Arizona |  | NH | New Hampshire |
| AR | Arkansas |  | NJ | New Jersey |
| CA | California |  | NM | New Mexico |
| CO | Colorado |  | NY | New York |
| CT | Connecticut |  | NC | North Carolina |
| DE | Delaware |  | ND | North Dakota |
| DC | District of Columbia |  | OH | Ohio |
| FL | Florida |  | OK | Oklahoma |
| GA | Georgia |  | OR | Oregon |
| HI | Hawaii |  | PA | Pennsylvania |
| ID | Idaho |  | RI | Rhode Island |
| IL | Illinois |  | SC | South Carolina |
| IN | Indiana |  | SD | South Dakota |
| IA | Iowa |  | TN | Tennessee |
| KS | Kansas |  | TX | Texas |
| KY | Kentucky |  | UT | Utah |
| LA | Louisiana |  | VT | Vermont |
| ME | Maine |  | VA | Virginia |
| MD | Maryland |  | WA | Washington |
| MA | Massachusetts |  | WV | West Virginia |
| MI | Michigan |  | WI | Wisconsin |
| MN | Minnesota |  | WY | Wyoming |

# **Appendix C.** **Country Codes**

|  |  |
| --- | --- |
| AA | Aruba |
| AC | Antigua and Barbuda |
| AE | United Arab Emirates |
| AF | Afghanistan |
| AG | Algeria |
| AJ | Azerbaijan |
| AL | Albania |
| AM | Armenia |
| AN | Andorra |
| AO | Angola |
| AQ | American Samoa |
| AR | Argentina |
| AS | Australia |
| AT | Ashmore and Cartier Islands |
| AU | Austria |
| AV | Anguilla |
| AX | Akrotiri Sovereign Base Area |
| AY | Antarctica |
| BA | Bahrain |
| BB | Barbados |
| BC | Botswana |
| BD | Bermuda |
| BE | Belgium |
| BF | Bahamas |
| BG | Bangladesh |
| BH | Belize |
| BK | Bosnia and Herzegovina |
| BL | Bolivia |
| BM | Myanmar |
| BN | Benin |
| BO | Belarus |
| BP | Solomon Islands |
| BQ | Navassa Island |
| BR | Brazil |
| BS | Bassas da India |
| BT | Bhutan |
| BU | Bulgaria |
| BV | Bouvet Island |
| BX | Brunei |
| BY | Burundi |
| CA | Canada |
| CA | Canada |
| CB | Cambodia |
| CD | Chad |
| CE | Sri Lanka |
| CF | Republic of the Congo |
| CG | Democratic Republic of the Congo |
| CH | People's Republic of China |
| CI | Chile |
| CJ | Cayman Islands |
| CK | Cocos (Keeling) Islands |
| CM | Cameroon |
| CN | Comoros |
| CO | Colombia |
| CQ | Northern Mariana Islands |
| CR | Coral Sea Islands |
| CS | Costa Rica |
| CT | Central African Republic |
| CU | Cuba |
| CV | Cape Verde |
| CW | Cook Islands |
| CY | Cyprus |
| DA | Denmark |
| DJ | Djibouti |
| DO | Dominica |
| DQ | Jarvis Island |
| DR | Dominican Republic |
| DX | Dhekelia Sovereign Base Area |
| EC | Ecuador |
| EG | Egypt |
| EI | Republic of Ireland |
| EK | Equatorial Guinea |
| EN | Estonia |
| ER | Eritrea |
| ES | El Salvador |
| ET | Ethiopia |
| EU | Europa Island |
| EZ | Czech Republic |
| FG | French Guiana |
| FI | Finland |
| FJ | Fiji |
| FK | Falkland Islands (Malvinas) |
| FM | Federated States of Micronesia |
| FO | Faroe Islands |
| FP | French Polynesia |
| FQ | Baker Island |
| FR | France |
| FS | French Southern Territories |
| GA | The Gambia |
| GB | Gabon |
| GG | Georgia |
| GH | Ghana |
| GI | Gibraltar |
| GJ | Grenada |
| GK | Guernsey |
| GL | Greenland |
| GM | Germany |
| GO | Glorioso Islands |
| GP | Guadeloupe |
| GQ | Guam |
| GR | Greece |
| GT | Guatemala |
| GV | Guinea |
| GY | Guyana |
| GZ | Gaza Strip |
| HA | Haiti |
| HK | Hong Kong |
| HM | Heard Island and McDonald Islands |
| HO | Honduras |
| HQ | Howland Island |
| HR | Croatia |
| HU | Hungary |
| IC | Iceland |
| ID | Indonesia |
| IM | Isle of Man |
| IN | India |
| IO | British Indian Ocean Territory |
| IP | Clipperton Island |
| IR | Iran |
| IS | Israel |
| IT | Italy |
| IV | Cote d'Ivoire |
| IZ | Iraq |
| JA | Japan |
| JE | Jersey |
| JM | Jamaica |
| JN | Jan Mayen |
| JO | Jordan |
| JQ | Johnston Atoll |
| JU | Juan de Nova Island |
| KE | Kenya |
| KG | Kyrgyzstan |
| KN | North Korea |
| KQ | Kingman Reef |
| KR | Kiribati |
| KS | South Korea |
| KT | Christmas Island |
| KU | Kuwait |
| KZ | Kazakhstan |
| LA | Laos |
| LE | Lebanon |
| LG | Latvia |
| LH | Lithuania |
| LI | Liberia |
| LO | Slovakia |
| LS | Liechtenstein |
| LT | Lesotho |
| LU | Luxembourg |
| LY | Libya |
| MA | Madagascar |
| MB | Martinique |
| MC | Macau |
| MD | Moldova |
| MF | Mayotte |
| MG | Mongolia |
| MH | Montserrat |
| MI | Malawi |
| MJ | Montenegro |
| MK | Republic of Macedonia |
| ML | Mali |
| MN | Monaco |
| MO | Morocco |
| MP | Mauritius |
| MQ | Midway Islands |
| MR | Mauritania |
| MT | Malta |
| MU | Oman |
| MV | Maldives |
| MX | Mexico |
| MX | Mexico |
| MY | Malaysia |
| MZ | Mozambique |
| NC | New Caledonia |
| NE | Niue |
| NF | Norfolk Island |
| NG | Niger |
| NH | Vanuatu |
| NI | Nigeria |
| NL | Netherlands |
| NO | Norway |
| NP | Nepal |
| NR | Nauru |
| NS | Suriname |
| NT | Netherlands Antilles |
| NU | Nicaragua |
| NZ | New Zealand |
| PA | Paraguay |
| PC | Pitcairn Islands |
| PE | Peru |
| PF | Paracel Islands |
| PG | Spratly Islands |
| PK | Pakistan |
| PL | Poland |
| PM | Panama |
| PO | Portugal |
| PP | Papua New Guinea |
| PS | Palau |
| PU | Guinea-Bissau |
| QA | Qatar |
| RB | Serbia |
| RE | Reunion |
| RM | Marshall Islands |
| RO | Romania |
| RP | Philippines |
| RQ | Puerto Rico |
| RS | Russia |
| RW | Rwanda |
| SA | Saudi Arabia |
| SB | Saint Pierre and Miquelon |
| SC | Saint Kitts and Nevis |
| SE | Seychelles |
| SF | South Africa |
| SG | Senegal |
| SH | Saint Helena |
| SI | Slovenia |
| SL | Sierra Leone |
| SM | San Marino |
| SN | Singapore |
| SO | Somalia |
| SP | Spain |
| ST | Saint Lucia |
| SU | Sudan |
| SV | Svalbard |
| SW | Sweden |
| SX | South Georgia and the South Sandwich Islands |
| SY | Syria |
| SZ | Switzerland |
| TD | Trinidad and Tobago |
| TE | Tromelin Island |
| TH | Thailand |
| TI | Tajikistan |
| TK | Turks and Caicos Islands |
| TL | Tokelau |
| TN | Tonga |
| TO | Togo |
| TP | Sao Tome and Principe |
| TS | Tunisia |
| TT | Timor-Leste/East Timor |
| TU | Turkey |
| TV | Tuvalu |
| TW | Republic of China (Taiwan) |
| TX | Turkmenistan |
| TZ | Tanzania |
| UG | Republic of Uganda |
| UK | United Kingdom |
| UM | United States Minor Outlying Islands |
| UP | Ukraine |
| US | United States |
| UV | Burkina Faso |
| UY | Uruguay |
| UZ | Uzbekistan |
| VC | Saint Vincent and the Grenadines |
| VE | Venezuela |
| VI | British Virgin Islands |
| VM | Vietnam |
| VQ | U.S. Virgin Islands |
| VT | Vatican City |
| WA | Namibia |
| WE | West Bank |
| WF | Wallis and Futuna |
| WI | Western Sahara |
| WQ | Wake Island |
| WS | Samoa |
| WZ | Swaziland |
| YM | Yemen |
| ZA | Zambia |
| ZI | Zimbabwe |