**Data Elements To Be Reported to the Department of Public Health**

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

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| **Data Elements Collected per 2021 Memorandum** |
| **Field Name** **FFY 2021 (10/1/2020-9/30/2021)****FFY 2022 (10/1/2021-9/30/2022)** | **Previous Field Name** **2008-2020** | **(R)equired (C)onditionally Required** | **Non-Trauma Centers**  | **Trauma Centers** |
|
|
| RETIRED | FilingOrgId  | Retire (2021) |  |  |
| Facility | SiteOrgID  | R | X | X |
| Transfer In | Inter-Facility Transfer  | R | X | X |
| Referring Facility | SiteOrgID of Transferring Hospital  | C1 | X | X |
| Prehospital Provider Departed Location Time | EMS Unit Departure Time from Scene and Transferring Hospital  | R | X | X |
| Interfacility Transport Departed Location Time | C1 | X | X |
| Facility Arrival Date | ED/Hospital Admission Date  | R | X | X |
| Facility Arrival Time | ED/Hospital Admission Time  | R | X | X |
| Medical Record Number | Medical Record Number | R | X | X |
| RETIRED | Social Security Number  | Retire 2021 |  |  |
| Date of Birth | Date of Birth  | R | X | X |
| Gender | Gender  | R | X | X |
| Gender Identity | NEW | R | X | X |
| Patient Address Street 1 | Patient’s Home Street Address  | R | X | X |
| Patient Address Street2 | C | X | X |
| Patient Address City | Patient’s Home City  | R | X | X |
| Patient Address ZIP Code | Patient’s Home Zip/Postal Code  | R | X | X |
| Patient Address - Postal Code | R | X | X |
| Injury Date | Injury Incident Date  | R | X | X |
| Injury Time | Injury Incident Time  | R | X | X |
| Work Related | Work-related  | R | X | X |
| Injury Address City | Incident City  | R | X | X |
| Injury Address State | Incident State  | R | X | X |
| Mode of Arrival | Transport Mode | R | X | X |
| Interfacility Transfer Mode of Arrival | C1 | X | X |
| Drug Screen | Drug Screen 1 - 5 | R | X | X |
| Alcohol Use Indicator | Alcohol Screen | R | X | X |
| ETOH/BAC Level | Alcohol Screen Results | R | X | X |
| Primary ICD-10 Mechanism | ICD-10-CM Primary External Cause code  | R | X | X |
| Secondary ICD-10 Mechanism | R | X | X |
| Tertiary ICD-10 Mechanism | R | X | X |
| ICD-10 Location Code | ICD-10-CM Location External Cause Code  | R | X | X |
| Initial Vitals - GCS: Eye | Initial ED/Hospital Glasgow Eye Component in ED | C2 |   | X |
| Initial Vitals - GCS: Verbal | Initial ED/Hospital Glasgow Verbal Component in ED | C3 |   | X |
| Initial Vitals - GCS: Motor | Initial ED/Hospital Glasgow Motor Component in ED | C4 |   | X |
| Initial Vitals - GCS: Total | Glasgow Coma Score Total in the ED | C5 |   | X |
| Additional Vitals - Paralytic Agents | Glasgow Coma Score Assessment Qualifier in the ED | C6 |   | X |
| Additional Vitals - Sedated | C6 |   | X |
| Additional Vitals - Eye Obstruction | C6 |   | X |
| Additional Vitals - Intubated | C6 |   | X |
| Initial Vitals Unassisted Respiration Rate | Respiration Rate  | R | X | X |
| Initial Vitals Assisted Respiration Rate | R | X | X |
| Initial Vitals SBP | Systolic Blood Pressure  | R | X | X |
| Initial Vitals Pulse Rate | Pulse Rate  | R | X | X |
| ICD10 Code | ICD-10-CM Diagnosis Code  | R | X | X |
| PreDot | AIS (numerical identifier for predot code and severity code) | R |   | X |
| AIS Severity | R |   | X |
| AIS Version | AIS Version  | R |   | X |
| Protective Device Equipment | Protective Devices  | R |   | X |
| Protective Devices Restraint 1 | Child Specific restraint  | C |   | X |
| Protective Devices Restraint 2 | C |  | X |
| Protective Devices - Airbag | Airbag Deployment  | C7 |   | X |
| Patient Address Country | Patient's Home Country  | C8 | X | X |
| Patient Address County | Patient's Home County  | C9 | X | X |
| Alternate Residence | Alternate Home Residence  | R | X | X |
| Age | Age  | R | X | X |
| in (Age Units) | Age Units  | R | X | X |
| Race1 | Race  | R | X | X |
| Race2 | R | X | X |
| Ethnicity | Ethnicity  | R | X | X |
| Occupation Industry | Patient's Occupational Industry  | C10 |   | X |
| Occupation | Patient's Occupation  | C11 | X | X |
| RETIRE | ICD-10-CM Additional External Cause Code  | Retire (2021) |   |  |
| Injury Address ZIP Code | Incident Location Zip/Postal Code  | R | X | X |
| Injury Address Postal Code | R | X | X |
| Injury Address Country | Incident Country  | R |   | X |
| Injury Address County | Incident County  | R |   | X |
| RETIRED | Report of Physical Abuse  | Retire (2021) |  |  |
| RETIRED | Investigation of Physical Abuse  | Retire (2021) |  |  |
| RETIRED | Caregiver at Discharge  | Retire (2021) |  |  |
| Prehospital Provider Call Dispatched Date | EMS Dispatch Date  | R | X | X |
| Prehospital Provider Call Dispatched Time | EMS Dispatch Time  | R | X | X |
| Prehospital Provider Arrived at Location Date | EMS Unit Arrival Date at Scene or Transferring Facility | R | X | X |
| Interfacility Transport Arrived at Location Date | C1 | X | X |
| Prehospital Provider Arrived at Location Time | EMS Unit Arrival Time at Scene or Transferring Facility | R | X | X |
| Inter-facility Transport Arrived at Location Time | C1 | X | X |
| Prehospital Provider Departed Location Date | EMS Unit Departure Date from Scene or Transferring Facility | R | X | X |
| Interfacility Transport Departed Location Date | C1 | X | X |
| RETIRED | Other Transport Mode | Retire (2021) |   | X |
| Prehospital Vitals SBP | Initial Field Systolic Blood Pressure | R |   | X |
| Prehospital Vitals Pulse Rate | Initial Field Pulse Rate | R |   | X |
| Prehospital Vitals Unassisted Respiratory Rate | Initial Field Respiratory Rate | R |   | X |
| Prehospital Vitals Oxygen Saturation | Initial Field Oxygen Saturation | R |   | X |
| RETIRED | Initial Field GCS - Eye | Retire 2021 |   |  |
| RETIRED | Initial Field GCS - Verbal | Retire 2021 |   |  |
| RETIRED | Initial Field GCS - Motor | Retire 2021 |   |  |
| RETIRED | Initial Field GCS - Total | Retire 2021 |   |  |
| RETIRED | Trauma Center Criteria | Retire (2021) |   |  |
| RETIRED | Vehicular, Pedestrian, Other Risk Injury | Retire (2021) |   |  |
| Pre-Arrival Cardiac Arrest | Pre-Hospital Cardiac Arrest | R | X | X |
| Initial Vitals Temperature Value | Initial ED/Hospital Temperature | R |   | X |
| Initial Vitals Temperature Unit | NEW | R |   | X |
| Initial Vitals Respiration Assisted? | Initial ED/Hospital Respiratory Assistance | R |   | X |
| Initial Vitals O2 Saturation | Initial ED/Hospital Oxygen Saturation | R |   | X |
| Initial Vitals Supplemental O2 | Initial ED/Hospital Supplemental Oxygen | R |   | X |
| Initial Vitals Height | Initial ED/Hospital Height | R |   | X |
| Initial Vitals Height Unit | NEW | R |   | X |
| Initial Vitals - Weight | Initial ED/Hospital Weight | R |   | X |
| Initial Vitals - Weight Unit | NEW | R |   | X |
| Post ED Disposition | ED Discharge Disposition  | R | X | X |
| RETIRED | Signs of Life | Retire (2021) |   |  |
| ED Departure Order Date | ED Discharge Date | R | X | X |
| ED Departure Order Time | ED Discharge Time | R | X | X |
| ICD 10 Procedure Code | ICD-10-PCS Hospital Procedures | R |   | X |
| Procedures - Start Date | Hospital Procedure Start Date | R |   | X |
| Procedure - Start Time | Hospital Procedure Start Time | R |   | X |
| ICU Days | Total ICU Length of Stay | R |   | X |
| Total Ventilator Days | Total Ventilator Days | R |   | X |
| Discharge Order Date | Hospital Discharge Date | R | X | X |
| Discharge Order Time | Hospital Discharge Time | C12 |   | X |
| Discharged To | Hospital Discharge Disposition | R | X | X |
| Primary Payor | Primary Method of Payment | R | X | X |
| RETIRED | DPH Facility Identification Numbers  | Retire (2021) |  |  |
| Admission Type | Service Level | R |   | X |
| RETIRE | Initial Field GCS 40 - Eye | Retire (2021) |   |  |
| RETIRE | Initial Field GCS 40-Verbal | Retire (2021) |   |  |
| RETIRE | Initial Field GCS 40 - Motor | Retire (2021) |   |  |
| Initial Vitals - GCS40: Eye | Initial ED/Hospital GCS 40 - Eye | R |   | X |
| Initial Vitals - GCS40: Verbal | Initial ED/Hospital GCS 40 - Verbal | R |   | X |
| Initial Vitals - GCS40: Motor | Initial ED/Hospital GCS 40 - Motor | R |   | X |
| Universally Unique Identifier (UUID) | NEW | New - C | X  | X |
| Comorbidity | Replaces Individual Comorbidity Data Elements (see below) | New - R |   | X |
| Complications | Replaces Individual Complications Data Elements (see below) | New - R |   | X |
| First Name | NEW | New - R | X | X |
| Middle Initial | NEW | New - R | X | X |
| Last Name | NEW | New - R | X | X |
| Patient Home State | NEW | New - R | X | X |
| Homeless | NEW | New - R | X | X |
| Comorbidity | Advance Directive Limiting Care | Retire (2021) |   |  |
| Comorbidity | Alcohol Use Disorder | Retire (2021) |   |  |
| Comorbidity | Angina Pectoris | Retire (2021) |   |  |
| Comorbidity | Anticoagulant Therapy | Retire (2021) |   |  |
| Comorbidity | Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHD) | Retire (2021) |   |  |
| Comorbidity | Bleeding Disorder | Retire (2021) |   |  |
| Comorbidity | Cerebral Vascular Accident (CVA) | Retire (2021) |   |  |
| Comorbidity | Chronic Obstructive Pulmonary Disease | Retire (2021) |   |  |
| Comorbidity | Chronic Renal Failure | Retire (2021) |   |  |
| Comorbidity | Cirrhosis | Retire (2021) |   |  |
| Comorbidity | Congenital Anomalies | Retire (2021) |   |  |
| Comorbidity | Congestive Heart Failure (CHF) | Retire (2021) |   |  |
| Comorbidity | Current Smoker | Retire (2021) |   |  |
| Comorbidity | Currently Receiving Chemotherapy for Cancer | Retire (2021) |   |  |
| Comorbidity | Dementia | Retire (2021) |   |  |
| Comorbidity | Diabetes Mellitus | Retire (2021) |   |  |
| Comorbidity | Disseminated Cancer | Retire (2021) |   |  |
| Comorbidity | Functionally Dependent Health Status | Retire (2021) |   |  |
| Comorbidity | Hypertension | Retire (2021) |   |  |
| Comorbidity | Mental/Personality Disorders | Retire (2021) |   |  |
| Comorbidity | Myocardial Infarction (MI) (MyocardialInfarctionMIPreExisting) | Retire (2021) |   |  |
| Comorbidity | Peripheral Arterial Disease (PAD) | Retire (2021) |   |  |
| Comorbidity | Prematurity | Retire (2021) |   |  |
| Comorbidity | Steroid Use | Retire (2021) |   |  |
| Comorbidity | Substance Abuse Disorder | Retire (2021) |   |  |
| Complication | Acute Kidney Injury | Retire (2021) |   |  |
| Complication | Acute Respiratory Distress Syndrome (ARDS) | Retire (2021) |   |  |
| Complication | Alcohol Withdrawal Syndrome | Retire (2021) |   |  |
| Complication | Cardiac Arrest With CPR | Retire (2021) |   |  |
| Complication | Catheter-Associated Urinary Tract Infection (CAUTI) | Retire (2021) |   |  |
| Complication | Central Line-Associated Bloodstream Infection (CLABSI) | Retire (2021) |   |  |
| Complication | Deep Surgical Site Infection | Retire (2021) |   |  |
| Complication | Deep Vein Thrombosis (DVT) | Retire (2021) |   |  |
| Complication | Extremity Compartment Syndrome | Retire (2021) |   |  |
| Complication | Myocardial Infarction (MI) (MyocardialInfarctionMIHospitalEvent) | Retire (2021) |   |  |
| Complication | Organ/Space Surgical Site Infection | Retire (2021) |   |  |
| Complication | Osteomyelitis | Retire (2021) |   |  |
| Complication | Pulmonary Embolism | Retire (2021) |   |  |
| Complication | Pressure Ulcer | Retire (2021) |   |  |
| Complication | Severe Sepsis | Retire (2021) |   |  |
| Complication | Stroke/CVA | Retire (2021) |   |  |
| Complication | Superficial Incisional Surgical Site Infection | Retire (2021) |   |  |
| Complication | Unplanned Admission to ICU | Retire (2021) |   |  |
| Complication | Unplanned Intubation | Retire (2021) |   |  |
| Complication | Unplanned Return to the Operating Room | Retire (2021) |   |  |
| Complication | Ventilator-Associated Pneumonia (VAP) | Retire (2021) |   |  |

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

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

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