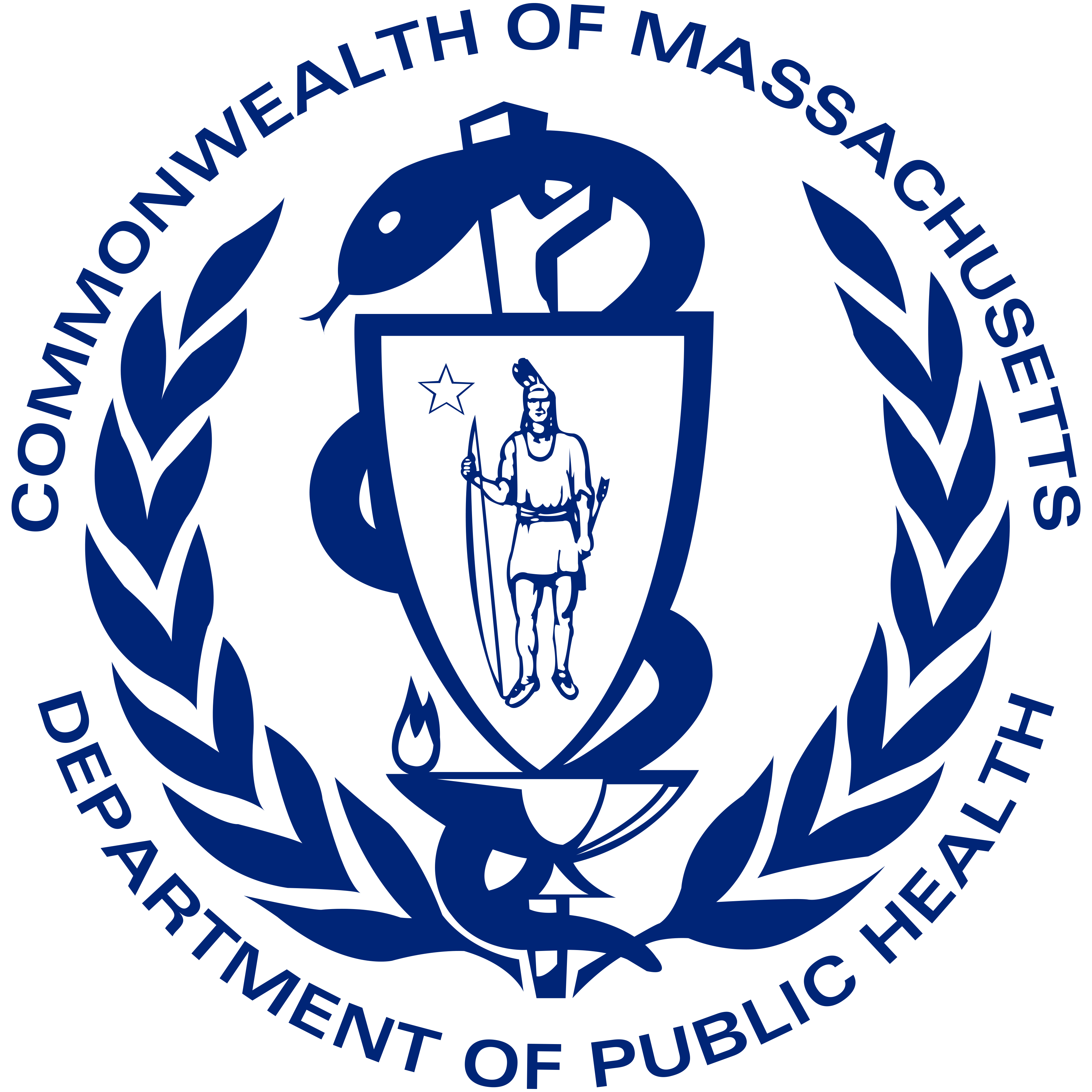
**Massachusetts Trauma Registry**



**Federal Fiscal Year 2021 Admissions**

**Federal Fiscal Year 2022 Admissions**

Version 1.2

Effective for patients receiving treatment on or after October 1, 2020 to September 30, 2022

Bureau of Health Care Safety and Quality

Division of Quality Improvement

Massachusetts Department of Public Health

Contents

[**Revision History** 3](#_Toc68022340)

[**Trauma Data Submission Regulatory Requirements** 3](#_Toc68022341)

[**Submission schedule** 3](#_Toc68022342)

[**Protection of confidential data** 4](#_Toc68022343)

[**Trauma data submission overview** 4](#_Toc68022344)

[**Trauma Registry inclusion/exclusion criteria** 5](#_Toc68022345)

[**Common null values** 7](#_Toc68022346)

[**Resources** 7](#_Toc68022347)

[**Help Desk and Registration** 8](#_Toc68022348)

[**Definitions** 8](#_Toc68022349)

[**Summary of changes from FFY 2020 data submissions** 9](#_Toc68022350)

[**Demographic Information** 14](#_Toc68022351)

[**Injury Information** 36](#_Toc68022352)

[**Prehospital Information** 55](#_Toc68022353)

[**Interfacility Transport** 69](#_Toc68022354)

[**Emergency Department Information** 77](#_Toc68022355)

[**Diagnosis Information** 112](#_Toc68022356)

[**Pre-Existing Conditions** 117](#_Toc68022357)

[**Hospital Procedure Information** 120](#_Toc68022358)

[**Complications** 124](#_Toc68022359)

[**Outcome Information** 127](#_Toc68022360)

[**Appendices** 136](#_Toc68022361)

[**Appendix A. Facility ID List** 136](#_Toc68022362)

[**Appendix B. Postal State Codes** 138](#_Toc68022363)

[**Appendix C. Country Codes** 139](#_Toc68022364)

**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**

2/23/2022: Page 26, removed “Report all that apply.” Page 45, removed “Only reported when Protective Devices include “6. Child Restraint (booster seat or child car seat).” Page 71 changed complex to “Id” and changes element to “Id.” Page 81 added ”Complex: EDAssessments**.”**

12/15/2021: Updated Referring Facility definition to “Facility ID of the facility from which the patient was transferred, please see [Appendix A](#FacilityIDList) for a list of Facility IDs” and added “Must be present if Transfer-In is 1.” For XML submitters without hospital-based trauma software, clarified that the attributed “biu” must be specified, where allowed, to indicate the common null value is being submitted for that record. Example given for generating Trauma Number for XML submitters

# **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.

The FFY2021 submission files will be due by **May 1, 2022**. FFY2022 Q1 submissions files will be due **June 1, 2022**. General Federal Fiscal Year quarterly submission dates area listed in Table 1.

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

|  |  |  |
| --- | --- | --- |
| **FFY Quarter** | **Quarter Start & End Dates** | **Due Date** |
| 1 | 10/1 - 12/31 | 3/16 |
| 2 | 1/1 - 3/31 | 6/14 |
| 3 | 4/1 - 6/30 | 9/13 |
| 4 | 7/1 - 9/30 | 12/14 |

# **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 FFY2021/FFY2022 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)
* T20 – T28 with 7th character modifier of A only (Burns by specific body parts – initial encounter)
* T30 – T32 (Burn by TBSA percentages)
* T79.A1 – T79.A19 (upper extremity) with 7th character modifier of A only (Traumatic compartment syndrome (extremity only) – initial encounter)
* T79.A2 - T79.A29 (lower extremity) with 7th character modifier of A only (Traumatic compartment syndrome (extremity only) – initial encounter)
* T75.1 with 7th character modifiers of A only (Unspecified effects of drowning and nonfatal submersion – initial encounter)
* T71 with 7th character modifiers of A only (Asphyxiation / strangulation – initial encounter)

**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 hospital to another hospital (includes inpatient or observation or emergency department); **OR**
* Death (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.

For ICD-10-CM External Cause Code:

**Must** be present if principal diagnosis is an injury: ICD-10-CM **(S00-S99)** or the following T-Codes:

(T07) unspecified multiple injuries

(T14) injury of unspecified body region

(T20-T32) burns and corrosions

(T79.A1 – T79.A19) upper extremity

(T79.A2 - T79.A29) lower extremity

(T75.1) drowning or nonfatal submersion

(T71) asphyxiation / strangulation

- If present, **Must** be a valid ICD-10-CM External Cause Code of **V00-Y38, Y62-Y84** (3 - 7 digits).

- **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).

# **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. Other fields will have a second data element ending in \_biu where the common null value should be entered. Do not enter common null values into fields without the “biu” attribute unless the field ends in \_biu. Please defer 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.

# **Resources**

Resources for Optimal Care of the Injured Patient – 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/vrc/resources/>

American College of Surgeons National Trauma Data Standard: Data Dictionary 2021 (NTDB) – 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: <http://www.ntdsdictionary.org/> Archives of the data dictionary are available at: <https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds/archived-dictionary>

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/Coding/ICD10/2019-ICD-10-CM.html>

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/Coding/ICD10/2019-ICD-10-PCS.html>

# **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](mailto:support.di@eso.com) with questions.

**Gen6 web portal accounts and passwords** – to be managed by DPH staff. Please email [mdph\_traumaregistry@mass.gov](mailto:mdph_traumaregistry@mass.gov) regarding registry accounts and system registration.

# **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 decreased en route to the reporting facility.

# **Summary of changes from FFY 2020 data submissions**

**New Fields**

Gender Identity

Interfacility Transport Departed Location Time\*

Patient Address Street2

Patient Address - Postal Code\*

Interfacility Transfer Mode of Arrival\*

Secondary ICD-10 Mechanism\*

Tertiary ICD-10 Mechanism\*

Additional Vitals - Paralytic Agents\*

Additional Vitals – Sedated\*

Additional Vitals - Eye Obstruction\*

Additional Vitals – Intubated\*

Initial Vitals Assisted Respiration Rate\*

Abbreviated Injury Scale (AIS) PreDot\*

AIS Severity\*

Injury Address Postal Code\*

Interfacility Transport Arrived at Location Date\*

Inter-facility Transport Arrived at Location Time\*

Interfacility Transport Departed Location Date\*

Comorbidity

Complications

Initial Vitals - Weight Unit

First Name

Middle Initial

Last Name

Patient Home State

Homeless

\*Data element was previously collected under a different name, grouping, or format. These have been changed to meet vendor specifications of the new registry. Some data elements only need to be submitted by trauma centers. Please see list of required data elements or data element details in this guide for more information

**Retired fields**

FilingOrgId

Social Security Number

ICD-10-CM Additional External Cause Code

Report of Physical Abuse

Investigation of Physical Abuse

Caregiver at Discharge

Other Transport Mode

Initial Field GCS - Eye

Initial Field GCS - Verbal

Initial Field GCS - Motor

Initial Field GCS – Total

Trauma Center Criteria

Vehicular, Pedestrian, Other Risk Injury

Signs of Life

DPH Facility Identification Numbers

Initial Field GCS 40 - Eye

Initial Field GCS 40-Verbal

Initial Field GCS 40 – Motor

All individual Comorbidity data elements

All individual Complications data elements

**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

**Previous Data Element Name:** SiteOrgID (FacilitySiteId)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** No

**For Direct Data Entry:** Generated automatically

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Schema Datatype | Length |
| Element: TraumaRecords  Complex Type: TraumaRecordType  Complex type: FacilityInfo  Complex element: FacilityId | Xs:string | 20 |
| Required | **Multiple Entry Configuration** | **Accepts Null Value** |
| Trauma Centers – Yes  Community 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.

**Previous Data Element Name:** NEW

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

**Community Hospital Required:** Yes

**NTDB Required:** No

**For Direct Data Entry:** Generated automatically

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: TraumaRecords  Complex type: TraumaRecordType  Complex element: TraumaNumber | Xs:decimal | 9 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community 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. The first trauma in FFY 2021 Q1 would be numbered 120200001. This is suggested number, facilities my 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

**Previous Data Element Name:** NEW

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** No

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientName  Complex: Name  Complex element: First | Xs:string | 30 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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

**Previous Data Element Name:** NEW

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** No

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientName  Complex: Name  Complex element: MiddleInitial | Xs:string | 1 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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

**Previous Data Element Name:** NEW

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** No

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientName  Complex: Name  Complex element: Last | Xs:string | 50 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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

**Previous Data Element Name:** Patient Street Address (PatientStreetAddress)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: PatientAddress  Complex: Address  Element: StreetAddress1 | Xs:string | 50 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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

**Previous Data Element Name:** NEW

**Trauma Center Required:** Conditional

**Community Hospital Required:** Conditional

**NTDB 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: PatientAddress  Complex: Address  Complex element: StreetAddress2 | Xs:string | 50 |
| Required in XSD | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Conditionally  Community Hospitals -Conditionally | No | Yes |

* 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

**Previous Data Element Name:** Patient City (HomeCity)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: PatientAddress  Complex: Address  Complex element: City | Xs:string | 60 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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

**Previous Data Element Name:** NEW

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: PatientAddress  Complex: Address  Complex element: State | Xs:string | 2 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

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

**Patient Address County**

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

**Previous Data Element Name:** Patient Home County (PatientHomeCounty)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: PatientAddress  Complex: Address  Complex element: FipsCounty | Xs:string | 5 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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
* Complete when Patient Address ZIP is not completed and Patient Address Country is US
* If patient home county “Not Known/Not Recorded” or “Not Applicable” then enter then enter the common null value

**Patient Address ZIP Code**

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

**Previous Data Element Name:** Patient’s Zip Code (HomeZip)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: PatientAddress  Complex: Address  Complex element: Zip | Xs:string | 10 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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 "Not Known/Not Recorded," record the common null value, and complete variables: Patient's Home Country, Patient's Home County (US only), and Patient's Home City
* If ZIP code is “Not Known/Not Recorded,” record the common null value and complete variable: Alternate Residence

**Patient Address Postal Code**

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

**Previous Data Element Name:** Patient’s Zip Code (HomeZip)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** Yes

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PatientAddress  Complex: Address  Complex element: PostalCode | Xs:string | 10 |
| Required in XSD | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* Must contain a valid 4-digit postal code, if available

**Patient Address Country**

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

**Previous Data Element Name:** Patient Home Country (PatientHomeCountry)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: PatientAddress  Complex: Address  Complex element: CountryText | Xs:string | 2 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* Must be a 2-digit code from the country code list in [Appendix Z](#CountryCodes)
* If patient home country “Not Known/Not Recorded,” enter the appropriate common null value
* 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

**Previous Data Element Name:** Alternate Home Residence (AlternateHomeResidence)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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
* ~~Report all that apply~~

**Homeless**

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

**Previous Data Element Name:** NEW

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No |  |

* 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

**Previous Data Element Name:** Date of Birth (DateOfBirth)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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)

**Previous Data Element Name:** Age (Age)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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 and can only 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)

**Previous Data Element Name:** Age Units (AgeUnits)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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 and can only be “Not Applicable” if Age is “Not Applicable”

**Gender**

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

**Previous Data Element Name:** Gender (Sex)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

**Gender Identity**

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

**Previous Data Element Name:** New

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

**Patient Race**

**Patient Race 2**

**Definition**: The patient's race

**Previous Data Element Name:** Race1, Race 2

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Race2 | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - Yes | No | Yes |

* 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” along with any other value

**Patient Ethnicity**

**Definition**: The patient's ethnicity

**Previous Data Element Name:** Ethnicity

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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

**Previous Data Element Name:** Medical Record Number (MedicalRecordNumber)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: Traumarecords  Complex: TraumaRecord  Additional Complex: TraumaRecordType  Complex element: MedicalRecordNumber | Xs:string | 20 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - Yes | No | Yes |

# **Injury Information**

**Injury Address City**

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

**Previous Data Element Name:** Incident City (IncidentCity)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** No

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InjuryAddress  Complex: InjuryAddress  Complex element: City | Xs:string | 60 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* Must be present and must be the text value of the Injury Address City name
* 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)

**Previous Data Element Name:** Incident State (IncidentState)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: InjuryAddress  Complex: InjuryAddress  Complex element: State | Xs:string | 2 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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)

**Previous Data Element Name:** Incident County (IncidentCounty)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: InjuryAddress  Complex: InjuryAddress  Complex element: FipsCounty | Xs:string | 5 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -No | No | Yes |

* 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” using the appropriate common null value
* 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

**Previous Data Element Name:** Incident Location ZIP/Postal Code (IncidentLocationPostalCode)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: InjuryAddress  Complex: InjuryAddress  Complex element: Zip | Xs:string | 10 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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 Postal Code**

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

**Previous Data Element Name:** Incident Location ZIP/Postal Code (IncidentLocationPostalCode)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** Yes

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: InjuryAddress  Complex: InjuryAddress  Complex element: PostalCode | Xs:string | 10 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* Must contain a valid postal code, if available, otherwise enter common null value for “Not Known/Not Recorded”
* 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)

**Previous Data Element Name:** Incident Country (IncidentCounty)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: InjuryAddress  Complex: InjuryAddress  Complex element: CountryText | Xs:string | 2 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -No | No | Yes |

* 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

**Previous Data Element Name:** Injury Incident Date (IncidentDate)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community 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

**Previous Data Element Name:** Injury Incident Time (IncidentTime)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

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

**Previous Data Element Name:** ProtectiveDevices, ChildSpecificRestraint

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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 – Yes  Community Hospitals - No | No | Yes |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Restraint2 | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | No | Yes |

* Evidence of the use of a child restraint may be reported or observed
* ~~Only reported when Protective Devices include “6. Child Restraint (booster seat or child car seat)”~~

**Restraint 1**

**Restraint 2 (cont)**

* The null value “Not Applicable” must be reported if Element Value “6. Child Restraint” is NOT reported for Protective Devices
* 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”

**Protective Devices Equipment**

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

**Previous Data Element Name:** Protective Devices (ProtectiveDevices)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: ProtectiveDevices  Complex: ProtectiveDevice  Complex element: ProtectiveDevice | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Repeats up to 10 times | Yes |

* 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

**Previous Data Element Name:** Airbag Deployment (AirbagDeployment)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: AirbagDeployments  Complex: AirbagDeployment  Complex element: AirbagDeployment | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -No | Repeats up to 4 times | Yes |

* 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

**Previous Data Element Name:** ICD10 Primary External Cause Code (ICD10PrimaryExternalCauseCode)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: Ecodes  Complex: ECodeType  Complex element: Icd10Code | Xs:string | 8 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | Repeats up to 3 times | Yes |

* 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. (exclude decimal point) V00-Y38, Y62-Y84 with exclusion criteria listed below
* 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

**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

**Previous Data Element Name:**

ICD10 Place of Occurrence External Cause Code (ICD10PlaceofOccurrenceExternalCauseCode)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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)
* Place of Injury code should be U98X (where X is 0-9)(ICD-10 CA only)

**Work Related**

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

**Previous Data Element Name:** Work-related (WorkRelated)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

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

**Occupational Industry**

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

**Previous Data Element Name:** Patient Occupational Industry (PatientOccupationalIndustry)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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 – Yes  Community Hospitals - No | No | Yes |

* 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

**Previous Data Element Name:** Patient Occupation (PatientOccupation)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* Only completed if injury is work-related
* If work related, also complete Patient's Occupational Industry
* If work-related, must also report 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

**Previous Data Element Name:** Transport Mode (TransportMode)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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:PhProviders  Complex: PhProvider  Complex element: Mode | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | Repeats up to 4 times | Yes |

* Field cannot be “Not Applicable”

**Prehospital Provider Call Dispatched Date**

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

**Previous Data Element Name:** EMS Dispatch Date (EMSDispatchDate)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: PhProviders  Complex: PhProvider  Complex element: DispatchDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | Repeats up to 4 times | Yes |

* 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 Call Dispatched Time**

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

**Previous Data Element Name:** EMS Dispatch Time (EMSDispatchTime)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** Yes

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhProviders  Complex: PhProvider  Complex element: DispatchTime | Xs:time |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | Repeats up to 4 times | Yes |

* The common null value “Not Applicable” is used for patients who were not transported by EMS
* For patients transported from the scene of injury to your hospital, this is the time at 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

**Previous Data Element Name:**

EMS Unit Arrival Date at Scene or Transferring Facility (EMSUnitArrivalDateatSceneorTransferringFacility)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: PhProvider  Complex: PhProvider  Complex element: ArrivedLocationDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | Repeats up to 4 times | Yes |

* 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 Arrived at Location Time**

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

**Previous Data Element Name:**

EMS Unit Arrival Time at Scene or Transferring Facility (EMSUnitArrivalTimeatSceneorTransferringFacility)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** Yes

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhProviders  Complex: PhProvider  Complex element: ArrivedLocationTime | Xs:time |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | Repeats up to 4 times | Yes |

* For patients transported from the scene of injury to your hospital, this is the time at 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 who were 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

**Previous Data Element Name:**

EMS Unit Departure Date from Scene or Transferring Facility (EMSUnitDepartureDatefromSceneorTransferringFacility)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: PhProviders  Complex: PhProvider  Complex element: LeftLocationDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | Repeats up to 4 times | Yes |

* 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

**Prehospital Provider Departed Location Time**

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

**Previous Data Element Name:**

EMS Unit Departure Time from Scene or Transferring Facility (EMSUnitDepartureTimefromSceneorTransferringFacility)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** Yes

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhProviders  Complex: PhProvider  Complex element: LeftLocationTime | Xs:time |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - Yes | Repeats up to 4 times | Yes |

* For patients transported from the scene of injury to your hospital, this is the time at 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

**Previous Data Element Name:** NEW

**Trauma Center Required:** Conditionally

**Community Hospital Required:** Conditionally

**NTDB 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: PhProviders  Complex: PhProvider  Complex element: PcrUUID | Xs:string | 36 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - Yes | Repeats up to 4 times | Yes |

* 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

**Prehospital Vitals Unassisted Respiratory Rate**

**Definition**: First recorded unassisted respiratory rate measured at the scene of injury (expressed as a number per minute)

**Previous Data Element Name:** Initial Field Respiratory Rate (InitialFieldRespiratoryRate)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** No

**For Direct Data Entry:** Prehospital > Treatment > Prehospital Vitals > Unassisted Respiratory Rate

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhAssessments  Complex: PhAssessment  Complex element: UnassistedRespRate | Xs:decimal |  |
| Required in XSD | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Repeats up to 10 times | Yes |

* The common null value for “Unknown” is reported if the patient's first recorded prehospital provider respiratory rate was NOT measured at the scene of injury
* The common null value for “Not Applicable” is used for patients who arrive by Private/Public Vehicle/Walk-in

**Prehospital Vitals Pulse Rate**

**Definition**: First recorded pulse measured at the scene of injury (palpated or auscultated), expressed as a number per minute

**Previous Data Element Name:** Initial Field Pulse Rate (InitialFieldPulseRate)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** No

**For Direct Data Entry:** Prehospital > Treatment > Prehospital Vitals > Pulse Rate

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhAssessments  Complex: PhAssessment  Complex element: PulseRate | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Repeats up to 10 times | Yes |

* The common null value for “Unknown” is reported if the patient's first recorded prehospital provider pulse rate was NOT measured at the scene of injury
* 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
* The common null value “Not Applicable” is used for patients who arrive by Private/Public Vehicle/Walk-in

**Prehospital Vitals Systolic Blood Pressure**

**Definition**: First recorded systolic blood pressure measured at the scene of injury

**Previous Data Element Name:** Initial Field systolic blood pressure (InitialFieldsystolicbloodpressure)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** Yes

**For Direct Data Entry:** Prehospital > Treatment > Prehospital Vitals > SBP

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhAssessments  Complex: PhAssessment  Complex element: Sbp | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Repeats up to 10 times | Yes |

* The common null value for “Unknown” is reported if the patient's first recorded prehospital provider systolic blood pressure was NOT measured at the scene of injury
* 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
* The common null value “Not Applicable” is used for patients who arrive by Private/Public Vehicle/Walk-in

**Prehospital Vitals Oxygen Saturation**

**Definition**: First recorded oxygen saturation measured at the scene of injury (expressed as a percentage)

**Previous Data Element Name:** Initial Field Oxygen Saturation (InitialFieldOxygenSaturation)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** No

**For Direct Data Entry:** Prehospital > Treatment > Prehospital Vitals > O2 Saturation

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PhAssessments  Complex: PhAssessment  Complex element: SaO2 | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Repeats up to 10 times | Yes |

* The common null value for “Unknown” is reported if the patient’s first recorded initial field oxygen saturation was NOT measured at the scene of injury
* Value should be based upon assessment before administration of supplemental oxygen
* The common null value for "Not Applicable" is used for patients who arrive by “Private/Public Vehicle/Walk-in”

**Pre-Arrival Cardiac Arrest**

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

**Previous Data Element Name:** Pre Hospital Cardiac Arrest (Prehospitalcardiacarrest)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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

**Previous Data Element Name:** Transport Mode (TransportMode)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: IftProviders  Complex: IftProvider  Complex element: Mode | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | Repeats up to 10 time | Yes |

* 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

**Previous Data Element Name:** SiteOrgID of Transferring Hospital (FacilitySiteIdOfTransferringHospital)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: Rfs  Complex: Rf  Additional Complex: Id  Element: Id | Xs:string | 20 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No |  |

* Must be present if Transfer-In is 1

**Transfer In**

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

**Previous Data Element Name:** Inter-Facility Transfer (InterFacilityTransfer)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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

**Previous Data Element Name:**

EMS Unit Arrival Date at Scene or Transferring Facility (EMSUnitArrivalDateatSceneorTransferringFacility)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: IftProviders  Complex: IftProvider  Complex element: ArrivedLocationDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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 Arrived at Location Time**

**Definition**: The time the unit transporting arrived the referred facility

**Previous Data Element Name:** EMS Unit Arrival Time at Scene or Transferring Facility (EMSUnitArrivalTimeatSceneorTransferringFacility)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** Yes

**For Direct Data Entry:**

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: IftProviders  Complex: IftProvider  Complex element: ArrivedLocationTime | Xs:time |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* For inter-facility transfer patients, this is the time at 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

**Previous Data Element Name:** EMS Unit Departure Date from Scene or Transferring Facility (EMSUnitDepartureDatefromSceneorTransferringFacility)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: Iftproviders  Complex: IftProvider  Complex element: LeftLocationDate | Xs:date |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals -Yes | No | Yes |

* 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)

**Interfacility Transport Departed Location Time**

**Definition**: The time the unit transporting to your hospital left the transferring facility

**Previous Data Element Name:** EMS Unit Departure Time from Scene or Transferring Facility (EMSUnitDepartureTimefromSceneorTransferringFacility)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB Required:** Yes

**For Direct Data Entry:**

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: IftProviders  Complex: IftProvider  Complex element: LeftLocationTime | Xs:time |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - Yes | No | Yes |

* For inter-facility transfer patients, this is the time at 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

**Previous Data Element Name:** ED/Hospital Arrival Date (HospitalArrivalDate)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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

**Previous Data Element Name:** ED/Hospital Arrival Time (HospitalArrivalTime)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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

**Previous Data Element Name:** Initial ED Hospital Temperature (InitialEDHospitaltemperature)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: Temperature  Complex: TemperatureType  Complex element: Value | Xs:float |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | No | Yes |

* 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)

**Previous Data Element Name:** NEW

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| F | Fahrenheit |
| C | Celsius |

**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: EDAssessments  Element: Temperature  Complex: TemperatureType  Complex element: Unit | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | No | Yes |

**Respiration Assisted**

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

**Previous Data Element Name:**

Initial ED Hospital Respiratory Assistance (InitialEDHospitalRespiratoryAssistance)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: AssistedResp | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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)

**Previous Data Element Name:** Respiration Rate (RespiratoryRate)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: UnassistedRespRate | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - Yes | Up to 10 times | Yes |

* 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

**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)

**Previous Data Element Name:** Respiration Rate (RespiratoryRate)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: AssistedRespRate | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - Yes | Up to 10 times | Yes |

* 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

**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)

**Previous Data Element Name:** Pulse Rate (PulseRate)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: PulseRate | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullabe** |
| Trauma Centers – Yes  Community Hospitals - Yes | Up to 10 times | Yes |

* 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

**Previous Data Element Name:** Blood Pressure (Sbp)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: Sbp | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Accepts Null Value** |
| Trauma Centers – Yes  Community Hospitals - Yes | Up to 10 times | Yes |

* 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)

**Previous Data Element Name:** Initial ED Hospital Oxygen Saturation (InitialEDHospitalOxygenSaturation)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: SaO2 | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Previous Data Element Name:**

Initial ED Hospital Supplemental Oxygen (InitialEDHospitalSupplementalOxygen)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: SupplementalO2Bool | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Previous Data Element Name:** Initial Glasgow Eye Component in ED (GcsEye)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Additional Complex: GCSType  Complex element: Eye | Menu |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Previous Data Element Name:** Initial Glasgow Verbal Component in ED (GcsVerbal)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 1 | No Verbal Response (Pediatric (< = 2 yrs): No Vocal Response) |
| 2 | Incomprehensible Sounds (Pediatric (< = 2 yrs): Inconsolable, Agitated) |
| 3 | Inappropriate Words (Pediatric (< = 2 yrs): Inconsistently Consolable, Moaning) |
| 4 | Confused (Pediatric (< = 2 yrs): Cries but is Consolable, Inappropriate Interactions) |
| 5 | Oriented (Pediatric (< = 2 yrs): 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: EdAssessments  Complex: EdAssessment  Additional Complex: GCSType  Complex element: Verbal | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Previous Data Element Name:** Initial Glasgow Motor Component in ED (GcsMotor)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Additional Complex: GCSType  Complex element: Motor | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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
* Field cannot be Not Applicable

**Initial Vitals GCS: Total**

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

**Previous Data Element Name:** Glasgow Coma Score Total in the ED (TotalGcs)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Additional Complex: GCSType  Complex element: Total | Xs:decimal |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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
* Sum of Eye, Verbal, and Motor valid 2 digit score should add up to the total. Do not include unknown or not applicable code in summation
* 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

**Previous Data Element Name:** Initial ED Hospital GCS 40 Eye (InitialEDHospitalGCS40Eye)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Additional Complex: GCS40Type  Complex element: Eye | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Previous Data Element Name:** Initial ED Hospital GCS 40 Verbal (InitialEDHospitalGCS40Verbal)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 0 | Not Testable |
| 1 | None |
| 2 | Sounds (Pediatric (< 5 yrs): Cries) |
| 3 | Words (Pediatric (< 5 yrs): Vocal Sounds) |
| 4 | Confused (Pediatric (< 5 yrs): Words) |
| 5 | Oriented (Pediatric (< 5 yrs): 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: EdAssessments  Complex: EdAssessment  Additional Complex: GCS40Type  Complex element: Verbal | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Previous Data Element Name:** Initial ED Hospital GCS 40 Motor (InitialEDHospitalGCS40Motor)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** Yes

**Data Element Menu:**

|  |  |
| --- | --- |
| 0 | Not Testable |
| 1 | None |
| 2 | Extension (Pediatric (< 5 yrs): Extension to Pain |
| 3 | Abnormal Flexion (Pediatric (< 5 yrs): Flexion to Pain |
| 4 | Normal Flexion (Pediatric (< 5 yrs): Localizes Pain |
| 5 | Localizing (Pediatric (< 5 yrs): Obeys Commands |
| 6 | 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: EdAssessments  Complex: EdAssessment  Additional Complex: GCS40Type  Complex element: Motor | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Previous Data Element Name:** Glasgow Coma Score Assessment Qualifier in the ED (GcsQualifier)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: Paralyzed | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | No |

* 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

**Previous Data Element Name:** Glasgow Coma Score Assessment Qualifier in the ED (GcsQualifier)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: Sedated | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Previous Data Element Name:** Glasgow Coma Score Assessment Qualifier in the ED (GcsQualifier)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: Intubated | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be reported
* 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

**Previous Data Element Name:** Glasgow Coma Score Assessment Qualifier in the ED (GcsQualifier)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Complex element: EyeObstruction | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Initial Vitals Height**

**Definition**: First recorded height within 24 hours or less of ED/hospital arrival

**Previous Data Element Name:** Initial ED Hospital Height (InitialEDHospitalHeight)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Additional Complex: Height  Additional Complex: HeightType  Complex element: Value | Xs:float |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* Report in centimeters or inches
* The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital Height was not measured within 24 hours or less of ED/hospital arrival
* 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)

**Previous Data Element Name:** NEW

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Additional Complex: Height  Additional Complex: HeightType  Complex element: Unit | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

**Initial Vitals Weight**

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

**Previous Data Element Name:** Initial ED Hospital Weight (InitialEDHospitalweight)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Additional Complex: Weight  Additional Complex: WeightType Complex element: Value | Xs:float |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

* 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

**Previous Data Element Name:** NEW

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: EdAssessments  Complex: EdAssessment  Additional Complex: Weight  Additional Complex: WeightType  Complex element: Unit | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 10 times | Yes |

**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

**Previous Data Element Name:** Alcohol Screen (AlcoholScreen)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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

**Previous Data Element Name:** Alcohol Screen Results (AlcoholScreenResults)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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)

**Previous Data Element Name:** DrugScreen (DrugScreen)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: EdDrugScreens  Complex: Drug Screen  Complex element: DrugCode | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals – Yes | Complex repeats up to 13 times | Yes |

* “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

**Previous Data Element Name:** ED Discharge Disposition, Location of Direct Admission

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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

**Previous Data Element Name:** ED Discharge Date (EDDischargeDate)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

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

**Previous Data Element Name:** ED Discharge Time (EDDischargeTime)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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

**Previous Data Element Name:** Injury Diagnosis (InjuryDiagnoses)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: FinalAnatomicalDiagnosis  Complex: Anatomical Diagnosis  Complex element: ICD10Code | Xs:string | 8 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - Yes | Up to 50 repeats | Yes |

* IInjury diagnoses as defined by ICD-10-CM code range S00-S99, T07, T14, T20-T28, T30-T32, T79.A1 – T79.A19, T79.A2 - T79.A29, T75.1 and T71
* 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

**AIS PreDot Code**

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

**Previous Data Element Name:** AIS (AIS)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: FinalAnatomicalDiagnosis  Complex: Anatomical Diagnosis  Complex element: PreDot | Xs:string | 6 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Yes | Yes |

* 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

**Previous Data Element Name:** AIS (AIS)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: FinalAnatomicalDiagnosis  Complex: Anatomical Diagnosis  Complex element: AisSeverity | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Yes | Yes |

* 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

**Previous Data Element Name:** AIS Version (AISVersion)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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 – Yes  Community Hospitals - No | No | Yes |

* Cannot be Not Applicable

# **Pre-Existing Conditions**

**Comorbidity**

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

**Previous Data Element Name:** Individual pre-existing conditions variables

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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 |
| 16 | History of Angina within 30 Days |
| 17 | History of Myocardial Infarction |
| 18 | History of Peripheral Vascular Disease (PVD) |
| 19 | Hypertension |
| 23 | Chronic Obstructive Pulmonary Disease (COPD) |
| 24 | Steroid Use |
| 25 | Cirrhosis |
| 26 | Dementia |
| 27 | Major Psychiatric Illness |
| 30 | Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) |
| 31 | Anticoagulant Therapy |
| 32 | Angina Pectoris |
| 33 | Mental/Personality Disorder |
| 34 | Myocardial Infarction (MI) |
| 35 | Peripheral Arterial Disease (PAD) |
| 36 | Substance Use Disorder |
| 37 | Prematurity |
| 38 | Pregnancy |

**Comorbidity (cont.)**

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: PreExistingConditions  Complex: PreExistingCondition  Complex element: Code | Xs:string | 6 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | 30 | Yes |

* 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/files/quality-programs/trauma/ntdb/ntds/data-dictionaries/ntds_data_dictionary_2021.ashx>

# **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

**Previous Data Element Name:** ICD10 Hospital Procedure Code (ICD10HospitalProcedureCode)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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: Procedures  Complex: Procedure  Complex element: Icd10Code | Xs:string | 8 |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 200 times | Yes |

* 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/files/quality-programs/trauma/ntdb/ntds/data-dictionaries/ntds_data_dictionary_2021.ashx>

**Procedure Start Date**

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

**Previous Data Element Name:** Hospital Procedures Start Date (HospitalProcedureStartDate)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** Yes

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Procedures  Complex: Procedure  Complex element: StartDate | Xs:date | n/a |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Yes | Yes |

* 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

**Previous Data Element Name:** Hospital Procedures Start Time (HospitalProcedureStartTime)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB Required:** Yes

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

**For XSD File Submitters:**

|  |  |  |
| --- | --- | --- |
| XSD Key Element and Complex Names | Data Type | Length |
| Element: Procedures  Complex: Procedure  Complex element: StartTime | Xs:time | n/a |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Yes | Yes |

* Procedure start time is defined as the time the incision was made(or the procedure started)
* If distinct procedures with the same procedure code are performed, their start times must be different
* 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

**Previous Data Element Name:**

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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 |
| 15 | Extremity Compartment Syndrome |
| 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: Filters  Complex: Filter  Complex element: Code | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - No | Up to 75 | Yes |

* Must have occurred during the patient's initial stay at your hospital
* Consistent with the January 2016 CDC defined VAP
* 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 95: <https://www.facs.org/-/media/files/quality-programs/trauma/ntdb/ntds/data-dictionaries/ntds_data_dictionary_2021.ashx>

# **Outcome Information**

**Admission Type**

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

**Previous Data Element Name:** Service Level (ServiceLevel)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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 – Yes  Community Hospitals - No | No | Yes |

**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

**Previous Data Element Name:** Total ICU Length of Stay (TotalICULengthofStay)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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 – Yes  Community Hospitals - No | No | Yes | |

* 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

**Previous Data Element Name:** Total Ventilator Days (TotalVentilatorDays)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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 – Yes  Community Hospitals - No | No | Yes |

* 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

**Previous Data Element Name:** Hospital Discharge Date (HospitalDischargeDate)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

* 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.

**Previous Data Element Name:** Hospital Discharge Time (HospitalDischargeTime)

**Trauma Center Required:** Yes

**Community Hospital Required:** No

**NTDB 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 – Yes  Community Hospitals - No | No | Yes |

* 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

**Previous Data Element Name:** Hospital Discharge Disposition (HospitalDischargeDisposition)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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 – Yes  Community Hospitals - Yes | No | Yes |

**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

**Previous Data Element Name:** Primary Method of Payment (PrimaryMethodofPayment)

**Trauma Center Required:** Yes

**Community Hospital Required:** Yes

**NTDB 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: Payors  Complex: Payor  Complex element: Code | Xs:integer |  |
| Required | **Multiple Entry Configuration** | **Nullable** |
| Trauma Centers – Yes  Community Hospitals - Yes | Up to 5 | Yes |

* 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 |