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| **Data Elements Collected per Circular Letter DHCQ 18 – 03 – 678** | | | |
| **Field Name** | **(R)equired** | **Non-Trauma Centers** | **Trauma Centers** |
|  | **(C)onditionally** |
|  | **Required** |
| FilingOrgId | R | X | X |
| SiteOrgID | R | X | X |
| Inter-Facility Transfer | R | X | X |
| SiteOrgID of Transferring Hospital | C1 | X | X |
| EMS Unit Departure Time from Scene and Transferring Hospital | R | X | X |
| ED/Hospital Admission Date | R | X | X |
| ED/Hospital Admission Time | R | X | X |
| Medical Record Number | R | X | X |
| Social Security Number | R | X | X |
| Date of Birth | R | X | X |
| Gender | R | X | X |
| Patient’s Home Street Address | R | X | X |
| Patient’s Home City | R | X | X |
| Patient’s Home Zip/Postal Code | R | X | X |
| Injury Incident Date | R | X | X |
| Injury Incident Time | R | X | X |
| Work-related | R | X | X |
| Incident City | R | X | X |
| Incident State | R | X | X |
| Transport Mode | R | X | X |
| Alcohol Use Indicator | Retire Oct 2016 |  | X |
| Drug Use Indicator | Retire Oct 2016 |  | X |
| Drug Screen 1 - 5 | R | X | X |
| Alcohol Screen | R | X | X |
| Alcohol Screen Results | R | X | X |
| ICD-10-CM Primary External Cause code | R | X | X |
| ICD-10-CM Location External Cause Code | R | X | X |
| Initial ED/Hospital Glasgow Eye Component in ED | C2 |  | X |
| Initial ED/Hospital Glasgow Verbal Component in ED | C3 |  | X |
| Initial ED/Hospital Glasgow Motor Component in ED | C4 |  | X |
| Glasgow Coma Score Total in the ED | C5 |  | X |
| Glasgow Coma Score Assessment Qualifier in the ED | C6 |  | X |
| Respiration Rate | R | X | X |
| Systolic Blood Pressure | R | X | X |
| Pulse Rate | R | X | X |
| ICD-10-CM Diagnosis Code | R | X | X |
| AIS (numerical identifier for predot code and severity code) | R |  | X |
| AIS Version | R |  | X |
| Protective Devices | R |  | X |
| Child Specific restraint | C7 |  | X |
| Airbag Deployment | C8 |  | X |
| Co-Morbid Conditions | R |  | X |
| Complications | R |  | X |
| Patient's Home Country | C9 | X | X |
| Patient's Home County | C10 | X | X |
| Alternate Home Residence | R | X | X |
| Age | R | X | X |
| Age Units | R | X | X |
| Race | R | X | X |
| Ethnicity | R | X | X |
| Patient's Occupational Industry | C11 |  | X |
| Patient's Occupation | C12 | X | X |
| ICD-10-CM Additional External Cause Code | R |  | X |
| Incident Location Zip/Postal Code | R | X | X |
| Incident Country | R |  | X |
| Incident County | R |  | X |
| Report of Physical Abuse | R | X | X |
| Investigation of Physical Abuse | C13 |  | X |
| Caregiver at Discharge | C14 |  | X |
| EMS Dispatch Date | R | X | X |
| EMS Dispatch Time | R | X | X |
| EMS Unit Arrival Date at Scene or Transferring Facility | R | X | X |
| EMS Unit Arrival Time at Scene or Transferring Facility | R | X | X |
| EMS Unit Departure Date from Scene or Transferring Facility | R | X | X |
| Other Transport Mode | R |  | X |
| Initial Field Systolic Blood Pressure | R |  | X |
| Initial Field Pulse Rate | R |  | X |
| Initial Field Respiratory Rate | R |  | X |
| Initial Field Oxygen Saturation | R |  | X |
| Initial Field GCS - Eye | R |  | X |
| Initial Field GCS - Verbal | R |  | X |
| Initial Field GCS - Motor | R |  | X |
| Initial Field GCS - Total | R |  | X |
| Trauma Center Criteria | R |  | X |
| Vehicular, Pedestrian, Other Risk Injury | R |  | X |
| Pre-Hospital Cardiac Arrest | R | X | X |
| Initial ED/Hospital Temperature | R |  | X |
| Initial ED/Hospital Respiratory Assistance | R |  | X |
| Initial ED/Hospital Oxygen Saturation | R |  | X |
| Initial ED/Hospital Supplemental Oxygen | R |  | X |
| Initial ED/Hospital Height | R |  | X |
| Initial ED/Hospital Weight | R |  | X |
| ED Discharge Disposition | R | X | X |
| Signs of Life | R |  | X |
| ED Discharge Date | R | X | X |
| ED Discharge Time | R | X | X |
| ICD-10-CM Hospital Procedures | R |  | X |
| Hospital Procedure Start Date | R |  | X |
| Hospital Procedure Start Time | R |  | X |
| Total ICU Length of Stay | R |  | X |
| Total Ventilator Days | R |  | X |
| Hospital Discharge Date | R | X | X |
| Hospital Discharge Time | C15 |  | X |
| Hospital Discharge Disposition | R | X | X |
| Primary Method of Payment | R | X | X |
| Hospital Complications | R |  | X |
| DPH Facility Identification Numbers | R | X | X |
| Service Level | R |  | X |

NOT APPICABLE/NOT KNOWN/UNKNOWN/NOT RECORDED choices are coded according to the specification guides for each data field. Check the current Fixed Field Length and XML specification guides for appropriate coding.

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| **NOTE: EXPLANATION OF CONDITIONAL STATUS DATA ELEMENTS** | |
| 1. SiteOrgID of Transferring Hospital: Fill in when Inter-facility Transfer=1, 2. Initial Glasgow Eye | | | |
| Component in ED: Should be recorded within 30 minutes or less of arrival with first set of vitals, 3. Initial Glasgow Verbal: | | |
| Component in ED: Should be recorded within 30 minutes or less of arrival with first set of vitals, 4. Initial Glasgow Motor | | | |
| Component in ED: Should be recorded within 30 minutes or less of arrival with first set of vitals, 5. Glasgow Coma Score | | | |
| Total in the ED: Should be recorded within 30 minutes or less of arrival with first set of vitals, 6. Glasgow Coma Score | | | |
| Assessment Qualifier in the ED: Glasgow not always recorded. 7. Child Specific restraint: Only for pediatric patients  And protective devices=6; 8. Airbag Deployment: Only for patients involved in Motor Vehicle crashes and Protective | | | |
| Devices=8. 9. Patient’s Home Country: Fill in when patient zip code is known, 10. Patient’s Home County: Fill in when US  only, 11. Patient’s Occupational Industry: Fill in when Work-related field=1, 12. Patient’s Occupation: Fill in when Work-  related field=1, 13. Investigation of Physical Abuse: Fill in when Report of Physical Abuse=1, 14. Caregiver at Discharge: | | | |
| Fill in when Report of Physical Abuse=1, 15. Hospital Discharge Time: Fill in when ED Discharge Disposition = 1-3, 7, 8, 12-14 |