# GEORGIA QUALITY IMPROVEMENT PROGRAM

# 2025 Trauma Data Dictionary

**2025 ADMISSION YEAR**  This dictionary serves as the required data fields and definition requirements referred to as GQIP Trauma Data Standard  for use by a Georgia designated trauma center with 2025 admitted trauma patients.

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# General Information

This data dictionary includes data fields outside of the NTDB + TQIP data points. GQIP's data model includes ITDX+ NTDB + TQIP plus the data fields noted in this dictionary. For the NTDS and TQIP data fields, please refer to the [2025 NTDB Data Dictionary](). All required data fields including ITDX fields are included in this data dictionary. The dictionary is broken up into two sections with the required data fields being included in section I and the non-required data fields being included in section II.

Data Sources listed for data points are suggestions on where these might be located except for the EMS data points which should be obtained from the EMS patient care record. Users may find the necessary information in other records at their facility.

# 2025 Georgia Trauma Registry Inclusion Criteria

### *For 2025, GQIP and OEMST are adopting the 2025 NTDS registry inclusion criteria.*

A trauma patient is defined as a patient sustaining a traumatic injury within 14 days of initial hospital encounter and meeting the following criteria*:

At least **ONE** of the following injury diagnostic codes defined as follows:
International Classification of Diseases, Tenth Revision (ICD-10-CM):
• S00-S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts–initial encounter)
• T07 (unspecified multiple injuries)
• T14 (injury of unspecified body region)
• T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome–initial encounter)
**EXCLUDING** the following isolated injuries:
ICD-10-CM:
• 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 shoulder and upper arm)
• S50 (Superficial injuries of elbow and forearm)
• S60 (Superficial injuries of wrist, hand and fingers)
• S70 (Superficial injuries of hip and thigh)
• S80 (Superficial injuries of knee and lower leg)
• S90 (Superficial injuries of 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 MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO**
(ICD-10-CM S00-S99, T07, T14, and T79.A1-T79.A9):
• Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status);
**OR**
• Patients transferred from one acute care hospital** to another acute care hospital;
**OR**
• Patients transferred/discharged to hospice (e.g., hospice facility, hospice unit, home hospice);
**OR**
• Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention);
**OR**
• Patients who were an in-patient admission and/or observed.

*In-house traumatic injuries sustained after initial ED/hospital arrival and before hospital discharge at the index hospital (the hospital reporting data), and all data associated with that injury event, are excluded.
**Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition).
"CMS Data Navigator Glossary of Terms" https://www.cms.gov/Research-Statistics-Data-and systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf (accessed January 15, 2019).

# Section I:

# GQIP REQUIRED DATA FIELDS

# Demographic: Medical Record Number

| Tab Name | Demographic, Record Info | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | PAT_REC_NUM | Allow UNK? | No |

## DEFINITION:

The unique identification number assigned as the patient identifier.

## ADDITIONAL  INFORMATION:

- In some instances, patients are assigned a new medical record number (MRN) when they already have  one from a previous encounter. Typically, all the patient's records will be merged under the latest medical  record number. Check with your facility's Medical Records / Health Information Management Department   to determine the standard of practice and use the final MRN assigned to the patient.

## DATA SOURCE:

Billing/Registration Form, Admission Form

# Demographic: Account Number

| Tab Name | Demographic, Record Info | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | PAT_ACCOUNT | Allow UNK? | No |

## DEFINITION:

Unique alphanumeric number assigned to the patient's account unique to visit.

## ADDITIONAL INFORMATION:

None

## DATA SOURCE:

Billing/registration information, Admission form

# Demographic: LongID

| Tab Name | Demographic, Record Info | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | LINK_NUM | Allow UNK? | No |

## DEFINITION:

The LongID is a variable that will help registry records link with other state data sources. The variable, LONGID, is alphanumeric and has a 15-digit length.

1. To create the variable, record the following data in the order listed:
   a) the first two letters of the first name,
   b) the first and last two letters of the last name,
   c) the birth date (date of birth – DOB) in an eight-digit MM/DD/YYYY format and
   d) sex as "M" for male, "F" for female, and "U" for unknown or if the patient does not identify as a male or female,
1. No symbols such as apostrophes as in names like O'Connor or slashes ("/") like those in birth dates separating.
   the month, day and year should be included in the values of LONGID.
2. Suffixes such as "Jr.", "Sr.", "II" or "III" shall not be considered when creating the values for LONGID.
3. Some names have few letters, e.g., Ray, Coe or Li. In such circumstances, letters will be used repeatedly but in the same order as described above.
4. Some names have two parts separated by space or a hyphen, e.g., Di Napoli, Ramirez-Martinez, Jones Smith. Regardless of the separator between the two parts, always use the first two letters of the first part and the last two letters of the last part of the compound names.
5. If the name and date of birth are unknown, use the names Jane Doe for a female or John Doe for a male and the date of birth January 1, 1900.
6. If the sex is unknown or the patient does not identify as a male or female, use "U" for unknown as the sex.

## ADDITIONAL INFORMATION

Examples:

- Subject's first name is Michael, last name is Thompson, DOB: May 9, 1924 the LONGID will be:
  - MI + TH + ON + 05091924 + M = "**MITHON05091924M**"
- Subject's first name is D'Arcy and last name is O'Brien, DOB: 04/15/1932 then the LONGID will be
  - DA + OB + EN + 04151932 + F = "**DAOBEN04151932F**"
- Subject's first name is William, the last name is Ray, DOB: February 23, 1940 then the LONGID will be
  - WI + RA + AY + 02231940 + M = "**WIRAAY02231940M**"
- Subject's first name is Edward, last name is Li, born on December 6, 1946 then the LONGID will be
  - ED + LI + LI + 12061946 + M = "**EDLILI12061946M**
- If the first name is Paula, the last name is Ramirez-Martinez, DOB: January 9, 1960 then the LONGID will be
  - PA + RA + EZ + 01091960 + F = **"PARAEZ01091960F"**

## DATA SOURCE:

Hospital Patient Registration, Billing information, ED MD care note, History & Physical (H&P), EMR, EMS PCR

# Demographic: Arrived From

| Tab Name | Demographic, Record Info | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | PAT_ORIGIN | Allow UNK? | Yes |

## DEFINITION:

Patient's immediate location before arriving at your facility. Answer choices include:

Scene
Referring Hospital
Home
Other
?Unknown

## ADDITIONAL  INFORMATION:

- Applies to all patients.
- Not applicable should not be used.

## DATA SOURCE:

ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR, Referring  Hospital records.

# Demographic: Armband Number

| Tab Name | Demographic, Patient | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes (If not in pilot) |
| Report Writer Name | TRAUMA_BAND | Allow UNK? | No |

## DEFINITION:

Unique patient identification number retrieved from colored armband placed on patient prior to arrival.

## ADDITIONAL INFORMATION:

- **Enter value - N/A until armband is IN USE in your trauma centers region.**
- The purpose of the armband number is to represent a Key Patient Identification Number that can be used to link multiple local, state, and national databases.
- The DPH Office of EMS Trauma plans to distribute armbands to providers and provide education soon on the purpose and use statewide.
- The armband will be placed on the patient by the first care provider. The first provider may be a public health agency, EMS, police, or hospital ED.
- The armband should remain on the patient from initial contact by the first provider through rehabilitation.
  or the patient's final destination of care.
- The armband number will be useful in local, state, and national emergencies.

## DATA SOURCE:

EMS PCR, ED/Trauma EMR or flowsheet

# Demographic: Inclusion Information - NTDB

| Tab Name | Demographic, Record Info | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | REGINC_YN01_AS_TEXT | Allow UNK? | No |

## DEFINITION:

Indication if the record meets NTDB and state inclusion criteria. Answer choices include:

Yes     No

## ADDITIONAL  INFORMATION:

Choosing No blocks record from being sent to NTDB/TQIP

## DATA SOURCE:

N/A

# Injury: Chief Complaint

| Tab Name | Injury, Mechanism of Injury | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | INJ_MECH01_AS_TEXT | Allow UNK? | Yes |

**DEFINITION:**

A general, simplified description of the ICD 10 cause of injury code. Answer choices include:

| MVC | Knife | Other Burn Mechanism |
|---|---|---|
| Fall Under 1m | Handgun | Other Motorized Vehicle |
| Fall 1- 6 m | Shotgun | Unknown |
| Fall Over 6 m | Other Gun | |
| Fall NFS | Other Penetrating | |
| Assault | Chemical Burn | |
| Motorcycle | Inhalation Burn | |
| Pedestrian | Thermal Burn | |
| Other Blunt Mechanism | Electrical Burn | |

**ADDITIONAL  INFORMATION:**

- The first chief complaint value captured should reflect the primary reason the patient is admitted to the hospital and should directly reflect the ICD-10 Primary External Cause Code (the mechanism causing the injury—e.g., gun, knife, MVC, fall, etc.).

- For gunshot wounds, utilize the type of gun if known (e.g. if known handgun then pick handgun for chief complaint). For stabbings, if a knife was used pick knife. Other penetrating should **ONLY** be used for a penetrating mechanism that is not available (e.g., dog bite)

- In cases of assault or abuse, "Assault" should be captured as the **SECOND** complaint. Assault should only be captured as the first chief complaint if no other mechanism applies (e.g., bodily force, fist fight without weapon).

- Other chief complaints:
  Golf cart/ATV/Go Kart/Segway = Other Motorized Vehicle
  Dirt bike/Motor Scooter/Moped =Motorcycle
  Unknown type gun/BB gun/Pellet Gun = Other Gun

**DATA SOURCE:**

EMS Patient Care Report (PCR), Triage/Trauma Flowsheet, History & Physical/Progress/Nurse Notes

# Injury: Report of Physical Abuse

| Tab Name | Injury | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | INJ_ABUSE_RP_YN | Allow UNK? | Yes |

**DEFINITION:**

A report of suspected physical abuse was made to law enforcement and/or protective services. Answer choices include:

Yes
No
Not Applicable
Unknown

**ADDITIONAL  INFORMATION:**

- None

**DATA SOURCE:**

Trauma flowsheet, Nurses Notes, Physicians Notes, Social Work documentation, EMR

# Injury: Investigation of Physical Abuse

| Tab Name | Injury, | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | INJ_ABUSE_INVST_YN | Allow UNK? | Yes |

## DEFINITION:

An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse. Answer choices include:

Yes
No
Not Applicable
Unknown

## ADDITIONAL  INFORMATION:

- None

## DATA SOURCE:

Trauma flowsheet, Nurses Notes, Physicians Notes, Social Work documentation, EMR

# Injury: Trauma Type

| Tab Name | Injury | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | No |
| Report Writer Name | INJ_TYPE_01 | Allow UNK? | No |

## DEFINITION:

Injury classification of blunt, penetrating, burn or other.

## ADDITIONAL  INFORMATION:

- Field auto-populates based on injury coding for patient.

## DATA SOURCE:

N/A

# Prehospital: POV/Walk In

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | YES |
|---|---|---|---|
| ITDX? | No | Allow N/A? | NO |
| Report Writer Name | PH_POV_YN_AS_TEXT | Allow UNK? | YES |

## DEFINITION:

Identification if patient arrived by private means, privately owned vehicle (POV) or walked into the first hospital. Answer choices include:

Yes
No
? Unknown

## ADDITIONAL  INFORMATION:

- If the patient arrives to the ED via any type of Emergency Medical Services transport, answer NO.
- If the patient arrives to the ED via law enforcement/police, answer NO.
- If the patient arrives to the ED via any OTHER type of transport answer YES.

## DATA SOURCE:

Triage/Trauma Flowsheet, History & Physical/Progress/Nurse Notes, Registration notes, EMS Patient Care Record (PCR)

# Prehospital Provider: Agency (State ID & Name)

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PHP_AGNLNKS_L_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Identification of the emergency medical services (EMS) agency providing prehospital care and transport from the scene to a facility. Answer choices are contained in a drop-down menu but are not displayed due to space constraints.

## ADDITIONAL INFORMATION:

- All EMS Agencies are listed in a pick list in the registry program. Start typing the name to find the correct agency. The state ID number will auto populate when an agency name is chosen.
- The null value "Not Applicable" is used only for patients who were not transported by EMS.
- The value "Unknown" is used if the EMS Agency number is not available in the medical record.
- If you are unable to locate a Georgia EMS agency in the pick list, use the generic code listed below and notify the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov .
- EMS Agencies outside of Georgia are not listed in the registry software. If an out of state EMS Agency brings a patient to a Georgia trauma center, use the applicable generic state EMS Agency number listed in the pick list. The surrounding Georgia generic state EMS Agency codes in the pick list are as follows:

| If EMS agency name not available | | Agency # | Agency Name |
|---|---|---|---|
| | Georgia | 2020999 | Georgia EMS generic |
| Out of state EMS agency? | Alabama | 50100 | Alabama EMS generic |
| | Florida | 51200 | Florida EMS generic |
| | Louisiana | 54900 | Louisiana EMS generic |
| | Mississippi | 54800 | Mississippi EMS generic |
| | North Carolina | 53700 | North Carolina EMS generic |
| | South Carolina | 54500 | South Carolina EMS generic |
| | Tennessee | 54700 | Tennessee generic |

## DATA SOURCE:

EMS PCR, Trauma Flowsheet, EMR

# Prehospital Provider: Transport Role

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PHP_ROLES_AS_TEXT | Allow UNK? | Yes |

**DEFINITION:**

Identification of the emergency medical services (EMS) agency role to provide transport to first facility. Answer choices include:

Non-Transport
Transport from Scene to Facility
Transport from Scene to Rendezvous
Transport from Rendezvous to Facility
Transport to Other
Transport from Non-Scene Location
/ Not Applicable
? Unknown

**ADDITIONAL  INFORMATION:**

- This field applies to all patients who arrive by EMS and should not be left blank.
- The null value "not applicable" is reported for patients who were not transported by EMS.

**DATA SOURCE:**

Triage/Trauma Flowsheet, ED EMR, Nursing notes, hospital registration information, EMS Patient Care Record (PCR)

# Prehospital Provider: PCR Number (#)

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PHP_PCR_NUMS | Allow UNK? | Yes |

## DEFINITION:

EMS Patient Care Report (PCR) Number Response number. The number can be a numerical or alpha-numeric digit number depending on the EMS provider and EMS software used. The number is a unique number assigned to each patient care report per medical encounter. The number will not be duplicated by another EMS provider.

## ADDITIONAL  INFORMATION:

- Applies to all patients transported by EMS.
- The null value "Not Applicable" should be reported to indicate that the patient did not arrive by EMS.
- The null value "Not Known/Not Recorded" should be reported if PCR is missing.
- The null value "Not Known/Not Recorded" should be reported if PCR is incomplete and/or the number  cannot be located.

## DATA SOURCE:

EMS Patient Care Record (PCR)

# Prehospital Provider: Call Dispatch Date/Time

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHP_D_EVENTS | Allow UNK? | Yes |

## DEFINITION:

The date and time the unit is dispatched to the scene of the injury.

## ADDITIONAL  INFORMATION:

- Reported as MM-DD-YYYY and HH:MM (military) for time
- The null value   Not Applicable   is reported for patients who were NOT transported by EMS to the first facility.

## DATA SOURCE:

EMS Patient Care Record

# Prehospital Provider: Scene Arrival Date/Time

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHP_A_EVENTS | Allow UNK? | Yes |

## DEFINITION:

The date and time the unit arrived on scene.

## ADDITIONAL  INFORMATION:

- Reported as MM-DD-YYYY and HH:MM (military) for time
- The null value  Not Applicable  is reported for patients who were NOT transported by EMS to the first facility.

## DATA SOURCE:

EMS PCR

# Prehospital Provider: Departure Date/Time

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHP_L_EVENTS | Allow UNK? | Yes |

## DEFINITION:

The date and time the unit departed with the patient.

## ADDITIONAL  INFORMATION:

- Reported as MM-DD-YYYY and HH:MM (military) for time
- The null value  Not Applicable  is reported for patients who were NOT transported by EMS to the first facility.

## DATA SOURCE:

EMS PCR

# Prehospital Provider: Scene Time Lapsed

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PHP_ELAPSEDSC | Allow UNK? | Yes |

## DEFINITION:

The elapsed amount of time from when unit arrived at the location to when they departed the location.

## ADDITIONAL  INFORMATION:

- Auto calculated from scene arrival and scene depart fields

## DATA SOURCE:

EMS PCR

# Prehospital Provider: Transport Time Lapsed

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PHP_ELAPSED2SC | Allow UNK? | Yes |

## DEFINITION:

The elapsed amount of time from when the unit arrived at the location to when they departed the location.

## ADDITIONAL  INFORMATION:

- Auto calculated from scene depart  and arrived at destination fields

## DATA SOURCE:

EMS PCR

# Prehospital Provider: Systolic Blood Pressure

| Tab Name | Prehospital, Vital Signs | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHAS_SBPS | Allow UNK? | Yes |

**DEFINITION:**

First documented systolic blood pressure recorded by the prehospital provider.

**ADDITIONAL  INFORMATION:**

- The null value "not applicable" is reported for patients who were NOT transported by EMS.
- Even if transport role is transport from non-scene location enter all pre-hospital vitals.

**DATA SOURCE:**

EMS PCR

# Prehospital Provider: Diastolic Blood Pressure

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | |
|---|---|---|---|
| ITDX? | No | Allow N/A? | |
| Report Writer Name | PHAS_DBPS | Allow UNK? | |

## DEFINITION:

Initial diastolic blood pressure recorded by prehospital providers.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals

## DATA SOURCE:

EMS PCR

# Prehospital Provider: Pulse Rate

| | | | |
|---|---|---|---|
| **Tab Name** | Prehospital, Scene/Transport | **GQIP Required?** | Yes |
| **ITDX?** | Yes | **Allow N/A?** | Yes |
| **Report Writer Name** | PHAS_PULSE | **Allow UNK?** | Yes |

## DEFINITION:

First documented pulse rate recorded by prehospital provider.

## ADDITIONAL INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals

## DATA SOURCE:

EMS PCR

# Prehospital Provider: Respiratory Rate

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHAS_URRS | Allow UNK? | Yes |

## DEFINITION:

The first documented unassisted respiratory rate recorded by prehospital provider.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals

## DATA SOURCE:

EMS PCR

# Prehospital Provider: Oxygen Saturation

| | | | |
|---|---|---|---|
| **Tab Name** | Prehospital, Scene/Transport | **GQIP Required?** | Yes |
| **ITDX?** | Yes | **Allow N/A?** | Yes |
| **Report Writer Name** | PHAS_SAO2S | **Allow UNK?** | Yes |

## DEFINITION:

The first documented oxygen saturation recorded by the prehospital provider.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals

## DATA SOURCE:

EMS PCR

# Prehospital Provider: GCS - Eye

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHAS_GCS_EOS | Allow UNK? | Yes |

**DEFINITION:**

The first documented GCS-Eye recorded by prehospital provider.

**ADDITIONAL  INFORMATION:**

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals

**DATA SOURCE:**

EMS PCR

# Prehospital Provider: GCS-Verbal

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHAS_GCS_VRS | Allow UNK? | Yes |

## DEFINITION:

The first documented GCS-verbal recorded by prehospital provider.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals

## DATA SOURCE:

EMS PCR

# Prehospital Provider: GCS - Motor

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHAS_GCS_MRS | Allow UNK? | Yes |

## DEFINITION:

The first documented GCS-motor recorded by prehospital provider.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals

## DATA SOURCE:

EMS PCR

# Prehospital Provider: GCS-Total

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHAS_GCSSC | Allow UNK? | Yes |

## DEFINITION:

The first recorded GCS total documented by prehospital provider.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals

## DATA SOURCE:

EMS PCR

# Prehospital Provider: GCS 40 - Eye

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHAS_GCS40_EOS | Allow UNK? | Yes |

## DEFINITION:

The first recorded GCS 40 – Eye recorded by prehospital provider.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals
- The null value "not known/not recorded" is reported is initial prehospital GCS-Eye/Verbal/Motor/Total is recorded.

## DATA SOURCE:

EMS PCR

# Prehospital Provider: GCS 40 - Verbal

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHAS_GCS40_VRS | Allow UNK? | Yes |

## DEFINITION:

The first recorded GCS 40 – Verbal documented by prehospital provider.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals
- The null value "not known/not recorded" is reported is initial prehospital GCS-Eye/Verbal/Motor/Total is recorded.

## DATA SOURCE:

EMS PCR

# Prehospital Provider: GCS 40 - Motor

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PHAS_GCS40_MRS | Allow UNK? | Yes |

## DEFINITION:

The first recorded GCS 40 -Motor documented by prehospital provider.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" is reported for patients who were not transported by EMS
- Even if prehospital provider transport role is transport from non-scene location, enter all pre-hospital vitals
- The null value "not known/not recorded" is reported is initial prehospital GCS-Eye/Verbal/Motor/Total is recorded.

## DATA SOURCE:

EMS PCR

# Prehospital Provider: Trauma Center Criteria

| Tab Name | Prehospital, Scene/Hospital | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | PH_TRIAGES | Allow UNK? | Yes |

## DEFINITION:

Physiologic, anatomic, and mechanism EMS triage criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons – Committee on Trauma (2011 guidelines).  This information must be found on the scene of injury EMS PCR.

## ADDITIONAL  INFORMATION:

- The null value "not applicable" should be reported to indicate the patient did not arrive by EMS
- The null value "not applicable" should be reported if EMS PCR indicates patient did not meet any Trauma Triage Criteria.
- The null value "not known/not recorded" should be reported if this information is not indicated, as an identical response choice, on the EMS PCR or if the EMS PCR is not available
- Value must be determined by EMS provider and not assigned by the hospital
- Report ALL that apply and are documented

## DATA SOURCE:

EMS PCR

# Prehospital Provider: National Field Triage 2021

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | NAT_FLD_TRIAGE_CRIT | Allow UNK? | Yes |

## DEFINITION:

The two-color category assigned by scene EMS provider as defined by the Centers for Disease Control and Prevention and the American College of Surgeons – Committee on Trauma (2021 guidelines). This information must be found on the scene of injury EMS PCR. The answer choices include:

Red Criteria, High Risk for Serious Injury
Yellow Criteria, Moderate Risk for Serious Injury
Not Applicable
Unknown

## ADDITIONAL INFORMATION:

- The null value "not applicable" should be reported to indicate the patient did not arrive by EMS
- The null value "not applicable" should be reported if EMS PCR indicates patient did not meet any National Field Triage Criteria.
- The null value "not known/not recorded" should be reported if this information is not indicated, as an identical response choice, on the EMS PCR or if the EMS PCR is not available
- Value must be determined by EMS provider and not assigned by the hospital
- The 2021 criteria may not be utilized yet by all EMS services
- More information about 2021 criteria can be found at https://www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/

## DATA SOURCE:

EMS PCR

# Prehospital Provider: National Field Triage Criteria

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | NAT_FLD_TRIAGES | Allow UNK? | Yes |

## DEFINITION:

Physiologic, anatomic, and mechanism EMS triage criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons – Committee on Trauma (2021guidelines). This information must be found on the scene of injury EMS PCR.

## ADDITIONAL INFORMATION:

- The null value "not applicable" should be reported to indicate the patient did not arrive by EMS
- The null value "not applicable" should be reported if EMS PCR indicates patient did not meet any National Field Triage Criteria.
- The null value "not known/not recorded" should be reported if this information is not indicated, as an identical response choice, on the EMS PCR or if the EMS PCR is not available
- Value must be determined by EMS provider and not assigned by the hospital
- Report ALL that apply and are documented
- The 2021 criteria may not be utilized yet by all EMS services
- More information about 2021 criteria can be found at
  https://www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/

## DATA SOURCE:

EMS PCR

# Prehospital Procedure: Procedure

| Tab Name | Prehospital, Treatment | GQIP Required? | Yes* |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PH_INTS_L_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Procedures performed on the patient by scene prehospital providers. The procedure pick list contains the following:

| | | |
|---|---|---|
| None | CPR-Automated Device | **_Needle thoracostomy – AAL placement_** |
| Airway-NPA | Cricothyrotomy-needle | **_Needle thoracostomy – MCL placement_** |
| Airway opened or cleared | Decontamination | **_Needle thoracostomy – unknown site_** |
| Airway-OPA | Defibrillation | Pelvic binder |
| Arterial Line Maintenance | Endotracheal tube – Nasal | Physical restraint |
| Bag Valve | Endotracheal tube – Oral | Spinal restriction/Immobilization |
| Blind Insertion Airway Device | Endotracheal tube route not recorded | Splinting |
| Blood Draw | Extrication | Tracheostomy |
| Blood Glucose Analysis | Intra-aortic ballon pump | Traction Splinting |
| Cardiac Monitor | Intraosseous access or infusion | Venous Access |
| Chest Tube | Intravenous fluids | Ventilator |
| CPR-Manual | Nasogastric Tube | Wound Care |
| N/A | Other | **_Tourniquet_** |
| | | Unknown |

## ADDITIONAL  INFORMATION:

- The only procedures that are **required** to be captured are bolded & highlighted above.
- AAL = Anterior Axillary Line; MCL = Mid Clavicular Line; site may be documented in procedures section or narrative. If no site documented use needle thoracostomy – unknown site
- All applicable procedures can be chosen from list
- The null value "not applicable" should be used for non-EMS transports
- The null value "not known/not recorded" should be reported if this information is not indicated, as an identical response choice, on the EMS PCR or if the EMS PCR is not available

## DATA SOURCE:

EMS PCR

# Prehospital Medication: Medication

| Tab Name | Prehospital, Treatment | GQIP Required? | Yes* |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PH_MEDS_L_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Medications administered to the patient by the scene prehospital providers. The medication pick list contains the following:

| | | |
|---|---|---|
| None | Epinephrine | Normal Saline |
| Acetaminophen (Tylenol) | Etomidate | Ondansetron (Zofran) |
| Albuterol (Airet, Proventil, Ventolin) | Fentanyl | Oral Glucose |
| Atrovent, Xopenex | Furosemide | Oxygen |
| Amiodarone (Cordarone) | Glucagon | *Packed Red Blood Cells – 1 unit* |
| Antibiotics (Ampicillin, Ancef,Erythromycin,Gentamicin) | Haloperidol | *Packed Red Blood Cells – 2 units* |
| Aspirin | Hydromorphone (Dilaudid) | *Packed Red Blood Cells – 3 units* |
| Atropine | Ibuprofen | *Packed Red Blood Cells – 4 or more units* |
| Calcium Chloride | Ketamine | Paralytics (Succinylcholine, Rocuronium, Vecuronium) |
| Calcium Gluconate | Ketorolac (Toradol) | *Plasma – 1 unit* |
| Crystalloid Solution | Labetalol | *Plasma – 2 units* |
| D10 | Lactated Ringers | *Platelets* |
| D25 | Lidocaine | Promethazine (Phenergan) |
| D50 | Lorazepam (Ativan) | Sodium Bicarbonate |
| D5 in Half Normal Saline | Meperidine (Demerol) | Solumedrol |
| D5W | Metoclopramide (Reglan) | Tranexamic Acid (TXA) |
| Diazepam (Valium) | Midazolam (Versed) | *Whole Blood – 1 unit* |
| Diltiazem (Cardizem) | Morphine | *Whole Blood – 2 units* |
| Diphenhydramine (Benadryl) | Naloxone (Narcan) | *Whole Blood – 3 units* |
| Dopamine | Nitroglycerine | *Whole Blood – 4 or more units* |
| Droperidol (Inapsine) | Norepinephrine | |

## ADDITIONAL INFORMATION:

- The only medications that are **required** to be captured are bolded & highlighted above
- All applicable medications can be chosen from list
- The null value "not applicable" should be used for non-EMS transports
- The null value "not known/not recorded" should be reported if this information is not indicated on the EMS PCR or if the EMS PCR is not available

## DATA SOURCE:
EMS PCR

# Immediate Referring Facility: Referring Facility & Additional Referring Facility

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFS_FACLNK_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Acute care facility where patient received care immediately before transfer.

## ADDITIONAL INFORMATION:

- Hospital providers are listed in the registry program. Start typing the name to find the correct hospital. The state ID number will auto populate when a hospital name is chosen.
- The null value "Not Applicable" is used only for patients who were not received from another facility.
- If you are unable to locate a Georgia hospital in the pick list, please contact the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov. Facilities change names periodically for various reasons and the name may have changed in the registry program. New facilities must be added to the registry program. If a facility is not available as a choice, use one of the following (as applies):

| If facility name not available | | Facility # | Facility Name |
|---|---|---|---|
| | Georgia (not designated) | 10000 | Acute Care Hospital, Non-Desgd, Unsp (GA) |
| | Georgia (designated trauma center) | 20000 | Acute Care Hospital, trauma hospital, Unsp (GA) |
| | Georgia | 99999 | Georgia Hospital (unspecified) |
| Out of state? | Alabama | 16000 | Alabama Hospital |
| | Florida | 15000 | Florida Hospital |
| | North Carolina | 13000 | North Carolina Hospital |
| | South Carolina | 19010 | South Carolina Hospital |
| | Tennessee | 19020 | Tennessee Hospital |
| | Texas | 91900 | Texas Hospital |
| | Other States | 17000 | Other state specified |
| | Unspecified state | 40000 | Unspecified state |
| | Air Force Hospital | 14010 | Moody |

## DATA SOURCE:

Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

# Immediate Referring Facility: Admit Date/Time & Additional Referring Facility Admit Date/Time

| Tab Name | Referring Facility, Referral History | GQIP Required? | YES |
|---|---|---|---|
| ITDX? | No | Allow N/A? | YES |
| Report Writer Name | RFS_A_EVENT | Allow UNK? | YES |

## DEFINITION:

The date and time the patient arrived at the Acute care facility where the patient received care immediately before transfer.

## ADDITIONAL  INFORMATION:

- Report as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the patient arrived at the referring facility prior to being transferred to your facility.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

# Immediate Referring Facility: Discharge Date/Time & Additional Referring Facility D/C Date/Time

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFS_DIS_EVENT | Allow UNK? | Yes |

## DEFINITION:

The date and time the patient departed from the Acute care facility where the patient received care immediately before transfer.

## ADDITIONAL INFORMATION:

- Report as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the patient departed from the referring facility prior to being transferred to your facility.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P)

# Immediate Referring Facility: Length of Stay & Additional Referring Facility: Length of Stay

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | RFS_LOS | Allow UNK? | Yes |

**DEFINITION:**

The length of time the patient was hospitalized at the immediate referring facility.

**ADDITIONAL  INFORMATION:**

- Auto populates from referring facility arrival and discharge time.

**DATA SOURCE:**

Referring Hospital Medical Record, EMS Patient Care Report (PCR), EMTALA Form, Outside facility documentation

# Immediate Referring Facility: Transfer Rationale

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFS_XFR_RATS | Allow UNK? | Yes |

## DEFINITION:

The transfer rationale is the trauma system-related reason the trauma patient was transferred to the receiving facility. For example, if the trauma patient required a Hand specialty service and one was not available at the referring hospital, the transfer rationale recorded by the receiving facility is Specialty – Hand. Answer choices include:

| | | |
|---|---|---|
| Specialty Resource Center | Physician/Services Available | Specialty-Cardiac Bypass |
| Hospital of Choice | Other | Specialty – Facial Trauma |
| Insurance/Health Plan | Specialty-Pediatrics | Specialty - Burns |
| Repatriation | Specialty-Hand | Ear, Nose and Throat |
| Specialty Care/Higher Level of Care | Specialty-Spine | Ophthalmology |
| Resources Unavailable (Beds, Equipment, Staff, MD) | Specialty-Pelvic Ring/Acetabular Fxs | Plastic Surgery |
| Patient Request | Specialty-Orthopedics-Soft Tissue Coverage | Orthopedic-Spine |
| Lower Level of Care | Specialty- Other Orthopedics | / Not Applicable |
| Economic | Specialty-Neurosurgery | ? Unknown |
| Managed Care Patient | Specialty-Replantation | |
| System Protocol | Specialty-Vascular/Aortic Injuries | |

## ADDITIONAL INFORMATION:

- For inter-facility transfer patients, this is the trauma system-related reason for the transfer to your facility.
- If the reason for the transfer is unknown by the receiving facility, choose Specialty Care/ Higher Level of Care
- The null value "Not Applicable" is used only for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Records, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

# Immediate Referring Facility: Systolic Blood Pressure

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_SBP | Allow UNK? | Yes |

## DEFINITION:

Recorded systolic blood pressure measured at the referring facility.

## ADDITIONAL  INFORMATION:

- Direct entry. First recorded SBP by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Records, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Diastolic Blood Pressure

| Tab Name | Referring Facility, Referring History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_DBP | Allow UNK? | Yes |

## DEFINITION:

Recorded diastolic blood pressure measured at the referring facility.

## ADDITIONAL  INFORMATION:

- Direct entry. First recorded DBP by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Pulse Rate

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_PULSE | Allow UNK? | Yes |

## DEFINITION:

Recorded pulse measured at the referring facility (palpated or auscultated), expressed as a number per minute.

## ADDITIONAL  INFORMATION:

- Direct entry. First recorded Pulse Rate by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Records, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Unassisted Respiratory Rate

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_URR | Allow UNK? | Yes |

## DEFINITION:

Recorded respiratory rate unassisted measured at the referring facility (expressed as a number per minute).

## ADDITIONAL  INFORMATION:

- Direct entry. First recorded Unassisted Respiratory Rate by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Records, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Eye Response on GCS

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_GCS_EO | Allow UNK? | Yes |

## DEFINITION:

The eye response assessment of the Glasgow Coma Scale. Answer choices include:

4=Spontaneous
3=To voice
2=To pain
1=No response

## ADDITIONAL  INFORMATION:

- Direct entry. First recorded Eye GCS recorded by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- :-The null value "Not Applicable" is used for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Verbal Response on GCS

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_GCS_VR | Allow UNK? | Yes |

## DEFINITION:

The verbal response assessment of the Glasgow Coma Scale. Answer choices include:

4=Confused
3=Inappropriate words
2=Incomprehensible words
1=None

## ADDITIONAL  INFORMATION:

- Direct entry. First recorded Verbal GCS recorded by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Records, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Motor Response on GCS

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_GCS_MR | Allow UNK? | Yes |

**DEFINITION:**

The motor assessment of the Glasgow Coma Scale. The answer choices include:

6=Obeys Commands
5=Localizes pain
4=Withdraws pain
3=Flexion pain
2=Extension pain
1=None

**ADDITIONAL  INFORMATION:**

- Direct entry. First recorded Motor GCS recorded by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

**DATA SOURCE:**

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: GCS Total

| Tab Name | Referring Facility, Referral History | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_GCS | Allow UNK? | Yes |

## DEFINITION:

The Glasgow Coma Scale Total. The total is the sum of the GCS Eye, Verbal, and Motor scores (numbers between 3 and 15) at the referring facility.

## ADDITIONAL  INFORMATION:

- Direct entry. First recorded Total GCS recorded by the Referring Hospital.
- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- The null value "Not Applicable" is used only for patients who were not received from another facility.

## DATA SOURCE:

Referring Hospital Medical Records, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult notes

# Immediate Referring Facility: Interfacility Transport Mode

| Tab Name | Referring Facility, Providers/Vitals | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITP_MODES | Allow UNK? | Yes |

## DEFINITION:

The transportation mode used to transport the patient from the referring facility to the receiving facility. Answer choices include:

Ground Ambulance
Helicopter Ambulance
Fixed-wing Ambulance
Private/Public Vehicle/Walk-In
Police
Other
Not Applicable
Unknown

## ADDITIONAL  INFORMATION:

- Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
- The null value "Not Applicable" is used only for patients who were not transferred from a referring facility to another facility.
- Corresponds with NTDS Transport Mode element.

## DATA SOURCE:

Referring Hospital Medical Record, EMS PCR, ER nursing notes, ER MD documentation, H & P, Consult note, Trauma Flowsheet

# Inter-Facility Transport: Agency [State ID & Name]

| Tab Name | Referring Facility, Inter-Facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITP_AGNLNKS_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Identification of the emergency medical services (EMS) agency providing transport from the referring facility to your hospital. Answer choices are contained in a drop-down menu but are not displayed due to space constraints.

## ADDITIONAL INFORMATION:

- All EMS Agencies are listed in a pick list in the registry program. Start typing the name to find the correct agency. The state ID number will auto populate when an agency name is chosen.
- The null value "Not Applicable" is used for patients who were not transported by EMS from a referring facility to your hospital.
- The value "Unknown" is used if the EMS Agency number is not available in the medical record.
- If you are unable to locate a Georgia EMS agency in the pick list, use the generic code listed below and notify the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov .
- EMS Agencies outside of Georgia are not listed in the registry software. If an out of state EMS Agency brings a patient to a Georgia trauma center, use the applicable generic state EMS Agency number listed in the pick list. The surrounding Georgia generic state EMS Agency codes in the pick list are as follows:

| If EMS agency name not available | | Agency # | Agency Name |
|---|---|---|---|
| | Georgia | 2020999 | Georgia EMS generic |
| Out of state EMS agency? | Alabama | 50100 | Alabama EMS generic |
| | Florida | 51200 | Florida EMS generic |
| | Louisiana | 54900 | Louisiana EMS generic |
| | Mississippi | 54800 | Mississippi EMS generic |
| | North Carolina | 53700 | North Carolina EMS generic |
| | South Carolina | 54500 | South Carolina EMS generic |
| | Tennessee | 54700 | Tennessee generic |

## DATA SOURCE:

EMS PCR

# Inter-Facility Transport: Transport Role

| Tab Name | Referring Facility, Inter-facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITP_ROLES_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Identification of the emergency medical services (EMS) agency role to provide transport from the referring  facility to your hospital.  Answers choices include:

Non-Transport

Transport from Facility to Your Facility

Transport from Facility to Rendezvous

Transport from Rendezvous to Your Facility

Transport Other

Not Applicable

Unknown

## ADDITIONAL  INFORMATION:

- Applies to all patients transported by EMS from a referring facility to your hospital.
- The null value "Not Applicable" is reported for patients who were not transported by EMS or were not
transferred from a referring facility.

## DATA SOURCE:

Nursing notes, H&P, Progress notes, hospital registration information,
EMS Patient Care Record

# Inter-Facility Transport: PCR Number

| Tab Name | Referring Facility, Inter-Facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITP_PCR_NUMS | Allow UNK? | Yes |

### DEFINITION:

EMS Patient Care Report (PCR) Number Response number. The number can be a numerical or alpha-numeric digit number depending on the EMS provider and EMS software used. The number is a unique number assigned to each patient care report per medical encounter. The number will not be duplicated by another EMS provider.

### ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS from a referring facility to your hospital.
- The null value "Not Applicable" is reported for patients who were not transported by EMS or were not
  transferred from a referring facility.
- The null value "Not Known/Not Recorded" should be reported if PCR is missing.
- The null value "Not Known/Not Recorded" should be reported if PCR is incomplete and/or the number cannot be located.

### DATA SOURCE:

EMS PCR

# Inter-Facility Transport: EMS Call Dispatched Date/Time

| Tab Name | Referring Facility, Inter-Facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITP_D_EVENTS | Allow UNK? | Yes |

## DEFINITION:

The date/time the unit transporting from the referring hospital to your facility was notified by dispatch.

## ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS from a referring facility to your hospital.
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport.
- The null value "Not Applicable" is reported for patients who were not transported by EMS or were not transferred from a referring facility.

## DATA SOURCE:

EMS PCR

# Inter-Facility Transport: EMS Arrived Location Date/Time

| Tab Name | Referring Facility, Inter-Facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | ITP_A_EVENTS | Allow UNK? | Yes |

**DEFINITION:**

The date and time the unit transporting to your hospital arrived at the transferring facility.

**ADDITIONAL  INFORMATION:**

- Applies to all patients transported by EMS from a referring facility to your hospital.
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time 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).
- The null value "Not Applicable" is reported for patients who were not transported by EMS or were not transferred from a referring facility.

**DATA SOURCE:**

EMS PCR

# Inter-Facility Transport: EMS Depart Location Date/Time

| Tab Name | Referring Facility, Inter-Facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | ITP_L_EVENTS | Allow UNK? | Yes |

## DEFINITION:

The date and time the unit transporting to your hospital departed from the transferring facility.

## ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS from a referring facility to your hospital.
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the unit transporting the patient to your facility departed from the referring hospital (departure is defined as date/time when the vehicle started moving).
- The null value "Not Applicable" is reported for patients who were not transported by EMS or were not transferred from a referring facility

## DATA SOURCE:

EMS PCR

# Inter-Facility Transport: EMS Arrived Destination

| Tab Name | Referring Facility, Inter-Facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITP_AD_EVENTS | Allow UNK? | Yes |

## Date/Time

### DEFINITION:

The date/time the unit transporting patient from the referring facility arrived at your hospital.

### ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS from a referring facility to your hospital.
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the unit transporting the patient to your facility arrived at your facility.
- The null value "Not Applicable" is reported for patients who were not transported by EMS or were not transferred from a referring facility.

### DATA SOURCE:

EMS PCR

# Inter-Facility Transport: Transport Time Lapsed

| Tab Name | Referring Facility, Inter-facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITP_ELAPSEDSC_MINSSC_L | Allow UNK? | Yes |

**DEFINITION:**

The elapsed amount of time from when the unit left the location to when they arrived at the destination.

**ADDITIONAL  INFORMATION:**

- Auto populated based on depart location date/time and arrived at destination date/time.

**DATA SOURCE:**

EMS PCR

# Inter-Facility Provider/Vitals: SBP

| Tab Name | Referring Facility, Inter-Facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITAS_SBP | Allow UNK? | Yes |

**DEFINITION:**

Recorded systolic blood pressure measured during interfacility transport.

**ADDITIONAL  INFORMATION:**

- Not applicable should only be used for those not transported by EMS.

**DATA SOURCE:**

EMS PCR

# Inter-Facility Provider/Vitals: Pulse

| Tab Name | Referring Facility, Inter-Facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITAS_PULSES | Allow UNK? | Yes |

**DEFINITION:**

Recorded pulse measured at the during interfacility transport (palpated or auscultated), expressed as a number per minute.

**ADDITIONAL  INFORMATION:**

- Not applicable should only be used for those not transported by EMS.

**DATA SOURCE:**

EMS PCR

# Inter-Facility Provider/Vitals: Unassisted Resp Rate

| Tab Name | Referring Facility, Inter-facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITAS_ARRS | Allow UNK? | Yes |

## DEFINITION:

Recorded unassisted respiratory rate measured during the interfacility transport (expressed as a number per minute).

## ADDITIONAL  INFORMATION:

- Not applicable should only be used for those not transported by EMS.

## DATA SOURCE:

EMS PCR

# Inter-Facility Provider/Vitals: O2 Saturation

| Tab Name | Referring Facility, Inter-facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITAS_SAO2S | Allow UNK? | Yes |

**DEFINITION:**

Recorded oxygen saturation measured during the interfacility transport (expressed as a percentage).

**ADDITIONAL  INFORMATION:**

- Not applicable should only be used for those not transported by EMS.

**DATA SOURCE:**

EMS PCR

# Inter-Facility Provider/Vitals: GCS Total

| Tab Name | Referring Facility, Inter-Facility Transport | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ITAS_GCSSC | Allow UNK? | Yes |

## DEFINITION:

Recorded Glasgow Coma Score (Total) measured during interfacility transport.

## ADDITIONAL  INFORMATION:

- Not applicable should only be used for those not transported by EMS.

## DATA SOURCE:

EMS PCR

# ED/Resus: Direct Admit

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | ED_BYPASS_YN_AS_TEXT | Allow UNK? | No |

## DEFINITION:

The patient bypasses care in the Trauma Bay and/or Emergency Department AND proceeds directly to another location (ICU, Operating Room, Interventional Procedure Unit) for care/admission.

## ADDITIONAL  INFORMATION:

- This field applies to all patients and should not be left blank or answered N/A.
- If the patient is a DIRECT ADMIT (to Special Procedures, Operating Room, etc.) and has surgery, procedure or admitted AND meets Georgia Registry Inclusion Criteria, the patient should be included in the registry.
- There are no ACS assessment criteria regarding direct admits. The Verification Review Committee (VRC) recommends patients who have been transferred in with a full work up at another facility be assessed in  your Emergency Department (ED) for the opportunity to identify additional injuries. Should patients be directly admitted (bypass an ED assessment), you must track and monitor patients through the PIPS process

## DATA SOURCE:

History & Physical (H&P), Consult note, Admission sheet, Nurses Notes,

# ED/Resus: Admitting Service

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ADM_SVC_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Admitting physician's specialty. Answer choices include:

| | |
|---|---|
| Trauma | Pediatric |
| Neurosurgery | Other Surgical |
| Orthopedics | Other Non-Surgical |
| General Surgery | Intensivist |
| Pediatric Surgery | Endocrinology |
| Cardiothoracic Surgery | Geriatrics |
| Burn Services | Hand Surgery |
| Emergency Medicine | Interventional Radiology |

## ADDITIONAL  INFORMATION:

- In some facilities, Emergency Medicine physicians do have privileges to oversee care after admission.
  Check with your Trauma Program Manager to determine your facility's practice.
- If the patient dies in the ED without admission orders the Admitting Service will be N/A.
- If the patient dies in the ED with admission orders, the patient's admitting physician specialty answer will
  equal the specialty of the provider who wrote the admission order.

## DATA SOURCE:

ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Admission Orders

# ED/Resus: Signs of Life

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | LIFE_SIGNS | Allow UNK? | Yes |

## DEFINITION:

Indication of whether patient arrived at ED/Hospital with signs of life. Answer choices include:

Arrived with NO signs of life
Arrived with signs of life
Unknown
Not Applicable

## ADDITIONAL  INFORMATION:

- A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress.
- Field used in GQIP analytics platform

## DATA SOURCE:

EMR, Trauma Flowsheet, Code Blue documentation, Physician notes

# ED/Resus: Mode of Arrival

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | PAT_A_MODE_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Transportation type used by patient to reach facility. Answer choices include:

Ground Ambulance
Helicopter Ambulance
Fixed-Wing Ambulance
Private/Public Vehicle/Walk-In
Police
Other

## ADDITIONAL INFORMATION:

- Applies to all patients.
- This field is the ED Resus screen equivalent of the NTDB field Prehospital Info/Transport Mode.

## DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Referring facility documentation

# ED/Resus: Response Level

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes & NTDB | Allow N/A? | Yes |
| Report Writer Name | ED_TTA_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

The trauma team response level activated. Answer choices include:

Full

Partial

Consult

No Trauma Activation

Not Applicable

Unknown

## ADDITIONAL  INFORMATION:

- NTDS requires highest trauma team responses to be recorded

## DATA SOURCE:

Trauma Flowsheet, EMR, ED record, ER MD documentation, Consult note

# ED/Resus: Trauma Response Activation Date/Time

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_TTA_EVENT01 | Allow UNK? | Yes |

## DEFINITION:

The date/time trauma response level first activated (paged) to alert the team.

## ADDITIONAL  INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.

## DATA SOURCE:

Trauma Flowsheet, EMR, ED record

# ED/Resus: Response Time Elapsed

| Tab Name | ED/Resus, ED Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_TTA_ELAPSED01 | Allow UNK? | Yes |

## DEFINITION:

The elapsed time from patient response activation to patient arrival.

## ADDITIONAL  INFORMATION:

- Field auto calculated

## DATA SOURCE:

None

# ED/Resus:  Revised Response Level

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes & NTDB | Allow N/A? | Yes |
| Report Writer Name | ED_TTA_TYPE02_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

The new trauma team response level activated after initial paged activation level. Answer choices include:

Full
Partial
Consult
No Trauma Activation
Not Applicable
Unknown

## ADDITIONAL  INFORMATION:

- If there is no change to the original trauma activation level, enter N/A.
- Unknown should NOT be used.

## DATA SOURCE:

Trauma Flowsheet, EMR, ED record

# ED/Resus: Revised Response Activation Date/Time

| Tab Name | ED/Resus, ED Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_TTA_EVENT02 | Allow UNK? | Yes |

## DEFINITION:

The date/time the trauma activation level was changed or paged out.

## ADDITIONAL  INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- If activation level not upgraded or changed, date and time will be Not Applicable.

## DATA SOURCE:

Trauma Nurse Flowsheet, EMS PCR, ER nursing notes, ER EMS log,  EMR

# ED/Resus: Revised Response Time Elapsed

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_TTA_ELAPSED02 | Allow UNK? | Yes |

**DEFINITION:**

The elapsed time from activation to arrival for revised team activation

**ADDITIONAL  INFORMATION:**

- Auto-calculates

**DATA SOURCE:**

N/A

# ED/Resus: ED Discharge Physical Date/Time

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | EDD_EVENT | Allow UNK? | Yes |

## DEFINITION:

The date and time the patient physically left the emergency department.

## ADDITIONAL  INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.

## DATA SOURCE:

Trauma flowsheet, EMR, ED nurses note, Admission log

# ED/Resus: Time in ED

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_LOS | Allow UNK? | Yes |

**DEFINITION:**

The time spent  from the ED Arrival to the ED Departure.

**ADDITIONAL  INFORMATION:**

- Auto populates based on arrival date/time and ED departure date/time.

**DATA SOURCE:**

N/A

# ED/Resus: OR Disposition

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | OR_DISP_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

If patient's ED disposition is Operating Room (OR), then record where the patient was sent after leaving the OR. Answer choices include:

| | | |
|---|---|---|
| Emergency Department | Observation Unit | Neonatal/Pediatric Care Unit |
| Operating Room | Burn Unit | Left AMA |
| Intensive Care Unit | Radiology | Morgue |
| Step-Down Unit | Post Anesthesia Care Unit | Not Applicable |
| Floor | Special Procedure Unit | Unknown |
| Telemetry Unit | Labor and Delivery | |

## ADDITIONAL INFORMATION:

- If patient ED disposition was not the OR, then enter Not Applicable.
- If patient was discharged from the OR, without going to the ICU/Floor/Observation, report "Post Anesthesia Care Unit".

## DATA SOURCE:

ER Nursing notes, ER MD documentation, H & P, OP notes, OR notes, Anesthesia documentation, nursing notes

# ED/Resus: Initial Vitals - BMI

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | EDAS_BMI_C | Allow UNK? | Yes |

## DEFINITION:

BMI is a person's weight in kilograms (kg) divided by his or her height in meters.

## ADDITIONAL  INFORMATION:

- Auto calculates based on documented height and weight.
- Important field for risk-adjusted modeling

## DATA SOURCE:

N/A

# ED/Resus: Initial Vitals DBP

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | EDAS_DBP | Allow UNK? | Yes |

## DEFINITION:

Recorded diastolic blood pressure measured on admission.

## ADDITIONAL INFORMATION:

- Report first Diastolic Blood Pressure recorded within 30 minutes upon arrival to your hospital.
- Diastolic Blood Pressure is the bottom/second number when blood pressure is recorded.

## DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, Vital Signs flowsheet

# ED/Resus: Temperature Unit

| Tab Name | ED/Resus, Initial Assessment | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | EDAS_TEMP_UT | Allow UNK? | Yes |

## DEFINITION:

Scale used to record temperature. Answers choices include:

F  Fahrenheit Scale      Not Applicable
C  Celsius Scale         Unknown

## ADDITIONAL  INFORMATION:

- If this field is left blank or marked Unknown, the actual patient temperature is considered missing by NTDS.
- NTDS only accepts temperature results on the Celsius scale.  The V5 software converts Fahrenheit temperatures to Celsius for upload to NTDB.

## DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), patient assessment forms

# ED/Resus: Temperature Route

| Tab Name | ED/Resus, Initial Assessment | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | EDAS_TEMP_R_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Route utilized to take temperature measurement. Answer choices include:

| | |
|---|---|
| Oral | Other |
| Tympanic | Temporal |
| Rectal | Not Applicable |
| Axillary | Unknown |
| Core | |

## ADDITIONAL  INFORMATION:

- None

## DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), patient assessment forms

# ED/Resus: Respiratory Assist Method

| Tab Name | ED/Resus, Initial Assessment | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | EDAS_ARR_TYPE_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Respiratory Assistance Method used to effectively provide air (oxygen) to the lungs and assist with breathing. Answer choices include:

Bag Valve Mask
Ventilator
Unknown
Not Applicable

## ADDITIONAL  INFORMATION:

- Report the Respiratory Assistance Method that coincides with the Initial ED/Hospital Respiratory Rate.

## DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, EMS PCR, Respiratory Therapy documentation

# ED/Resus: Intubation Method

| Tab Name | ED/Resus, Initial Assessment | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | EDAS_INTUB_M01_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

If the patient had an airway placed, what method was used? Answer choices include:

| | |
|---|---|
| Combitube | Esophageal Obturator Airway |
| Cricothyrotomy | Laryngeal Mask Airway |
| Endotracheal Tube-Nasal | LT Blind Insertion Airway Device |
| Endotracheal Tube-Oral | Tracheostomy |
| Endotracheal Tube – Route NFS | Unknown |
| | Not Applicable |

## ADDITIONAL  INFORMATION:

- Report the Intubation Method that coincides with the Initial ED/Hospital vital signs.

## DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, EMS PCR, Respiratory Therapy documentation

# ED/Resus: Initial Vitals - RTS

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | EDAS_RTS_W | Allow UNK? | Yes |

**DEFINITION:**

The Revised Trauma Score based on vitals measured at the scene of injury. Consists of Glasgow Coma Scale, Systolic Blood Pressure and Respiratory Rate.

**ADDITIONAL INFORMATION:**

- Auto calculates based on documented GCS, SBP, and RR.

**DATA SOURCE:**

N/A

# ED/Resus: Initial Vitals – Triage RTS

| Tab Name | ED/Resus, Arrival/Admission | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | EDAS_RTS_U | Allow UNK? | Yes |

## DEFINITION:

The Revised Trauma Score based on vitals measured at the scene of injury.  Consists of Glasgow Coma Scale, Systolic Blood Pressure and Respiratory Rate.

## ADDITIONAL  INFORMATION:

- Auto calculates based on documented GCS, SBP, and RR.

## DATA SOURCE:

N/A

# ED/Resus: Base Deficit

| Tab Name | ED/Resus/Initial Assessment/ED Vitals | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_ABG_BASE | Allow UNK? | Yes |

## DEFINITION:

This number is reported as a component of arterial or venous blood gasses. The number may be reported by the lab as Base Deficit, or as Base Excess with a negative value.

## ADDITIONAL INFORMATION:

- First recorded Base Excess/Base Deficit within 24 hours of arrival to index hospital.
- Base Deficit - Arterial blood gas component showing the degree of acid/base imbalance with a normal range being +/- 2 Meq./L. A valid Base Deficit value range is +/- 80.

## DATA SOURCE:

Laboratory results, ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, Vital Signs flowsheet

# ED/Resus: Drug Use Indicators

| Tab Name | ED/Resus, Initial Assessment | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_IND_DRG01_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Was the patient tested for drug use <u>at outside facility</u> OR your facility? Answer choices include:

No (Not Tested)
No (Confirmed by Test)
Yes (Confirmed by Test [Prescription Drug])
Yes (Confirmed by Test [Illegal Use Drug])
Yes (Confirmed by Test [Unknown if Prescribed or Illegal])
Not Applicable
Unknown

## ADDITIONAL  INFORMATION:

- More than one answer may be needed if the patient tested positive for prescription and illegal drug use.
- Information from a referring facility may be used.

## DATA SOURCE:

Lab results, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

# ED/Resus: CPR

| Tab Name | ED/Resus, Vitals | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_CPR_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Was CPR initiated in the ED by hospital personnel? Answer choices include:

Not Performed
Performed
Not Applicable
Unknown

## ADDITIONAL INFORMATION:

- If patient is a Direct Admit, answer should be Not Applicable.
- *Excludes CPR initiated by EMS.*
- If the patient had CPR in progress on arrival and the patient had return of spontaneous circulation (ROSC) and then had to have CPR re-initiated, the field value will be Performed.

## DATA SOURCE:

Trauma Nurse Flowsheet, Code sheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

# ED/Resus: Mass Blood Protocol

| Tab Name | ED/Resus, Vitals | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_MBP_YN_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Was Massive Blood Protocol (MBP) or Massive Transfusion Protocol (MTP) activated in the first 4 hours after patient arrival? Answer choices include:

Yes
No
Not Applicable
Unknown

## ADDITIONAL  INFORMATION:

- Applies to all patients.
- If MBP or MTP not used in first 4 hours of patient arrival, answer NO.
- Protocol use is not dependent on the patient location as long as protocol activated in first 4 hours after arrival.

## DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Lab and/or Blood Bank documentation

# ED/Resus: Mass Blood Protocol Date/Time

| Tab Name | ED/Resus, Vitals | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_MBP_EVENT | Allow UNK? | Yes |

**DEFINITION:**

Date and time the Massive Blood Protocol was activated (ordered).

**ADDITIONAL  INFORMATION:**

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- If activated (ordered), enter date and time even if blood was not administered i.e., patient died.
- Date and time protocol started is not dependent on the patient location as long as protocol activated in first 4 hours after arrival

**DATA SOURCE:**

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Blood Bank documentation

# ED/Resus: Mass Blood Protocol Administered

| Tab Name | ED/Resus, Vitals | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_MBP_ADMIN_EVENT | Allow UNK? | Yes |

## DEFINITION:

Date and time the first blood product administered for Massive Blood Protocol.

## ADDITIONAL  INFORMATION:

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- Date and time blood product administration is not dependent on the patient location as long as protocol activated in first 4 hours after arrival.
- If activated (ordered) but blood was not administered i.e., patient died, enter N/A.

## DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, H & P, Blood Bank documentation

# Providers/Resus Team: Trauma Provider Specialty

| Tab Name | Providers, Resus Team | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | NTDB | Allow N/A? | Yes |
| Report Writer Name | EDP_TYPE01_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

The physician/provider specialty delivering <u>trauma care</u> in any level of <u>team</u> activation.

## ADDITIONAL  INFORMATION:

- <u>Only Trauma specialty information is required</u>. Check with your Trauma Program Manager if the name of the Trauma Physician should also be included. Usually, the physician's name is collected by the facility for program reporting purposes.
- If teaching facility, enter Attending Physician's name/number.
- If patient has response level answer, 4 No Response, the trauma provider # and name should be Not Applicable.
- If the physician's name is included, it is not downloaded by the state.
- Provider consults for Emergency Medicine, Anesthesiology, Neurosurgery, Orthopedics may be entered on this tab or the In-House Consults tab (at the discretion of each facility).

## DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P)

# Providers/Resus Team: Trauma Arrived Date/Time

| Tab Name | Providers, Resus Team | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | NTDB | Allow N/A? | Yes |
| Report Writer Name | EDP_A_EVENT01 | Allow UNK? | Yes |

**DEFINITION:**

First documented date and time Trauma Physician/Attending arrives at the patient bedside for team activation.

**ADDITIONAL INFORMATION:**

- Record answer MM/DD/YYYY for date and HH:MM (military) for time.
- Response time is for the Trauma/General Surgeon or Emergency Physician (Level IVs) providing care/ oversight of team resuscitation.
- For Level 1 and 2 trauma centers, the maximum acceptable response time for the highest activation level is 15 minutes. Response time is tracked from patient arrival
- For Level III and Level IV trauma centers, the maximum acceptable response time for the highest activation level is 30 minutes. Response time is tracked from patient arrival
- An 80 percent attendance threshold must be met for the highest-level activations (CD 2–8).

**DATA SOURCE:**

Trauma Nursing flowsheet, ER nursing notes, ER MD documentation, H & P, consult note

# Providers: In-House Consults: Type

| Tab Name | Providers, In-House Consults | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | CS_MD_LNKS_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Providers giving recommendations and/or care to a trauma patient during hospitalization. Capture of in-house consults for trauma, neurosurgery, orthopedics and interventional radiology are essential for documenting ACS standards and are required when appropriate.

| | | | | | |
|---|---|---|---|---|---|
| Trauma | Critical Care | Neurology | Physiatry | Triage Nurse | Advanced Practice Provider |
| Neurosurgery | Discharge Planner | Nurse Practitioner | Physical Therapy | Urology | CCA |
| Orthopedics | Documentation Recorder | Nursing | Plastic Surgery | Vascular Surgery | Craniofacial |
| General Surgery | Drug/Alcohol Counselor | Nutrition | Psychiatry | Intensivist | CRNA |
| Pediatric Surgery | ENT | OB-GYN | Pulmonary | Physician Assistant | Emergency Airway Team |
| Cardiothoracic Surgery | Family Medicine | Occupational Therapy | Radiology | Endocrinology | Emergency Airway Team Lead |
| Burn Services | GI | Oncology | Rehab | Geriatrics | Mental Health |
| Emergency Medicine | Home Health | Ophthalmology | Respiratory Therapist | Hand Surgery | Otolaryngology |
| Pediatrics | Hospitalist | Oral Surgery | Social Services | Interventional Radiology | Pain Management |
| Anesthesiology | Infectious Disease | Oral Maxillofacial Surgery | Social Worker | Other Surgical | Scribe |
| Cardiology | Internal Medicine | Ortho-Spine | Speech Therapy | Other non-surgical | Surgical ICU |
| Chaplain | Laboratory | Palliative Care | Thoracic Surgery | Not Applicable | Wound Care/Soft Tissue |
| Child Protective Team | Nephrology | Pharmacy | Trauma Resuscitation Nurse | Unknown | |

## ADDITIONAL INFORMATION:

- Essential specialties listed have Performance Improvement and Patient Safety (PIPS) metrics for response timeliness, therefore only 4 specialties are listed.
- All other non-essential specialties are collected at the discretion of each facility.
- If there is no trauma team activation but there is a trauma consult, enter Trauma consult information in this field.
- Only the consultant specialty is required. Check with your Trauma Program Manager if the name of the consultant should also be included.
- Do not list two consultants from the same specialty. Due to call coverage, often several providers from the same specialty may see the patient to maintain 24/7 coverage during the patient's stay.
- Provider consults for Emergency Medicine, Anesthesiology, Neurosurgery, Orthopedics may be entered on this tab or on the Resus Team tab (at the discretion of each facility).

## DATA SOURCE:

Consult notes, Procedure notes, Operative Reports, MD documentation, H & P, Trauma flowsheet, EMR

# Procedures: Location Code & Description

| Tab Name | Procedures, ICD 10 | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | A_PR_LOC_AS_TEXT | Allow UNK? | No |

## DEFINITION:

Patient location where procedure performed. <u>Procedures performed in the ED, OR and ICU are</u> <u>essential</u>. Answer choices include:

| | | |
|---|---|---|
| Emergency Department | Radiology | Point of Care |
| Operating Room | Post Anesthesia Care Unit | Ultrasound |
| Intensive Care Unit | Special Procedure Unit | Magnetic Resonance Imaging (MRI) |
| Step Down Unit | Labor and Delivery | |
| Floor | Neonatal/Pediatric Care Unit | |
| Observation Unit | Interventional Radiology | |
| Burn Unit | Computed Tomography (CT) | |

## ADDITIONAL INFORMATION:

- If procedure is performed in the Interventional Radiology Procedures area of Radiology, choose the answer Radiology.
- If the procedure was performed in a special procedure unit such as Endoscopy, Vascular Lab, Hyperbaric chamber, etc., chose Specialty.
- Check with your TPM on areas that fall into the category Special Procedure Unit.

## DATA SOURCE:

ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Operative reports, Procedure notes, ICU notes

# Diagnosis: NISS

| Tab Name | Diagnosis, Injury Coding | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | NISS | Allow UNK? | Yes |

**DEFINITION:**

The New Injury Severity Score is the sum of the squares of the three highest AIS in any ISS body region. This score is used as a predictor of mortality.

**ADDITIONAL  INFORMATION:**

- Auto calculated

**DATA SOURCE:**

N/A

# Diagnosis: TRISS

| Tab Name | Diagnosis, Injury Coding | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | TRISS | Allow UNK? | Yes |

## DEFINITION:

Trauma and Injury Severity Score determines the probability of survival of a patient. TRISS is based upon the ISS, RTS (Revised Trauma Score), age, and injury type (blunt/penetrating).

## ADDITIONAL  INFORMATION:

- Auto calculated

## DATA SOURCE:

N/A

# Outcome: Discharge Status

| Tab Name | Outcome, Initial Discharge | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | DIS_STATUS_AS_TEXT | Allow UNK? | No |

## DEFINITION:

Patient status at end of hospital visit. Answer choices include:

Alive     Dead

## ADDITIONAL  INFORMATION:

- Mark according to patient outcome regardless of death location.
- Do not use N/A or unknown.
- For brain death, enter Dead.

## DATA SOURCE:

Discharge/death records, Nursing notes, MD documentation, History & Physical (H&P), Consult note, ADT/ Hospital Timestamp

# Initial Discharge: Total Days Hospital

| Tab Name | Outcomes, Initial Discharge | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | HOSP_DAYS | Allow UNK? | No |

## DEFINITION:

The total cumulative number of days the patient spent in your facility.

## ADDITIONAL  INFORMATION:

- Auto calculated

## DATA SOURCE:

N/A

# Outcome: Hospital Disposition

| Tab Name | Outcome, Initial Discharge | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | NTDB | Allow N/A? | Yes* |
| Report Writer Name | DIS_DEST | Allow UNK? | No |

## DEFINITION:

The disposition of the patient after hospital discharge. Answer choices include:

| | |
|---|---|
| Discharged Home with No Home Services | Discharged/Transferred to Long Term Care Hospital (LTCH) |
| Discharged/Transferred to Home Under Care of Organized Home Health Services | Discharged/Transferred to Hospice Care |
| Left Against Medical Advice or Discontinued Care | Discharged/Transferred to a Psychiatric Hospital or Distinct Part Unit of a Hospital |
| Discharged/Transferred to Court/Law Enforcement | Discharged/Transferred to another type of institution not defined elsewhere |
| Expired | Burn Center |
| Discharged/Transferred to a Short-Term General Hospital for Inpatient Care | SCI rehabilitation |
| Discharged/Transferred to an Intermediate Care Facility (ICF) | TBI Rehabilitation |
| Discharged/Transferred to Skilled Nursing Facility (SNF) | Musculoskeletal Rehabilitation |
| Discharged/Transferred to Inpatient Rehab or Designated Unit | Not Applicable |

## ADDITIONAL INFORMATION:

- Short-Term General Hospital for Inpatient Care: an acute care hospital capable of providing inpatient medical care with services for surgery, acute medical conditions, or injuries.
- Skilled Nursing Facility (SNF): a nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services.  A level of care that requires the daily involvement of skilled nursing or rehabilitation staff.
- Intermediate care facility (ICF): a long-term care facility that provides nursing and supportive care to residents on a non-continuous skilled nursing care basis and provide custodial care for those who are unable to care for themselves because of mental disability or declining health.
- For patients discharged from the ED without admit orders, report the null value "Not Applicable".
- Will need to initially populate field for ED transfers in order to capture facility transferred to then go back and change to N/A - see Outcome:If Transferred, Facility

## DATA SOURCE:

Nursing notes, D/C summary, Consult note, Discharge planner notes

# Outcome: Hospital Physical Discharge Date/Time

| Tab Name | Outcome, Initial Discharge | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | Yes | Allow N/A? | Yes |
| Report Writer Name | DIS_EVENT | Allow UNK? | Yes |

## DEFINITION:

The date and time the patient physically left the hospital after discharge.

## ADDITIONAL  INFORMATION:

- Report as MM-DD-YYYY and HH:MM (military) for time.

- Report N/A for patients transferred or discharged from ED.

## DATA SOURCE:

EMR, Nurses notes, bed tracking

# Outcome: If Transferred, Facility

| Tab Name | Outcome, Initial Discharge | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | DIS_FAC_LINK_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

The name of the Intermediate Care facility, Acute Care hospital, Skilled Nursing facility (SNF), Inpatient Rehab, or Long-term Care facility where the patient is discharged.

## ADDITIONAL INFORMATION:

- Facilities are listed in the registry program. Start typing the name to find the correct facility. The state ID number will auto populate (if available) when a name is chosen

  - This data field is also used for patients transferred from the ED to another facility.
    - ➢ In the "Discharge To" field, choose "70. Discharged/Transferred to a Short-Term General Hospital for Inpatient Care".
    - ➢ In the "If Transferred, Facility" field, start typing the name of the receiving facility to find the hospital the patient was transferred to. The state ID number will auto populate when a hospital name is chosen.
    - ➢ You must go back to the "Discharge To" field and change it back to "Not Applicable".

- The null value "Not Applicable" is used for patients who were not discharged to another facility.

- If you are unable to locate a Georgia facility in the pick list, please contact the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov. If a facility is not available as a choice, use one of the following (as applies):

| If facility name not available | | Facility # | Facility Name |
|---|---|---|---|
| Georgia (not designated) | | 10000 | Acute Care Hospital, Non-Desgd, Unsp (GA) |
| Georgia (designated trauma center) | | 20000 | Acute Care Hospital, trauma hospital, Unsp (GA) |
| Georgia (not further specified) | Georgia | 99999 | Georgia Hospital (unspecified) |
| Out of state: | Alabama | 16000 | Alabama Hospital |
| | Florida | 15000 | Florida Hospital |
| | North Carolina | 13000 | NC Hospital |
| | South Carolina | 19010 | SC Hospital |
| | Tennessee | 19020 | Tennessee Hospital |
| | Texas | 91900 | Texas Hospital |
| | Other States | 17000 | Other state specified |
| | Unspecified state | 40000 | Unspecified state |
| | Air Force Hospital | 14010 | Moody |
| | | 14015 | Warner Robins |
| | U.S. Naval Services | 14030 | U.S.N.S. Comfort |
| | U.S. Penitentiary | 15090 | Penitentiary Hospital |
| | U.S. Virgin Islands | 14040 | Virgin Islands Hospital |
| Other: | Rehab Facility, Unspecified | 40000 | Rehab Facility, Unspecified |
| Intermediate Care Facility, Unspecified | | 70000 | Intermediate Care Facility, Unspecified |
| Skilled Nursing Facility, Unspecified | | 60000 | Skilled Nursing Facility, Unspecified |

## DATA SOURCE:

Nursing notes, Discharge summary, discharge orders, discharge planner notes, EMR
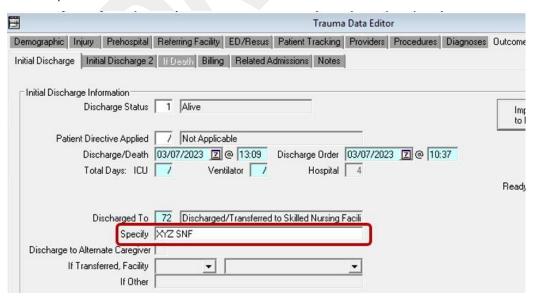
# Outcome: Discharged to - Specify

| Tab Name | Outcome, Initial Discharge | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | DIS_DEST_S | Allow UNK? | Yes |

## DEFINITION:

The name of the facility the patient was discharged to, if choice is not available in the "If Transferred, Facility" pick list.

## ADDITIONAL INFORMATION:

- This is a free text field for facilities not listed in the "If Transferred, Facility" pick list.
- Applies to Skilled Nursing facilities (SNF), Inpatient Rehab facilities, Long-term Care facilities, Intermediate Care facilities, and Acute Care hospitals.
- This data field is also used for patients discharged from the ED to another facility.
  See "ED/Resus: If Transferred, Facility" for instructions (page 74).
- The null value "Not Applicable" is used only for patients who were not discharged to another facility.
- See example below:



## DATA SOURCE:

Nursing notes, Discharge Summary, Discharge Orders, Discharge planner notes

# Outcome: Transfer Rationale

| Tab Name | Outcome, Initial Discharge | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | DIS_RS01_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

The reason the facility was chosen as the next destination for the patient. Answer choices include:

| | | |
|---|---|---|
| Specialty Resource Center | Physician/Services Available | Specialty-Cardiac Bypass |
| Hospital of Choice | Other | Specialty – Facial Trauma |
| Insurance/Health Plan | Specialty-Pediatrics | Specialty - Burns |
| Repatriation | Specialty-Hand | Ear, Nose and Throat |
| Specialty Care/Higher Level of Care | Specialty-Spine | Ophthalmology |
| Resources Unavailable (Beds, Equipment, Staff, MD) | Specialty-Pelvic Ring/Acetabular Fxs | Plastic Surgery |
| Patient Request | Specialty-Orthopedics-Soft Tissue Coverage | Orthopedic-Spine |
| Lower Level of Care | Specialty- Other Orthopedics | / Not Applicable |
| Economic | Specialty-Neurosurgery | ? Unknown |
| Managed Care Patient | Specialty-Replantation | |
| System Protocol | Specialty-Vascular/Aortic Injuries | |

## ADDITIONAL  INFORMATION:

- If the reason for the transfer is unknown by the sending facility, choose Specialty Care/ Higher Level of Care
- The null value "Not Applicable" is used only for patients who were not transferred out from the ED or after hospital admission to another facility.

## DATA SOURCE:

D/C summary, Nursing Notes, Progress Notes, Discharge Planning Notes

# Outcome: If Death: Location

| Tab Name | Outcome, If Death | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | DTH_LOC_S | Allow UNK? | Yes |

## DEFINITION:

Location in facility when patient died (brain death declared, if applies). Answer choices include:

| | |
|---|---|
| Emergency Department | Radiology |
| Operating Room | Post Anesthesia Care Unit |
| Intensive Care Unit | Special Procedure Unit |
| Step Down Unit | Labor and Delivery |
| Floor | Neonatal/Pediatric Care Unit |
| Observation Unit | Not Applicable |
| Burn Unit | Unknown |

## ADDITIONAL INFORMATION:

- If patient did not die, software will not open this section to allow data entry.

## DATA SOURCE:

D/C summary, Death note, Nursing Note, Progress Note, EMR

# Outcome: Circumstances of Death

| Tab Name | Outcome, Circumstances of Death | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | DTH_CIRC_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Cause of death. Answer choices include:

| | |
|---|---|
| Burn Shock | Sepsis |
| Burn Wound | Trauma Shock |
| Cardiovascular Failure | Trauma Wound |
| Multiple Organ (Metabolic) Failure | Other |
| Pre-Existing Illness | Unknown |
| Pulmonary Failure | |

## ADDITIONAL INFORMATION:

- Applies to all patient deaths.
- Autopsy findings/ ME reports often provide information regarding the cause of death and may add information about the patient's medical status and/or injuries that may be unknown at the time of death

## DATA SOURCE:

MD documentation, History & Physical (H&P), Discharge summary, Death note, Autopsy Report/ME findings

# Outcome: If Death: Was Autopsy Performed?

| Tab Name | Outcome, If Death | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | AUT_YN_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Was an autopsy performed on patient (private or by state medical examiner). Answer choices include:

Yes
No
Not Applicable
Unknown

## ADDITIONAL  INFORMATION:

- Applies to all patient deaths
- Report "Yes" for Forensic/Full autopsies and External/View Only autopsies.  An external autopsy refers to  a detailed examination of the patient without dissection. A forensic autopsy refers to detailed examination including dissection. Both types of autopsy qualifies for this field

## DATA SOURCE:

MD documentation, History & Physical (H&P), Discharge summary, Death note, Autopsy report

# Outcome: If Death: Was Organ Donation Referral Made to LifeLink?

| Tab Name | Outcome, If Death | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | DTHQ_RSP_YN01 | Allow UNK? | Yes |

## DEFINITION:

Was referral made to LifeLink organ procurement organization upon death? Answer choices include:

Yes
No
Not Applicable
Unknown

## ADDITIONAL INFORMATION:

- Applies to all deaths
- Referral to LifeLink is initial process for organ, tissue and eye donation.

## DATA SOURCE:

Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/ Death summary, Nursing notes, MD documentation, Provider Progress notes

# Outcome: If Death: Did the Patient Qualify as an Organ Donor?

| Tab Name | Outcome, If Death | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | DTHQ_RSP_YN02 | Allow UNK? | Yes |

**DEFINITION:**

Did patient meet qualifications to become organ, tissue or eye donor after referral call to LifeLink organ procurement organization? Answer choices include:

Yes
No
Not Applicable
Unknown

**ADDITIONAL  INFORMATION:**

- Applies to all deaths
- Initial call to LifeLink begins referral process for organ, tissue and eye donation. Other organizations such as the Georgia Eye Bank may be involved.

**DATA SOURCE:**

Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/ Death summary, Nursing notes, MD documentation, Provider Progress notes

# Outcome: If Death: Organ Donor?

| Tab Name | Outcome, If Death | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ORG_DONOR_YN_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Was the patient a qualified organ, tissue, or eye donor?  Answers for this field includes:

Yes
No
Not Applicable
Unknown

## ADDITIONAL  INFORMATION:

- Applies to all patient deaths
- **If organs were donated, answer "Yes" to all three organ donation fields.**

## DATA SOURCE:

Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary, Nursing notes, MD documentation, Provider Progress notes

# Outcome: If Death: Was Organ Donation Requested?

| Tab Name | Outcome, If Death | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ORG_STAT_YN_AS_TEXT | Allow UNK? | Yes |

**DEFINITION:**

If the patient qualified as an organ, tissue, or eye donor, was permission for donation requested? Answers for this field includes:

Yes
No
Not Applicable
Unknown

**ADDITIONAL INFORMATION:**

- Applies to all patient deaths
- **If organs were donated, answer "Yes" to all three organ donation fields.**

**DATA SOURCE:**

Nursing notes, MD documentation, Provider Progress note, Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary

# Outcome: If Death: Was Request Granted?

| Tab Name | Outcome, If Death | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ORG_GR_YN_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

If the patient qualified as an organ, tissue, or eye donor and donation permission requested, was request for donation granted / agreed to by legal next of kin? Answer choices include:

Yes
No
Not Applicable
Unknown

## ADDITIONAL INFORMATION:

- Applies to all patient deaths.
- **If organs were donated, answer "Yes" to all three organ donation fields.**

## DATA SOURCE:

Nursing notes, MD documentation, Provider Progress note, Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary

# Outcome: If Death: Organs Procured

| Tab Name | Outcome, If Death | GQIP Required? | Yes |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ORG_DNR01 to ORG_DNR02 | Allow UNK? | Yes |

## DEFINITION:

If the patient qualified as an organ, tissue, or eye donor and donation was granted, report the organ(s), or tissue procured. Answer choices include:

| None | Heart | Pancreas |
|---|---|---|
| Adrenal Glands | Heart Valves | Skin |
| Bone | Intestine | Stomach |
| Bone Marrow | Kidney | Tendons |
| Cartlidge | Liver | Whole Eyes |
| Corneas | Lungs | Other |
| Fascialata | Nerves | Unknown |

## ADDITIONAL INFORMATION:

- Applies to all patient deaths.
- Must answer "Yes" to Outcome: If Death: Organ Donor.

## DATA SOURCE:

Nursing notes, MD documentation, Provider Progress note, Life Link/ Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary, Operative reports for organ procurement

# Section II:

# Non-Required Data Fields

# Prehospital: Was Patient Extricated

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PH_EXT_YN_AS_TEXT | Allow UNK? | Yes |

**DEFINITION:**

Was the patient removed/released from the vehicle by emergency response team? Answer choices include:

Yes
No
Not Applicable
Unknown

**ADDITIONAL  INFORMATION:**

- May be in narrative of PCR or extrication section

**DATA SOURCE:**

EMS PCR

# Prehospital: Time Required/Minutes

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PH_EXT_MINS | Allow UNK? | Yes |

**DEFINITION:**

If the patient was extricated, the time in minutes to complete the extrication.

**ADDITIONAL  INFORMATION:**

- May be in narrative of PCR or extrication section

**DATA SOURCE:**

EMS PCR

# Prehospital Provider: Call Received Date/Time

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PHP_C_EVENTS | Allow UNK? | Yes |

## DEFINITION:

The date/time the 911 or PSAP call was received.

## ADDITIONAL  INFORMATION:

- Applies to all patients transported by EMS.
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS to the first facility.

## DATA SOURCE:

EMS PCR

# Prehospital Provider: Call En Route Date/Time

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PHP_E_EVENTS | Allow UNK? | Yes |

**DEFINITION:**

The date the unit is en route to the reported scene of injury.

**ADDITIONAL  INFORMATION:**

- Reported as MM-DD-YYYY and HH:MM (military) for time
- The null value  Not Applicable  is reported for patients who were NOT transported by EMS to the first facility.

**DATA SOURCE:**

EMS PCR

# Prehospital Provider: Arrived at Patient Date/Time

| Tab Name | Prehospital, Scene/Transport | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | PHP_P_EVENTS | Allow UNK? | Yes |

## DEFINITION:

The date and time the unit arrived at the patient.

## ADDITIONAL INFORMATION:

- Reported as MM-DD-YYYY and HH:MM (military) for time
- The null value "Not Applicable" is reported for patients who were NOT transported by EMS to the first facility.

## DATA SOURCE:

EMS PCR

# Immediate Referring Facility: Temperature Value

| Tab Name | Referring Facility, Assessments | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_TEMP | Allow UNK? | Yes |

## DEFINITION:

Recorded temperature by referring facility

## ADDITIONAL  INFORMATION:

- None

## DATA SOURCE:

Referring Hospital Medical Records

# Immediate Referring Facility: Temperature Unit

| Tab Name | Referring Facility, Assessments | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | RFAS_TEMP_UT | Allow UNK? | Yes |

**DEFINITION:**

The unit used to record temperature, Fahrenheit or Celsius. Answer choices include:

F  Fahrenheit

C Celsius

**ADDITIONAL  INFORMATION:**

- None

**DATA SOURCE:**

Referring Hospital Medical Record

# ED/Resus: pH

| Tab Name | ED/Resus, Labs/Toxicology | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_LAB_PH | Allow UNK? | Yes |

**DEFINITION:**

Potential hydrogen, a scale representing the relative acidity (or alkalinity) in your blood. Reported on ABG.

**ADDITIONAL INFORMATION:**

- Number recorded as whole number with decimal point.

**DATA SOURCE:**

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Lab results

# ED/Resus: INR

| Tab Name | ED/Resus, Labs/Toxicology | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | ED_LAB_INR | Allow UNK? | Yes |

## DEFINITION:

The international normalized ratio (INR) is a laboratory measurement of how long it takes blood to form a clot.

## ADDITIONAL INFORMATION:

- None

## DATA SOURCE:

ER Nursing Notes, ER MD Documentation, Lab Results

# Patient Tracking: Stepdown/IMC Days

| Tab Name | Patient Tracking, Location/Service | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | STEP_DAYS | Allow UNK? | Yes |

## DEFINITION:

Stepdown/IMC Days length of stay

## ADDITIONAL INFORMATION:

- None

## DATA SOURCE:

Nursing notes, Physician Progress Notes, Orders, Hospital Bed Tracking

# Provider/Resus Team: Provider Type

| Tab Name | Providers, Resus Team | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | EDP_TYPE01_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Resus Team Provider Type Service. Answer choices include:

| | | | | | |
|---|---|---|---|---|---|
| Trauma | Critical Care | Neurology | Physiatry | Triage Nurse | Advanced Practice Provider |
| Neurosurgery | Discharge Planner | Nurse Practitioner | Physical Therapy | Urology | CCA |
| Orthopedics | Documentation Recorder | Nursing | Plastic Surgery | Vascular Surgery | Craniofacial |
| General Surgery | Drug/Alcohol Counselor | Nutrition | Psychiatry | Intensivist | CRNA |
| Pediatric Surgery | ENT | OB-GYN | Pulmonary | Physician Assistant | Emergency Airway Team |
| Cardiothoracic Surgery | Family Medicine | Occupational Therapy | Radiology | Endocrinology | Emergency Airway Team Lead |
| Burn Services | GI | Oncology | Rehab | Geriatrics | Mental Health |
| Emergency Medicine | Home Health | Ophthalmology | Respiratory Therapist | Hand Surgery | Otolaryngology |
| Pediatrics | Hospitalist | Oral Surgery | Social Services | Interventional Radiology | Pain Management |
| Anesthesiology | Infectious Disease | Oral Maxillofacial Surgery | Social Worker | Other Surgical | Scribe |
| Cardiology | Internal Medicine | Ortho-Spine | Speech Therapy | Other non-surgical | Surgical ICU |
| Chaplain | Laboratory | Palliative Care | Thoracic Surgery | Not Applicable | Wound Care/Soft Tissue |
| Child Protective Team | Nephrology | Pharmacy | Trauma Resuscitation Nurse | Unknown | |

## ADDITIONAL INFORMATION:

- Other types of providers that respond to trauma activations beside Trauma, Ortho, Neurosurgery, Anesthesiology, Emergency Medicine

## DATA SOURCE:

Nursing notes, Trauma Flowsheet, EMR, Physician Notes

# Providers/Resus Team: Provider Arrived Date/Time

| Tab Name | Providers, Resus Team | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | EDP_A_EVENT01 | Allow UNK? | Yes |

**DEFINITION:**

The date and time the Provider arrived at the patient's bedside.

**ADDITIONAL  INFORMATION:**

- Other types of providers that respond to trauma activations beside Trauma, Ortho, Neurosurgery, Anesthesiology, Emergency Medicine

**DATA SOURCE:**

Nursing Notes, Trauma Flowsheet, EMR, Physician Notes

# Providers/Resus Team: Provider Timeliness

| Tab Name | Providers, Resus Team | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | EDP_TMLY01 | Allow UNK? | Yes |

## DEFINITION:

The timeliness of the Provider's arrival at the patient's bedside. Answer choices include:

Timely
Not Timely
Absent
Not Applicable
Unknown

## ADDITIONAL INFORMATION:

- Other types of providers that respond to trauma activations beside Trauma, Ortho, Neurosurgery, Anesthesiology, Emergency Medicine

## DATA SOURCE:

Nursing notes, Trauma Flowsheet, EMR, Physician Notes

# Providers/Resus Team: Provider Elapsed Time

| Tab Name | Providers, Resus Team | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | EDP_ELAPSED01 | Allow UNK? | Yes |

## DEFINITION:

The elapsed time of the provider at the bedside from patient arrival.

## ADDITIONAL INFORMATION:

- Auto calculated

## DATA SOURCE:

N/A

# Providers/Consults: Arrived Date

| Tab Name | Providers, In-House Consults | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | CS_EVENTS01 | Allow UNK? | Yes |

## DEFINITION:

The earliest (first) date and time the consulting service saw the patient

## ADDITIONAL  INFORMATION:

- In-house consults not collected in resus team.

## DATA SOURCE:

Nursing notes, Consult Notes, Progress Notes, EMR

# Providers/Consults: Timeliness

| Tab Name | Providers, In-House Consults | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | CS_TMLY01 | Allow UNK? | Yes |

**DEFINITION:**

In-house Consults Provider Timeliness. Answer choices include:

Timely
Not Timely
Absent
Not Applicable
Unknown

**ADDITIONAL INFORMATION:**

- In-house consults not collected in resus team.

**DATA SOURCE:**

Nursing notes, Consult notes, Progress Notes, EMR

# Initial Discharge: Patient Directive Applied

| Tab Name | Outcomes, Initial Discharge | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | CARE_DIRECTIVE | Allow UNK? | Yes |

**DEFINITION:**

A legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.  Answer choices include:

Care Directive Applied

Care Directive Not Applied

No Care Directive Provided

Not Applicable

Unknown

**ADDITIONAL  INFORMATION:**

- None

**DATA SOURCE:**

Palliative Care Notes, Physician Notes, Social Work Notes, Nursing Notes, EMR

# Initial Discharge: Impediments to Discharge

| Tab Name | Outcomes, Initial Discharge | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | IMP_DISS_L_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Reasons for delay in discharge. Answer choices include:

None
Delay in discharge plan
Financial
Homeless
Legal
Non-availability of transfer facility
Psychiatric
Social
Other
Unknown
Not applicable

## ADDITIONAL INFORMATION:

- None

## DATA SOURCE:

Physician progress notes, Case Management Notes, Social Work Notes, Nursing Notes, EMR

# Initial Discharge: Ready to Discharge Date

| Tab Name | Outcomes, Initial Discharge | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | DIS_READY_DATE | Allow UNK? | Yes |

**DEFINITION:**

Date patient is ready for discharge.

**ADDITIONAL  INFORMATION:**

- none

**DATA SOURCE:**

Physician progress notes, Case Management Notes, Social Work Notes, Nursing Notes, EMR

# Initial Discharge: Delay Days

| Tab Name | Outcomes, Initial Discharge | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | DELAY_DAYS | Allow UNK? | Yes |

## DEFINITION:

Number of days patient's discharge was delayed

## ADDITIONAL INFORMATION:

- Auto calculates

## DATA SOURCE:

N/A

# If Death: Withdrawal of Care

| Tab Name | Outcomes, If Death | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | WITHDRAW_CARE_YN | Allow UNK? | Yes |

## DEFINITION:

Did patient have withdrawal of care. Answer choices include:

Yes
No
Unknown
Not Applicable

## ADDITIONAL  INFORMATION:

- None

## DATA SOURCE:

Death charting, Physician Progress Notes, Nursing Notes

# QA Items: ACS Questions

| Tab Name | QA Tracking, QA Items | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | Yes |
| Report Writer Name | FLT_QA_YN_L_AS_TEXT | Allow UNK? | Yes |

## DEFINITION:

Legacy defined QA Item questions defined by ACS prior to the ITDX/TQIP standard. NOTE: These are optional and not required.



## ADDITIONAL INFORMATION:

- None

## DATA SOURCE:

Physician Progress Notes, Nursing Notes, EMR, PI Notes

# QA:QA Items

| Tab Name | QA Tracking, QA Items | GQIP Required? | No |
|---|---|---|---|
| ITDX? | No | Allow N/A? | No |
| Report Writer Name | FLT_CODES_L_AS_TEXT | Allow UNK? | Yes |

## 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.

*Multiple items available to pick or users can add their own options

## ADDITIONAL  INFORMATION:

- None

## DATA SOURCE:

Death charting, Physician Progress Notes, Nursing Notes, OR records, PI Notes