



GEORGIA
QUALITY
IMPROVEMENT
PROGRAM

2026 Trauma Data Dictionary

2026 ADMISSION YEAR This dictionary serves as the required data fields and definitions referred to as the GQIP Trauma Data Standard for use by Georgia designated trauma centers for trauma patients admitted during 2026.



GEORGIA
QUALITY
IMPROVEMENT
PROGRAM

Table of Contents

GENERAL INFORMATION	7
2026 GEORGIA TRAUMA REGISTRY INCLUSION CRITERIA.....	8
Section I: GQIP REQUIRED DATA FIELDS	9
<u>DEMOGRAPHIC</u>	
MEDICAL RECORD NUMBER.....	10
ACCOUNT NUMBER.....	11
LONGID	12
ARRIVED FROM	13
ARMBAND NUMBER.....	14
INCLUSION INFORMATION - NTDB	15
<u>INJURY</u>	
CHIEF COMPLAINT	16
REPORT OF PHYSICAL ABUSE	17
INVESTIGATION OF PHYSICAL ABUSE	18
TRAUMA TYPE	19
<u>PREHOSPITAL</u>	
POV/WALK IN	20
SCENE AGENCY (STATE ID & NAME)	21
SCENE TRANSPORT ROLE.....	22
SCENE PCR NUMBER (#).....	23
SCENE PSAP CALL RECEIVED DATE/TIME	24
SCENE CALL DISPATCH DATE/TIME.....	25
SCENE ARRIVAL DATE/TIME	266
SCENE DEPARTURE DATE/TIME.....	277
SCENE TIME LAPSED	288
SCENE TRANSPORT TIME LAPSED	299
INITIAL PREHOSPITAL SYSTOLIC BLOOD PRESSURE.....	30
INITIAL PREHOSPITAL DIASTOLIC BLOOD PRESSURE	311
INITIAL PREHOSPITAL PULSE RATE.....	322



INITIAL PREHOSPITAL RESPIRATORY RATE	333
INITIAL PREHOSPITAL OXYGEN SATURATION	344
INITIAL PREHOSPITAL GCS - EYE.....	355
INITIAL PREHOSPITAL GCS-VERBAL	366
INITIAL PREHOSPITAL GCS - MOTOR.....	377
INITIAL PREHOSPITAL GCS-TOTAL.....	388
INITIAL PREHOSPITAL GCS 40 - EYE	399
INITIAL PREHOSPITAL GCS 40 - VERBAL.....	40
INITIAL PREHOSPITAL GCS 40 - MOTOR	411
TRAUMA CENTER CRITERIA.....	422
NATIONAL FIELD TRIAGE 2021	433
NATIONAL FIELD TRIAGE CRITERIA	444
PREHOSPITAL PROCEDURE.....	455
PREHOSPITAL MEDICATION.....	466
 <u>IMMEDIATE REFERRING FACILITY</u>	
REFERRING FACILITY & ADDITIONAL REFERRING FACILITY	477
ADMIT DATE/TIME & ADDITIONAL REFERRING FACILITY ADMIT DATE/TIME	488
DISCHARGE DATE/TIME & ADDITIONAL REFERRING FACILITY D/C DATE/TIME.....	499
LENGTH OF STAY & ADDITIONAL REFERRING FACILITY LENGTH OF STAY.....	50
TRANSFER RATIONALE.....	511
REFERRING FACILITY SYSTOLIC BLOOD PRESSURE.....	522
REFERRING FACILITY DIASTOLIC BLOOD PRESSURE	533
REFERRING FACILITY PULSE RATE	544
REFERRING FACILITY UNASSISTED RESPIRATORY RATE.....	555
REFERRING FACILITY EYE RESPONSE ON GCS	566
REFERRING FACILITY VERBAL RESPONSE ON GCS.....	577
REFERRING FACILITY MOTOR RESPONSE ON GCS	588
REFERRING FACILITY GCS TOTAL	599
INTERFACILITY TRANSPORT MODE	60
 <u>INTER-FACILITY TRANSPORT / PROVIDER / VITALS</u>	
INTER-FACILITY AGENCY [STATE ID & NAME].....	611
INTER-FACILITY TRANSPORT ROLE	622
INTER-FACILITY PCR NUMBER	633
INTER-FACILITY TRANSPORT EMS CALL DISPATCHED DATE/TIME	644

INTER-FACILITY TRANSPORT EMS ARRIVED LOCATION DATE/TIME	655
INTER-FACILITY TRANSPORT EMS DEPART LOCATION DATE/TIME.....	666
INTER-FACILITY TRANSPORT EMS ARRIVED DESTINATION DATE/TIME	677
INTER-FACILITY TRANSPORT TIME LAPSED	688
INTER-FACILITY TRANSPORT SBP.....	699
INTER-FACILITY TRANSPORT PULSE.....	70
INTER-FACILITY TRANSPORT UNASSISTED RESP RATE	711
INTER-FACILITY TRANSPORT O2 SATURATION	722
INTER-FACILITY TRANSPORT GCS TOTAL	733

ED / RESUS

DIRECT ADMIT.....	744
ADMITTING SERVICE.....	755
SIGNS OF LIFE	766
MODE OF ARRIVAL.....	777
RESPONSE LEVEL	788
RESPONSE ACTIVATION DATE/TIME	799
RESPONSE TIME ELAPSED	80
REVISED RESPONSE LEVEL.....	811
REVISED RESPONSE ACTIVATION DATE/TIME.....	822
REVISED RESPONSE TIME ELAPSED	833
PHYSICAL ED DISCHARGE DATE/TIME	844
TIME IN ED	855
OR DISPOSITION.....	866
BMI	877
INITIAL DBP.....	888
INITIAL TEMPERATURE UNIT.....	899
INITIAL TEMPERATURE ROUTE	90
RESPIRATORY ASSIST METHOD	911
INTUBATION METHOD	922
RTS	933
TRIAGE RTS	944
BASE DEFICIT.....	955
DRUG USE INDICATORS.....	966
CPR.....	977
MASS BLOOD PROTOCOL	988

MASS BLOOD PROTOCOL DATE/TIME	999
MASS BLOOD PROTOCOL ADMINISTERED	100
 <u>PROVIDERS / RESUS TEAM</u>	
TRAUMA PROVIDER SPECIALTY	1011
TRAUMA ARRIVED DATE/TIME	1022
IN-HOUSE CONSULTS TYPE	1033
 <u>PROCEDURES / DIAGNOSIS</u>	
PROCEDURE LOCATION CODE & DESCRIPTION	1044
NISS.....	1055
TRISS	1066
 <u>OUTCOME</u>	
DISCHARGE STATUS	1077
TOTAL DAYS HOSPITAL	1088
HOSPITAL DISPOSITION.....	1099
PHYSICAL HOSPITAL DISCHARGE DATE/TIME.....	11010
IF TRANSFERRED, FACILITY	1111
DISCHARGED TO - SPECIFY	1122
TRANSFER RATIONALE.....	1133
IF DEATH: LOCATION	1144
IF DEATH: CIRCUMSTANCES OF DEATH	1155
IF DEATH: WAS AUTOPSY PERFORMED?	1166
 Section II: GQIP Non-Required Data Fields	 117
 <u>PREHOSPITAL / PREHOSPITAL PROVIDER</u>	
WAS PATIENT EXTRICATED?	1188
TIME REQUIRED/MINUTES	1199
CALL EN ROUTE DATE/TIME	120
ARRIVED AT PATIENT DATE/TIME	121
 <u>IMMEDIATE REFERRING FACILITY</u>	
REFERRING FACILITY TEMPERATURE VALUE	122
REFERRING FACILITY TEMPERATURE UNIT.....	123

ED / RESUS

PH..... 124
INR..... 125

PATIENT TRACKING

STEPDOWN/IMC DAYS 126

PROVIDERS / RESUS TEAM / CONSULTS

PROVIDER TYPE 127
PROVIDER ARRIVED DATE/TIME 128
PROVIDER TIMELINESS 129
PROVIDER ELAPSED TIME 130
CONSULT ARRIVED DATE/TIME 131
CONSULT TIMELINESS 132

INITIAL DISCHARGE

PATIENT DIRECTIVE APPLIED 133
IMPEDIMENTS TO DISCHARGE..... 134
READY TO DISCHARGE DATE 135
DELAY DAYS 136

IF DEATH / QA ITEMS

WITHDRAWAL OF CARE 137
ACS QUESTIONS 138
QA ITEMS 139
WAS ORGAN DONATION REFERRAL MADE TO LIFELINK? 140
DID THE PATIENT QUALIFY AS AN ORGAN DONOR? 141
ORGAN DONOR? 142
WAS ORGAN DONATION REQUESTED?..... 143
WAS REQUEST GRANTED? 144
ORGANS PROCURED 145



General Information

This GQIP Data Dictionary includes data elements outside of the NTDB + TQIP data elements. GQIP's data model includes ITDX + NTDB + TQIP plus the data elements noted in this data dictionary. For the NTDS and TQIP data fields, please refer to the [2026 NTDS Data Dictionary](#). All required data elements, including ITDX elements, are included in this data dictionary. The dictionary is made up of two sections with the required data elements outlined in Section I, and the non-required data elements outlined in Section II.

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



2026 Georgia Trauma Registry Inclusion Criteria

For 2026, GQIP and OEMST are adopting the 2026 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



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



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



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.

- To create the variable, record the following data in the order listed:
 - the first two letters of the first name,
 - the first and last two letters of the last name,
 - the birth date (date of birth – DOB) in an eight-digit MM/DD/YYYY format and
 - sex as “M” for male, “F” for female, and “U” for unknown or if the patient does not identify as a male or female,
- 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.
- Suffixes such as “Jr.”, “Sr.”, “II” or “III” shall not be considered when creating the values for LONGID.
- 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.
- 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.
- 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.
- 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 = **“EDLIL12061946M”**
- 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



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.



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



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



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



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



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



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



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)



Scene 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

Scene 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)



Scene 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)



Scene PSAP Call Received Date/Time

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

DEFINITION:

The date/time the 911 or public safety answering point (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



Scene 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



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



Scene 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



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



Scene 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



Initial Prehospital 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



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



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



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 (2021 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 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

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; this may be documented in procedures section of PCR 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

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



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



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



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)



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



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



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



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



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



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



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

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



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



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



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

**2026 GA Update Menu Options Additions
 That Should Not Be Utilized:**

Air Transport
 Charter Fixed-Wing
 Charter Helicopter
 Commercial Flight

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 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 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 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 Date/Time

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

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 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 Transport 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 Transport 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 Transport 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 Transport 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 Transport 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



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,



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.
- **If the patient is admitted by a general surgeon who is on call for trauma for that admission, please use trauma as admitting physicians' specialty and not general surgery**

DATA SOURCE:

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



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 the following:
 - SBP of 0
 - Pulse of 0
 - GCS Motor score of 1
- Patient will typically arrive with CPR in progress
- Field used in GQIP analytics platform

DATA SOURCE:

EMR, Trauma Flowsheet, Code Blue documentation, Physician notes



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



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



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



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



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



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



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



Physical ED Discharge 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



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



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



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



Initial 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.
- If only SBP is recorded on admission or SBP with “palp” for diastolic, record unknown for DBP

DATA SOURCE:

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



Initial 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 initial 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



Initial 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 initial 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



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



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



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



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



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



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 at outside facility 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



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



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



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



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



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 trauma care in any level of team activation.

ADDITIONAL INFORMATION:

- Only Trauma specialty information is required. 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)



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



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	
2026 GA Update Menu Options Additions That Should Not Be Utilized:			Chemical Dependency		

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



Procedure 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. Procedures performed in the ED, OR and ICU are essential. 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)	
2026 GA Update Menu Options Additions That Should Not Be Utilized:		
GI Lab	Catheterization Lab	Endoscopy
Nuclear Medicine	Minor Surgery Unit	Resuscitation Room
Telemetry Unit		

ADDITIONAL INFORMATION:

- 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



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



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



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



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



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

Physical Hospital 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



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:

The screenshot shows the 'Trauma Data Editor' interface. The 'Initial Discharge Information' section is active. The 'Discharged To' field is set to '72 Discharged/Transferred to Skilled Nursing Facility'. Below this, a red box highlights the 'Specify' field containing the text 'XYZ SNF'. Other fields include 'Discharge Status' (1 Alive), 'Patient Directive Applied' (Not Applicable), 'Discharge/Death' (03/07/2023 @ 13:09), 'Discharge Order' (03/07/2023 @ 10:37), 'Total Days: ICU' (7), 'Ventilator' (7), and 'Hospital' (4).

DATA SOURCE:

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



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



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



If Death: 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	
2026 GA Update Menu Options Additions That Should Not Be Utilized:	
Treatment Withheld	Family D/C Life Support
Pulmonary Failure/Sepsis	Medical
Brain Injury	Multisystem Trauma
Thoracic Aortic Transection	Brain Death
Drowning	Gastrointestinal
Heart Laceration	Neurologic
Liver Laceration	Renal
Electrocution	
Cardiac Arrest due to Strangulation	
Code 99	

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



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



Section II:

Non-Required Data Fields



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



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



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



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 to 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



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



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

C

ADDITIONAL INFORMATION:

- None

DATA SOURCE:

Referring Hospital Medical Record



PH

Tab Name	ED/Resus: Labs/Toxicology	GQIP Required?	No
ITDX?	No	Allow N/A?	Yes
Report Writer Name	ED_ABG_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



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



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 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



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



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



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



Consult Arrived Date/Time

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



Consult 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



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



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



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



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



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



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.

The screenshot shows a window titled "ACS Questions" with a menu bar containing "Record", "Edit", and "Navigate". The main area contains a list of 30 QA items, each with a question mark icon and a checkbox. The items are:

- Surgeon Arrival Time for the Highest Level of Activation
- Delay in Response for Urgent Assessment by NSGY
- Delay in Response for Urgent Assessment by Orthopaedic
- Delayed Recognition of or Missed Injuries
- Prehospital Triage Criteria Compliance
- Delays/Adverse Events r/t Prehospital Trauma Care
- Accuracy of Trauma Team Activation Protocols
- Delays in Care d/t Unavailability of ED Physician
- Unanticipated RTN to DR
- Unanticipated RTN to ICU or Intermediate Care
- Transfer Out of Facility for Appropriateness and Safety
- Nonsurgical Admissions
- Radiology Interpretation Errors/Discrepancies between Preliminary and Final Reports
- Delays in Access to Time-Sensitive Diagnostics or Therapeutic Interventions
- Delays in Response to the ICU for Patients with Critical Needs
- Compliance with Policy r/t Timely Access to DR for Urgent Surgical Intervention
- MTP Activation
- Lack of Availability of Essential Equipment for Resuscitation or Monitoring
- Significant Complications and Adverse Events
- Transfers to Hospice
- Death-in Patient
- Death-DDA
- Death-DIED (Died in Emergency Department)
- Inadequate or Delayed Blood Product Availability
- Patient Referral and Organ Procurement Rates
- Screening of Eligible Patients for Psychological Sequelae
- Delays in Providing Rehab Services
- Screening of Eligible Patients for Alcohol Misuse
- Pediatric Admission to Nonpediatric Trauma Center
- Neurotrauma Care at Level III Trauma Center
- Neurotrauma Diversion
- Compliance of Trauma Team Activation
- Other

At the bottom of the window, there is a "Date" field with a calendar icon and a "QA Tracking" checkbox.

ADDITIONAL INFORMATION:

- None

DATA SOURCE:

Physician Progress Notes, Nursing Notes, EMR, PI Notes



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



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



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



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



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



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



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
Cartilage	Liver	Whole Eyes
Corneas	Lungs	Other
Fasciata	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

