NEW YORK STATE TRAUMA REGISTRY

DATA DICTIONARY

Version 9.0
January, 2016

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NYS Trauma Registry Case Definition:

The New York State Trauma Registry (NYSTR) is intended to collect information on patients with traumatic injuries that were treated in New York State hospitals. Any patient discharged from a hospital in New York State with a discharge diagnosis indicative of trauma is eligible for inclusion in the registry. Additionally, any patient who dies in an emergency department (without being admitted to the hospital) from traumatic injury is included in the registry.

All hospitals in New York State (NYS) who care for traumatically injured patients are required to submit registry data electronically to the New York State Department of Health (NYSDOH) through Image Trend, the vendor that serves as the State repository (https://newyork.emsbridge.com/patientregistry), on the following schedule:

First Quarter (January, February, March) discharges are due **July 1st** of the year.
Second Quarter (April, May, June) discharges are due **October 1st** of the year.
Third Quarter (July, August, September) discharges are due **January 1st** of the following year.
Fourth Quarter (October, November, December) discharges are due **April 1st** of the following year.

Data may be submitted earlier, and facilities are encouraged to communicate with the NYSDOH to determine an appropriate submission schedule.

Hospitals in NYS submit information electronically regarding diagnosis and procedure codes to the Statewide Planning and Research Cooperative Systems database (SPARCS). The SPARCS database is queried for ICD-9/ICD-10 diagnosis codes that warrant inclusion in the NYSTR . Hospitals that submit cases to the NYSTR have their records checked against the inpatient and outpatient SPARCS datasets to ensure that all appropriate cases are entered into the trauma registry. Hospitals also have Vital Records Files queried for trauma cases. It is possible for a record to be submitted to the State registry that does not have a corresponding SPARCS record.

In keeping with the standards set forth by the American College of Surgeons Committee on Trauma (ACS-COT), the core data points in the National Trauma Data Set (NTDS) are required data elements in the NYSTR. Each year, there will be automatic inclusion in the NYSTR of any new data elements introduced in the new edition of the NTDS. The current data dictionary for the NTDS can be found at: http://www.facs.org/trauma/ntdb/index.html. The NYSTR manual only describes the NYS- specific data elements that are in addition to those core NTDS data elements. **These are mandatory data elements that must be completed for each trauma patient**. Each field is detailed with definitions, constraints, value choices, source, type, etc.

The state-specific data elements, field choices and data collection instructions are the responsibility of the NYSDOH working in conjunction with the Registry Subcommittee of the New York State Trauma Advisory Committee (STAC). The process for change is as follows:

Process, Implementation and Evaluation:

- The Registry Subcommittee, or any member of STAC, proposes one or several changes to the NYSTR (recommendations are made to the Chair of the Registry Subcommittee).

- Trauma Centers and members of STAC comment.

- Definitions are locked down.

- Members of STAC vote on the proposed change(s) **no later than April 1st with implementation on January 1st of the following year.**

- The finalized change(s) are communicated by the Department in writing to Image Trend. The technical aspect of the change(s) will be locked down by July 1st and will be communicated to all involved vendors.

- The Department notifies all hospitals of the change(s) and start date.

- The Department confirms that the change(s) are downloading appropriately and that the data appears valid. Any problems with a download will be communicated by the Department to the involved facility and vendor.

Guidelines For Inclusion & Exclusion:

A trauma patient is defined as a patient of any age who has sustained a traumatic injury who is either admitted to the hospital (including a 23-hour admission for observation) or expires in the emergency department with at least one injury diagnosis code of:

ICD-9 code of: 800-959.9. **Isolated injuries and burns are excluded:** 905-909.9 (late effects of injury), 910-924.9 (superficial injuries including blisters, contusions, abrasions, and insect bites), 930-939.9 (foreign bodies) and 940-949 (burns).

ICD-10 code of: S00-S99 with 7th character modifiers of A,B, or C ONLY (injuries to specific body parts-initial encounter); T07, T14, T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome-initial encounter). **Superficial injuries are excluded:** S00, S10, S20, S30, S40, S50, S60, S70, S80 and S90. 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. ICD-10 will be required beginning 1/1/16.

The guidelines listed below further define the requirements for inclusion and exclusion.

Guidelines:

1.Appendix II contains the E-codes/External Cause codes that might make a case ineligible for the NYSTR. These **E-codes** include: E850-869.9, E870-E879, E890-899 (except E891.8 and 891.9). E900-904.9, E910-915, E924-924.9, E929,

E930-940, E959, E969, E977, E989, E999. These **External Cause codes** include: V90, V92, W42, W46, W65-W69, W73-W74, W85-W90, W92-W94, W99, X10-X19, X30-X32, X38, X71, X75, X77, Y21, Y25, Y27, Y35-Y38, Y62-Y69, Y70-Y82, Y83-Y84, Y90-Y99.

2. Records with a principal diagnosis of V57 are excluded (unless the records reflect trauma deaths in the Emergency Department).

3. Every record that is "eligible" for inclusion in the registry should be reviewed. In certain cases the reviewer may determine that the record should not be included. In this case, the reviewer completes an Exclusion Report for the record (see section on "Who To Exclude") and submits these quarterly to the Department through the State's Health Commerce System (HCS).

4. A trauma admission includes an injured patient who has either inpatient admission OR a 23-hour observation status (admission for observation), regardless of the location of care.

5. The NYSTR should contain only one record for each patient's traumatic injury. While Level III and IV centers will maintain their own registries, only the final hospital should submit the case to the NYSTR. In the event the patient expires in the ED of the Level III or IV center, this would be considered the final hospital and that institution would be responsible for submitting the case to the NYSTR.

   The final hospital should collect information related to the care provided at the referring hospital and enter that into the registry. In the event of a transfer, only information from the first PCR will be captured initially. Once information is uploaded to the State repository, additional PCR information can be added to the case.

WHO TO EXCLUDE: (Also refer to Appendix III: Exclusion Format) When a record is reported as an exclusion, that record must be recorded on the Exclusion Form located in Appendix III.

1. Exclude the record if the reason for admission is not related to traumatic injury and the injury does not warrant admission. For example, a patient suffers an MI, falls and sustains an injury. The patient is admitted for treatment of the MI only; the trauma sustained does not require admission. This record would be excluded. However, a patient who sustains an MI and then trauma from a resulting fall who is admitted for care of the trauma AND the MI would be included in the registry. These kinds of cases will need to be reviewed carefully with the Trauma Program Manager, Trauma Medical Director or Regional Trauma Center coordinator.

2. Exclude the record if the ICD-9/ICD-10 code initially assigned is incorrect and the correct code following review is not on the State list.

3. Exclude the record if the patient is transferred to another trauma center in

New York State (however keep this patient for your registry). Only the final hospital should submit data to the NYSTR. Note: If the patient is transferred to a hospital that does not participate in data collection for the NYSTR, collect the record at your facility.

4. Exclude the record if the patient was brought to the ED for the sole purpose of being pronounced dead. There must be no attempt at any resuscitation in the ED for this field to be selected. Time of arrival in the ED must match time of death.

5. Exclude the record if the injury occurred more than 30 days prior to this hospitalization.

6. Exclude the record if this is a re-admission for treatment of an injury already captured in the registry. NOTE: These records may be combined into one.

7. Exclude the record if there is no evidence of trauma.

8. Exclude newborn injury.

9. Exclude injury that occurred as an inpatient in an acute care hospital. Inpatient falls in nursing homes are included.

10. In rare instances, a record may be excluded because it cannot be located despite multiple attempts to locate it over several months.

Identification of cases for inclusion:

1. Hospitals can generate a daily admission list of any patient with an ICD-9/ ICD-10 code that may warrant inclusion in the NYSTR. The list is then reviewed and NYS cases based on ICD-9/ICD-10 codes and age are selected. Potential cases for the registry can also be identified by reviewing the ED log every day.

2. The SPARCS list is not the daily trauma census. The two will not match. The SPARCS list will include many patients with whom the trauma team may not have been involved. Each record on the SPARCS list must be reviewed and either collected or excluded.

3. DO NOT wait for a SPARCS list to begin the process of data collection. SPARCS lists are generated 12-18 months after patient discharge.

4. Identify the ED trauma deaths by either: reviewing the ED log or asking the ED Manager for a daily list of all deaths so you may select the trauma cases. Deaths occurring in the ED after traumatic injury are included in the NYSTR.

Reconciling the SPARCS list and Vital Records Files list with data submission:

In order for the assessments of hospital performance to be valid, it is critical that all qualified records for each hospital be submitted to the NYSTR. The NYSDOH matches the identifiers found in NYSTR records against the identifiers found in the SPARCS and Vital Records files. This matching process looks at identifiers in both the referring hospital portion and the final hospital portion of the NYSTR record.

For a match to be valid, the PFI number, medical record number and date of birth must match exactly. In addition, either the admission or the discharge date must be within one day of the dates reported to SPARCS or the Vital Records File.

Common Null Values:

Definition
These values are to be used with each of the NYS data elements described in this document which have been defined to accept the Null Values.

Field Values

1 Not Applicable

2 Not Known/Not Recorded

Additional Information
For any collection of data to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data.

- Not Applicable (NA): This null value code applies if, at the time of patient care documentation, the information requested was "Not Applicable" to the patient, the hospitalization or the patient care event. For example, variables documenting EMS care would be "Not Applicable" if a patient self-transports to the hospital.

- Not Known/Not Recorded (NK/NR): This null value applies if, at the time of patient care documentation, information was "Not Known" (to the patient, family, health care provider) or no value for the element was recorded for the patient. This documents that there was an attempt to obtain information but it was unknown by all parties or the information was missing at the time of documentation. For example, injury date and time may be documented in the hospital patient care report as "Unknown". Another example, "Not Known/Not Recorded" should also be coded when documentation was expected, but none was provided (i.e., no EMS run sheet in the hospital record for a patient transported by EMS).

Page Number 6 SECTION ***NY Demographics***

Field: Medical Record Number

Definition: The medical record number that is reported to SPARCS by the final hospital for this patient.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

-This field is for linking purposes only and will not be made public.
-This field is crucial for matching against SPARCS and Vital Record Files.

Data Source: Hospital Admission (Face) Sheet.

Data Type: Character, Size 17

Software Notes:

Lancet screen:	NYS Pathway page 1
NTRACS screen:	Demographic
ImageTrend screen:	TR1.2

SAS Field trmedrec

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Page Number 7 SECTION ***NY Demographics***

Field: Patient's Last Name

Definition: The last name of the patient.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

The patient's last name is used to create a unique identifier that will be used for matching purposes.

Data Source: ACR/PCR, Hospital Admission (Face) Sheet, Emergency Department Notes, Discharge Summary

Data Type: Text

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen: TR1.9

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Page Number 8 SECTION ***NY Demographics***

Field: Patient's First Name

Definition: The first name of the patient.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

The patient's first name is used to create a unique identifier that will be used for matching purposes.

Data Source: ACR/PCR, Hospital Admission (Face) Sheet, Emergency Department Notes, Discharge Summary

Data Type: Text

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen: TR1.8

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Social Security Number

Definition: The last four (4) digits of the patient's Social Security number.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.
If the patient's social security number is unknown, enter "0000".

☐ **Picklist used**

Additional Information:

The last four (4) digits of the patient's Social Security number is used to create a unique identifier that will be used for matching purposes. This will not be made public.

Data Source: Hospital Admission (Face) Sheet.

Data Type: Numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR1.11

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Height of Fall

Definition: The distance in feet the patient fell, measured from the lowest point of the patient to the ground.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

0 - 200
Not Applicable
Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

-Does not include the height of the patient.
-A fall from standing is a level surface fall and not a 6-foot fall.
-For a same level fall, enter 0.
-Estimate 1 foot per “step”. A fall down 6 steps is estimated as a 6 feet fall and the corresponding E-code is assigned.
-Estimate 10-12 feet per "story".
-If the mechanism of injury is not a fall, enter "Not Applicable".
-Use only whole numbers, no decimals.

Data Source: ACR/PCR, Emergency Department Notes

Data Type: Numeric, Size 3

Software Notes:

Lancet screen:	NYS Pathway page 2
NTRACS screen:	Injury
ImageTrend screen:	TR14.45

SAS Field fallht

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA Data Dictionary: NYS Pathway page 1 in V5 DD

SASFIELD NOTES:

Page Number 11 SECTION ***NY Injury Details***

Field: Trauma Type

Definition: The type of injury.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

1. Blunt
2. Penetrating
3. Burn

X **Picklist used**

Additional Information:

Auto filled based on ICD-9 E code.

Data Source: ICD-9 E Code

Data Type: Character, size 1

Software Notes:

Lancet screen: NYS Pathway page 3

NTRACS screen: Injury

ImageTrend screen: TR5.13

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES (new fields)

Field: Service

Definition: The EMS agency that provided the care described in the first ACR/PCR.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.
Not Applicable
Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

-Four (4)-digit PCR Field "Agency Code". Up to date listings can be found at:
http://www.health.ny.gov/professionals/ems/state_trauma/trauma_registry_data_dictionary.htm
-In the event of a transfer, this is the first ACR/PCR.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.
-Use "Not Applicable" if the patient was not transported by ambulance.

Data Source: ACR/PCR

Data Type: Character, size 4

Software Notes:

Lancet screen:	NYS Pathway page 3
NTRACS screen:	Pre Hosp – PCR and Vitals
ImageTrend screen:	TR7.3

SAS Field tranage1

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA Data Dictionary: For NTRACS screen, some question about exact heading.

SASFIELD NOTES:

Field: Arrived From

Definition: Location the patient arrived from.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Scene	6. Nursing Home
2. Referring Hospital/Facility	7. Supervised Living
3. Clinic/M.D. Office	8. Urgent Care
4. Jail	9. Not Applicable
5. Home	10. Not Known/Not Recorded

X **Picklist used**

Additional Information:

- Use "scene" if the patient arrives directly from the scene of injury to your facility.
- "Referring Hospital/Facility" means either an acute care hospital or a facility providing acute nursing care including acute rehab & psychiatric facilities.
- "Clinic/M.D. Office" means any outpatient clinic or private physician's office.
- Use "Home" if the scene of the accident is the patient's current primary residence. If the accident occurred at a residence that is not the patient's primary residence, use "Scene".
- "Nursing Home" means any Skilled Nursing Facility where the patient permanently resides.
- "Supervised Living" means foster care, group homes or Assisted Living Facilities.
- "Urgent Care" means any stand-alone Emergency Treatment Center.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 16.22

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

Page Number 14 SECTION ***NY Pre-Hospital Information***

Field: Initial Field Diastolic BP

Definition: The first recorded diastolic blood pressure in mmHg.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.
Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

-This is the first set of pre-hospital vital signs.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.

Data Source: ACR/PCR

Data Type: Numeric, 3 characters

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 18.68

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES (New Field)

Field: Pre-Hospital Treatments: Chest Decompression

Definition: Was chest decompression (relief of pressure within the chest) performed by EMS personnel?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Needle Thoracostomy
2. Tube Thoracostomy
3. Not Performed
4. Not Applicable
5. Not Known/Not Recorded

X **Picklist used**

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.
-Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 15.44

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD NOTES (New Field)

Field: Pre-Hospital Treatments: Pre-Hospital CPR

Definition: Was CPR performed by EMS personnel?

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

1. CPR initiated by crew
2. CPR in progress
3. Not Performed
4. Not Applicable
5. Not Known/Not Recorded

X **Picklist used**

Additional Information:

-This field is crucial for modeling.
-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.
-Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes: Lancet screen:
NTRACS screen:
ImageTrend screen: TR 15.39

SAS Field trmedrec

Date last Reviewed/Revised/Added: Revised 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD NOTES (New Field)

Field: Pre-Hospital Treatments: Airway Management

Definition: Did the patient's airway require intervention by EMS personnel?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Airway cleared (includes suction)
2. Assisted with BVM
3. Alternative Airway Device
4. Endotracheal tube
5. Not Performed
6. Not Applicable
7. Not Known/Not Recorded

X **Picklist used**

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.
-Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 15.40

SAS Field phcomp

Date last Reviewed/Revised/Added: Revised 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD NOTES (New Field)

Field: Pre-Hospital Treatments: Pre-Hospital IV/IO Fluids

Definition: Were pre-hospital fluids administered either intravenously or intraosseously?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. IV fluids < or = 500 cc	7. IV fluids attempted	X **Picklist used**
2. IV fluids 500-2000 cc	8. IV fluids unknown amount	
3. IV fluids > or = 2000 cc	9. IO fluids attempted	
4. IO fluids < or = 500 cc	10. IO fluids unknown amount	
5. IO fluids 500-2000 cc	11. Not Performed	
6. IO fluids > or = 2000 cc	12. Not Applicable	
	13. Not Known/Not Recorded	

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.
-Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 15.30

SAS Field phtrtfluid

Date last Reviewed/Revised/Added: Revised 1/2013; Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES (New Field)

Page Number 19 SECTION ***NY Pre-Hospital Information***

Field: Pre-Hospital Treatments: Oxygen Administered

Definition: Was oxygen administered by EMS personnel?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Oxygen by Cannula
2. Oxygen by Mask
3. Not Performed
4. Not Applicable
5. Not Known/Not Recorded

X **Picklist used**

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.
-Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 18.134

SAS Field

Date last Reviewed/Revised/Added: Revised 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Pre-Hospital Treatments: Pre-Hospital EKG

Definition: Was an EKG obtained by EMS personnel?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Yes
2. Not Performed
3. Not Applicable
4. Not Known/Not Recorded

X **Picklist used**

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.
-Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 15.48

SAS Field

Date last Reviewed/Revised/Added: Revised 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Page Number 21 SECTION ***NY Pre-Hospital Information***

Field: Pre-Hospital Treatments: Pre-Hospital Immobilization

Definition: Was immobilization performed by EMS personnel?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Spine
2. Limb(s)
3. Both Spine & Limb(s)
4. Not Performed
5. Not Applicable
6. Not Known/Not Recorded

X **Picklist used**

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.
-Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 15.47

SAS Field

Date last Reviewed/Revised/Added: Revised 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD NOTES

Page Number 22 SECTION ***NY Pre-Hospital Information***

Field: Pre-Hospital Treatments: Pre-Hospital Hemorrhage Control

Definition: Did EMS personnel perform a procedure to control hemorrhage?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Pressure
2. Tourniquet
3. Hemostatic Dressing
4. Pelvic Binder
5. Not Performed
6. Not Applicable
7. Not Known/Not Recorded

X **Picklist used**

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix V.
-Patients arriving by private vehicle should have "Not Applicable" entered.
- Hemostatic Dressing refers to a coated dressing applied to control bleeding.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 15.42

SAS Field

Date last Reviewed/Revised/Added: Revised 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD NOTES

Page Number 23 SECTION ***NY Pre-Hospital Information***

Field: EMS Report Status

Definition: The presence and/or completeness of the Pre-Hospital Care Report (PCR).

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Not Applicable
2. Complete
3. Incomplete
4. Missing

X **Picklist used**

Additional Information:

- Use "Not Applicable" if the patient was not transported by ambulance.
- An “Incomplete” PCR is one that is missing any of the following: pulse, systolic BP, respiratory rate or GCS.

Data Source: ACR/PCR

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 15.38

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Medical Record Number

Definition: The medical record number that is reported to SPARCS by the referring hospital for this patient.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

-This field is for linking purposes only and will not be made public.
-This field is crucial for matching against SPARCS and Vital Record Files.

Data Source: Hospital Admission (Face) Sheet.

Data Type: Numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.45

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD NOTES

Field: Transport Mode

Definition: The mode of transport used to deliver the patient to the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Ground Ambulance
2. Helicopter Ambulance
3. Fixed-wing Ambulance
4. Private/Public Vehicle/Walk-in
5. Police
6. Other
7. Not Known/Not Recorded

X **Picklist used**

Additional Information:

If EMS response times are provided, Transport Mode cannot be 4 (Private/Public Vehicle/Walk-in)

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.48

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Referring Hospital PFI Number

Definition: The Permanent Facility ID number (PFI) of the referring acute care hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Four (4)-digit code assigned to each hospital by New York State (listed in Appendix IV).

☐ **Picklist used**

Additional Information:

NOTE: The hospital PFI number is different from the three (3)-digit EMS number that EMS agencies use to indicate the hospital to which the patient was transported.
- A Referring Hospital is defined for this section as an acute care hospital and does not include acute psychiatric or rehabilitation facilities.

Data Source: Hospital Admission (Face) Sheet.

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.60

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Arrival Date

Definition: The date the patient arrived at the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

- Collected as YYYY-MM-DD.
- If the patient was brought to the ED, enter the date the patient arrived at the ED. If the patient was directly admitted to the hospital, enter the date the patient was admitted to the hospital.

Data Source: Emergency Department Notes, Admission (face) Sheet

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.2

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Arrival Time

Definition: The time the patient arrived at the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

-Collected as HH:MM military time.
-If the patient was brought to the ED, enter the time the patient arrived at the ED. If the patient was directly admitted to the hospital, enter the time the patient was admitted to the hospital.

Data Source: Emergency Department Notes, Nursing Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.41

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Discharge Date

Definition: The date the patient was discharged from or transferred out of the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

-Collected as YYYY-MM-DD.
-This field is used to calculate the length of stay (time from ED arrival to hospital discharge).
-This field is crucial for matching.

Data Source: Hospital Admission (face) Sheet, Billing Sheet/Medical Records Coding Summary Sheet, Physician Discharge Summary, Emergency Department Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR33.30

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Discharge Time

Definition: The time the patient was discharged from or transferred out of the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

Collected as HH:MM military time.

Data Source: Emergency Department Notes, Nursing Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.42

S32AS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Referring Hospital GCS-Eye

Definition: First recorded Glasgow Coma Score (eye) in the ED/hospital within 30 minutes or less of arrival at the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. No eye movement when assessed
2. Opens eyes in response to painful stimulation
3. Opens eyes in response to verbal stimulation
4. Opens eyes spontaneously

Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

-Used to calculate Overall GCS.
-GCS is the best response at maximal arousal after resuscitation.
-GCS should be recorded on all trauma patients. If the GCS is not documented but the record reflects "alert and oriented x 3, moving all extremities" then the score for eye opening can be entered as four (4). If the eyes are noted to be swollen shut, enter one (1).
-Avoid leaving any of the GCS fields blank. Do not enter "Not Applicable".
-The eye component of the GCS is valid for patients of all ages.

Data Source: ED Department Notes; Physician Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.12

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Page Number 32 SECTION ***NY Referring Hospital***

Field: Referring Hospital GCS-Verbal

Definition: First recorded Glasgow Coma Score (verbal) within 30 minutes or less of arrival at the referring hospital.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Pediatric (< or = to 2 years):
1. No vocal response
2. Inconsolable, agitated
3. Inconsistently consolable, moaning
4. Cries but is consolable, inappropriate interactions
5. Smiles, oriented to sounds, follows objects, interacts

Adult:
1. No verbal response
2. Incomprehensible sounds
3. Inappropriate words
4. Confused
5. Oriented

Not Known/Not Recorded

X **Picklist used**

Additional Information:

-Used to calculate Overall GCS.
-If the patient is intubated then the GCS Verbal Score is equal to one (1).
-If the notes reflect a patient who is moaning, enter a score of two (2).
-Avoid leaving any of the GCS fields blank. Do not enter "Not Applicable".

Data Source: ED Department Notes; Physician Notes

Data Type:

Software Notes: Lancet screen:

NTRACS screen:

ImageTrend screen: TR 33.13.0

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Page Number 33 SECTION ***NY Referring Hospital***

Field: Referring Hospital GCS-Motor

Definition: First recorded Glasgow Coma Score (Motor) within 30 minutes or less of arrival at the referring hospital.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Pediatric (< or = to 2 years):
1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Appropriate response to stimulation

Adult:
1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Obevs commands

X **Picklist used**

Additional Information:

-Used to calculate Overall GCS.
-GCS should be recorded on all trauma patients. If the GCS is not documented but the record reflects "alert and oriented x 3, moving all extremities" then the motor score should be entered as six (6).
-If the notes do not specify a motor score but instead documents "decerebrate" movement, enter a score of two (2).
-If the notes do not specify a motor score but instead documents "decorticate" movement, enter a score of three (3).
-If the notes document "purposeful movement" enter a score of four (4).
-Avoid leaving any of the GCS fields blank. Do not enter "Not Applicable".

Data Source: ED Department Notes; Physician Notes

Data Type:

Software Notes:
Lancet screen:
NTRACS screen:
ImageTrend screen: TR 33.14.0

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA
Data Dictionary

SASFIELD NOTES

Page Number 34 SECTION ***NY Referring Hospital***

Field: Calculated Glasgow Coma Score

Definition: Total Glasgow Coma Score at the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element
Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

-Auto-calculated if the scores for eye, verbal and motor are documented.
-GCS range is from 3-15.

Data Source: Emergency Department Notes, Physician Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.15

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Page Number 35 SECTION ***NY Referring Hospital***

Field: Referring Hospital GCS Assessment Qualifiers

Definition: Documentation of factors potentially affecting the first assessment of GCS within 30 minutes or less of arrival at the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Patient chemically sedated or paralyzed
2. Obstruction to the patient's eye
3. Patient intubated
4. Valid GCS: patient was not sedated, not intubated, and did not have obstruction to the eye

X **Picklist used**

Additional Information:

-Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).
-If an intubated patient has recently received a medication (succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium or pancuronium) that results in neuromuscular blockade (paralyzation) such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected.
-Check all that apply.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.16

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Temperature

Definition: The first recorded temperature (in degrees Celsius [centigrade]) within 30 minutes or less of arrival at the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element
Not Known/Not Recorded

X **Picklist used**

Additional Information:

Data Source: Emergency Department Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.7

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Page Number 37 SECTION ***NY Referring Hospital***

Field: Systolic Blood Pressure

Definition: The first recorded systolic blood pressure, within 30 minutes or less of arrival at the referring hospital.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Relevant value for data element.
Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

Data Source: Emergency Department Notes

Data Type: numeric

Software Notes:
Lancet screen:
NTRACS screen:
ImageTrend screen: TR 33.5

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Page Number 38 SECTION ***NY Referring Hospital***

Field: Diastolic Blood Pressure

Definition: The first recorded diastolic blood pressure, within 30 minutes or less of arrival at the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.
Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

Data Source: Emergency Department Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.40

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Page Number 39 SECTION ***NY Referring Hospital***

Field: Pulse Rate

Definition: The first recorded pulse rate within 30 minutes or less of arrival at the referring hospital (expressed as a number per minute).

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Relevant value for data element.
Not Known/Not Recorded

Picklist used

Additional Information:

Data Source: Emergency Department Notes

Data Type: numeric

Software Notes:
Lancet screen:
NTRACS screen:
ImageTrend screen: TR 33.6

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Respiratory Rate

Definition: The first recorded respiratory rate, within 30 minutes or less of arrival at the referring hospital (expressed as a number per minute).

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Relevant value for data element
Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

Data Source: Emergency Department Notes

Data Type: numeric

Software Notes:
Lancet screen:
NTRACS screen:
ImageTrend screen: TR 33.8

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Oxygen Saturation

Definition: The first recorded oxygen saturation, within 30 minutes or less of arrival at the referring hospital (expressed as a percentage).

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element
Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

Data Source: Emergency Department Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.11

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Procedures

Definition: All interventions and diagnostic and therapeutic procedures performed at the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

ICD-9/ICD-10 procedure codes

☐ **Picklist used**

Additional Information:

Enter the ICD-9/ICD-10 procedure code for each surgical and therapeutic procedure and radiological study performed at the referring hospital.

Data Source: Emergency Department Notes, Imaging Reports, Operative Notes, Discharge Summary

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Hospital PFI #

Definition: The Permanent Facility ID number (PFI) of the final hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Four (4)-digit code assigned to each hospital by New York State (listed in Appendix IV)

☐ **Picklist used**

Additional Information:

NOTE: The hospital PFI number is different from the three (3)-digit EMS number that EMS agencies use to indicate the hospital to which the patient was transported.

Data Source: Hospital Admission (face) Sheet.

Data Type: numeric

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: Trauma Team Activated?

Definition: Was the trauma resuscitation team activated for this patient at the final hospital and if so, at what level of response?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Not Activated
2. Level I
3. Level II
4. Consultation

X **Picklist used**

Additional Information:

-A Level I trauma activation is the highest level of activation resulting in the response of the full trauma team as defined by the trauma center.
-A Level II trauma activation is a partial trauma team response as defined by the trauma center.
-A consultation is considered the lowest level of activation. The patient did not meet criteria for activation but required evaluation by the trauma team.

Data Source: Trauma Flow Sheet, Emergency Department Notes, Progress Notes, Consult Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 17.21

SAS Field

Date last Reviewed/Revised/Added: Revised 1/2013; Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Initial ED/Hospital Diastolic Blood Pressure

Definition: The first recorded diastolic blood pressure in the final ED/hospital, within 30 minutes or less of ED/hospital arrival.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element
Not Known/Not Recorded

☐ **Picklist used**

Additional Information:

Data Source: Emergency Department Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 18.13

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: ED Treatments: Airway Management

Definition: Was an intervention required to maintain the patient's airway in the final ED?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Not Performed
2. Arrived Intubated
3. Intubated
4. Surgical Airway
5. Not Known/Not Recorded

X **Picklist used**

Additional Information:

- Surgical Airway includes Tracheostomy and Cricothyroidotomy.
- Select "Not Performed" if the patient was a direct admission.

Data Source: Emergency Department Notes, ED Consultant Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 14.36

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Page Number 47 SECTION ***NY Emergency Department***

Field: ED Treatments: CPR Performed?

Definition: Was CPR performed in the ED of the final hospital?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Not Performed
2. CPR Initiated
3. CPR in Progress, continued
4. Not Known/Not Recorded

X **Picklist used**

Additional Information:

- Select "Not Performed" if the patient was a direct admission.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 18.71

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Page Number 48 SECTION ***NY Emergency Department***

Field: ED Treatments: Tourniquet

Definition: Was a tourniquet utilized to control hemorrhage at the final hospital ED?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Not applied
2. Applied
3. Arrived with Tourniquet
4. Not Known/Not Recorded

X **Picklist used**

Additional Information:

- Select "Not Performed" if the patient was a direct admission.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 18.140

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: ED Treatments: Chest Tube

Definition: Was a chest tube inserted in the ED of the final hospital?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Performed
2. Not Performed
3. Not Known/Not Recorded

X **Picklist used**

Additional Information:

- Select "Not Performed" if the patient was a direct admission.

Data Source: Emergency Department Notes, ED Consultant Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 18.141

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: ED Treatments: Thoracotomy

Definition: Was a thoracotomy performed in the ED of the final hospital?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1..Performed
2. Not Performed
3. Not Known/Not Recorded

X **Picklist used**

Additional Information:

- Select "Not Performed" if the patient was a direct admission.

Data Source: Emergency Department Notes, ED Consultant Notes

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 18.142

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Field: ED Treatments: Blood and Blood Products

Definition: Were blood and/or blood products administered in the ED of the final hospital?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. No Blood or Blood Products given
2. Packed Red Blood Cells (PRBCs)
3. Fresh Frozen Plasma (FFP)
4. Platelets
5. Massive Blood Transfusion Protocol Initiated
6. Cryoprecipitate
7. Not Known/Not Recorded

X **Picklist used**

Additional Information:

- Choose all that apply
- Only select blood products given in the Emergency Department. There is no longer a requirement to document all blood products given in the first 48 hours nor units administered.
- Select "No Blood or Blood Products given if the patient was a direct admission.

Data Source: Emergency Department Notes, Trauma Flow Sheet

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 42.1

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Page Number 52 SECTION ***NY Emergency Department***

Field: Actual ED Discharge Time

Definition: The time the patient was discharged from the ED.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

- Collected as HH:MM military time.
- This field is used to calculate the length of stay in the ED (time from ED arrival to hospital admission/death if in the ED).

Data Source: Emergency Department Notes

Data Type: numeric

Software Notes: Lancet screen:
NTRACS screen:
ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added: Added 11/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Actual ED Discharge Date

Definition: The date the patient was discharged from the ED.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

- Collected as YYYY-MM-DD.

Data Source: Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added: Added 11/2015

ERRATA Data Dictionary

SASFIELD NOTES

Page Number 54 SECTION ***NY Outcome Information***

Field: Additional NY Hospital Discharge Dispositions

Definition: The disposition of the patient when discharged from the final hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

X **Picklist used**

50. Discharged to Shelter/Homeless
51. Discharged to Foster Care
52. Died-Full Code
53. Died-Withdrawal of Care
54. Died-DNR/DNI
55. Died-Brain Death
56. Discharged/Transferred to TBI Rehabilitation Facility or Dedicated TBI Unit
57. Discharged/Transferred to Spinal Cord Injury Rehabilitation Facility or Dedicated Spinal Cord Injury Unit
58. Transfer out of State

Additional Information:

-Full code: Patient was NOT a DNR/DNI (Do Not Resuscitate/Do Not Intubate) at the time of death, care was not withdrawn.
-DNR/DNI: Patient had a Do Not Resuscitate/Do Not Intubate order, resuscitation was not provided at the time of death.
- Care Withdrawn: Treatment was withdrawn or stopped prior to the patient's death. Documentation of "terminal weaning" or "discontinuation of life support" may suggest that care was withdrawn.
-Brain Death Criteria: Select only if brain death criteria was met and the patient was declared dead using this criteria.
-This field is crucial for modeling.

Data Source: Discharge Summary, Nurses Notes, Case Manager/Social Service's Notes

Data Type:

Software Notes:	Lancet screen:	
	NTRACS screen:	
	ImageTrend screen:	TR 25.27
SAS Field		
Date last Reviewed/Revised/Added:		Revised 7/2015
ERRATA Data Dictionary		
SASFIELD NOTES		

Page Number 56 SECTION ***NY Outcome Information***

Field: Date of Alternate Level of Care Status

Definition: The date the physician documents the patient is to be considered at an Alternate Level of Care status.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element

☐ **Picklist used**

Additional Information:

- An order for discharge was written for the patient but because of social issues (i.e. homeless status, no bed available at an adult home or long term care facility) the patient remains at the facility only for shelter.
- Collected as YYYY-MM-DD

Data Source: Physician Order sheet, Social Work Notes, Nurses Notes

Data Type: numeric

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added: Added 7/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Page Number 57 SECTION ***NY Outcome Information***

Field: Actual Discharge Time

Definition: The time the patient was discharged from the final hospital.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

- Collected as HH:MM military time.
- This field is used to calculate the length of stay (time from admission to hospital discharge).

Data Source: Nursing Notes

Data Type: numeric

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added: Added 11/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Page Number 58 SECTION ***NY Outcome Information***

Field: Actual Discharge Date

Definition: The date the patient was discharged from the final hospital.

Required in NYS Trauma registry REQUIRED

Required in NTDS NOT REQUIRED

Field Values:

Relevant value for data element.

☐ **Picklist used**

Additional Information:

- Collected as YYYY-MM-DD.

Data Source: Nurses Notes

Data Type: numeric

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added: Added 11/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Glasgow Coma Score

Definition: The total Glasgow Coma Score at the time of discharge from the final hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element

☐ **Picklist used**

Additional Information:

-GCS range is from 3-15.

Data Source: Discharge Summary, Nurses Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 25.64

SAS Field

Date last Reviewed/Revised/Added: Reviewed 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Page Number 60 SECTION ***NY Outcome Information***

Field: Functional Health Status Prior to Injury

Definition: The patient's functional status prior to the injury that lead to this admission.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Not Applicable
2. Independent
3. Partially Dependent
4. Totally Dependent
5. Not Known/Not Recorded

X **Picklist used**

Additional Information:

-Independent: The patient did not require assistance from another person for any activities of daily living. Includes a person able to function independently with prosthetics, equipment or devices.
- Partially Dependent: The patient required some assistance from another person for activities of daily living. Includes a person who utilized prosthetics, equipment or devices but still required some assistance from another person for ADLs.
- Totally Dependent: The patient required total assistance for all activities of daily living.
- Enter "Not Applicable" if the patient is less than two (2) years old.

Data Source: ACR/PCR, Emergency Department Notes, Nursing Notes, Admitting History & Physical, Nursing Admission Assessment, Physical/Occupational Therapy Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 26.63

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; Revised 7/2015

ERRATA
Data Dictionary

SASFIELD NOTES

Page Number 61 SECTION ***NY Outcome Information***

Field: Functional Health Status at the time of Hospital Discharge

Definition: The patient's functional status at the time of discharge from the final hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

1. Not Applicable
2. Independent
3. Partially Dependent
4. Totally Dependent
5. Not Known/Not Recorded

X **Picklist used**

Additional Information:

-Independent: The patient does not require assistance from another person for any activities of daily living. This includes a person who is able to function independently with prosthetics, equipment, or devices.
- Partially Dependent: The patient requires some assistance from another person for activities of daily living. This includes a person who utilizes prosthetics, equipment, or devices but still requires some assistance from another person for ADLs.
- Dependent: The patient requires total assistance for all activities of daily living.
- Enter "Not Applicable" if the patient is less than two (2) years old.

Data Source: ACR/PCR, Emergency Department Notes, Nursing Notes, Admitting History & Physical, Nursing Admission Assessment, Physical/Occupational Therapy Notes

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 26.55

SAS Field

Date last Reviewed/Revised/Added: Revised 7/2015

ERRATA Data Dictionary

SASFIELD NOTES

Appendix I- Explanation Of Fields On The Data Dictionary Page

Section: There are 6 sections of data in the trauma registry: Demographic Information (information unique to the patient); Injury Information (information related to the injury sustained); Pre-Hospital Information (information specific to the pre-hospital care provided to the patient); Referring Hospital Information (information detailing the care provided to the patient at the referring hospital); Emergency Department Information (information detailing the care and services provided to the patient in the emergency department of the final hospital); and Outcome Information (information regarding the final outcome for the patient).

Field: Descriptive name of the data element in the trauma registry.

Definition: The definition for the data element requested for this field.

Required in NYS Trauma Registry: Is it mandatory to complete this field for NYS?

Required in NTDS: Is this data element considered mandatory by the National Trauma Data Bank?

Field Values: Prescribed choices (or pick lists) and acceptable values for this data element.

Additional Information: Additional information for this data element.

Data Source: Where the registrar may find the information in the medical record.

Data Type: Constraints on the types of values for the data element, i.e., dates must be YYYY/MM/DD.

Software Notes: Information specific to Lancet, Digital Innovations and Image Trend as applicable.

SAS Field: Information for data analysis.

Date Last Reviewed/Revised/Added: Documents when this data element was last reviewed, revised or when it was added to the data dictionary.

Appendix II- Guidelines for E-Codes/External Cause of Injury ICD-10 Codes

Visit: ***http://www.eicd.com/Guidlines/Ecodes.htm***

The following E-codes/External Cause of Injury codes are unlikely to generate an injury with ICD-9/ICD-10 codes on the NYSTR inclusion list. Should a case present with one of these E codes/Cause of Injury codes the registrar should give the case careful review. It is possible that such a record would qualify for exclusion, and in such case the registrar should complete an exclusion form. Or, it is possible that a more accurate E code/External Cause of Injury code could be assigned, and in such case the registrar should change the E code/External Cause of Injury code prior to submission to the state registry.

ICD-9:		**ICD-10:**
	E837.3	V90, V92
	E850-869.9	W42, W46
	E870-879.9	W65-W69
	E890-899	W73-W74
	E900-904.9	X10-X19
	E906.0, E906.3	X30-X32, X38
	E910-915	X52, X58
	E923.0 .1 .2 .8 .9	X71, X75, X77
	E924.0 .1 .2 .8 .9	Y21, Y25, Y27
	E925.1 .8 .9	Y35-Y38
	E926.1	Y62-Y69
	E929.0-.9	Y70-Y84
	E930-949	Y90-Y99
	E950.0-.7	
	E954.	
	E958.1	
	E959.	
	E968.3	
	E968.7	
	E969.	
	E977.	
	E980.0-.9	
	E981-982	
	E983.0-.9	
	E984.	
	E989.	
	E999.0-.1	

Appendix III- New York State Trauma Registry Exclusion Report Format

As discussed during the September 2013 STAC meeting, the following revision of the exclusion file will be used effective with 2014 discharges:

Reason	Definition	Example
1	Injury occurred while an inpatient in an acute care hospital.	Fall in hospital. Birth trauma. Intraoperative complication.
2	Injury occurred more than 30 days prior to this admission.	Fell 8 weeks ago and now presents with ongoing pain. Do not use this for cases with 'history of multiple falls". Patient was in crash 4 years ago and now presents with herniated disc.
3	This is a readmission for further treatment of an injury already in the registry.	Readmission for infection or cellulitis, DVT, hardware removal etc, operative treatment of an injury originally treated non- operatively. Note: first admission should be in the registry, make note of MRN and discharge date for that admission.
4	The ICD-9 code is ***incorrect,*** and the correct code is not on state list.	Patient had an intracerebral bleed and a fall, but the intracerebral bleed was the cause of the fall, not caused by the fall. Must have radiographic or neurology or neurosurgery documentation that the intracerebral bleed was not traumatic. **OR** Diagnosis was 'rule out' an injury, the patient was proven not to have that injury but it was coded. **OR** **P**athologic fracture but coded as acute fracture. **OR** Injury was coded but radiographs and CT scan were negative.
5	This hospital is not the final hospital (transferred to another NYS Trauma Center).	Admitted to this hospital and then transferred to another NYS trauma center for acute care. The final hospital will enter the case. If the transfer is for rehabilitation purposes only—do not use this choice, but instead enter the case. If the next hospital is not a NYS Trauma Center (is an out of state hospital or a non-trauma center) then enter and submit the case from your hospital. A list of NYS Trauma Centers is available at http://www.health.ny.gov/professionals/ems/state_trauma/trauma2.htm
6	Death occurred in the field.	Case appears on the Vital Records File, but the patient was brought in only to be pronounced. No attempts at any resuscitation were made. Time of death must be within 3 minutes of the time of arrival. (This should be a rarely used exclusion.)
7	Medical Record cannot be located.	Hospital closed. Hospital unable to locate medical record despite multiple attempts over many months. (This should be a rarely used exclusion.)
8	Record sent to SPARCS in error.	Occasionally a hospital submits a record to SPARCS for a patient who was not actually admitted to the hospital. Should this occur, use this reason for exclusion.
9	This admission is for rehabilitation only.	Only used by hospitals with inpatient rehab units.
10	Patient admitted for medical reasons, not trauma.	The patient sustained trauma but was admitted for medical reasons only; the trauma did not require admission. These cases should be carefully reviewed with the Trauma Program Manager.

Guidelines for Exclusion:

The NYSTR should be an accurate reporting of seriously injured patients during the acute phase of injury. Coding constraints, documentation limitations, and ICD-9/ICD-10 coding limitations can result in a case having an ICD-9 Code/ICD-10 on the inclusion list but in fact is not a seriously injured trauma patient.

In general:

- Include or exclude based on clinical documentation in the record, not on admitting service, patient outcome, or the involvement of the trauma team.
- If there is any question in your mind as to the record being included or excluded you should discuss the case with another registrar or your Trauma Program Manager.
- Incorrect ICD-9/ICD-10 codes should be brought to the attention of the hospital's Coding Department. Coding constraints may preclude changing the codes, but the opportunity should be offered.

Considerations:

Admission to a hospital for an injury that was undiagnosed during the first hospitalization should be entered. If there were two admissions, combine them into one record. If there was an outpatient or emergency department visit, and the patient who had been sent home was then re-called for admission of a 'missed' injury, the record should be included in the registry.

Medical conditions that result in a fall and subsequent injury are eligible for inclusion in the State registry. For example, a patient with known seizure disorder who falls during a seizure and sustains a subdural hematoma is IN. A patient with Parkinson's disease who falls and sustains an open tib/fib fracture is IN.

Documentation can often be incomplete, confusing or even conflicting. It is important to review exclusions with a clinical person (such as the Trauma Program Manager or Trauma Medical Director) if there is any question as to the inclusion or exclusion of a particular case.

****Reviewed with/by :**

1 = Hospital Trauma Program Manager
2 = Regional Trauma Center Program Manager
3 = Trauma Medical Director
4 = Other
5 = None

Microsoft Excel - NYS- E-exclusion-Oct07.xls

Data Abstractor:

Note: *Position cursor over cell (or click on cell) with column heading to view detailed instructions.*

PFI	Medical Record Number	SP/DF Record	Region	Admission Date	Discharge Date	ICD-9 Codes	Reason for Exclusion	Explanation	Reviewd with/by

Print version for Guidlines | Guidelines for exclusion | Exclusion cases

Appendix IV- Hospital PFI Numbers

Visit: http://www.health.state.ny.us/nysdoh/ems/counties/map.htm

Suffolk and Nassau

Hospital	PFI	EMS
SUFFOLK		
UNIVERSITY HOSPITAL-SUNY STONY BROOK	0245	527
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CTR INC	0885	525
SOUTHAMPTON HOSPITAL	0889	520
EASTERN LONG ISLAND HOSPITAL	0891	514
JOHN T MATHER MEMORIAL HOSP OF PORT JEFFERSON	0895	517
ST. CHARLES HOSPITAL	0896	528
HUNTINGTON HOSPITAL	0913	516
SOUTHSIDE HOSPITAL	0924	521
GOOD SAMARITAN HOSPITAL	0925	515
PECONIC BAY MEDICAL CENTER	0938	513
ST. CATHERINE OF SIENNA HOSPITAL	0943	523
NORTHPORT VA	*524	524
NASSAU		
NORTH SHORE UNIVERSITY HOSPITAL AT GLEN COVE	0490	692
LONG BEACH MEMORIAL HOSPITAL	0495	696
WINTHROP-UNIVERSITY HOSPITAL	0511	704
MERCY HOSPITAL (ROCKVILLE)	0513	945
NORTH SHORE LONG ISLAND JEWISH	0518	694
SOUTH NASSAU COMMUNITIES HOSPITAL	0527	706
NASSAU UNIVERSITY MEDICAL CENTER EAST MEADOW	0528	702
NORTH SHORE UNIVERSITY HOSPITAL(MANHASSET)	0541	705
NORTH SHORE LONG ISLAND JEWISH	0550	703
ST. JOSEPH HOSPITAL	0551	701
NORTH SHORE LONG ISLAND JEWISH - PLAINVIEW	0552	691
ST FRANCIS HOSPITAL (FLOWER HILL)	0563	707

New York City

Hospital	PFI	EMS
New York City		
NEW YORK NEW YORK		
NY DOWNTOWN HOSPITAL	1437	941
BELLEVUE HOSPITAL CENTER	1438	712
BETH ISRAEL MEDICAL CENTER	1439	713
HARLEM HOSPITAL CENTER	1445	721
NYU HOSPITAL FOR JOINT DISEASES	1446	735
HOSPITAL FOR SPECIAL SURGERY	1447	723
LENOX HILL HOSPITAL	1450	728
MANHATTAN EYE EAR AND THROAT HOSPITAL	1452	730
MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASES	1453	731
METROPOLITAN HOSPITAL CENTER	1454	732
MOUNT SINAI HOSPITAL	1456	734
NY PRESBYTERIAN HOSPITAL-WEIL CORNELL CAMPUS	1458	737
NY EYE AND EAR INFIRMARY	1460	736
NY UNIVERSITY MEDICAL CENTER	1463	739
NY PRESBYTERIAN HOSPITAL –COLUMBIA UNIVERSITY MEDICAL CENTER	1464	742
ROCKEFELLER UNIVERSITY HOSPITAL	1465	743
ST LUKES ROOSEVELT HOSP CTR-ROOSEVELT HOSP	1466	759
MOUNT SINAI ST LUKES	1469	745
ST VINCENTS MANHATTAN	1471	748
GOLDWATER HOSPITAL	1486	720
COLER-GOLDWATER SPECIALTY HOSPITAL & NURSING FACILITY	1487	714
NORTH GENERAL HOSPITAL	2968	758
NY PRESBYTERIAN HOSPITAL – ALLEN PAVILLIAN	3975	749
MANHATTAN VA	*724	724
BRONX		
BRONX VA	*634	634
JACOBI MEDICAL CENTER	1165	621
MONTEFIORE MEDICAL CENTER-NORTH DIVISION	1168	627
MONTEFIORE MED CTR-HENRY & LUCY MOSES DIV	1169	637
LINCOLN MEDICAL & MENTAL HEALTH CENTER	1172	626
CALVARY HOSPITAL INC	1175	624
ST BARNABAS HOSPITAL	1176	629
BRONX-LEBANON HOSPITAL CENTER-CONCOURSE DIV	1178	635
MONTEFIORE WESTCHESTER SQUARE	1185	623
NORTH CENTRAL BRONX HOSPITAL	1186	628
MONTEFIORE MEDCTR-JACKDWEILER HOSP OF EINSTEIN	3058	639
BRONX VA	*634	634

KINGS		
BROOKDALE HOSPITAL MEDICAL CENTER	1286	902
NY COMMUNITY HOSPITAL OF BROOKLYN INC	1293	905
CONEY ISLAND HOSPITAL	1294	921
INTERFAITH MEDCTR-JEWISH HOSP MEDCTR OF BRKLYN	1300	910
KINGS COUNTY HOSPITAL CENTER	1301	672
SUNY DOWNSTATE MEDICAL CENTER AT LICH	1302	934
LUTHERAN MEDICAL CENTER	1304	913
MAIMONIDES MEDICAL CENTER	1305	914
NY METHODIST HOSPITAL	1306	915
INTERFAITH MEDICAL CENTER	1309	916
KINGSBROOK JEWISH MEDICAL CENTER	1315	927
WYCKOFF HEIGHTS MEDICAL CENTER	1318	935
UNIVERSITY HOSPITAL OF BROOKLYN	1320	918
BETH ISRAEL MEDICAL CENTER-KINGS HIGHWAY DIVISION	1324	926
WOODHULL MEDICAL & MENTAL HEALTH CENTER	1692	903
BROOKLYN VA	*0925	925
QUEENS		
ELMHURST HOSPITAL CENTER	1626	764
FLUSHING HOSPITAL MEDICAL CENTER	1628	765
JAMAICA HOSPITAL	1629	768
LONG ISLAND JEWISH MEDICAL CENTER	1630	763
PENINSULA HOSPITAL CENTER	1632	773
QUEENS HOSPITAL CENTER	1633	775
ST JOHNS EPISCOPAL HOSPITAL-SOUTH SHORE	1635	776
NY HOSPITAL MEDICAL CENTER OF QUEENS	1637	762
FOREST HILLS HOSPITAL	1638	769
MOUNT SINAI HOSPITAL-MOUNT SINAI HOSPITAL OF QUEENS	1639	761
RICHMOND		
STATEN ISLAND UNIVERSITY HOSP-SOUTH	1737	782
RICHMOND UNIVERSITY MEDICAL CENTER	1738	783
STATEN ISLAND UNIVERSITY HOSP-NORTH	1740	784
STATEN ISLAND UNIVERSITY HOSP-CONCORD DIV	1741	781

Western New York

Hospital	PFI	EMS
Western New York		
ERIE		
BUFFALO VA	*655	655
BUFFALO GENERAL MEDICAL CENTER	0207	643
WOMEN & CHILDRENS HOSPITAL OF BUFFALO	0208	937
ERIE COUNTY MEDICAL CENTER	0210	646
SHEEHAN MEMORIAL HOSPITAL	0211	647
MERCY HOSPITAL	0213	657
MILLARD FILLMORE HOSPITAL	0215	651
ROSWELL PARK CANCER INSTITUTE	0216	661
SISTERS OF CHARITY HOSPITAL	0218	654
KENMORE MERCY HOSPITAL	0267	648
BERTRAND CHAFFEE HOSPITAL	0280	641
SISTERS OF CHARITY HOSPITAL-ST JOSEPH CAMPUS	0292	656
MILLARD FILLMORE SUBURBAN HOSPITAL	3067	652
NIAGARA		
EASTERN NIAGARA HOSPITAL-LOCKPORT DIVISION	0565	313
NIAGARA FALLS MEMORIAL MEDICAL CENTER	0574	316
DEGRAFF MEMORIAL HOSPITAL	0581	317
MOUNT ST MARYS HOSPITAL & HEALTH CENTER	0583	314
EASTERN NIAGARA HOSPITAL-NEWFANE DIVISION	0585	312
WYOMING		
WYOMING COUNTY COMMUNITY HOSPITAL	1153	601
ALLEGANY		
CUBA MEMORIAL HOSPITAL INC	0037	021
MEMORIAL HSP OF WM F & GERTRUDE F JONES	0039	023
CATTARAUGUS		
OLEAN GENERAL HOSPITAL	0066	041
TLC HEALTH NETWORK TRI-COUNTY MEMORIAL HOSPITAL	0074	662
CHAUTAUQUA		
BROOKS MEMORIAL HOSPITAL	0098	061
WOMAN'S CHRISTIAN ASSOCIATION	0103	065
WESTFIELD MEMORIAL HOSPITAL INC	0111	064
TLC HEALTHCARE NETWORK LAKESHORE HOSPITAL	0114	063
ORLEANS		
MEDINA MEMORIAL HOSPITAL	0718	362
GENESEE		
UNITED MEMORIAL MEDICAL CENTER NORTH STREET CAMPUS	0339	181
BATAVIA VA	*183	183

Central New York

Hospital	PFI	EMS
Central New York		
OSWEGO		
ALBERT LINDLEY LEE MEMORIAL HOSPITAL	0724	371
OSWEGO HOSPITAL	0727	372
CAYUGA		
AUBURN COMMUNITY HOSPITAL	0085	053
ST LAWRENCE		
CLAXTON-HEPBURN MEDICAL CENTER	0798	441
MASSENA MEMORIAL HOSPITAL	0804	445
EDWARD JOHN NOBLE HOSPITAL OF GOUVERNEUR	0812	448
CANTON-POTSDAM HOSPITAL	0815	446
CLIFTON-FINE HOSPITAL	0817	442
JEFFERSON		
SAMARITAN MEDICAL CENTER	0367	223
RIVER HOSPITAL INC	0377	227
CARTHAGE AREA HOSPITAL INC	0379	221
HERKIMER		
LITTLE FALLS HOSPITAL	0362	212
ONEIDA		
ROME MEMORIAL HOSPITAL, INC	0589	324
FAXTON - ST.LUKES HEALTHCARE - FAXTON DIVISION	0597	322
ST ELIZABETH MEDICAL CENTER	0598	326
FAXTON - ST LUKES HEALTHCARE - ST. LUKES' DIVISION	0599	327
BROOME		
UNITED HEALTH SVCS HOSPITALS INC - BINGHAMTON GENERAL	0042	031
OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	0043	034
UNITED HEALTH SVCS HOSPITALS INC - WILSON MEDICAL	0058	032
CHENANGO		
CHENANGO MEMORIAL HOSPITAL INC	0128	081
CORTLAND		
CORTLAND REGIONAL MEDICAL CENTER INC	0158	114
LEWIS		
LEWIS COUNTY GENERAL HOSPITAL	0383	241
MADISON		
ONEIDA HEALTHCARE CENTER	0397	262
COMMUNITY MEMORIAL HOSPITAL INC	0401	261
ONONDAGA		
SYRACUSE VA	*338	338
UPSTATE UNIVERSITY HOSPITAL AT COMMUNITY GENERAL	0628	331
ST JOSEPHS HOSPITAL HEALTH CENTER (SYRACUSE)	0630	334
UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER	0635	336
CROUSE HOSPITAL	0636	332

Finger Lakes

Hospital	PFI	EMS
Finger Lakes		
ONTARIO		
CANANDAIGUA VA	*345	345
GENEVA GENERAL HOSPITAL	0671	343
CLIFTON SPRINGS HOSPITAL AND CLINIC	0676	341
F F THOMPSON HOSPITAL	0678	342
STEUBEN		
BATH VA	*505	505
CORNING HOSPITAL	0866	502
ST JAMES MERCY HOSPITAL	0870	504
IRA DAVENPORT MEMORIAL HOSPITAL INC	0873	503
SCHUYLER		
SCHUYLER HOSPITAL	0858	481
YATES		
SOLDIERS AND SAILORS MEMORIAL HOSP OF YATES CO	1158	612
MONROE		
HIGHLAND HOSPITAL (ROCHESTER)	0409	272
ROCHESTER GENERAL HOSPITAL	0411	276
STRONG MEMORIAL HOSPITAL	0413	278
MONROE COMMUNITY HOSPITAL	0414	285
LAKESIDE MEMORIAL HOSPITAL	0461	273
THE UNITY HOSPITAL OF ROCHESTER	0471	275
LIVINGSTON		
NICHOLAS H NOYES MEMORIAL HOSPITAL	0393	251
WAYNE		
NEWARK-WAYNE COMMUNITY HOSPITAL INC	1028	584
CHEMUNG		
ST JOSEPHS HOSPITAL (ELMIRA)	0118	072
ARNOT-OGDEN MEDICAL CENTER	0116	071

Northeastern New York

Hospital	PFI	EMS
Northeastern New York		
ALBANY		
ALBANY VA	*016	016
ALBANY MEDICAL CENTER HOSPITAL	0001	018
ALBANY MEMORIAL	0004	014
ST PETERS HOSPITAL	0005	015
CAPITAL REGION GERIATRIC CENTER INC *(Does not receive acute care patients)*	4001	013
CLINTON		
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED CTR	0135	091
COLUMBIA		
COLUMBIA MEMORIAL HOSPITAL	0146	101
ESSEX		
ELIZABETHTOWN COMMUNITY HOSPITAL	0303	151
ADIRONDACK MEDICAL CENTER-LAKE PLACID SITE	0306	154
MOSES-LUDINGTON HOSPITAL	0309	153
FRANKLIN		
ALICE HYDE MEDICAL CENTER	0325	161
DELAWARE		
O'CONNOR HOSPITAL	0165	125
MARGARETVILLE MEMORIAL HOSPITAL	0170	123
DELAWARE VALLEY HOSPITAL INC	0174	122
SCHENECTADY		
ELLIS HOSPITAL	0829	462
ELLIS HOSPITAL-MCCLELLAN DIVISION	0830	464
ELLIS HOSPITAL-BELLEVUE WOMEN'S CARE CENTER DIV	0848	465
WARREN		
GLENS FALLS HOSPITAL	1005	561
RENSSELAER		
SETON HEALTH SYSTEM-ST MARY'S CAMPUS	0755	413
SAMARITAN HOSPITAL	0756	412
SARATOGA		
SARATOGA HOSPITAL	0818	453
FULTON		
NATHAN LITTAUER HOSPITAL	0330	172
MONTGOMERY		
ST MARY'S HEALTHCARE-AMSTERDAM MEMORIAL CAMPUS	0482	281
ST MARYS HEALTHCARE	0484	282
OTSEGO		
AURELIA OSBORN FOX MEMORIAL HOSPITAL	0739	381
MARY IMOGENE BASSETT HOSPITAL	0746	383
SCHOHARIE		
MARY IMOGENE BASSETT HOSPITAL OF SCHOHARIE COUNTY	0851	471

Hudson Valley

Hospital	PFI	EMS
Hudson Valley		
DUTCHESS		
NORTHERN DUTCHESS HOSPITAL	0192	132
MIDHUDSON REGIONAL HOSPITAL OF WESTCHESTER MEDICAL CENTER	0180	136
VASSAR BROTHERS MEDICAL CENTER	0181	134
ORANGE		
BON SECOURS COMMUNITY HOSPITAL	0708	353
KELLER ARMY HOSPITAL	*359	359
ORANGE REGIONAL MEDICAL CENTER	0699	351
ORANGE REGIONAL MEDICAL CENTER - MIDDLETOWN CAMPUS	0686	354
ST ANTHONY COMMUNITY HOSPITAL	0704	363
ST LUKES CORNWALL HOSPITAL/ CORNWALL	0698	352
ST LUKES CORNWALL HOSPITAL/ NEWBURGH	0694	357
PUTNAM		
PUTNAM HOSPITAL CENTER	0752	392
ROCKLAND		
GOOD SAMARITAN HOSPITAL OF SUFFERN	0779	431
HELEN HAYES HOSPITAL	0775	437
NYACK HOSPITAL	0776	436
SULLIVAN		
CATSKILL REGIONAL MEDICAL CENTER	0971	~~796~~
ULSTER		
BENEDICTINE HOSPITAL	0989	551
ELLENVILLE REGIONAL HOSPITAL	1002	552
KINGSTON HOSPITAL	0990	553
WESTCHESTER		
BLYTHEDALE CHILDRENS HOSPITAL	1138	821
WINIFRED MASTERSON BURKE REHABILITATION HOSPITAL	1046	820
CASTLE POINT VA HOSPITAL		
ST JOHNS RIVERSIDE HOSPITAL-DOBBS FERRY PAVILLION	1124	804
HUDSON VALLEY HOSPITAL CENTER	1039	825
LAWRENCE HOSPITAL CENTER	1122	806
MONTROSE VA HOSPITAL	*805	805
MOUNT VERNON HOSPITAL	1061	808
NORTHERN WESTCHESTER HOSPITAL	1117	810
PHELPS MEMORIAL HOSPITAL ASSN	1129	812
MONTEFIORE NEW ROCHELLE	1072	809
ST JOHNS RIVERSIDE HOSPITAL – ST JOHN'S DIVISION	1097	814
ST JOHNS RIVERSIDE HOSPITAL - PARK CARE PAVILION	1099	818
ST JOSEPHS MEDICAL CENTER	1098	815
ST JOSEPH'S MEDICAL CENTER – ST VINCENTS WESTCHESTER DIVISION	1133	824
WESTCHESTER MEDICAL CENTER	1139	803
WHITE PLAINS HOSPITAL CENTER	1045	817

Others:

TOMPKINS	PFI	EMS
CAYUGA MEDICAL CENTER AT ITHACA	0977	542

Appendix V – Instructions for Data Abstraction from New York State EMS Pre-Hospital Report

#	Location	Prompt	Trauma Registry Field	
1	Upper left corner	MM DD YY Date of call	Date called	Date EMS was called
2	Top, right	_ _ _ _ _ Agency	Transport agency	EMS agency providing care
3		Vehicle type	Mode of transport	Method of transport
4	Upper right	CALL REC'D	Time called	Time EMS was called
5	Upper right	ENROUTE	Time left for scene	Time EMS left for scene
6	Upper right	AT SCENE	Time at scene	Time EMS arrived at scene
7	Upper right	FROM SCENE	Time departed scene	Time EMS departed scene
8	Upper right	AT DESTIN.	Destination time	Time EMS arrived at final destination
9	Top right	No prompt, circles: residence, health, etc…	Place of occurrence	ICD-9 location code of injury
10	Middle right	Seat Belt Used?	Protective Devices	
11	Lower half, starting at left and moving to right	Vital signs: Time	Time of vitals	
12	Lower half, starting at left and moving to right	Resp Rate:	Respiratory Rate	
13	Lower half, starting at left and moving to right	Pulse	Heart Rate	
14	Lower half, starting at left and moving to right	BP	Systolic BP	Above the line
15	Lower half, starting at left and moving to right	BP	Diastolic BP	Below the line.
16	Lower half, starting at left and moving to right	GCS ____ Total score	Glasgow Coma Score	
17	Bottom half, left	Objective physical assessment	Sa02	If Sa02 is noted, it is often written here.

18	Lower third	Treatment Given	Treatments	
19	Bottom center	DISP CODE _ _ _	Actual destination	Hospital code to which patient was transported.

The PCR/ACR can be useful in determining the circumstances of injury. Often the PCR/ACR can assist in the following fields:

Location of injury, city, state, county
Date and time of injury, time from injury to ED
Is this work related injury?
Place of occurrence code of injury
E-code of injury

Patient demographic information is recorded on the PCR/ACR, but is probably best collected from the hospital admission sheet.

Appendix VI – Summary of Field Changes

Data dictionary changes effective **1/1/2016**

Key: Red indicates NYSTR data element being kept
Green indicates NYSTR data element being deleted
Blue indicates new data element

Common null values: Not Applicable
Not Known/Not Recorded

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Pre-Hospital	EMS Report Status	Presence and/or completeness of PCR	Required	Not Required		"Not Known/Not Recorded" deleted
Emergency Department	ED Treatments: Airway Management	Was an intervention required to maintain the patient's airway	Required	Not Required		Choice added: "Arrived Intubated"; "Not Applicable" deleted
Emergency Department	ED Treatments: CPR Performed?	Was CPR performed?	Required	Not Required		"Not Applicable" removed
Emergency Department	ED Treatments: Tourniquet	Was a tourniquet applied to control hemorrhage?	Required	Not Required		Choice added: "Not Applied; "Not Applicable" deleted
Emergency Department	ED Treatments: Chest Tube	Was a chest tube inserted?	Required	Not Required		"Not Applicable" deleted
Emergency Department	ED Treatments: Thoracotomy	Was a thoracotomy performed?	Required	Not Required		"Not Applicable" deleted
Emergency Department	ED Treatments: Blood & Blood Products	Were blood & blood products administered?	Required	Not Required		Choice added: ''No Blood or Blood Products Given"
Emergency Department	Laboratory Testing: Serum Sodium		Required	Not Required		Deleted

Emergency Department	Laboratory Testing: Serum Potassium		Required	Not Required		Deleted
Emergency Department	Laboratory Testing: Serum Chloride		Required	Not Required		Deleted
Emergency Department	Laboratory Testing: Serum Bicarbonate		Required	Not Required		Deleted
Emergency Department	Actual Discharge Time	The time the patient was discharged from the ED	Required	Not Required		New field
Emergency Department	Actual Discharge Date	The date the patient was discharged from the ED	Required	Not Required		New field
Outcome Information	Date of Alternate Level of Care Status	Date the patient was ordered ALC status	Required	Not Required		New field
Outcome Information	Additional NY Hospital Discharge Disposition: Discharged/transf-erred to inpatient rehabilitation facility or dedicated rehabilitation unit		Required	Not Required		Deleted
Outcome Information	Additional NY Hospital Discharge Disposition: Discharged to prison/jail/law enforcement		Required	Not Required		Deleted
Outcome Information	Additional NY Hospital Discharge		Required	Not Required		Deleted

	Disposition: Discharged/transf-erred to inpatient psychiatric facility or dedicated psychiatric unit					
Outcome Information	Additional NY Hospital Discharge Disposition: Discharged to SNF (return to SNF)		Required	Not Required		Deleted
Outcome Information	Additional NY Hospital Discharge Disposition: Discharged to new SNF		Required	Not Required		Deleted
Outcome Information	Additional NY Hospital Discharge Disposition: Alternate Level of Care Status		Required	Not Required		Deleted
Outcome Information	Actual Discharge Time		Required	Not Required		New field
Outcome Information	Actual Discharge Date		Required	Not Required		New field
Outcome Information	Functional Health Status Prior to Injury		Required	Not Required	Not Applicable; Independent; Partially Dependent; Totally Dependent; Not Known/Not Recorded	New label, picklist
Outcome Information	Functional Independence Measure Prior to		Required	Not Required		Deleted

	Injury: Locomotion					
Outcome Information	Functional Independence Measure Prior to Injury: Expression		Required	Not Required		Deleted
Outcome Information	Functional Independence Measure Prior to Injury: Feeding		Required	Not Required		Deleted
Outcome Information	Functional Health Status at Time of Hospital Discharge		Required	Not Required	Not Applicable; Independent; Partially Dependent; Totally Dependent; Not Known/Not Recorded	New label, new picklist
Outcome Information	Functional Independence Measure at Time of Discharge: Locomotion		Required	Not Required		Deleted
Outcome Information	Functional Independence Measure at Time of Discharge: Expression		Required	Not Required		Deleted
Outcome Information	Functional Independence Measure at Time of Discharge: Feeding		Required	Not Required		Deleted

Data dictionary Changes effective **7/1/2014**

Key: Red indicates NYSTR data element being kept
Green indicates NYSTR data element being deleted
Blue indicates new data element

Common null values: Not Applicable
Not Known/Not Recorded

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Demographics	Admission Date	Date of admission to final hospital	REQUIRED	REQUIRED	MM/DD/YYYY	**Moved to "ED Information", equivalent to: NTDB "ED Discharge Date". YYYY/MM/DD NTDB format**
Demographics	Admission Time	Time of admission to final hospital	REQUIRED	REQUIRED	HH:MM Military Time	**Moved to "ED Information", equivalent to: NTDB "ED Discharge Time"**
Demographics	Medical Record Number	The patient's medical record number that is reported to SPARCS	REQUIRED	NOT REQUIRED	Relevant value for data element	
Demographics	Trauma Number	The patient's encounter or visit number				**Deleted**
Demographics	Date of Birth	The patient's date of birth	REQUIRED	REQUIRED	MM/DD/YYYY	**YYYY/MM/DD NTDB format**
Demographics	Age	The patient's age at the time of injury	REQUIRED	REQUIRED	Relevant value for data element	

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Demographics	In	The time unit in which the value for age is calculated	REQUIRED	REQUIRED	Years, Months, Weeks, Days	**Renamed "Age Units" per NTDB & new NTDB picklist: Hours, Days Months, Years**
Demographics	Sex	Patient's sex	REQUIRED	REQUIRED	M or F	**New NTDB picklist: 1-Male, 2-Female**
Demographics	Race (up to two)	Patient's race	REQUIRED	REQUIRED	White; Black; Asian or Pacific; Indian/Esk/Ale; Other	**NTDB picklist :**1 –Asian; 2-Native Hawaiian or other Pacific Islander; 3-Other Race; 4-American Indian; 5 – Black or African American; 6-White
Demographics	Hispanic?	Patient's ethnicity	REQUIRED	REQUIRED	Y or N	**Renamed "Ethnicity" as per NTDB. Picklist changed to NTDB:1-Hispanic or Latino 2 – Not Hispanic or Latino**
Demographics	Zip	Patients home zip code	REQUIRED	REQUIRED	Relevant value for data element	**Renamed "Pt's Home Zip Code" as per NTDB**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Demographics	City	Patient's home city	REQUIRED	REQUIRED	Relevant value for data element	**Renamed "Patient's Home City" as per NTDB**
Demographics	County	Patient's home county	REQUIRED	REQUIRED	Relevant value for data element	**Renamed "Patient's Home County" as per NTDB**
Demographics	State	Patient's home state	REQUIRED	REQUIRED	Two character state code; not applicable	**Renamed "Patient's Home State" as per NTDB**
Demographics	Patient's Home Country	The country where the patient resides	REQUIRED	REQUIRED	2 digit alpha country code	**New field**
Demographics	Alternate Home Residence	Documentation of the type of patient without a home zip code	REQUIRED	REQUIRED		**New field w/picklist: 1-Homeless; 2-Undocumented Citizen; 3-Migrant Worker; 4-Foreign Visitor**
Demographics	Patient's first name	The patient's first name	REQUIRED	NOT REQUIRED	Relevant value for data element	**New field required for matching**
Demographics	Patient's last name	The patient's last name	REQUIRED	NOT REQUIRED	Relevant value for data element	**New field required for matching**
Demographics	Patient's SS#	**The last 4 digits** of the patients social security #	REQUIRED	NOT REQUIRED	Relevant value for data element	**New field required for matching**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details (RENAMED "INJURY INFORMATION" AS PER NTDB)	Injury Date	Date of Incident	REQUIRED	REQUIRED	MM/DD/YYYY	**Renamed "Injury Incident Date" as per NTDB. YYYY/MM/DD NTDB format**
Injury Details	Injury Time	Time of Incident	REQUIRED	REQUIRED	HH:MM Military Time	**Renamed "Injury Incident Time" as per NTDB**
Injury Details	Time Between Injury & ED	Time between injury and arrival at first hospital				**Deleted - Calculatable**
Injury Details	Care in Progress	Type of care in progress when EMS arrived				**Deleted**
Injury Details	County of Injury	County in which injury occurred	REQUIRED	REQUIRED	Pick list for New York State counties	**Renamed "Incident County" as per NTDB**
Injury Details	Location Code of Injury	EMS location code				**Deleted – City & postal code captured**
Injury Details	Fall Height	The distance in feet the patient fell, measured from the lowest point of the patient to the ground	REQUIRED	NOT REQUIRED	0 – 200; Not applicable, Not Known/Not Recorded	**Renamed "Height of Fall"**
Injury Details	Extraction Performed?	Did this patient require extraction from vehicle or injury location?				**Deleted – no longer captured on ePCR**
Injury Details	Minutes	How long did extraction take?				**Deleted – no longer captured on ePCR**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details	Work-Related Injury?	Indicates if the patient was working or at work when the injury producing event occurred	REQUIRED	REQUIRED	Y or N	**Renamed "Work-Related" as per NTDB. Picklist changed: 1 – Yes; 2 – No**
Injury Details	Place of Occurrence Code	Location of where injury occurred E849.0 – E849.9	REQUIRED	REQUIRED	Home; Farm; Mine or Quarry; Industrial; Recreation or Sport; Street or Highway; Public Building; Residential Institution; Other Specified Place; Other Unspecified Place	**Information captured under "ICD-9 Place of Occurrence External Cause Code" & "ICD-10 Place of Occurrence External Cause Code", picklist changed: 0-Home, 1-Farm, 2-Mine, 3-Industry, 4-Recreation, 5-Street, 6-Public Building, 7-Residential Institution, 8 Other, 9-Unspecified**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details	Protective Devices	Protective devices in use at time of injury	REQUIRED	REQUIRED	A/B Deployed; A/B Not Deployed; A/B not present; A/B unknown; Seatbelt Used; S/B Not Used; S/B Unknown; Child Rest.Use; Helmet Used; Helmet Not Used; Helmet Unknown; None; NA	**Picklist changed to NTDB:** 1 – None; 2- Lap Belt; 3 – Personal Floatation Device; 4 – Protective non-clothing; 5 – Eye protection; 6 - Child restraint; 7 – Helmet (e.g., bicycle, skiing, motorcycle) 8 – Airbag present ; 9 - Protective clothing (e.g., padded leather pants); 10 – Shoulder belt; 11 – other **Other choices available under "Child Specific Restraint" & "Airbag Deployment" in NTDB**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details	ICD-9 E-Code	The ICD-9-CM external cause of injury code for the event that was most responsible for the principal anatomic injury to the patient	REQUIRED	REQUIRED	E800.0 – E999.1	**Renamed "ICD-9 Primary External Cause Code" & "ICD-10 Primary External Cause Code" as per NTDB**
Injury Details	Injury Class	Type of injury	REQUIRED	NOT REQUIRED	B or P	**Changed to "Trauma Type" w/ new pick list:** Blunt; Penetrating; Burn; Other **Autofilled based on ICD – 9 code (CDC Matrix)**
Injury Details	Patient's Occupational Industry	Pt's occupational industry at the time of the injury	REQUIRED	REQUIRED		**New field**
Injury Details	Patient's Occupation	Pt's occupation at the time of the injury	REQUIRED	REQUIRED		**New field**
Injury Details	ICD 9 Additional External Cause Code & ICD-10 Additional External Cause Code	Additional E-code to describe another external cause of injury such as mass casualty event	REQUIRED	REQUIRED		**New field**
Injury Details	Incident Location Zipcode	The zip code of the incident location	REQUIRED	REQUIRED		**New field**
Injury Details	Incident Country	The country where the incident took place	REQUIRED	REQUIRED		**New field**
Injury Details	Incident State	The state where the patient was found or to which the unit responded	REQUIRED	REQUIRED		**New field**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details	Incident City	The city or township where the patient was found or to which the unit responded (or best approximation).	REQUIRED	REQUIRED		**New field**
Injury Details	Child Specific Restraint	Protective child restraint devices used by patient at the time of the injury	REQUIRED	REQUIRED		**New field w/picklist: 1- Child Car Seat; 2- Infant Car Seat; 3- Child Booster Seat**
Injury Details	Airbag Deployment	Indication of airbag deployment during a motor vehicle crash	REQUIRED	REQUIRED		**New field w/picklist: 1- Airbag Not Deployed; 2- Airbag Deployed Front; 3- Airbag Deployed Side; 4- Airbag Deployed Other**
Injury Details	Report of Physical Abuse	A report of suspected physical abuse was made to law enforcement &/or protective services	REQUIRED	REQUIRED		**New field w/picklist: 1- Yes; 2-No**
Injury Details	Investigation of Physical Abuse	An investigation by law enforcement &/or protective services was initiated because of the suspected physical abuse	REQUIRED	REQUIRED		**New field w/picklist: 1- Yes; 2-No**
Injury Details	Caregiver at Discharge	The patient was dischg'd to a caregiver different than the caregiver at adm due to suspected physical abuse	REQUIRED	REQUIRED		**New field w/picklist: 1- Yes; 2-No**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Prehospital #1-3 PCR (RENAMED "PRE-HOSPITAL INFORMATION" AS PER NTDB)	PCR Form	From which PCR does this info come from?				**Deleted**
Prehospital #1-3 PCR	PCR Number	Number printed on PCR form				**Deleted – PCRs no longer have numbers printed on them**
Prehospital #1-3 PCR	Date Called	Date EMS was called	REQUIRED	REQUIRED	MM/DD/YYYY	**Renamed "EMS Dispatch Date" as per NTDB. YYYY/MM/DD NTDB format**
Prehospital #1-3 PCR	Time Called	Time EMS was called	REQUIRED	REQUIRED	HH:MM Military Time	**Renamed "EMS Dispatch Time" as per NTDB**
Prehospital #1-3 PCR	Time Left For Scene	The time unit transporting left for scene				**Deleted**
Prehospital #1-3 PCR	Time at Scene	Time EMS arrived at scence or transferring facility	REQUIRED	REQUIRED	HH:MM Military Time	**Changed to "EMS Unit Arrival Time at Scene or Transferring Facility" as per NTDB**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Prehospital #1-3 PCR	Time Departed Scene	EMS unit departure time from scene or transferring facility	REQUIRED	REQUIRED	HH:MM Military Time	**Renamed "EMS Unit Departure Time From Scene or Transferring Facility" as per NTDB**
Prehospital #1-3 PCR	Destination Time	The time the unit transporting the patient to your hospital arrived	REQUIRED	REQUIRED	HH:MM Military Time	**Moved to "ED Information-ED/Hospital Arrival Time"**
Prehospital #1-3 PCR	Actual Destination	Destination Code of Facility to which patient was transported (EMS code)				**Deleted. PFI # Captured in "ED/Hospital Information"**
Prehospital #1-3 PCR	Transport Agency	The identification code of the agency that provided the care described on this ACR/PCR	REQUIRED	NOT REQUIRED	Four-Digit Agency Code: 0000-9999	**Renamed "Service"**

Prehospital #1-3 PCR	Treatments:	Prehospital treatments provided to patient	REQUIRED	NOT REQUIRED		**Picklist changed: Airway Management- (Airway cleared (includes suction); Assisted w/BVM; Alternative airway device; Endotracheal tube; Not performed), Oxygen administered- (Oxygen by cannula; Oxygen by mask; not performed), Pre-hospital CPR-(CPR initiated by crew; CPR in progress; Not performed); Pre-hospital EKG-(yes; not performed) IV/IO fluids administered- (IV fluids < or = 500; IV fluids 500-2000; IV fluids > or =**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						2000; IO fluids < or = 500; IO fluids 500-2000; IO fluids > or = 2000; IV IV fluids attempted; IV fluids unknown amount; IO fluids attempted

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						fluids attempted; IV fluids unknown amount; IO fluids attempted; IO fluids unknown amount; Not performed) Immobilization-(spine; limb(s); both spine & limb(s); Not performed) Chest Decompression-(Needle thoracostomy; Tube thoracostomy; Not performed) Hemorrhage control-(pressure; tourniquet; hemostatic dressing; pelvic binder; Not performed)

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Prehospital #1-3 PCR	Mode of Transport	Mode of transport	REQUIRED	REQUIRED	EMS ground; EMS air; Private; Police; Other	**Renamed "Transport Mode" as per NTDB w/new picklist: 1- Ground ambulance; 2- Helicopter ambulance; 3- Fixed-wing ambulance; 4- Private/Public Vehicle/Walk-In; 5- Police; 6-Other**
Prehospital #1-3 PCR	Transport Type					**Deleted**
Prehospital #1-3 PCR	Level of Certification					**Deleted**
Pre-Hospital Information	EMS Unit Arrival Date at Scene or Transferring Facility	The date the unit arrived on the scene/transferring facility	REQUIRED	REQUIRED	YYYY/MM/DD	**New field**
Pre-Hospital Information	EMS Unit Departure Date From Scene or Transferring Facility	The date EMS left the scene	REQUIRED	REQUIRED	YYYY/MM/DD	**New field**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Pre-Hospital Information	Other Transport Mode	All other modes of transport during patient care event	REQUIRED	REQUIRED		**New field w/picklist:** 1-Ground ambulance; 2-Helicopter ambulance; 3-Fixed-wing ambulance; 4-Private/public vehicle/walk-in; 5-Police; 6-Other
Pre-Hospital Information	Arrived From	Where pt was transported from	REQUIRED	NOT REQUIRED		**New field w/picklist:** Scene; Referring hospital; Clinic/M.D. office; Jail; Home; Nursing home; Supervised Living; Urgent Care
Pre-Hospital Information	EMS Report Status	Status of PCR	REQUIRED	NOT REQUIRED		**New field w/picklist: Not applicable; Complete; Incomplete; Missing; Not Known/Not Recorded**

Pre-Hospital Information	Trauma Center Criteria	Physiologic & anatomic EMS trauma triage criteria for transport to a trauma center as defined by the CDC & ACS-COT	REQUIRED	REQUIRED		**New field w/picklist: 1-GCS < 14; 2-Systolic BP < 90 mm Hg; 3-Resp rate < 10 or > 29 (< 20 in infants aged < 1 yr) or need for ventilator support; 4-All penetrating injuries to head, neck, torso & extremities proximal to elbow or knee; 5-Chest wall instability or deformity; 6-2 or more proximal long-bone fx; 7-Crushed, degloved, mangled, or pulseless extremity; 8-Amputation proximal to wrist or ankle; 9-Pelvic Fx; 10-Open or depressed skull fx;**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						11-Paralysis

Pre-Hospital Information	Vehicular, Pedestrian, Other Risk Injury	EMS trauma triage mechanism of injury criteria for transport to a trauma center as defined by the CDC & ACS-COT	REQUIRED	REQUIRED		**New field w/picklist: 1-Fall adults: > 20'; 2-Fall children: > 10' or 2-3 times the height of the child; 3-Crash intrusion, including roof: > 12" occupant site, > 18" an site; 4-Crash ejection (partial or complete) from vehicle; 5-Crash death in same passenger compartment; 6-Crash vehicle telemetry data consistent w/high risk injury; 7-Auto v. pedestrian/bicyclist thrown, run over, or > 20 mph impact; 8-Motorcycle crash**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						> 20 mph
Prehospital Vitals #1-3	Which PCR form?	PCR form VS were taken				**Deleted**
Prehospital Vitals #1-3	Vitals Number	Set of VS being entered				**Deleted**
Prehospital Vitals #1-3	Time of Vitals	Time VS taken				**Deleted**
Prehospital Vitals #1-3 (RENAMED "PRE-HOSPITAL INFORMATION" AS PER NTDB)	Pulse Rate	First recorded pulse (palpated or auscultated) expressed as a number per minute.	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Pre-Hospital Information" & renamed "Initial Field Pulse Rate" as per NTDB**
Prehospital Vitals #1-3	Respiratory Rate	The first recorded respiratory rate per minute.	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Pre-Hospital Information" & renamed "Initial Field Respiratory Rate" as per NTDB**
Prehospital Vitals #1-3	Abnormal?	Was unassisted resp rate abnormal?				**Deleted**
Prehospital Vitals #1-3	Pediatric Airway	How is airway maintained for pediatric pt?				**Deleted**
Prehospital Vitals #1-3	Systolic BP	The first recorded systolic blood pressure in mmHg	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Pre-Hospital Information" & renamed "Initial Field Systolic Blood Pressure" as per NTDB**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Prehospital Vitals #1-3	Diastolic BP	The first recorded diastolic blood pressure in mmHg.	REQUIRED	NOT REQUIRED	Relevant value for data element	**Moved to "Pre-Hospital Information" & renamed "Initial Field Diastolic Blood Pressure"**
Prehospital Vitals #1-3	Sa02	First recorded oxygen saturation.	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Pre-Hospital Information" & renamed "Initial Field Oxygen Saturation" as per NTDB**
Prehospital Vitals #1-3	GCS	The Glasgow Coma Score	REQUIRED	REQUIRED	3-15	**Moved to "Pre-Hospital Information" & renamed "Initial Field GCS-Total" as per NTDB**
Prehospital Vitals #1-3	Evidence of GCS less than 15					**Deleted**
Prehospital Vitals #1-3	Revised Trauma Score					**Deleted**
Pre-Hospital Information	Initial Field GCS-Eye	First recorded Glasgow Coma Score (eye) measured at the scene of injury	REQUIRED	REQUIRED	Relevant value for data element	**New field**
Pre-Hospital Information	Initial Field GCS-Verbal	First recorded Glasgow Coma Score (Verbal) measured at the scene of injury	REQUIRED	REQUIRED	Relevant value for data element	**New field**
Pre-Hospital Information	Initial Field GCS-Motor	First recorded Glasgow Coma Score (motor) measured at the scene of injury	REQUIRED	REQUIRED	Relevant value for data element	**New field**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Pre-Hospital Information	Inter-Facility Transfer	Was the pt transferred to your facility from another acute care facility?	REQUIRED	REQUIRED		**New field w/picklist: 1 – Yes; 2 - No**
Referring Hospital Information (NEW SECTION- consolidation of "First (Referring) Hospital ED Treatment" & all other "First Hospital" information)	Medical Record #	Medical Record # for this pt at referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**
Referring Hospital Information	Transport Mode (formerly titled "Mode of Transport" under "Prehospital #1 PCR")	Mode of transport	REQUIRED	NOT REQUIRED		**New section w/picklist: 1- Ground ambulance; 2- Helicopter ambulance; 3- Fixed-wing ambulance; 4- Private/Public vehicle/Walk-in; 5-Police; 6- Other**
Referring Hospital Information	**PFI #**	PFI # of referring hospital	REQUIRED	NOT REQUIRED	4 digit number	**New section**
Referring Hospital Information	Arrival Date	The date the pt arrived at the referring hospital	REQUIRED	NOT REQUIRED	YYYY/MM/DD	**New section**
Referring Hospital Information	Arrival Time	The time the pt arrived at the referring hospital	REQUIRED	NOT REQUIRED	HH:MM Military time	**New section**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Referring Hospital Information	Discharge Date	The date the pt was discharged from the referring hospital	REQUIRED	NOT REQUIRED	YYYY/MM/DD	**New section Field previously named "First ED Exit Date"**
Referring Hospital Information	Discharge Time	The time the pt was discharged from the referring hospital	REQUIRED	NOT REQUIRED	HH:MM Military time	**New section Field previously named "First ED Exit Time"**
Referring Hospital Information	Initial GCS-Eye	Eye component of Glasgow Coma Score	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**
Referring Hospital Information	Initial GCS-Verbal	Verbal component of Glasgow Coma Score	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**
Referring Hospital Information	Initial GCS-Motor	Motor component of Glasgow Coma Score	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**
Referring Hospital Information	Initial GCS-Total	GCS is the sum of the Eye, Motor and Verbal Scores. Range is from 3-15. This will be auto-calculated if scores have been entered for Eye, Motor and Verbal.	REQUIRED	NOT REQUIRED	3-15	**New section**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Referring Hospital Information	Initial GCS Assessment Qualifiers **(expansion of previous field "Intubated during GCS?")**	Factors that affect assessment of GCS.	REQUIRED	NOT REQUIRED		**New section w/picklist: 1-Pt chemically sedated or paralyzed; 2-Obstruction to the pt's eye; 3-Patient intubated; 4-Valid GCS: Pt was not sedated, not intubated, and did not have obstruction to the eye**
Referring Hospital Information	Initial Temperature	First body temperature in Celsius as measured in the referring Hospital ED	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**
Referring Hospital Information	Initial Systolic BP	The first systolic blood pressure in mmHg as measured in the referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**
Referring Hospital Information	Initial Diastolic BP	The first diastolic blood pressure in mmHg as measured at the referring hospital.	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**
Referring Hospital Information	Initial Pulse Rate	First recorded pulse in the referring hospital ED (palpated or auscultated) as a number per minute.	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**
Referring Hospital Information	Initial Respiratory Rate	First recorded respiratory rate at the referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**
Referring Hospital Information	Initial Sa02	First recorded oxygen saturation at referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Referring Hospital Information	ICD-9 Referring Hospital Procedures **(previously captured through a picklist in "Treatment" field under "First (Referring) Hospital ED Treatment"**	ICD-9 codes for procedures performed at referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**New section Replaces "Treatment" field in ("First (Referring) Hospital ED Treatment"**
Final ED Assessment (RENAMED "EMERGENCY DEPARTMENT INFORMATION" AS PER NTDB)	Hospital PFI #	PFI # of the final hospital	REQUIRED	NOT REQUIRED	4 digit number	**Moved to "Emergency Department Information" as per NTDB**
Final ED Assessment	Arrival Date	The date the pt arrived at the final hospital's ED	REQUIRED	REQUIRED	MM/DD/YYYY	**Moved to "Emergency Department Information" & changed to "ED/Hospital Arrival Date" as per NTDB, NTDB format of YYYY/MM/DD**
Final ED Assessment	Arrival Time	The time the patient arrived at the final hospital's ED	REQUIRED	REQUIRED	HH:MM Military time	**Moved to "ED/Hospital Department Information" & renamed "ED/Hospital Arrival Time"**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	Prior Trauma Phase					**Deleted**
Final ED Assessment	Time of Vitals					**Deleted**
Final ED Assessment	Abnormal?	Is the unassisted respiratory rate abnormal?				**Deleted**
Final ED Assessment	Unassisted Respiratory Rate	Pt's initial respiratory rate	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Respiratory Rate"**
Final ED Assessment	SaO2	First recorded oxygen saturation in the ED/hospital (expressed as a percentage)	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Oxygen Saturation"**
Final ED Assessment	Pulse Rate	First recorded pulse in the ED/hospital (palpated or auscultated), expressed as a number per minute	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Pulse Rate"**
Final ED Assessment	Pediatric Airway	For Patients under age 13, how is airway maintained				**Deleted**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	Systolic BP	First recorded systolic blood pressure in the ED/hospital	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Systolic Blood Pressure"**
Final ED Assessment	Diastolic BP	First recorded diastolic blood pressure in the ED/hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Diastolic Blood Pressure"**
Final ED Assessment	Eye Opening	Eye component of Glasgow Coma Score	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital GCS-Eye"**
Final ED Assessment	Verbal Response	Verbal component of Glasgow Coma Score	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital GCS-Verbal"**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	Motor Response	Motor component of Glasgow Coma Score	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital GCS-Motor"**
Final ED Assessment	GCS	Total GCS	REQUIRED	REQUIRED	3-15	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital GCS-Total"**
Final ED Assessment	Intubated during GCS?	Was patient intubated during GCS?				**Deleted, information captured in Initial ED/Hospital GCS Assessment Qualifiers**
Final ED Assessment	Evidence GCS < 15?					**Deleted**
Final ED Assessment	Revised Trauma Score (RTS)					**Deleted**
Final ED Assessment	Temp	Body temperature in Celsius as measured in the final hospital	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Temperature"**
Final ED Assessment	In					**Deleted**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	Weight	Pt's weight	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Weight"**
Final ED Assessment	In					**Deleted**
Final ED Assessment	Height	Pt's height	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Height"**
Final ED Assessment	In					**Deleted**
Final ED Assessment	BMI					**Deleted**
Final ED Assessment	Lab result: HCT					**Deleted**
Final ED Assessment	Na+	Sodium level as measured on arrival at the final hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Laboratory Testing-Serum Sodium"**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	K +	Potassium level as measured on arrival at the final hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Laboratory Testing-Serum Potassium"**
Final ED Assessment	Cl-	Chloride level as measured on arrival at the final hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Laboratory Testing-Serum Chlorides"**
Final ED Assessment	CO2	Carbon Dioxide level as measured on arrival at the final hospital				**Deleted**
Final ED Assessment	HCO3	Bicarbonate level as measured on arrival at the final hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	**Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Laboratory Testing-Serum Bicarbonate"**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Emergency Department Information	Trauma Team Activated **? (Formerly titled "Activation Level")**	The level of trauma team activation for this patient.	REQUIRED	NOT REQUIRED		**New title & picklist: Not Activated; Level 1; Level 2; Consultation; Not Applicable; Not Known/Not Recorded**
Emergency Department Information	Initial ED/Hospital Respiratory Assistance	Determination of resp assistance assoc w/initial ED/hospital resp rate within 30 mins or less of pt arrival	REQUIRED	REQUIRED		**New field w/picklist:** 1- **Unassisted resp rate; 2- Assisted resp rate**
Emergency Department Information	Initial ED/Hospital Supplemental Oxygen	Presence of supplemental oxygen during initial 30 mins	REQUIRED	REQUIRED		**New field w/picklist: 1- No supplemental oxygen; 2- Supplemental oxygen**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Emergency Department Information	Alcohol Use Indicator	Use of alcohol by the patient	REQUIRED	REQUIRED		**New field w/ picklist: Not applicable;1- No (not tested); 2- No (confirmed by test); 3-Yes (confirmed by test [trace levels]); 4- Yes (confirmed by test [beyond legal limit]); Not Known/Not Recorded**
Emergency Department Information	Drug Use Indicator	Use of drugs by the patient	REQUIRED	REQUIRED		**New field w/picklist: Not Applicable; 1- No (not tested); 2- No (confirmed by test); 3- Yes (confirmed by test [prescription drug]); 4- Yes (confirmed by test [illegal use drug]); Not Known/Not Recorded**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Emergency Department Information	ED Discharge Disposition	Disposition of the pt at the time of discharge from the ED	REQUIRED	REQUIRED		**New field w/picklist: Not applicable; 1- Floor bed; 2- Observation unit; 3- Telemetry/step-down unit; 4- Home w/services; 5- Died/expired; 6- Other; 7- Operating rm; 8- ICU; 9- Home w/o services; 10- LAMA; 11- Transferred to another hsp**
Emergency Department information	Signs of Life		REQUIRED	REQUIRED		**New field w/picklist: 1 – Arrived with no signs of life; 2- Arrived with signs of life**

Emergency Department information	ED Treatments	Treatments performed in the ED of the final hospital	REQUIRED	NOT REQUIRED		**New field w/picklist: Airway management- (not performed; intubated; surgical airway); CPR performed- (not performed; CPR initiated; CPR in progress, continued); Tourniquet- (Applied; Arrived w/tourniquet; Not applied); Chest tube- (Performed; Not performed); Thoracotomy - (Performed; Not performed); Blood & blood products- (Packed red blood cells; FFP; Platelets; Massive blood transfusion protocol**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						initiated, cryoprecipitate)
Final ED Treatments	Specialty					**Deleted**
Final ED Treatments	Called					**Deleted**
Final ED Treatments	Arrived					**Deleted**
Final ED Treatments	Response time					**Deleted**
Final ED Treatments	Activation Level		REQUIRED	NOT REQUIRED		**Moved to "ED Information" & renamed "Trauma Team Activated?" (SEE ABOVE)**
Final ED Treatments	Treatment		REQUIRED	NOT REQUIRED		**Moved to "ED Information" & renamed "ED Treatments" (SEE ABOVE)**
Final ED Treatments	Study		REQUIRED	REQUIRED		**Moved to "Hospital Procedure Information" and renamed "ICD-9 or 10 Hospital Procedures" as per NTDB**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Treatments	Results date		REQUIRED	REQUIRED		**Moved to "Hospital Procedure Information" and renamed "Hospital Procedures Start Date"**
Final ED Treatments	Result Time					**Deleted**
Final ED Treatments	Final ED Exit Date		REQUIRED	REQUIRED	MM/DD/YYYY	**Moved to "ED Information" and renamed "ED Discharge Date" as per NTDB collected as YYYY/MM/DD**
Final ED Treatments	Final ED Exit Time		REQUIRED	REQUIRED	HH:MM Military time	**Moved to "ED Information" and renamed "ED Discharge Time" as per NTDB**
Final ED Treatments	Final ED Disposition		REQUIRED	REQUIRED		**Moved to "ED Information" & renamed "ED Discharge Disposition". Picklist changed to NTDB (SEE ABOVE)**
Final ED Treatments	Next Trauma Phase					**Deleted**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Treatments	Number of Hours in ED					**Deleted**
Direct Admits	Direct Admit Patient?					**Deleted**
Direct Admits	Hospital PFI Code?					**Deleted**
Direct Admits	SaO2?					**Deleted**
Direct Admits	Systolic BP					**Deleted**
Direct Admits	Respiratory Rate					**Deleted**
Direct Admits	Eye Opening					**Deleted**
Direct Admits	Verbal Response					**Deleted**
Direct Admits	Motor Response					**Deleted**
Direct Admits	GCS					**Deleted**

Pre-existing conditions (NO LONGER A STAND ALONE SECTION)	Pre-Existing Condition	Conditions the pt had on arrival to the hospital	REQUIRED	REQUIRED	None; Alcoholism; Ascites hx; Bleeding d/o; Chemotherapy hx; Congenital anomalies; CHF; Smoker; Dialysis; S/p CVA; DM, Diss cancer; DNR; Esop. varices;Dep health status; Angina hx; MI hx 6 mos; PVD hx; HTN on med; AH MS; Prematurity; Obesity; Resp disease; Steroid use	**Renamed "Co-Morbid Conditions" and moved to "Diagnosis Informantion" as per NTDB. Picklist changed to: 2-Alcoholism; 3- Ascites w/in 30 days; 4-Bleeding d/o; 5-Currently receiving chemo for cancer; 6-Congenital anomalies; 7-CHF; 8-Current smoker; 9-Chronic renal failure; 10-CVA/residual neurological deficit; 11-DM; 12-Disseminated cancer; 13-Advanced directive limiting care; 14-Esophageal varices; 15-Functionally dependent**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						health status; 16 h/o angina w/in 30 days; 17 h/o MI; 18 history of PVD; 19 HTN requiring medication; 20
						21-Prematurity; 22-Obesity; 23-Respiratory disease; 24-Steroid use; 25-Cirrhosis; 26-Dementia; 27-Major psychiatric illness; 28-Drug abuse or dependence; 29-Pre-hsp cardiac arrest w/resuscitative efforts by healthcare provider; 1-Other

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Treatments (RENAMED "HOSPITAL PROCEDURE INFORMATION" AS PER NTDB)	Date	The date for every procedure	REQUIRED	REQUIRED	MM/DD/YYYY	**Moved to "Hospital Procedure Information" & renamed "Hospital Procedure Start Date" as per NTDB w/NTDB format of YYYY/MM/DD**
Treatments	Start Time	Time of Procedure	REQUIRED	REQUIRED	HH:MM Military time	**Moved to "Hospital Procedure Information" & renamed "Hospital Procedure Start Time" as per NTDB**
Treatments	ICD-9	Procedures performed during this hospitalization	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Hospital Procedure Infromation" & renamed "ICD-9 or 10 Hospital Procedures" as per NTDB**
Treatments	Proc Text					**Deleted**
Injury – SPARCS (RENAMED "INJURY SEVERITY INFORMATION" AS PER NTDB	ICD-9	Injury diagnoses	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Diagnoses Information" & renamed "ICD-9 or 10 Injury Diagnoses" as per NTDB**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury - SPARCS	AIS Value	AIS value for each injury	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Injury Severity Information" & renamed "AIS Severity" as per NTDB**
Injury - SPARCS	Body Part	Body part injured	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Injury Severity Information" & renamed "ISS Body Region" as per NTDB**
Injury - SPARCS	Injury ICD-9 Text					**Deleted**
Injury - SPARCS	Injury Severity Score		REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Injury Severity Information" & renamed "Locally Calculated ISS" as per NTDB**
Injury - SPARCS	Probability of Survival					**Deleted**
Injury - SPARCS	New ISS					**Deleted**
Injury Severity Information	AIS Predot Code	AIS PreDot codes that reflect pt's injuries	REQUIRED	REQUIRED		**New field**
Injury Severity Information	AIS version	Software used to calculate AIS severity codes	REQUIRED	REQUIRED		**New field**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Non Injury SPARCS (NO LONGER A STAND ALONE CATEGORY)	ICD-9 code for non-injury diagnoses		REQUIRED	REQUIRED		**Moved to "Diagnoses Information" & renamed "ICD-9 & 10 Injury Diagnoses"**
Non Injury SPARCS	Non-Injury ICD-9 Text					**Deleted**

Non injury SPARCS (RENAMED "QUALITY ASSURANCE INFORMATION" AS PER NTDB)	Complications	Any complication that occurred during the pt's stay	REQUIRED	REQUIRED	Abd wnd dehiscence; Ac renal failure; Arrhythmia; Arterial occlusion; Cholecystitis; Coagulopathy; CHF; Decubitus; DVT-central vein; DVT-lwr extremities; Empyema; Encephalopathy; Enteric cutaneous fistula; Evisceration; Hemothorax; Hyperbilirubinemia; Intra-abd abscess; Liver failure; MI; None; Other abscess; Pneumonia; Pneumothorax; Post-hemorrhage anemia; Pseudomembranous colitis; Resp failure; Rhabdomyolysis; Sepsis-like syndrome; Septicemia; Shock; SBO; Stroke; UTI	**Moved to "Quality Assurance Information" & picklist changed to: 4- Ac kidney injury; 5-Acute lung injury/ARDS; 8-Cardiac arrest w/resuscitative efforts by healthcare provider; 11-Decubitus ulcer; 12-Deep surgical site infection; 13-Drug or alcohol withdrawal syndrome; 14-DVT/thrombophlebitis; 15-Extremity compartment syndrome; 16-Graft/prosthesis/flap failure; 18-MI; 19-Organ/space surgical site infection; 20-Pneumonia; 21-PE; 22-**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						CVA; 23-superficial surgical site infection; 25 unplanned intubation; 27 UTI; 28 catheter-related blood stream infection; 29 osteomyelitis ; 30 unplanned return to the OR; 31 unplanned return to the ICU; 32 severe sepsis; 1 other
						Related blood stream infection; 29-Osteomyelitis ; 30-Unplanned return to the OR; 31-Unplanned return to the ICU; 32-Severe sepsis; 1-Other

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Modifications (NO LONGER A CATEGORY)						**Deleted- modifications no longer necessary for matching**
Discharge (RENAMED "OUTCOME INFORMATION" AS PER NTDB)	Final Outcome					**Deleted**
Discharge	Discharge Date	The date the patient was discharged from the final hospital	REQUIRED	REQUIRED	MM/DD/YYYY	**Moved to "Outcome Information" & renamed "Hospital Discharge Date" w/NTDB format of YYYY/MM/DD**
Discharge	Discharge Time	The time the patient was discharged from the final hospital	REQUIRED	REQUIRED	HH:MM Military time	**Moved to "Outcome Information" and renamed "Hospital Discharge Time" as per NTDB**
Discharge	Length of Stay (Days)					**Deleted**
Discharge	Prior Trauma Phase					**Deleted**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Discharge	Discharge Disposition	Where the patient went after discharge	REQUIRED	REQUIRED	Home, No svc; Home w/svc; AMA; Homeless; Prison/jail; Foster care; Died-full code; Died-withdrawal of care; Died-DNR/DNI; Died-brain death; Died-unknown; Ac rehab; Sub ac rehab; TBI rehab; SCI rehab; SNF; New SNF; Other hospital inpt; Other hospital ED; Inpt psych care; Out of state transfer	**Moved to "Outcome Information" and renamed "Hospital Discharge Disposition". Picklist changed to: 1-Dischg'd/transferred to short-term general hsp; 2-Dischg'd/transferred to an ICF; 3-Dischg'd/transferred to home under organized home health service; 4-Left AMA; 5-Expired; 6-Dischg'd home w/no home services; 7-Dischg'd/transferred to SNF; 8-Dischg'd/transferred to hospice care;**

						10-Dischg'd/transferred to court/law enforcement; 11-Dischg'd/transferred to inpt rehab or designated unit; 12-Dischg'd/transferred to LTC hospital; 13-Dischg'd/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital;14-Dischg'd/transferred to another type of institution not defined elsewhere; Homeless/shelter; Foster care; Died-full code; Died-withdrawal of care; Died-DNR/DNI; Died-brain death; TBI rehab;

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						Spinal cord injury rehab; SNF (return to SNF); New SNF; Out of state transfer; Alternate level of care status
Discharge	Eye Opening					**Deleted**
Discharge	Verbal Response					**Deleted**
Discharge	Motor Response					**Deleted**
Discharge	GCS		REQUIRED	REQUIRED	3-15	**Moved to "Outcome Information" & renamed "GCS at Time of Discharge"**
Discharge	Locomotion	Locomotion disability at discharge	REQUIRED	NOT REQUIRED	Independent; Indep w/dev; Dep/part help; Dep/tlt help; Age < 2	**Moved to "Outcome Information" under "Disability at Discharge" w/picklist: Not applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Discharge	Expression	Expression disability at discharge	REQUIRED	NOT REQUIRED	Independent; Indep w/dev; Dep/part help; Dep/tlt help; Age < 5	**Moved to "Outcome Information" under "Disability at Discharge" w/picklist: Not Applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Discharge	Feeding	Feeding disability at time of discharge	REQUIRED	NOT REQUIRED	Independent; Indep w/dev; Dep/part help; Dep/tlt help; Age < 3	**Moved to "Outcome Information" under "Disability at Discharge" w/picklist: Not Applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded**
Outcome Information	FIM score	A score calculated to derive a baseline of trauma patient disability at discharge using scores re: feeding, locomotion & expression	REQUIRED	NOT REQUIRED		**Moved to "Outcome Information" under "Disability at Discharge"-autocalculated**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Outcome Information	Feeding	Feeding disability prior to injury that lead to this admission	REQUIRED	NOT REQUIRED		**Moved to "Outcome Information" under "Disability at Admission" w/picklist: Not Applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Outcome Information	Locomotion	Locomotion disability prior to injury that lead to this admission	REQUIRED	NOT REQUIRED		**Moved to "Outcome Information" under "Disability at Admission" w/picklist: Not Applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Outcome Information	Expression	Expression disability prior to injury that lead to this admission	REQUIRED	NOT REQUIRED		**Moved to "Outcome Information" under "Disability at Admission" w/picklist: Not Applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded**
Outcome Information	FIM Score	A score calculated to derive a baseline of trauma patient disability at discharge using scores re: feeding, locomotion & expression	REQUIRED	NOT REQUIRED		**Moved to "Outcome Information" under "Disability at Admission"-autocalculated**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Discharge (THIS FIELD MOVED TO "FINANCIAL INFORMATION" PER NTDB)	Primary payor		REQUIRED	REQUIRED	Blue Cross; Champus/VA; Commercial; Corrections; HMO; Medicaid; Medicaid pend; Medicare; No charge; No Fault; None documented; Oth Gov't; Other; Self Insured; Self-Pay; Worker's Comp	**Moved to "Financial Information" & renamed "Primary Method of Payment" as per NTDB. Picklist: 1-Medicaid; 2-Not Billed; 3-Self Pay; 4-Private/Commercial Insurance; 5-No Fault Automobile; 6-Medicare; 7-Other Gov't; 8-Worker's Compensation; 9-Blue Cross/Blue Shield; 10-Other**
Discharge	Secondary Payor					**Deleted**
ICU (NO LONGER SEPARATE SECTION, UNDER "OUTCOME INFORMATION" PER NTDB)	Special Care Unit					**Deleted**
ICU	Hospital					**Deleted**

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
ICU	ICU Stay	How many days was the patient in ICU?	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Outcome Information" & renamed "Total ICU Length of Stay" as per NTDB**
ICU	Ventilation Days	Number of days patient mechanically ventilated	REQUIRED	REQUIRED	Relevant value for data element	**Moved to "Outcome Information" & renamed "Total Ventilator Days" as per NTDB**
QA	QA Issue					**Deleted**
QA	Hospital PFI No.					**Deleted**
QA	QA Text					**Deleted**
Download to SPH	Is the Record Complete?					**Deleted**
Download to SPH	SPH?					**Deleted**

Date in effect	Change	Page #	STAC date	Comment
January 2011	**Added** "FFP, PRBC, Platelets" in treatment picklist under Referring ED, Final ED	p97, p208	09/2010	Change approved for immediate implementation 9/10
January 2011	**Added** fields for **"**GCS eye, GCS verbal, GCS motor score" in PCR	p58, p59, p60	09/2010	Change approved for immediate implementation 9/10
January 2011	**Deleted "**Care in progress" in PCR, Referring Hospital, and Final ED		09/2010	Change approved for immediate implementation 9/10
January 2011	**Deleted "**Level of Certification" in PCR page		09/2010	Change approved for immediate implementation 9/10
January 2011	**Deleted "**Is the unassisted respiratory rate abnormal?" in PCR page		09/2010	Change approved for immediate implementation 9/10
January 2011	**Deleted "**Pediatric Airway" in PCR page		09/2010	Change approved for immediate implementation 9/10
January 2011	**Deleted** "Prior Trauma Phase" before Discharge		09/2010	Change approved for immediate implementation 9/10
January 2010	**Added** "Na, K, Cl, CO_2 (HCO_3)" in Referring ED and Final ED	p93-97, p262-266	09/2009	Change approved for 2010 data
January 2010	**Added "**Tourniquet" in treatment pick lists under Prehospital, ED, Referring ED	p48, p100, p264	09/2009	Change approved for 2010 data
April 2009	**Deleted** NYSTR List 2		04/2009	Change approved for immediate implementation 4/09
January 2009	**Change "**Prehospital treatment" picklist to shorten the field choices	p47, App. VI	02/28/2008	Change approved for immediate implementation 9/08
January 2009	**Change "**ED/TRA treatment" picklist to add "surgical airway and units of PRBC"	p99, 263	02/28/2008	Change approved for immediate implementation 9/08
January 2009	**Change** "Discharge disposition"n to include details of circumstances of death	P154, App. XII	02/28/2008	Change approved for immediate implementation 9/08
January 2009	**Change "**ED Disposition" to include NTDS resuscitation descriptions at time of ED death	p105, 269	02/28/2008	Change approved for immediate implementation 9/08

January 2008	**Changed** Exclusion Form: altered choices to one of 8	App. IV pg309	09/2007	To provider clearer instruction and fewer choices
January 2008	**Changed** "Discharge disposition" picklist choices: **Added** subacute rehabilitation, inpatient psychiatric	154 See App. XII p 340	09/2007	
January 2008	**Added** "GCS motor, GCS eye and GCS verbal scores" for direct admissions	114,115,116 282,283,284	09/2007	Prior to change, only total GCS was collected for direct admissions
January 2008	**Changed** Birthday to Date of Birth		NA	Consistent with NTDS
January 2008	**Changed** "Mode of Transport"picklist	48, 188, 217	09/2007	Change approved for immediate implementation 9/08
January 2007	**Replaced** "Pre-existing conditions" with NTDS Comorbid Condition list	119 See App. X page 330	09/2007	For compliance with NTDS. STAC approved $3000 to support mapping of old data to new. DOH unable to fund.
January 2007	**Replaced "**Complication" picklist with NTDS Complication list	136 See App. XI p335	09/2007	For compliance with NTDS
January 2007	**Added** field for "Trauma Team Activation Level"	98	03/2006	
January 2007	**Added** field for "Body Mass Index" (Note: with this addition, height and units of height are no longer required)		03/2006	
January 2007	Added "Ventilator Days"	168		
January 2007	**Changed** ED and TRA treatment picklists (removed ATLS and ACLS and mover aortography)	99, 265	05/2007	
January 2007	**Changed** Radiology Study picklist (added Ultrasound, aortography, MRI and ECHO)	100, 266	05/2007	
January 2007	**Deleted** Field was weight actual or estimated		03/2006	
January 2007	**Added** ICD9 Codes 958.90.93 and .99		10/2006	
January 2007	**Changed** Time Between Injury and ED picklist	24	03/2006	Clinical relevance

October 2006	**Added** ICD9 958.4, 958.90-958.93, 958.99 to NYSTR List 1	313	10/2006	
January 2006	**Added** Field for Sa02 to all vital signs: prehospital, referring hospital and trauma receiving area.	61,73,201, 230,244	06/2005	
January 2006	**Added** Field: Is this a work related injury	31	06/2005	For compliance with NTDS
	Changed prehospital treatment picklist to reflect volume of IVF administered: < 500 cc; 5011000 cc; > 1000 cc or unknown			
January 2006	**Changed** Discharge Disposition picklist	154	2005	Again changed in 2008
January 2006	**Changed** Special Care picklists to add CT, NI, MC and SD	165, 289	03/2007 and 11/2006	
January 2006	**Changed** Care in Progress picklist (from 32 data points to 4)	25	03/2006	
2006	**Delete** BP measured by	348	03/2006	
2006	**Delete**			
June 2005	**Added** ICD9 865.09, 865.19 in NYSTR List1	313	06/2005	
2004	**Deleted** field DOA?	344	2005	NYSTR seeks to collect info on deaths from trauma in the ED
2004	**Deleted** field Patient Status from PCR Critical / Stable /	342	2005	Other prehospital fields provide less subjective information.
2004	**Deleted** Level of Consciousness from PCR / ACR AVPU	343	2005	Prehospital GCS is a field that is more accurate