Acknowledgements

In partnership with Hofstra University Graduate Public Health Program the following review and revisions to the New York State Trauma Registry Data Dictionary were completed in the Spring of 2019.

New York State Registry Data Dictionary Workgroup 2019

Chair – Cristy Meyer, RN, TPM, North Shore University Hospital
Hofstra University Graduate Public Health Intern

Jasmin Adderly, Registrar, Albany Medical Center
Catherine Burns, RN, NYS Health Department
Carrie Garcia, RN, TPM Jacobi Medical Center
Mary Ives, Registrar, St. Elizabeth's Medical Center
Sally Jacko, RN, TPM, Bellevue Medical Center
Jolene Kittle, RN, TPM, Upstate Medical Center
Jane McCormack, RN, TPM Stonybrook Medical Center
Amanda Muller-Lewis, Registrar, Orange Regional Medical Center
Jennifer Pastiglione, RN, TPM, Montefiore-Nyack Medical Center
Danielle Sargeant, RN, TPM, Cohen's Children's Hospital
Miranda Wasilenko, Registrar, Update Medical Center

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Introduction to NYSTR

In 2005, the New York State trauma registry was developed to identify key elements of traumatic injury trends statewide. In support of the development, assessment and ongoing monitoring of care outcomes, the collection of standardized data specific to the New York State trauma patient must be standardized and aggregated in a New York State trauma registry.

The data will be used to:

- Identify traumatic injury trends
- Evaluate the NYS Trauma System and EMS system
- Monitor trauma care outcomes and identify opportunities for improvement
- Establish uniformity of data collection and reporting processes
Section 1: NYSTR Basics

Case Definition

New York State Trauma Registry Inclusion Criteria

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. To ensure standardized data collection across NYS hospitals, a trauma patient is defined as a patient sustaining a traumatic injury within 14 days of admission meeting the following criteria:

Admission or treatment in a NYS hospital with at least one of the injury codes:

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 only).

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.)

Patients presenting with one of these preceding injury codes who:

- Has been admitted or placed in observation status for 23 hours or more

  OR

- Presented to the hospital and died of their traumatic injuries

  OR

- Was transferred in from another acute care hospital or from your facility for the care of injury

  OR

- Was directly admitted to your hospital (excluding elective or planned surgical admissions)

Should be included in the trauma center registry and should be submitted to the New York State Trauma Registry.
**Submission Guide**

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:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Discharge Period</th>
<th>Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quarter</td>
<td>Jan, Feb, March</td>
<td>Jul 1 submission</td>
</tr>
<tr>
<td>2nd Quarter</td>
<td>Apr, May, June</td>
<td>Oct 1 submission</td>
</tr>
<tr>
<td>3rd Quarter</td>
<td>Jul, Aug, Sept</td>
<td>Jan 1 submission</td>
</tr>
<tr>
<td>4th Quarter</td>
<td>Oct, Nov, Dec</td>
<td>Apr 1 submission</td>
</tr>
</tbody>
</table>

**Inclusion Algorithm**

New York State Trauma Registry Inclusion Criteria will follow the current NTDS patient inclusion criteria standard.

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: https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb

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).
Process, Implementation and Evaluation:

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

- Trauma Centers and members of STAC comment.

- Definitions are finalized and accepted for inclusion in the NYSTR dataset.

- 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 submitted to Image Trend in writing by the Department of Health Bureau of trauma and EMS. The technical aspects 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 and with support of the STAC registry subcommittee educational materials for NYS trauma registrars and program staff will be developed and distributed no later than fall STAC meeting preceding Jan 1 of the subsequent year or prior to when changes take place.

- The Department confirms that the change(s) are downloading appropriately, and that the data appears valid. Any identified issues with a download will be communicated by the Department to the involved facility and vendor.
Guidelines for Inclusion and Exclusion


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).

Exclusions: (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 and submitted quarterly to the New York State Health Commerce System (HCS). Records excluded should be marked with a reason for exclusion. The standard list of exclusions below should be used for categorizing exclusions. Appendix III provides additional detail for each exclusion reason.

Reason for exclusion:

1. If the injury occurred while in an acute care hospital. For example, injuries related to a fall in hospital, birth trauma or intraoperative complication should be excluded.

2. Exclude the record if the injury occurred more than 14 days prior to this hospitalization.

3. 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.

4. The ICD-10 code assigned is incorrect and the correct code is not on the state inclusion list.

5. 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 death must be within 3 minutes of time of arrival.

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

7. Record was submitted to SPARCS in error, patient was not admitted to the hospital but was submitted to SPARCS.

8. The admission is for rehabilitation only.
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.

Identification of cases for inclusion:

1. Hospitals can generate a daily admission list of any patient with an ICD-10 code that may warrant inclusion in the NYSTR. The list is then reviewed and NYS cases based on 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:

It is critical that all qualified records for each hospital be submitted to the NYSTR to ensure the NYSTR captures an accurate dataset. Hospitals in NYS submit information electronically regarding diagnosis and procedure codes to the Statewide Planning and Research Cooperative Systems database (SPARCS) and Vital Records files. The SPARCS database is queried for 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. This matching process looks at identifiers in both the referring hospital portion and the final hospital portion of the NYSTR record. 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.

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).
Section 2: NYS Field Value Definitions

Section 2a: Demographic Data

Field: Medical Record Number

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

Field Values
Numeric Value of Medical Record Number

Additional Information
- This field is used for linking purposes only and will not be made public
- This field is crucial for matching against SPARCS and Vital Records files

Data Hierarchy: Hospital Admission (Face) Sheet
Data Type: Numeric value
History: Reviewed 7/2015, 4/2019
Field: Patient’s Last Name

Definition
The last name of the patient.

Field Values
Relevant for this data element.

Additional Information
- This field is used to create a unique identifier that will be used for matching purposes.

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

Data Type: Alpha Text

History: Added 1/2013; Reviewed 7/2015, 4/2019
**Field:** Patient’s First Name

**Definition**
The first name of the patient.

**Field Values**
Relevant for this data element.

**Additional Information**
- This field is used to create a unique identifier that will be used for matching purposes.

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

**Data Type:** Alpha Text
Field: Social Security Number

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

Field Values
Relevant for this data element.

Additional Information
- If the patient’s social security number is unknown, enter “0000”.
- 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 Hierarchy: Hospital Admission (Face) Sheet

Data Type: Numeric

Data History: Added 1/2013; Reviewed 7/2015, 4/2019
Section 2b: Injury Information

Field: Height of Fall

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

Field Values
- 0-200 ft
- Not Applicable
- Not Known/Not recorded

Additional Information
- Fall height should be recorded as documented or estimated as 1 foot per step, 10 feet per story.
- Additional estimates should be taken from documented for fall heights.
- Do not include height of patient
- A fall from standing is considered a same level fall, enter 0 for fall height
- Use whole numbers, round conservatively
- If the mechanism of injury in not a fall, enter Not Applicable

Data Hierarchy: ACR/PCR, Trauma Flow Sheet, Triage notes, Emergency Department Notes, H/P

Data Type: Numeric

Data History: Added 1/2013; Reviewed 7/2015, 4/2019
**Field:** Trauma Type

**Definition**
The type of injury.

**Field Values**
- Blunt
- Penetrating
- Burn

**Additional Information**
- Vendor autofill based on ICD-10 code is the best practice
- Registrars should follow NTDS logic rules

**Data Hierarchy:** ICD-10 E Code based on E-code cause of injury.

**Data Type:** Alpha Character

**Data History:** Added 1/2013; Reviewed 7/2015, 4/2019
Section 2c: Pre-hospital Information

Field: Service

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

Field Values
- Relevant for the data element
- Not Applicable
- Not Known/Not Recorded

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_registry_data_dictionary.htm](http://www.health.ny.gov/professionals/ems/State_trauma_registry_data_dictionary.htm)
- If the patient is a transfer, use the first ACR/PCR into the referring hospital
- Not applicable should be used if the patient arrived via transportation other than ambulance

Data Hierarchy: ACR/PCR

Data Type: Alpha Character

Data History: Added 1/2013; Reviewed 7/2015, 4/2019
**Field: Arrived From**

**Definition**

The location the patient arrived from.

**Field Values: (Picklist)**

- Scene
- Referring hospital/facility
- Clinic/MD Office
- Jail
- Home
- Nursing Home
- Supervised Living
- Not Applicable
- Not Known/Not Recorded

**Additional Information**

- Use **scene** if the patient arrives directly from the scene of injury to your facility or occurred at a residence that is not the patient’s primary residence.
- **Referring Hospital/Facility** means either an acute care hospital or a facility providing acute nursing care including acute rehab & psychiatric facilities, includes standalone Emergency Department
- **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.
- **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 Hierarchy:** ACR/PCR, Trauma Flow Sheet, Triage Note, Emergency Department Notes, H/P, Case management notes

**Data Type:** Alpha Character

**Data History:** Added 1/2013; Reviewed 7/2015, 4/2019
Field: Pre-hospital Treatments: Chest Decompression

Definition
Record of chest decompression, relief of pressure within the chest, performed by EMS personnel

Field Values
- Needle Thoracostomy
- Not performed
- Not Applicable
- Not Known/Not recorded

Additional Information
- Record treatments documented in the ACR/PCR
- If documentation exists in the medical record this may be used IF the PCR is not available
- Use not applicable for patients arriving by private vehicle

Data Source: ACR/PCR, Trauma Flow Sheet, Triage note, Emergency Department notes

History: Added 1/2013, Reviewed 7/2015, 4/2019
Field: Pre-hospital treatments: Pre-hospital CPR

Definition
Record of CPR performed by EMS personnel

Field Values
- CPR initiated by crew
- CPR in progress
- Not performed
- Not applicable
- Not known/Not recorded

Additional Information
- This field information is used for statistical modeling
- Record treatments documented in the ACR/PCR.
- If documentation exists in the medical record this may be used if the PCR is not available
- Use not applicable for patients arriving by private vehicle

Data Source: ACR/PCR, Trauma Flow Sheet, Triage note, Emergency Department notes, H/P, consult notes

History: Added 1/2013, Reviewed 7/2015, 4/2019
Field: Pre-hospital Treatments: Airway Management

Definition

Record of airway intervention by EMS personnel

Field Values [Picklist used]

- Airway cleared, includes suction
- Assisted with Bag-Valve Mask
- Alternate airway device placed
- Endotracheal tube placed
- Not performed
- Not applicable
- Not known/Not recorded

Additional Information

- Record treatments documented in the ACR/PCR.
- If documentation exists in the medical record this may be used if the PCR is not available
- Use not applicable for patients arriving by private vehicle

Data Source: ACR/PCR, Trauma Flow Sheet, Triage note, Emergency Department notes, H/P, consult notes

History: Added 1/2013, Reviewed 7/2015, 4/2019
Field: Pre-hospital Treatments: Pre-hospital IV/IO fluids

Definition

Record of pre-hospital administration of intravenous/intraosseous fluids

Field Values [Picklist used]

• IV fluids administered
• I/O fluids administered
• Not performed
• Not applicable
• Not known/Not recorded

Additional Information

• Record treatments documented in the ACR/PCR.
• If documentation exists in the medical record this may be used if the PCR is not available
• Use not applicable for patients arriving by private vehicle

Data Source: ACR/PCR, Trauma Flow Sheet, Triage note, Emergency Department notes, H/P, consult notes

History: Added 1/2013, Reviewed 7/2015, 4/2019
Field: Pre-hospital Treatments: Pre-hospital Blood Administration

Definition

Record of pre-hospital administration of blood products

Field Values [Picklist used]

- Blood products administered
- Not performed
- Not applicable
- Not known/Not recorded

Additional Information

- Record treatments documented in the ACR/PCR.
- If documentation exists in the medical record this may be used if the PCR is not available
- Use not applicable for patients arriving by private vehicle

Data Source: ACR/PCR, Trauma Flow Sheet, Triage note, Emergency Department notes, H/P, consult notes

History: Added 4/2019
Field: Pre-hospital treatments: Pre-hospital Hemorrhage Control

Definition

Record of pre-hospital hemorrhage control procedures

Field Values [Picklist used]

- Direct pressure
- Tourniquet applied
- Hemostatic dressing
- Pelvic Binder
- Not performed
- Not applicable
- Not known/Not recorded

Additional Information

- Record treatments documented in the ACR/PCR.
- If documentation exists in the medical record this may be used if the PCR is not available
- Use not applicable for patients arriving by private vehicle
- Hemostatic dressing refers to a coated dressing applied to control bleeding.

Data Source: ACR/PCR, Trauma Flow Sheet, Triage note, Emergency Department notes, H/P, consult notes

History: Added 1/2013, Reviewed 7/2015, 4/2019
Field: Pre-hospital treatments: Pre-hospital immobilization

Definition

Record of pre-hospital immobilization

Field Values [Picklist used]

- C Spine
- C spine and long board
- Limb
- Both spine and limb(s)
- C spine, long board and limb(s)
- Not performed
- Not applicable
- Not known/Not recorded

Additional Information

- Record treatments documented in the ACR/PCR.
- If documentation exists in the medical record this may be used if the PCR is not available
- Use not applicable for patients arriving by private vehicle

Data Source: ACR/PCR, Trauma Flow Sheet, Triage note, Emergency Department notes, H/P, consult notes

History: Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** EMS Report Status

**Definition**
Record of the availability and completeness of the Pre-hospital care report (PCR)

**Field Values [Picklist used]**
- Not applicable
- Complete
- Incomplete
- Missing

**Additional Information**
- Use not applicable if the patient was not transported by ambulance
- Incomplete is recorded for any PCR missing: HR, Systolic BP, Respiratory Rate, GCS or any call response times.
- Use not applicable for patients arriving by private vehicle

**Data Source:** ACR/PCR

**History:** Added 1/2013, Reviewed 7/2015, 4/2019
Field: EMS Dispatch Date

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

Field Values
- Relevant value for data element

Additional Information
- Reported as MM-DD-YYYY
- For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport
- For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched.
- The null value “Not applicable” is reported for patient who were not transported by EMS.

Data Source: ACR/PCR
Field: EMS Dispatch Time

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

Field Values
- Relevant value for data element

Additional Information
- Reported as military time HH:MM
- For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport
- For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene was dispatched.
- The null value “Not applicable” is reported for patient who were not transported by EMS.

Data Source: ACR/PCR
Field: EMS Unit Arrival Date: Scene/Referring Facility

Definition
The date the unit transporting to your hospital arrived on the scene/transferring facility.

Field Values
- Relevant value for data element

Additional Information
- Reported as MM-DD-YYYY
- For inter-facility transfer patients, this is the date at which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility
- For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility arrived at the scene
- The null value “Not applicable” is reported for patient who were not transported by EMS.

Data Source: ACR/PCR
Field: EMS Arrival Time: Scene/Referring Facility

Definition
The time the unit transporting to your hospital arrived at the scene/transferring facility

Field Values
- Relevant value for data element

Additional Information
- Reported as HH:MM
- For inter-facility transfer patients, this is the time which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility
- For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility arrived at the transferring facility
- The null value “Not applicable” is reported for patient who were not transported by EMS.

Data Source: ACR/PCR
Field: EMS Unit Departure Date: Scene/Referring Facility

Definition
The date the unit transporting to your hospital departed from the scene/transferring facility

Field Values
- Relevant value for data element

Additional Information
- Reported as MM-DD-YYYY
- For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility
- For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility departed at the transferring facility
- The null value “Not applicable” is reported for patient who were not transported by EMS.

Data Source: ACR/PCR
Field: EMS Unit Departure Time: Scene/Referring Facility

Definition

The time the unit transporting to your hospital departed from the scene/transferring facility

Field Values

- Relevant value for data element

Additional Information

- Reported as HH:MM
- For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility
- For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility departed at the transferring facility
- The null value “Not applicable” is reported for patient who were not transported by EMS.

Data Source: ACR/PCR
Field: Initial Field Systolic B/P

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

Field Values
- Relevant value for data element

Additional Information
- The null value of “not known/not recorded” is reported if the patient is transferred to your facility with no EMS run report from the scene of injury
- Measure reported must be without the assistance of CPR or any time of mechanical chest compression device.
- The null value of “not applicable” is reported for patients who arrival via public/private vehicle or walk in
- The null value of “not known/not recorded” is reported if the patient’s first recorded initial field systolic blood pressure was NOT measured prior to departure from the scene.

Data Source: ACR/PCR
Field: Initial Field Diastolic B/P

Definition

First recorded diastolic blood pressure measured at the scene of injury.

Field Values

- Relevant value for data element

Additional Information

- The null value of “not known/not recorded” is reported if the patient is transferred to your facility with no EMS run report from the scene of injury.
- Measure reported must be without the assistance of CPR or any time of mechanical chest compression device.
- The null value of “not applicable” is reported for patients who arrival via public/private vehicle or walk in.
- The null value of “not known/not recorded” is reported if the patient’s first recorded initial field diastolic blood pressure was NOT measured prior to departure from the scene.

Data Source: ACR/PCR
**Field: Initial Field Heart Rate**

**Definition**

First recorded heart rate measured at the scene of injury, expressed as a number per minute.

**Field Values**

- Relevant value for data element

**Additional Information**

- The null value of “not known/not recorded” is reported if the patient is transferred to your facility with no EMS run report from the scene of injury.
- Measure reported must be without the assistance of CPR or any time of mechanical chest compression device.
- The null value of “not applicable” is reported for patients who arrival via public/private vehicle or walk in.
- The null value of “not known/not recorded” is reported if the patient’s first recorded initial field heart rate was NOT measured prior to departure from the scene.

**Data Source:** ACR/PCR
**Field: Initial Field Respiratory Rate**

**Definition**
First recorded respiratory rate measured at the scene of injury, expressed as a number per minute.

**Field Values**
- Relevant value for data element

**Additional Information**
- The null value of “not known/not recorded” is reported if the patient is transferred to your facility with no EMS run report from the scene of injury
- Measure reported must be without the assistance of CPR or any time of mechanical chest compression device.
- The null value of “not applicable” is reported for patients who arrival via public/private vehicle or walk in
- The null value of “not known/not recorded” is reported if the patient’s first recorded initial field respiratory rate was NOT measured prior to departure from the scene.

**Data Source:** ACR/PCR
**Field:** Initial Field Oxygen Saturation

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

**Field Values**
- Relevant value for data element

**Additional Information**
- The null value of “not known/not recorded” is reported if the patient is transferred to your facility with no EMS run report from the scene of injury.
- Value should be based upon assessment before administration of supplemental oxygen.
- The null value of “not applicable” is reported for patients who arrive via public/private vehicle or walk in.
- The null value of “not known/not recorded” is reported if the patient’s first recorded initial field oxygen saturation was NOT measured prior to departure from the scene.

**Data Source:** ACR/PCR
Field: Initial Field GCS – Eye Opening

Definition
First recorded Glasgow Coma Score (Eye) measured at the scene of injury.

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. Open eyes spontaneously

Additional Information
- The null value of “not known/not recorded” is reported if the patient is transferred to your facility with no EMS run report from the scene of injury
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: “patient’s pupils are PERRL,” an Eye GCS of 4 may be reported, IF there is no other contradicting documentation.
- The null value of “not applicable” is reported for patients who arrival via public/private vehicle or walk in.
- The null value of “not known/not recorded” is reported if the patient’s first recorded initial field GCS - Eye was NOT measured prior to departure from the scene.

Data Source: ACR/PCR
Field: Initial Field GCS – Verbal

Definition
First recorded Glasgow Coma Score (Verbal) measured at the scene of injury.

Field Values

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

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

Additional Information

- The null value of “not known/not recorded” is reported if the patient is transferred to your facility with no EMS run report from the scene of injury.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: “patient withdraws from a painful stimulus,” a Motor GCS of 4 may be report, IF there is no other contradicting documentation.
- The null value of “not applicable” is reported for patients who arrival via public/private vehicle or walk in.
- The null value of “not known/not recorded” is reported if the patient’s first recorded initial field GCS - Verbal was NOT measured prior to departure from the scene.

Data Source: ACR/PCR
Field: Initial Field GCS – Motor

Definition
First recorded Glasgow Coma Score (Motor) measured at the scene of injury.

Field Values

Pediatric (≤ 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. Obeys commands

Additional Information

- The null value of “not known/not recorded” is reported if the patient is transferred to your facility with no EMS run report from the scene of injury.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: “patient withdraws from a painful stimulus,” a Motor GCS of 4 may be reported, IF there is no other contradicting documentation.
- The null value of “not applicable” is reported for patients who arrive via public/private vehicle or walk in.
- The null value of “not known/not recorded” is reported if the patient’s first recorded initial field GCS - Motor was NOT measured prior to departure from the scene.

Data Source: ACR/PCR
**Field**: Initial Field GCS – Total

**Definition**
First recorded Glasgow Coma Score (Total) measured at the scene of injury.

**Field Values**
- Relevant value for data element

**Additional Information**
- The null value of “not known/not recorded” is reported if the patient is transferred to your facility with no EMS run report from the scene of injury.
- If a patient does not have a numeric GCS score recorded, but there is documentation related to their level of consciousness such as “AAOx3”, “awake alert and oriented”, or “patient with normal mental status”, report this as GCS of 15 IF there is no other contradicting documentation.
- The null value of “not applicable” is reported for patients who arrive via public/private vehicle or walk in.
- The null value of “not known/not recorded” is reported if the patient’s first recorded initial field GCS - Total was NOT measured prior to departure from the scene.

**Data Source**: ACR/PCR
Section 2d: Referring Hospital Information

Field: Medical Record Number

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

Field Values [Picklist used]
- Relevant value for data element
- Not applicable
- Not known/Not recorded

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 Records Files.

Data Source: Hospital admission (Face) sheet.

Data Type: Numeric

History: Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Transport Mode

**Definition**

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

**Field Values [Picklist used]**

- Ground ambulance
- Helicopter ambulance
- Fixed-wing ambulance
- Private/public vehicle/walk-in
- Police
- Other
- Not known/Not recorded

**Additional Information**

- If EMS response times are provided, transport mode cannot be Private/Public vehicle/walk-in.

**Data Source:** ACR/PCR, Trauma flow sheet, Triage note, Emergency Department notes

**Data Type:** Text

**History:** Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Referring Hospital PFI Number

**Definition**

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

**Field Values**

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

**Additional Information**

- 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:** Text

**History:** Added 1/2013, Revised 7/2015, Reviewed 4/2019
Field: Arrival Date

Definition
The date the patient arrived at the referring hospital.

Field Values
- Relevant value for the data element.

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: Hospital Admission (Face) Sheet, Emergency Department notes, Trauma flow sheet, Triage note

Data Type: Text

History: Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Arrival Time

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

**Field Values**
- Relevant value for the data element.

**Additional Information**
- Collected as HH:MM military time
- 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:** Trauma flow sheet, Triage note, Hospital Admission (Face) Sheet, Emergency Department notes

**Data Type:** Numeric

**History:** Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Discharge Date

**Definition**

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

**Field Values**

- Relevant value for the data element.

**Additional Information**

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

**History:** Added 1/2013, Reviewed 7/2015, 4/2019
Field: Discharge Time

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

Field Values
- Relevant value for the data element.

Additional Information
- Collected as HH:MM military time
- This field is used to calculate the length of stay (time from ED arrival to hospital discharge) at the referring facility.

Data Source: Hospital Admission (face) Sheet, Physician Discharge Summary, Emergency Department Notes

Data Type: Numeric

History: Added 1/2013, Reviewed 7/2015, 4/2019
Field: Referring Hospital GCS – Eye

Definition

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

Field Values [Picklist]

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.
5. Not known/not recorded

Additional Information

- Used to calculate overall GCS
- GCS is the best response at maximal arousal after resuscitation
- If numeric GCS values were not recorded in the record, the documentation of assessment may be used to apply a numeric score, i.e. the ED provider notes: alert and oriented x 3, moving all extremities spontaneously” the score for eye opening can be recorded as 4.
- If the eyes are swollen shut prohibiting assessment, the score should be (1).
- Not applicable applies to patients not transferred.
- The eye component of the GCS is valid for patients of all ages.

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

Data Type: Numeric

History: Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Referring Hospital GCS – Verbal

**Definition**

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

**Field Values**

**Adult**

1. No verbal response  
2. Incomprehensible sounds  
3. Inappropriate words  
4. Confused  
5. Oriented  
6. Not known/Not recorded

**Peds (< or = 2 years of age)**

1. No verbal response  
2. Inconsolable, agitated  
3. Inconsistently consolable, moaning  
4. Cries but consolable, inappropriate interactions  
5. Smiles, oriented to sounds follows objects interacts

**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).

**Data Source:** Trauma flow sheet, ED Department notes, Physician notes

**Data Type:** Numeric

**History:** Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Referring Hospital GCS – Motor

**Definition**

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

**Field Values (picklist)**

Adult

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

Peds (< or = 2 years of age)

1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Appropriate response to stimulation

**Additional Information**

- Used to calculate overall GCS
- If the GCS is not documented but the record reflects “alert and orientated x 3, moving all extremities then the motor score should be entered as six (6).
- If GCS is not specified but documents notes “decerebrate” movement, enter a score of two (2).
- If GCS is not specified but documents notes “decorticate” movement, enter a score of three (3).
- If GCS is not specified but documentation for purposeful movement is noted, enter a score of four (4).
- If the patient is intubated then the GCS verbal score is equal to one (1).

**Data Source:** Trauma flow sheet, ED Department notes, Physician notes

**Data Type:** Numeric

**History:** Added 1/2013, Reviewed 7/2015, 4/2019
Field: Calculated Glasgow Coma Score

Definition
Total Glasgow Coma Score at the referring hospital.

Field Values:
Relevant value for the data element

Additional Information:
- Auto-calculated from scores for eye, verbal and motor GCS scores
- GCS range is 3-15

Data Source: Trauma flow sheet, Emergency Department Notes, Physician notes

Date last Reviewed/Revised/Added: Added 1/2013, Reviewed 7/2015, 4/2019
Field: Referring Hospital GCS Assessment Qualifiers

Definition

Documentation of factures potentially affecting the first assessment of GCS within 30 minutes of arrival at the referring hospital.

Field Values: (Picklist)

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

Additional Information:

- Qualifies treatment given to the patient that may affect the GCS, does not apply to medications or intoxication caused by patient ingestion, i.e. ETOH, prescription drug misuse
- Chemical sedation modifier should be used for patients recently intubated with agents for sedation and/or neuromuscular blockage, i.e. succinylcholine, mivacurium, rocuronium, atracurium, vecuronium, pancuronium
- Select all that apply

Data Source: PCR, Trauma flow sheet, Emergency Department Notes, Physician notes

Date Last Reviewed/Revised/Added: Added 1/2013, Reviewed 7/2015, 4/2019
**Field**: Referring Hospital Temperature

**Definition**
The first recorded temperature measured within 30 minutes or less of arrival at the referring hospital.

**Field Values:**
Relevant value for the data element

**Additional Information:**
- Record in degrees Celsius (centigrade)
- All referring hospital vital signs, including Temp, HR, RR, B/P, oxygen saturation does not have to be measured at the same time to be included, but must be assessed within 30 minutes of referring hospital arrival

**Data Source**: Trauma flow sheet, Emergency Department Notes

**Date Last Reviewed/Revised/Added**: Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Referring Hospital Systolic Blood Pressure

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

**Field Values:**
Relevant value for the data element

**Additional Information:**
- All referring hospital vital signs, including Temp, HR, RR, B/P, oxygen saturation does not have to be measured at the same time to be included, but must be assessed within 30 minutes of referring hospital arrival

**Data Source:** Trauma flow sheet, Emergency Department Notes

**Date Last Reviewed/Revised/Added:** Added 1/2013, Reviewed 7/2015, 4/2019
Field: Referring Hospital Diastolic Blood Pressure

Definition

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

Field Values:

Relevant value for the data element

Additional Information:

- All referring hospital vital signs, including Temp, HR, RR, B/P, oxygen saturation does not have to be measured at the same time to be included, but must be assessed within 30 minutes of referring hospital arrival

Data Source: Trauma flow sheet, Emergency Department Notes

Date Last Reviewed/Revised/Added: Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Referring Hospital Pulse Rate

**Definition**
The first recorded pulse rate measured within 30 minutes or less of arrival at the referring hospital.

**Field Values:**
Relevant value for the data element

**Additional Information:**
- Record as number per minute
- All referring hospital vital signs, including Temp, HR, RR, B/P, oxygen saturation does not have to be measured at the same time to be included, but must be assessed within 30 minutes of referring hospital arrival

**Data Source:** Trauma flow sheet, Emergency Department Notes

**Date Last Reviewed/Revised/Added:** Added 1/2013, Reviewed 7/2015, 4/2019
Field: Referring Hospital Respiratory Rate

Definition
The first recorded respiratory rate measured within 30 minutes or less of arrival at the referring hospital.

Field Values:
Relevant value for the data element

Additional Information:
- Record as number per minute
- All referring hospital vital signs, including Temp, HR, RR, B/P, oxygen saturation does not have to be measured at the same time to be included, but must be assessed within 30 minutes of referring hospital arrival

Data Source: Trauma flow sheet, Emergency Department Notes

Date Last Reviewed/Revised/Added: Added 1/2013, Reviewed 7/2015, 4/2019
Field: Referring Hospital Oxygen Saturation

Definition
The first recorded oxygen saturation measured within 30 minutes or less of arrival at the referring hospital.

Field Values:
Relevant value for the data element

Additional Information:
- Record as number per minute
- All referring hospital vital signs, including Temp, HR, RR, B/P, oxygen saturation does not have to be measured at the same time to be included, but must be assessed within 30 minutes of referring hospital arrival

Data Source: Trauma flow sheet, Emergency Department Notes

Date last Reviewed/Revised/Added: Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Referring Hospital Procedures

**Definition**

All key intervention, diagnostic and therapeutic procedures related to the assessment, stabilization and treatment of traumatic injuries performed at the referring hospital.

**Field Values: (Picklist)**

**Airway**
- Intubated
- Surgical airway

**CPR**
- Performed

**Operative Interventions**
- Thoracotomy
- Laparotomy
- External fixation
- Tracheostomy
- Chest tube placement

**Radiology**
- CT chest
- CT c-spine
- CT abd/pelvis
- CT head
- CXR
- PXR

**Additional Information:**
- Enter the picklist choice for each surgical and therapeutic procedure and radiological study key to the evaluation of the trauma injury plan of care prior to patient transfer

**Data Source:** Trauma flow sheet, Emergency Department Notes, Imaging Reports, Operative notes, Discharge summary, Transfer summary

**Date Last Reviewed/Revised/Added:** Added 1/2013, Reviewed 7/2015, 4/2019
**Section 2e: ED Information**

**Field:** Hospital PFI Number

**Definition**
The Permanent Facility ID number of the final hospital

**Field Values: (Picklist)**
Four (4)-digit code assigned to each hospital by New York State Department of Health.

**Additional Information:**
- The hospital PFI Number is different from the three (3)-digit EMS number used by agencies to indicate the hospital to which the patient was transported.

**Data Source:** Hospital Admission (face) sheet

**Date Last Reviewed/Revised/Added:** Added 1/2013, Reviewed 7/2015, 4/2019
**Field:** Trauma Team Activation

**Definition**

Trauma resuscitation team activation level of response at the final hospital

**Field Values: (Picklist)**

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

**Additional Information:**

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

**Data Source:** Trauma flowsheet. Emergency department notes, progress notes, consult notes

**Date Last Reviewed/Revised/Added:** Revised 1/2013, Reviewed 7/2015, 4/2019
**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.

**Field Values: (Picklist)**

Relevant value for the data element

**Additional Information:**

None

**Data Source:** Trauma flowsheet. Triage note, Emergency department notes

**Date Last Reviewed/Revised/Added:** Reviewed 7/2015, 4/2019
Field: ED Hemorrhage Control Procedures

Definition

Procedures for hemorrhage control performed in the final ED

Field Values:

1. Direct pressure
2. Tourniquet applied
3. Hemostatic dressing
4. Pelvic Binder
5. Not performed
6. Not applicable
7. Not known/Not recorded

Additional Information:

- Collect procedures performed in the final ED, not prearrival in referring hospital and/or by EMS

Data Source: Trauma flowsheet. Triage note, Emergency department notes, procedure notes, operative reports, discharge summary

Date Last Reviewed/Revised/Added: Added 4/2019
**Field:** Actual ED Discharge Time

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

**Field Values:**
Relevant value for the data element

**Additional Information:**
- Collected as HH:MM military time
- Used to calculate the length of stay in the ED (time from the ED arrival to hospital admission/death if in the ED)

**Data Source:** Trauma flowsheet. Emergency department notes

**Date Last Reviewed/Revised/Added:** Added 11/2015, Reviewed 4/2019
**Field:** Actual ED Discharge Date

**Definition**

The date the patient was discharged from the ED.

**Field Values:**

Relevant value for the data element

**Additional Information:**

- Collected as YYYY-MM-DD
- Used to calculate the length of stay in the ED (time from the ED arrival to hospital admission/death if in the ED)

**Data Source:** Trauma flowsheet. Emergency department notes

**Date Last Reviewed/Revised/Added:** Added 11/2015, Reviewed 4/2019
Field: Location of Procedures

Definition

Location of procedures performed during trauma admission and treatment to diagnose, stabilize or assess traumatic injury.

Field Values:

1. ED
2. Radiology
3. OR
4. Floor
5. Interventional Radiology
6. ICU
7. Other

Additional Information:

-Record for each reported trauma related procedure submitted in NTDS field submissions.

-All procedure, including imaging used to diagnose, stabilize or treatment traumatic injuries should be submitted including procedures completed prior to transfer out of ED or CDU should be recorded as ED procedures.

Data Source:

Date Last Reviewed/Revised/Added: Added 1/2021
Section 2f: Outcome Information

Field: Actual NY Hospital Discharge Dispositions

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

Field Values: (Picklist)
1. Discharged to Shelter/Homeless
2. Discharged to foster care
3. Died – full code
4. Died – withdrawal of care
5. Died - DNR/DNI
6. Died – brain death criteria
7. Transfer to TBI rehab facility/TBI unit
8. Transfer to Spinal cord injury rehab/unit
9. Transfer out of NYS

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 an order for do not resuscitate/do not intubate at the time of death
• Care withdrawn – treatment was withdrawn or stopped prior to the patient’s death, i.e. documentation of terminal weaning or discontinuation of life support may suggest withdrawal of care
• Brain death criteria – select only if brain death criteria were met and the patient was declared dead using this criterion
• Select all that apply
• Used for risk-adjusted modeling

Data Source: Discharge summary, Nurses notes, Case manager notes, Social worker notes, physician orders, physician notes

Date Last Reviewed/Revised/Added: Revised 7/2015, Reviewed 4/2019
Field: Actual Discharge Time

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

Field Values:
Relevant value for data element

Additional Information:
- Collected as HH:MM military time
- Used to calculate hospital length of stay (time from admission to hospital discharge)

Data Source: Discharge instructions, Nursing notes, Admission (face) sheet
Date Last Reviewed/Revised/Added: Added 11/2015, Revised 7/2015, Reviewed 4/2019
Field: Actual Discharge Date

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

Field Values:
Relevant value for data element

Additional Information:
- Collected as YYYY-MM-DD
- Used to calculate hospital length of stay (time from admission to hospital discharge)

Data Source: Discharge instructions, Nursing notes, Admission (face) sheet

Date Last Reviewed/Revised/Added: Added 11/2015, Revised 7/2015, Reviewed 4/2019
Field: Glasgow Coma Score Total at Discharge

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

Field Values:
Relevant value for data element

Additional Information:
- GCS range is from 3-15

Data Source: Discharge summary, Nursing notes
Date last Reviewed/Revised/Added: Reviewed 7/2015, Reviewed 4/2019
Field: Functional Health Status Prior to Injury

Definition

The patient’s functional status prior to admission for the treatment of the injury.

Field Values: (Picklist)

1. Not applicable
2. Independent
3. Partially dependent
4. Totally dependent
5. Not known/Not recorded

Additional Information:

- Independent: The patient did not require assistance from another person for any activities of daily living, includes persons functioning independently with prosthetics, equipment or devices.
- Partially dependent: The patient required some assistance from another person for activities of daily living, includes persons functioning with prosthetics, equipment or devices who requires some assistance from another person for activities of daily living.
- Totally dependent: The patient required total assistance for all activities of daily living.
- Enter not applicable for patients < 2 years of age.

Data Source: PCR, Emergency Department notes, Nursing notes, Admission H/P, Nursing admission assessment, physical/occupational therapy notes

Date Last Reviewed/Revised/Added: Added 1/2013, Revised 7/2015, Reviewed 4/2019
Field: Functional Health Status at Time of Hospital Discharge

Definition

The patient’s functional status at the time of discharge from the final hospital.

Field Values: (Picklist)

1. Not applicable
2. Independent
3. Partially dependent
4. Totally dependent
5. Not known/Not recorded

Additional Information:

- Independent: The patient did not require assistance from another person for any activities of daily living, includes persons functioning independently with prosthetics, equipment or devices.
- Partially dependent: The patient required some assistance from another person for activities of daily living, includes persons functioning with prosthetics, equipment or devices who requires some assistance from another person for activities of daily living.
- Totally dependent: The patient required total assistance for all activities of daily living.
- Enter not applicable for patients < 2 years of age.

Data Source: Discharge Summary, Case management/social work notes, Nursing notes, physical/occupational therapy notes

Date Last Reviewed/Revised/Added: Added 1/2013, Revised 7/2015, Reviewed 4/2019
Appendix I.
Explanation of Fields on the Data Dictionary Page

Sections: 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)
- **Outcome Information** (information regarding the final outcome for the patient).

Data Element Specifications

Data elements in the New York State Data Dictionary are required to be included in the NYS Trauma registry uploads if applicable to the submitted patient. Additional data fields collected as part of the NTDS data set with also be included in the New York State upload as defined by the admission year NTDS dictionary guide.

- **Field**: Descriptive name of the data element in the trauma registry.
- **Definition**: The definition for the data element requested for this field.
- **Field Values**: Prescribed choices (or pick lists) and acceptable values for this data element.
- **Additional Information**: Additional information for this data element.
- **Data Hierarchy**: 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 DD/MM/YYYY, alpha, numeric
- **History**: 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


In addition to selecting the best e-code to describe the injury, the following E-codes/External Cause of Injury codes are unlikely to generate an injury with ICD-10 injury 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.

<table>
<thead>
<tr>
<th>ICD-10 E-code</th>
<th>Category of Injury</th>
</tr>
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<tbody>
<tr>
<td>V90</td>
<td>Downing and submersion due to accident to watercraft</td>
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<td>V92</td>
<td>Drowning and submersion due to accident on board watercraft, without accident to watercraft</td>
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<td>W42</td>
<td>Exposure to noise</td>
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<td>W46</td>
<td>Contact with hypodermic needle</td>
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<tr>
<td>W65-W69</td>
<td>Accidental drowning and submersion while in bathtub, swimming pool or natural water</td>
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<td>W73-W74</td>
<td>Other specified cause of accidental non-transport drowning and submersion, unspecified cause of accidental drowning and submersion</td>
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<td>X10-X19</td>
<td>Contact with heat and hot substances</td>
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<td>X30-X32, X38</td>
<td>Exposure to excessive natural heat, exposure to natural cold, exposure to sunlight; Flood</td>
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<tr>
<td>X71, X75, X77</td>
<td>Intentional self-harm by drowning and submersion; explosive material; smoke hot vapors and hot objects</td>
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<td>Y21, Y25, Y27</td>
<td>Drowning/submersion; Contact with explosive material; Contact with steam, hot vapors, hot objects, undetermined intent</td>
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<tr>
<td>Y35-Y38</td>
<td>Legal intervention, operations of war, military operations, terrorism</td>
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<td>Y62-Y69, Y70-Y82</td>
<td>Surgical/medical misadventures</td>
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<tr>
<td>Y92-93, Y99</td>
<td>Place of occurrence of the external cause; activity codes; external cause status</td>
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Appendix III.
NYS Trauma Registry Exclusion Report Format

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-10 coding limitations can result in a case having an 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-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 recalled 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.
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<thead>
<tr>
<th>Reason</th>
<th>Definition</th>
<th>Example</th>
</tr>
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<tr>
<td>1</td>
<td>Injury occurred while an inpatient in an acute care hospital.</td>
<td>Fall in hospital. Birth trauma. Intraoperative complication.</td>
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<td>2</td>
<td>Injury occurred more than 14 days prior to this admission.</td>
<td>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.</td>
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<tr>
<td>3</td>
<td>This is a readmission for further treatment of an injury already in the registry.</td>
<td>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.</td>
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<tr>
<td>4</td>
<td>The ICD-10 code is incorrect, and the correct code is not on state list.</td>
<td>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. Pathologic fracture but coded as acute fracture. Injury was coded but radiographs and CT scan were negative.</td>
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<tr>
<td>5</td>
<td>Death occurred in the field.</td>
<td>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.)</td>
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<tr>
<td>7</td>
<td>Medical Record cannot be located.</td>
<td>Hospital closed. Hospital unable to locate medical record despite multiple attempts over many months. (This should be a rarely used exclusion.)</td>
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<tr>
<td>8</td>
<td>Record sent to SPARCS in error.</td>
<td>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.</td>
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<tr>
<td>9</td>
<td>This admission is for rehabilitation only.</td>
<td>Only used by hospitals with inpatient rehab units.</td>
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<tr>
<td>10</td>
<td>Patient admitted for medical reasons, not trauma.</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Codes for Reviewed with/by

1. Hospital Trauma Program Manager
2. Regional Trauma Center Program Manager
3. Trauma Medical Director
4. Other
5. None
Appendix IV.
Hospital PFI Numbers

Visit: [http://www.health.state.ny.us/nysdoh/ems/counties/map.htm](http://www.health.state.ny.us/nysdoh/ems/counties/map.htm)

The Bureau of Emergency Medical Services and Trauma Systems is implementing a new series of Hospital Identifiers for EMS to report on Monday, January 19, 2021 for all patient contact dispatches received after 00:00.

**Suffolk and Nassau**

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## Appendix V.
### Summary of Field Changes

Data dictionary changes effective 1/1/2021

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<td>Initial ED/Hospital GCS 40 – Motor</td>
<td>Retired</td>
<td>Retired</td>
<td>Retired</td>
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<tr>
<td>Comorbid Conditions</td>
<td>All current comorbid condition are now individual fields</td>
<td>NEW field, no longer picklist</td>
<td>Required</td>
<td>Required</td>
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<tr>
<td>Hospital Complications</td>
<td>All hospital complications are now individual fields</td>
<td>NEW fields, no longer picklist</td>
<td>Required</td>
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<tr>
<td>NTDS 2021 NEW</td>
<td>ED</td>
<td>Highest Activation</td>
<td>Element</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>---------------</td>
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<td>----------</td>
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</tr>
<tr>
<td>ED</td>
<td>Trauma Surgeon Arrival Date</td>
<td>New Field, MM/DD/YYYY</td>
<td>Required</td>
<td>Required</td>
<td></td>
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<tr>
<td>ED</td>
<td>Trauma Surgeon Arrival Time</td>
<td>New Field, Military time</td>
<td>Required</td>
<td>Required</td>
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<tr>
<td>EMS prehospital</td>
<td>EMS Patient Care Report Unique Identifier Number</td>
<td>New Field, EMS run report number</td>
<td>Required</td>
<td>Required</td>
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<tr>
<td>Demographics</td>
<td>Sex</td>
<td>Element Value</td>
<td>Required</td>
<td>Add &quot;non-binary&quot;</td>
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<tr>
<td>EMS prehospital</td>
<td>Trauma Triage Criteria (Steps 1 and 2)</td>
<td>Retired</td>
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<tr>
<td>EMS prehospital</td>
<td>Trauma Triage Criteria (Steps 3 and 4)</td>
<td>Retired</td>
<td>Retired</td>
<td>Retired</td>
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