

Ohio Department of Public Safety

Division of Emergency Medical Services

State Board of Emergency Medical Services



OHIO TRAUMA REGISTRY

DATA DICTIONARY 2004

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Introduction

The Ohio Trauma Registry (OTR) was authorized by ORC §4765.06 (B).

(B) The board shall establish a state trauma registry to be used for the collection of information regarding the care of adult and pediatric trauma victims in this state. The registry shall provide for the reporting of adult and pediatric trauma-related deaths, identification of adult and pediatric trauma patients, monitoring of adult and pediatric trauma patient care data, determination of the total amount of uncompensated adult and pediatric trauma care provided annually by each facility that provides care to trauma victims, and collection of any other information specified by the board. All persons designated by the board shall submit to the board any information it determines is necessary for maintaining the state trauma registry. At the request of the board any state agency possessing information regarding adult or pediatric trauma care shall provide the information to the board. The board shall maintain the state trauma registry in accordance with rules adopted under section 4765.11 of the Revised Code.

The State Board of Emergency Medical Services has promulgated rules to guide the development of the OTR. These rules can be found in the Ohio Administrative Code 4765-4.

The Trauma Registry Advisory Subcommittee was created by the EMS Board to oversee the operation of the OTR and to provide expertise to the Ohio Department of Public Safety, Division of EMS.

The Trauma Registry Advisory Subcommittee is chaired by F. Barry Knotts, MD, Ph.D.

The Trauma Registry Advisory Subcommittee is composed of the following positions;

- (2) Two surgeons, only one of whom is affiliated with a facility that has applied for designation as, or has been verified as, a level I trauma center by the American college of surgeons;
- (2) Two emergency physicians;
- (2) Two trauma registrars;
- (2) Two nurses;
- (2) Two hospital representatives;
- (1) One physical medicine and rehabilitation physician;
- (1) One representative from a regional trauma registry;
- (1) One county coroner;
- (2) Two health information management professionals;
- (1) One prehospital emergency medical services provider;
- (1) One representative of rehabilitation providers;
- (1) One consumer who is not affiliated with an emergency medical services provider

Ohio Trauma Registry Patient Inclusion Criteria

1. Patient's first or initial admission for at least 48 hours, and who meet one of the following inclusion criteria; OR
2. Patients who transfer into or out of any hospital, regardless of their length of stay, and who meet one of the following inclusion; OR
3. Patients that arrive dead on arrival (DOA) and who meet one of the following inclusion criteria; OR
4. Patients that die after receiving any evaluation or treatment while on hospital premises, and who meet one of the following inclusion criteria:

Inclusion Criteria

ICD-9-CM Diagnosis Codes on discharge from acute care hospital		
ICD-9-CM Diagnosis Codes	ICD-9-CM Diagnoses Descriptions	
800.00 – 819.1	Fractures	
821.00 – 904.9	Fractures, dislocations/sprains, intracranial injury, internal injury of thorax, abdomen and pelvis, open wounds, injury to blood vessels	
911.0, 911.1, 912.0, 912.1	Abrasions/friction burns to trunk, shoulder and upper arm	
916.0, 916.1, 919.0, 919.1	Abrasions / friction burns hip, thigh, leg, ankle, other or multiple sites	
920 – 929.9	Contusions and crush injury	
940.0 – 959.9	Burns, injury to nerves and spinal cord, traumatic complications and unspecified injury	
987.9	Smoke inhalation	
991.0 – 991.6	Frostbite, hypothermia and external effects of cold	
994.0, 994.1, 994.7, 994.8	Asphyxiation, strangulation, drowning, and electrocution	
995.50 – 995.59	Child maltreatment and abuse	
OR		
ICD-9-CM Diagnoses		E-CODE
348.4	Uncal herniation	AND WITH ANY OF THE FOLLOWING External Cause Codes (E-Codes)
348.5	Cerebral Edema	
348.8	Pneumocephalus	
372.72	Subconjunctival hemorrhage	
518.5	Traumatic ARDS	
784.7	Epistaxis	

Codes separated by a hyphen indicate a range of codes including both codes AND all codes in between. Example 800.0 – 801.5
Codes separated by a comma indicate a single code. Example 901.1, 901.2, 901.8

ICD-9-CM Diagnoses Codes EXCLUDED	
820.0 – 820.9	Isolated hip fracture
905 – 909	Late effects of injury
910.0 – 910.9, 911.2 – 911.7, 912.2 - 912.9, 913.0 - 913.9, 914.0 - 914.9, 915.0 - 915.9, 916.2 - 916.9, 917.0 - 917.9, 918.0 - 918.9, 919.2 - 919.9	Superficial Abrasions, blisters, insect bites
930 – 939	Foreign bodies
External Cause Codes EXCLUDED	
E849 – E849.9	Place of occurrence
E850 – E869.9	Poisonings
E870 – E879.9	Misadventures during surgical and medical care
E905.1 – E905.9	Venomous animals and plants (except snakes)
E929 – E929.9	Late effects of Accidental Injury
E930 - E949	Drugs, medicinal and biological substances causing adverse effects in therapeutic use

Effective Date July 1, 2004

Ohio Trauma Registry Field Definitions

Unless specifically indicated, these definitions apply to all fields in the database:

ND = Not Documented

If the information is probably known but is not documented, or the information is not documented but should have been and would have been knowable.

Example: "sex"

NA = Not Applicable

If the information requested is not applicable, or the information does not make sense for this field

Example: seat belt use for motorcycle crash

0 = Zero

Use only for numeric fields when that is what the correct number is.

Example: in *Length of Stay* fields if the patient did not have a LOS in that area

NT = Not Tested

Use for fields in which the desired data is a laboratory test result when the test was not ordered.

Example: for alcohol level, when that test was never ordered

UNK = Unknown

If the information is unknowable and cannot ever be obtained. That is, there is no way to know the answer, or the information is specifically documented as "unknown" in the medical record.

Example: The time of injury if the patient is found unconscious the next morning

Ohio Trauma Registry Data Submission

Data must be submitted electronically to the OTR, data can be sent in one of two fashions

- Individual records can be keyed directly into the data base, or
- A file with multiple records can be uploaded via FTP (for users of third party software)

Log onto <https://www.dps.state.oh.us/trauma/>

You must have an ID and password to access the system

A number of hospitals use third party software to collect, store, and submit OTR data. This software puts the data into a format compatible with the OTR database prior to submission. Questions and issues concerning the manner and process by which data is collected, stored and formatted for submission to the OTR should be addressed to the software vendor(s). The ODPS Software Keying Instructions in this data dictionary are specific to the users of the OTR web-based direct data entry, and are not instructions specific to third-party software. It is the responsibility of the third-party software users to ensure that the manner in which they collect data is consistent with definitions and general notes in this dictionary

Effective Date July 1, 2004

DEMOGRAPHICS

Field # 1: Hospital Code

Values: A four-digit hospital code assigned by the Ohio Department of Health/Ohio Department of Public Safety.

See Appendix 1 – ODH Hospital Codes.

General Notes:

Must be present on all records submitted to the Ohio Department of Public Safety.

ODPS Keying Instructions:

This code needs to be entered initially. After initial entry it will automatically be entered for each record.

Field #2: Unique Patient Admission Number

Values: A number assigned by each hospital to the patient at the time of admission. This number should be unique for each patient AND each visit. This number may be referred to as a patient account number. Medical record numbers are typically specific to each patient BUT are frequently the same for all hospital visits by the same patient.

General Notes:

This record is for audit purposes only and will not be made public.

ODPS Keying Instructions:

Enter the hospital's unique patient number for this patient.

Field #3: Date Exported

Value: Date (mmddyyyy) that this record was submitted to the Ohio Trauma Registry.

General Notes:

This is a computer-generated field and will be completed when the record is exported to Ohio Trauma Registry.

ODPS Keying Instructions:

None

Field # 4: Zip Code of Residence

Values: The patient's five-digit zip code for place of residence.
88888 - ND (Not Documented)

General Notes:

Do not enter the 4-digit extension.

ODPS Keying Instructions:

Enter the patient's zip code number of their current residence.
Enter "99999" for patients that reside outside the USA.

Field #5: Patient's Date of Birth

Values: mmddyyyy
 99999999 – Not documented

The patient's date of birth. Enter the month, day and year of the patient's birth. Entire year must be used, e.g. 1998.

General Notes:

If the patient's age is known, but the date of birth is not, enter 01/01/YYYY (YYYY appropriate to patient's known age).

ODPS Keying Instructions:

Enter the patient's date of birth. Must use this format: "01/01/1998".
It is necessary to enter the year using four digits, e.g. 1998.

Field #6: Gender

Values: 1- Male
 2- Female
 3- ND (Not Documented)

The patient's gender at the injury date.

General Notes:

Enter the patient's gender using a value from the table above.

ODPS Keying Instructions:

Use the pulldown menu to select this field.
Select the most appropriate option.

Field #7: Race/Ethnicity

Values: 1- Black, not of Hispanic origin
 2- Hispanic
 3- American Indian or Alaskan Native
 4- Asian or Pacific Islander
 5- White, not of Hispanic origin
 6- Other
 7- ND (Not Documented)

The patient's race/ethnic group.

General Notes:

Enter the patient's race using a value from the table above.

ODPS Keying Instructions:

Use the pulldown menu to select a value.
Select the most appropriate option.

Field #8: Work Relatedness of Injury

Values: 1- Yes
2- No
3- ND (Not Documented)

An injury-producing event or illness-producing exposure at work precipitating the patient's visit to the Hospital.

General Notes:

Comprises manual or professional work for salary, bonus, or other types of income; may be work duties for which one would not normally gain an income.

Includes:

- ◆ Apprentice and vocational activity
- ◆ Breaks on employer premises (in hallway, rest room, cafeteria, storage area)
- ◆ Working on, arriving at, or leaving employer parking lot
- ◆ Work for pay or compensation at home
- ◆ Working in family business, including family farm (activity should clearly be related to profit-oriented business)
- ◆ Traveling on business, including to/from customer/business contacts
- ◆ Volunteer work and domestic duties such as caring for children and relatives, cleaning, cooking, gardening, and household maintenance

Excludes:

- ◆ Engaged in recreational activities on employer controlled facilities
- ◆ Visiting for non-work purposes, not on official business
- ◆ Homemaker working at homemaking activities
- ◆ Working of self-non profit, i.e. mowing lawn, repairing own roof, hobby or recreation activity
- ◆ Student engaged in school activities
- ◆ Operating vehicle (personal or commercial) for non-work purposes
- ◆ Commuting to or from work site
- ◆ Illicit work, e.g. drug trafficking
- ◆ Learning activities, e.g. attending school session or lesson, undergoing education

ODPS Keying Instructions:

Select the appropriate response as to the work relatedness of the injury from the pulldown menu.

Field #9: Safety Equipment

Seat belt– Includes lap and shoulder harness

Air bag deployed – Inflation and explosion of air bag includes driver and passenger side airbags

Infant/Child Car Seat – Includes infant carriers, child safety seats and booster seats

Helmet – Includes bicycle, motorcycle or any other protective head covering

Other - Includes eye protection, protective clothing, hard-hat, padding

Values: For each Value indicate:
0- Not Used
1- Yes Used
2- NA (Not Applicable)
3- ND (Not Documented)

The protective/safety device(s) in use or worn by the patient at the time of the injury.

General Notes:

Multiple options may be entered.

ODPS Keying Instructions:

Use mouse to select all that apply.

Field #10: Site at Which Injury Occurred

Values:

- 0- **Home**- Includes: apartment, boarding house, farm house, home premises (residential), non-institutional place of residence, private driveway, garage, garden, home, walk, swimming pool in private house or garden, yard of home
Excludes: home under construction but not yet occupied, institutional place of residence
- 1- **Farm** - Includes: buildings, land under cultivation, barnyard
Excludes: farm house and home premises of farm
- 2- **Mine/quarry** - Includes Gravel pit, sandpit, and tunnel under construction
- 3- **Industrial place** Includes building under construction, dockyard, dry dock, factory building and premises, garage (place of work), industrial yard, loading platform (factory or store), plant, industrial, railway yard, shop (place of work), warehouse, workhouse
- 4- **Recreation/sport place** - Amusement park, baseball field, basketball court, beach resort, cricket ground, fives court, football field, golf course, gymnasium, hockey field, holiday camp, ice palace, lake resort, mountain resort, playground including school playground, public park, racecourse, resort NOS, riding school, rifle range, seashore resort, skating rink, sports ground, sports palace, stadium, swimming pool public, tennis court, vacation resort
- 5- **Street and Highway** – Includes private subdivisions
- 6- **Public building** - Buildings including adjacent ground used by the general public or by a particular group of the public such as: airport, bank, casino, church, cinema, clubhouse, courthouse, dance hall, garage building, hotel, market (grocery or other commodity), movie house, music hall, nightclub, office, office building, opera house, post office, public hall, radio broadcasting station, restaurant, school (state, public or private), shop, commercial, station (bus, railway), store, theater
- 7- **Residential institution** - Children's home, dormitory, hospital, jail, old peoples' home, orphanage, prison, reform school
- 8- **Other specified place** - Includes Beach NOS, canal caravan site NOS, derelict house, desert, dock, forest, harbor, hill, lake NOS, mountain, parking lot, parking place, pond, pool (natural), prairie, public place NOS, railway line, reservoir, river, sea, seashore NOS, stream, swamp, trailer court, woods
- 9- **Unknown/unspecified place / Not Documented**

Describes the type of place of occurrence of the injury.

General Notes: Refer to E-Code Place of Occurrence description (E849).

ODPS Keying Instructions:

Use the pulldown menu to select a value. Select the most appropriate option.

Field # 11: E-Code Description of Injury 1

Values: 4 digit E-code (See Appendix 2)

Field #12: E-Code - Description of Injury 2

Values: 4 digit E-code (See Appendix 2)

The code for the ICD-9-CM external cause of injury that permits classification of environmental events, circumstances, and conditions as the cause of injury.

General Notes:

Enter ICD-9-CM external cause of injury code for the event or circumstance that was most responsible for the principal anatomic injury to the patient. This field cannot be left blank.

Select the most appropriate value from the E-Codes options. In some circumstances, a second E-code is appropriate in order to document the external cause of injury. See Appendix 2 for more information on E-Codes.

When creating data file the 'E' is dropped and the decimal point MUST be used. Ex: E812.1 = 0812.1

Refer to Inclusion/Exclusion criteria for external cause codes specifically excluded.

ODPS Keying Instructions:

Use pulldown menu to select a value(s). Refer to E-Codes external cause of injury.

Field #13: Date Injury Occurred

Values: mmddyymm
 88888888 – ND (Not Documented)
 99999999 – Unknown, if specifically documented as "Unknown" in the medical record.

The date the injury occurred. Enter the month, day and year of the injury. The year must be 4-digits, e.g. 1998.

General Notes:

The injury date could be days prior to the date of arrival at the hospital. The date on which injury occurred must be the earliest date associated with the trauma event. All treatment dates must be equal to or after the date on which the injury occurred.

ODPS Keying Instructions:

Enter the patient's actual date of injury. Must use the format "01/01/1998." It is necessary to enter the year using the entire year.

Field #14: State in Which Injury Occurred

Values: IN = Indiana
KY = Kentucky
MI = Michigan
OH = Ohio
PA = Pennsylvania
WV = West Virginia
OT = Other State or Country
UNK = Unknown if specifically documented as "Unknown" in the medical record

General Notes:

Enter the state in which the patient's injury occurred. This may not be Ohio.

ODPS Keying Instructions:

Select from the pulldown menu. If the state is not found on the pulldown menu, select "OT" for other state.

Field #15: County in Which Injury Occurred

Values:

01 Adams	32 Hancock	63 Paulding
02 Allen	33 Hardin	64 Perry
03 Ashland	34 Harrison	65 Pickaway
04 Ashtabula	35 Henry	66 Pike
05 Athens	36 Highland	67 Portage
06 Auglaize	37 Hocking	68 Preble
07 Belmont	38 Holmes	69 Putnam
08 Brown	39 Huron	70 Richland
09 Butler	40 Jackson	71 Ross
10 Carroll	41 Jefferson	72 Sandusky
11 Champaign	42 Knox	73 Scioto
12 Clark	43 Lake	74 Seneca
13 Clermont	44 Lawrence	75 Shelby
14 Clinton	45 Licking	76 Stark
15 Columbiana	46 Logan	77 Summit
16 Coshocton	47 Lorain	78 Trumbull
17 Crawford	48 Lucas	79 Tuscarawas
18 Cuyahoga	49 Madison	80 Union
19 Darke	50 Mahoning	81 Van Wert
20 Defiance	51 Marion	82 Vinton
21 Delaware	52 Medina	83 Warren
22 Erie	53 Meigs	84 Washington
23 Fairfield	54 Mercer	85 Wayne
24 Fayette	55 Miami	86 Williams
25 Franklin	56 Monroe	87 Wood
26 Fulton	57 Montgomery	88 Wyandot
27 Gallia	58 Morgan	89 Other Non-Ohio
28 Geauga	59 Morrow	
29 Greene	60 Muskingum	
30 Guernsey	61 Noble	
31 Hamilton	62 Ottawa	
98	ND - Not Documented	
99	Unknown, if specifically documented as such in the medical record	

General Notes:

Enter the county in which the patient's injury occurred. This may not be the county of the receiving hospital

ODPS Keying Instructions:

Select from pulldown menu. If the injury occurred out of state select *89, Other, non-Ohio*.

Prehospital

Field #16: EMS Scene Run Sheet Present

Values: 1- EMSScene Run sheet IS present in hospital medical record
 2- EMS Scene Run sheet IS NOT present in hospital medical record
 3- NA (Not Applicable) i.e. Patient arrived by private vehicle, walked in, law enforcement, etc.

The presence or absence of the EMS scene run sheet in the patient's medical record.

General Notes:

If the patient arrives by any means other than ground or air EMS (i.e. private vehicle, walk-in, law enforcement, etc.), enter *3-Not Applicable*.

The EMS Scene Run Sheet is the initial report generated by the EMS providers at the scene of the injury. It is not the inter-hospital transfer record(s) provided by the ambulance service(s) transferring a patient between medical facilities. This IS NOT the interhospital transferring agency record

ODPS Keying Instructions:

If #3, Not Applicable is selected; you will not have access to the Prehospital fields (#17 through # 27)

Field #17: Adult EMS Field Trauma Triage Criteria

Values:

- 1- Glasgow Coma Scale (GCS) \leq 13
- 2- Loss of Consciousness (LOC) \geq 5 minutes
- 3- Deteriorating level of consciousness at scene or during transport
- 4- Failure to localize to pain (GCS motor score \leq 4)
- 5- Respiration rate $<$ 10, or $>$ 29
- 6- Patient requires endotracheal intubation
- 7- Relief of tension pneumothorax
- 8- Pulse rate $>$ 120 with evidence of hemorrhagic shock
- 9- Systolic BP $<$ 90 mm hg, or absent radial pulse with a carotid pulse present¹
- 10- Penetrating trauma to head, neck, or torso
- 11- Significant penetrating trauma to the extremities proximal to the knee or elbow, with evidence of neurovascular compromise
- 12- Injuries to the head, neck or torso with visible crush injury
- 13- Injuries to the torso with abdominal tenderness, distention, or "seatbelt sign"
- 14- Injuries to the torso with evidence of pelvic fracture (exception: isolated hip fracture)
- 15- Injuries to the torso with flail chest
- 16- Injuries to the extremities with amputation proximal to wrist and/or ankle
- 17- Injuries to the extremities with visible crush injury
- 18- Injuries to the extremities with two or more proximal long bone fractures
- 19- Injuries to the extremities with evidence of neurovascular compromise
- 20- Signs or symptoms of a spinal cord injury
- 21- Second or third degree burns greater than 10% Total Body Surface Area (BSA) or other significant burns involving the face, feet, hands, genitalia, or airway
- 22- Mechanism of injury²
- 23- Special Considerations²
- 24- Non-trauma patient³
- 25- No Criteria Documented⁴
- 26- NA (Not Applicable)⁵

This is the EMS personnel's determination of the patient's status that would make the patient applicable for trauma triage.

General Notes:

Enter all applicable criteria documented by the EMS. If the patient's age is 16 years or older, field # 17 Adult Criteria are used. If the patient's age is less than 16 years old, the Pediatric Criteria must be used.

ODPS Keying Instructions:

None

¹ This means an absence of a palpable pulse, not absence of documentation of the pulse rate

² EMS personnel shall also consider mechanism of injury and Special Considerations. When evaluating whether an injured person qualifies as a trauma victim per the Ohio EMT-B, EMT-I, and EMT-P curriculums (see appendix 4). The EMS Documentation should reflect that the mechanism of injury or a special consideration was the reason transport to a trauma center was initiated.

³ If the patient arrives by EMS and was not triaged by EMS as a trauma patient, and this is documented as such, select #24-non-trauma patient.

⁴ If a run sheet has no documentation to indicate that the field trauma triage criteria were used by the EMS personnel at the scene, select #25-No Criteria Documented.

⁵ If the patient arrives by any means other than ground or air EMS (i.e. private vehicle, walk-in, law enforcement, etc.), select #26- Not Applicable.

Field #18: Pediatric EMS Field Trauma Triage Criteria

Values:

- 1-Glasgow Coma Scale (GSC) \leq 13
- 2-Loss of Consciousness (LOC) \geq 5 minutes
- 3-Deteriorating level of consciousness at scene or during transport
- 4-Failure to localize to pain (GCS motor score \leq 4)
- 5-Evidence of poor perfusion
- 6-Evidence of respiratory distress or failure
- 7-Penetrating trauma to head, neck, torso
- 8-Significant penetrating trauma to the extremities proximal to knee or elbow, with evidence of neurovascular compromise
- 9-Injuries to the head, neck or torso with visible crush injury
- 10-Injuries to the torso with abdominal tenderness, distention, or seatbelt sign
- 11-Injuries to the torso with evidence of pelvic fracture (exception: isolated hip fracture)
- 12-Injuries to the torso with flail chest
- 13-Injuries to the extremities with amputation proximal to wrist and/or ankle
- 14-Injuries to the extremities with visible crush injury
- 15-Injuries to the extremities with two or more proximal long bone fractures
- 16-Injuries to the extremities with evidence of neurovascular compromise
- 17-Signs or symptoms of a spinal cord injury
- 18-Second or third degree burns greater than 10% Total Body Surface Area (BSA) or other significant burns involving the face, feet, hands, genitalia, or airway
- 19-Mechanism of injury¹
- 20-Special Considerations¹
- 21-Non-Trauma Patient²
- 22-No Criteria Documented³
- 23- NA (Not Applicable)⁴

General Notes:

Enter all applicable criteria documented by the EMS. This is the EMS personnel's determination of the patient's status that would make the patient applicable for trauma triage. If the patient's age is 16 years or older, field # 17 Adult Criteria are used. If the patient's age is less than 16 years old, the Pediatric Criteria must be used.

ODPS Keying Instructions:

None

- ¹ EMS personnel shall also consider mechanism of injury and Special Considerations. When evaluating whether an injured person qualifies as a trauma victim per the Ohio EMT-B, EMT-I, and EMT-P curriculums (see appendix 4). The EMS Documentation should reflect that the mechanism of injury or a special consideration was the reason transport to a trauma center was initiated.
- ² If the patient arrives by EMS and was not triaged by EMS as a trauma patient, and this is documented as such, select *#21-Non-Trauma Patient*.
- ³ If a run sheet has no documentation to indicate that the field trauma triage criteria were used by the EMS personnel at the scene, select *#22-No Criteria Documented*.
- ⁴ If the patient arrives by any means other than ground or air EMS (i.e. private vehicle, walk-in, law enforcement, etc.), select *#23- Not Applicable*.

Field #19: Glasgow Eye Component at Scene

- Values:
- 1- None - No eye opening
 - 2- Pain - Opens eyes to noxious stimuli
 - 3- Voice - Opens eyes to verbal stimuli
 - 4- Spontaneous - Opens eyes spontaneously
 - 5- ND (Not documented)
 - 6- NA (Not Applicable, No EMS involvement)

The initial eye opening score for the patient at the scene.

General Notes:

The selection for a normal adult response is "4 - Spontaneous".

If patient did not arrive by EMS vehicle, select 6- *NA – No EMS involvement*.

ODPS Keying Instructions:

Select the most appropriate option from pulldown menu based on the Glasgow eye component scale at the scene.

Field #20: Glasgow Verbal Component at Scene

Values:

Adult > 5yrs old

- 1 - None – No vocalization
- 2 - Incomprehensible sounds – Makes incomprehensible sounds
- 3 - Inappropriate words - Voices inappropriate words
- 4 - Confused – Disoriented and converses
- 5 - Oriented – Fully oriented and converses
- 6 – ND (- Not Documented)
- 7 – NA (Not Applicable, No EMS involvement)

Child 1 to 5 years

- 1 - No response – No vocal response
- 2 - Incomprehensible sounds – Inconsolable, agitated
- 3 - Inappropriate cries – Inconsistently consolable, moaning
- 4 - Confused – Cries, but is consolable, inappropriate interactions
- 5 - Oriented – Smiles, oriented to sounds, follows objects, interacts
- 6 – ND (Not documented)
- 7 - NA (Not Applicable, No EMS involvement)

Infant Birth to 1 year

- 1 - No response
- 2 - Moans to pain
- 3 - Cries to pain
- 4 - Irritable cries
- 5 - Coos, babbles
- 6 – ND (Not documented)
- 7 - NA (Not Applicable, No EMS involvement)

The initial verbal score for the patient at the scene.

General Notes:

The selection for a normal adult response is "5- Oriented".

The selection for a normal child response is "5- Oriented".

The selection for a normal infant response is "5- Coos, babbles".

If patient did not arrive by EMS vehicle, *select 7- NA – No EMS involvement.*

ODPS Keying Instructions:

Select the most appropriate option from pulldown based on the Glasgow verbal component scale at the scene.

Selection on pulldown is based on the age of the patient entered into the *Date of Birth* field.

Field #21: Glasgow Motor Component at Scene

Values: Adult > 5 yr. old

- 1- None
- 2- Extensor posturing in response to painful stimulation
- 3- Flexor posturing in response to painful stimulation
- 4- General withdrawal in response to painful stimulation
- 5- Localization of painful stimulation
- 6- Obeys commands with appropriate motor response
- 7- ND (Not Documented)
- 8- NA (Not Applicable, non-EMS)

Infant to 5 years

- 1- None
- 2- Abnormal extension
- 3- Abnormal flexion
- 4- Withdraws to pain
- 5- Withdraws to touch
- 6- Normal spontaneous movement
- 7- ND (Not documented)
- 8- NA (Not Applicable, non-EMS)

The initial motor score for the patient at the scene.

General Notes:

The selection for a normal adult response is "6- Obeys commands".

The selection for a normal child response is "6- Normal spontaneous movement".

The selection for a normal infant response is "6- Normal spontaneous movement".

If patient did not arrive by EMS vehicle, select *8- NA – No EMS involvement*.

ODPS Keying Instructions:

Select the most appropriate pulldown option based on the Glasgow motor component scale at the scene.

Selection on pulldown is based on the age of the patient entered into the *Date of Birth* field.

Field #22: GCS Assessment Qualifier at Scene

Values:

- 1- Intubated when GCS assessed
- 2- Intubated and chemically paralyzed¹ when GCS assessed
- 3- Sedated² when GCS assessed
- 4- GCS is a legitimate value without intervention such as intubation and paralytics¹
- 5- ND (Not Documented)
- 6- NA (Not Applicable, non-EMS)

The circumstances related to the patient upon initial assessment.

General Notes:

If the patient is intubated or has been chemically paralyzed, the GCS is not valid.

Normal response would be 4 - *GCS is a legitimate value without intervention such as intubation and paralytics.*

If patient did not arrive by EMS vehicle, select 6- *NA – Non EMS.*

ODPS Keying Instructions:

Select the most appropriate pulldown option based on the patient's initial assessment by EMS.

¹Patients are chemically paralyzed if they have been medicated with a neuromuscular blocking agent to induce paralysis. Examples of neuromuscular blocking medications include Succinylcholine, Mivacurium, Atracurium, Vecuronium, Rocuronium, and Pancuronium.

²Patients should be considered sedated if they have been medicated with anti-anxiety, or analgesic medications such as Ketamine, Propofol, Etomidate, Midazolam, Thiopental, Meperidine, Morphine, Codeine, etc.

Field #23: Intubated - Scene

- Values:
- 1- Yes, Nasal Endotracheal Tube
 - 2- Yes, Oral Endotracheal Tube
 - 3- Yes, Surgical Airway (examples include surgical, needle or percutaneous cricothyrotomy, tracheostomy)
 - 4- Yes, Other Airway (Laryngeal mask airway (LMA), Combi-tube, Esophageal Obturator Airway (EOA), etc.)
 - 5- No definitive airway placed (NO tube is placed into the trachea)
 - 6- ND (Not Documented)
 - 7- NA (Not Applicable, non-EMS)

This field is used to determine if an airway was placed and the type of airway used at the scene or prior to arrival at the initial hospital.

General Notes:

A normal response is *5 - No definitive airway placed (Tube placed into the trachea)*.

If the patient did not arrive by EMS vehicle, select *7 NA non-EMS*.

ODPS Keying Instructions:

Select most appropriate option using the pulldown menu.

Field #24: EMS CPR - Scene

Values: 1- Yes
 2- No
 3- ND (Not Documented)
 4- NA (Not Applicable, non-EMS)

Cardiopulmonary Resuscitation performed on the patient at the scene or en route to the hospital.

General Notes:

If the patient did not arrive by EMS vehicle select *4- NA non-EMS*.

ODPS Keying Instructions:

If cardiopulmonary resuscitation was performed on the patient at the scene or en route to hospital select option "yes."

Field #25: Fluids- Scene

Values: 1- Yes
 2- No
 3- ND (Not Documented)
 4- NA (Not Applicable, non-EMS)

Intravenous fluids administered to the patient at the scene or en route to the hospital.

General Notes:

Intravenous fluids does not include blood or blood products.

If patient did not arrive by EMS vehicle, select *4- NA non-EMS*.

ODPS Keying Instructions:

If intravenous fluids were administered to the patient at the scene or en route to the hospital select option "Yes."

Field #26: Needle or Thoracostomy Chest Decompression - Scene

Values: 1- Yes
 2- No
 3- ND (Not Documented)
 4- NA (Not Applicable, non-EMS)

A Chest Decompression performed on the patient at the scene or en route to the hospital.

General Notes:

Chest Decompression is the insertion of a needle or tube in the chest to relieve pressure.
If patient did not arrive by EMS vehicle select *4- NA non-EMS*.

ODPS Keying Instructions:

If Chest Decompression was performed on the patient at the scene or en route to the hospital, select option "Yes."

Field #27: Spinal Immobilization - Scene

Values: 1- Yes
 2- No
 3- ND (Not Documented)
 4- NA (Not Applicable, non-EMS)

Spinal Immobilization performed on the patient at the scene or en route to the hospital.

General Notes:

Spinal Immobilization includes immobilization of the cervical spine, thoracic spine, and lumbar spine.

Spinal immobilization includes actions such as any of the following;

- Use of a long spine board (backboard)
- Straps
- Semi-rigid cervical collar in conjunction with blocks or pads placed around the head and neck
- For pediatric patients; semi-rigid collar with a towel roll
- Infants may be immobilized in an infant, or child safety seat with use of a towel roll or similar device secured around the patients head and neck, proper use of the child safety seat's straps and padding¹

If patient did not arrive by EMS vehicle select *4- NA non-EMS*.

ODPS Keying Instructions:

If Spinal Immobilization was performed on the patient at the scene or en route to the hospital select option "Yes."
 This includes immobilization with a cervical collar, backboard, and straps.

1 – Advanced Trauma Life Support for Doctors, Student Course Manual, Sixth Edition, American College of Surgeons Committee on Trauma. Prehospital Trauma Life Support, Fourth Edition, Association of Emergency Medical Technicians. Emergency Nursing Pediatric Course, Provider Manual, Second Edition, Emergency Nurses Association.

EMERGENCY DEPARTMENT (ED)

Field #28: Hospital Arrival Source

Values: 1- Patient arrived from the scene
 2- Transferred from another Ohio hospital
 3- Transferred from an out of state hospital

General Notes:

If the patient is brought to the hospital WITHOUT being evaluated or treated at another hospital, select # 1 *Patient Arrived from Scene, regardless of any delay between time of injury and time of presentation to the hospital*. If the patient was transferred from another hospital in Ohio, select 2-*Transferred from Another Facility*. If the patient was transferred from another hospital outside of Ohio, select 3-*Transferred from an out of state hospital*.

ODPS Keying Instructions:

None

Field #29: Transfer from Hospital

Values: ODH or ODPS assigned number.

General Notes:

If the patient is transferred from another Ohio hospital, enter the ODH assigned Ohio hospital code.
See Appendix 1-A for the list of ODH assigned Ohio hospital codes.

If the patient is transferred from an out of state hospital, enter the ODPS assigned out of state hospital code.
See Appendix 1-B for the list of ODPS assigned out of state hospital codes.

ODPS Keying Instructions:

None

Field #30: Hospital Arrival Date

Values: mmdyyy
99999999 – ND (Not Documented)

The date that the patient physically arrived at the hospital.

General Notes:

This date may be the initial arrival date in any of the following: the emergency department, operating room, intensive care unit or other hospital unit.

Enter the month, day and year of the injury. Date format: 01/29/1998. The year must be complete year (1998).

This date must be the same as or a date later than the injury date. All other dates that relate to the trauma need to be the same as or a date later than the *Hospital Arrival Date*.

ODPS Keying Instructions:

None

Field #31: Hospital Arrival Time

Values: HHMM (Military Time)
9999 – ND (Not Documented)

The time the patient physically arrived at the hospital.

General Notes:

Time is specified in military time.

Example: 10:09 pm. = 2209

ODPS Keying Instructions:

None

Field #32: Systolic Blood Pressure (First)

Values: A number between 0 and 300
 999 - ND (Not Documented)

The value is the initial assessment in the hospital of the systolic blood pressure by auscultation or palpation measured in mm (Hg) by manual or automatic methods.

General Notes:

Enter the measured systolic blood pressure upon arrival to the hospital.

ODPS Keying Instructions:

None

Field #33: Respiratory Rate (Unassisted)

Values: A number between 0 and 100 (documented as respiratory rate in the medical record)
888 - Assisted breathing
999 – ND (Not Documented)

The value is the initial assessment in the hospital of the patient's unassisted respiratory rate measured in number of breaths taken per minute.

General Notes:

Enter the measured unassisted respiration rate upon arrival in the hospital.

Unassisted respiratory rate means a respiratory effort that is totally patient initiated and controlled.

Patients who have abnormally slow or absent intrinsic respiratory rates may be assisted by health care professionals with various devices, including bag-valve mask, "ambu bag", or mechanical ventilators. These patients should be considered to have assisted respirations and "888" should be entered into the database.

ODPS Keying Instructions:

None

Field #34: Injury Type

Values: 1- Blunt
 2- Penetrating
 3- Burns
 4- Asphyxial

General Notes:

Blunt: Results from motorcycle, bike, or automobile crashes, falls and physical force (i.e. being punched or kicked).

Penetrating: Results from firearms, stabbing and impaling.

Burns/Cold: Includes thermal, chemical, electrical, radiation burn injury; hypothermia, frostbite, immersion foot, and chilblains.

Asphyxial: Includes inhalation injury and carbon monoxide intoxication, drowning, asphyxiation, hanging, strangulation, or suffocation.

Enter the injury type which causes the most serious injury as determined by the attending physician.

ODPS Keying Instructions:

Select the most appropriate option from the pulldown menu.

Field #35: First Glasgow Eye Component in Hospital

Values:

- 1- None - No eye opening
- 2- Pain - Opens eyes to noxious stimuli
- 3- Voice - Opens eyes to verbal stimuli
- 4- Spontaneous - Opens eyes spontaneously
- 5- ND - (Not Documented)

The initial eye opening score for the patient in the hospital.

General Notes:

Noxious stimuli means some type of physical stimuli is applied with the intent to cause the patient to experience discomfort. Examples are sternal rubs, pinching of the trapezius muscle, applying pressure to the nail beds, or pressure to the supraorbital rim.

The selection for a normal adult response is "*4 - Spontaneous*".

ODPS Keying Instructions:

Select most appropriate pull-down option based on the Glasgow eye component scale in Hospital.

Field #36: First Glasgow Verbal Component in Hospital

Values:

Adult > 5yrs old

- 1 - None – No vocalization
- 2 - Incomprehensible sounds – Makes incomprehensible sounds
- 3 - Inappropriate words - Voices inappropriate words
- 4 - Confused – Disoriented and converses
- 5 - Oriented – Fully oriented and converses
- 6 - ND (Not documented)

Child 1 to 5 years

- 1 - No response – No vocal response
- 2 - Incomprehensible sounds – Inconsolable, agitated
- 3 - Inappropriate cries – Inconsistently consolable, moaning
- 4 - Confused – Cries, but is consolable, inappropriate interactions
- 5 - Oriented – Smiles, oriented to sounds, follows objects, interacts
- 6 - ND (Not documented)

Infant birth to 1 year

- 1 - No response
- 2 - Moans to pain
- 3 - Cries to pain
- 4 - Irritable cries
- 5 - Coos, babbles
- 6 - ND (Not documented)

The initial verbal score for the patient in the hospital.

General Notes:

The selection for a normal adult response is "5- Oriented".

The selection for a normal child response is "5- Oriented".

The selection for a normal infant response is "5- Coos, babbles".

ODPS Keying Instructions:

Select the most appropriate pulldown option based on the Glasgow verbal component scale in hospital. Selection on pulldown is based on the age of the patient entered into the *Date of Birth* field.

Field #37: First Glasgow Motor Component in Hospital

Values:

Adult > 5 yr. old

- 1- None
- 2- Extensor posturing in response to painful stimulation
- 3- Flexor posturing in response to painful stimulation
- 4- General withdrawal in response to painful stimulation
- 5- Localization of painful stimulation
- 6- Obeys commands with appropriate motor response
- 7- ND (Not documented)

Infant to 5 years

- 1- None
- 2- Abnormal extension
- 3- Abnormal flexion
- 4- Withdraws to pain
- 5- Withdraws to touch
- 6- Normal spontaneous movement
- 7- ND (Not Documented)

The initial motor score for the patient in the hospital.

General Notes:

Noxious stimuli means some type of physical stimuli is applied with the intent to cause the patient to experience discomfort. Examples are sternal rubs, pinching of the trapezius muscle, applying pressure the nail beds, or pressure to the supraorbital rim.

The selection for a normal adult response is *"6- Obeys commands"*.

The selection for a normal child response is *"6- Normal spontaneous movement"*.

The selection for a normal infant response is *"6- Normal spontaneous movement"*.

ODPS Keying Instructions:

Select the most appropriate pulldown option based on the Glasgow motor component scale in hospital. Selection on pulldown is based on the age of the patient entered into the *Date of Birth* field.

Field #38: First GCS Assessment Qualifier in Hospital

Values:

- 1- Intubated when GCS assessed
- 2- Intubated and chemically paralyzed¹ when GCS assessed
- 3- Sedated² when GCS assessed
- 4- GCS is a legitimate value without intervention such as intubation and paralytics¹
- 5- ND (Not Documented)

The circumstances related to the patient upon initial assessment.

General Notes:

If the patient is intubated or has been chemically paralyzed, the GCS is not valid.

Normal response would be 4 - *GCS is a legitimate value without intervention such as intubation and paralytics.*

ODPS Keying Instructions:

Select the most appropriate pull-down option based on the patient's initial assessment in the hospital.

¹ Patients are chemically paralyzed if they have been medicated with a neuromuscular blocking agent to induce paralysis. Examples of neuromuscular blocking medications include Succinylcholine, Mivacurium, Atracurium, Vecuronium, Rocuronium, and Pancuronium.

² Patients should be considered sedated if they have been medicated with anti-anxiety, or analgesic medications such as Ketamine, Propofol, Etomidate, Midazolam, Thiopental, Meperidine, Morphine, Codeine, etc.

Field #39: Alcohol Level Range

Value: Indicate the level of the blood alcohol found by selecting value within range:

- 0 - 0.00
- 1 - 0.01 to 0.07
- 2 - 0.08 to 0.10
- 3 - 0.11 to 0.19
- 4 - 0.20 and above
- 5 - NT (Not Tested)
- 6 - ND (Not Documented) - Includes situations in which the test was performed but no results are available.

General Notes:

None

ODPS Keying Instructions:

If serum alcohol is tested for select an option from 0 - 4. If the test is not ordered key *5 (NT)*. If the test is ordered and the results are not documented key *6 (ND)*.

If your alcohol ranges are reported by your lab as a three digit value (i.e. 0.123) you should truncate the value and only report the first two digits to the right of the decimal point. Example; if your lab report is 0.078, you would drop the 8 and you should report this as 1 – 0.01 to 0.07.

DO NOT round off the value to the next higher or lower value.

Field #40: Drug Category

Value: See text boxes below

If the drug screen is positive select the categories of drugs found from the list provided. Indicate a value in each category with 0=No or 1=Yes or 2= NT or 3=ND

Amphetamine		Cocaine	
0 -	No	0 -	No
1 -	Yes	1 -	Yes
2 -	NT (Not Tested)	2 -	NT (Not Tested)
3 -	ND (Not Documented)	3 -	ND (Not Documented)
Benzodiazepine		Opiate	
0 -	No	0 -	No
1 -	Yes	1 -	Yes
2 -	NT (Not Tested)	2 -	NT (Not Tested)
3 -	ND (Not Documented)	3 -	ND (Not Documented)
Marijuana		PCP	
0 -	No	0 -	No
1 -	Yes	1 -	Yes
2 -	NT (Not Tested)	2 -	NT (Not Tested)
3 -	ND (Not Documented)	3 -	ND (Not Documented)

General Notes:

None

ODPS Keying Instructions:

If drugs are tested for, either serum or urinalysis, select option 0-1. If the test is not ordered key *NT*. If the test is ordered and the results are not documented key *ND*.

Field #41: ED Disposition

- Values:
- 0- Discharged home after being transferred in from another facility
 - 1- Admitted to floor
 - 2- Admitted to intensive care unit
 - 3- Admitted to operating room (OR, or Surgery)
 - 4- Admitted to step-down unit
 - 5- Admitted to observation
 - 6- Transfer to Morgue/Coroner/Funeral home
 - 7- Transfer to another Ohio hospital
 - 8- Transfer to an out of state hospital
 - 9 - NA (Not Applicable) - Arrival at the hospital was to an area other than the emergency department

The location of the patient following treatment in the emergency department.

General Notes:

Enter the location of the patient disposition from the emergency department. If the patient was transferred to another treatment facility, the fields *ED Transfer to Hospital*, *Transfer Date* and *Transfer Time* must be completed.

ODPS Keying Instructions:

None

Field #42: ED Transfer to Hospital

Value: ODH assigned number
 ODPS assigned out of state hospital number

General Notes:

None

ODPS Keying Instructions:

If the patient is transferred to another Ohio hospital, enter the ODH assigned Ohio hospital code.
See Appendix 1-A for the list of ODH assigned Ohio hospital codes

If the patient is transferred to an out of state hospital, enter the ODPS assigned out of state hospital code.
See Appendix 1-B for the list of ODPS assigned out of state hospital codes.

Field #43: ED Transfer Date

Values: mmdyyy

The date that the patient was transferred out of the emergency department to another facility.

General Notes:

Enter the month, day and year of the transfer.

This date must be the same date as or a date after the injury date.

ODPS Keying Instructions:

Date format: 01/29/1998. The year must be complete year (1998).

Field #44: ED Transfer Time

Values: HHMM
9999 – ND (Not Documented)

The time the patient was transferred out of the emergency department to another facility.

General Notes:

Enter the time of the transfer using military time.

If the patient dies in the emergency department, the ED transfer time should be the time of death, NOT the time the body was removed from the ED.

ODPS Keying Instructions:

None

Field #45: First Temperature in Hospital

Values: Patient's first temperature in Fahrenheit upon entering the hospital
999.9 – ND (Not Documented)

The patient's initial temperature recorded in Fahrenheit degrees.

When entering data, the decimal point MUST be used. Ex: 98.6 = 098.6 101.0 = 101.0

General Notes:

None

ODPS Keying Instructions:

Key the first temperature taken in the hospital. The patient's temperature must be entered in Fahrenheit; the program will store in Fahrenheit.

Field #46: Endotracheal Intubation in ED

- Value:
- 1- Yes, Nasal Endotracheal Tube
 - 2- Yes, Oral Endotracheal Tube
 - 3- Yes, Surgical Airway (surgical, needle or percutaneous cricothyrotomy, tracheotomy)
 - 4- Yes, Other (examples: laryngeal mask airway (LMA), Combi-tube, Esophageal Obturator Airway {EOA})
 - 5- No definitive airway placed (No tube is placed into the trachea).
 - 6- ND (Not Documented)
 - 7- NA (Direct Admission to a unit other than the ED)

This field is used to determine if an airway was placed and the type of airway used in the emergency department.

General Notes:

A normal response is 5 - *No definitive airway placed (No tube is placed into the trachea).*

ODPS Keying Instructions:

Select most appropriate option using the pulldown menu.

Field #47: Chest Compressions – ED (usually indicated as *CPR*)

Values: 1- Yes
 2- No
 3- Unknown
 4- NA (Direct Admission to a unit other than the ED)

Cardiopulmonary Resuscitation performed on the patient in the ED.

General Notes:

None

ODPS Keying Instructions:

If cardiopulmonary resuscitation was performed on the patient in the emergency department, select option "Yes."

Field #48: Needle or Tube Thoracostomy Chest Decompression - ED

Values: 1- Yes
 2- No
 3- ND (Not Documented)
 4- NA (Direct admission to a unit other than the ED)

A Chest Decompression, Thoracentesis or Thoracostomy performed on the patient in the emergency department

General Notes:

Chest Decompression is the insertion of a needle or tube in the chest to relieve pressure.

Thoracentesis – Surgical puncture of the chest wall for aspiration of fluids.

Thoracostomy – Surgical opening in wall of chest or insertion of chest tube for the drainage of air or fluid.

ODPS Keying Instructions:

If Chest Decompression was performed in the emergency department, select option "Yes."

Field #49: Spinal Immobilization Initiated- ED

Values: 1- Yes
 2- No
 3- ND (Not Documented)
 4- NA (Direct Admission to a unit other than the ED)

Spinal Immobilization initiated on the patient in the emergency department.

General Notes:

Spinal Immobilization includes Cervical Spine, Thoracic Spine, and Lumbar Spine.

Spinal immobilization includes actions such as any of the following;

- Use of a long spine board (backboard)
- Straps
- Semi-rigid cervical collar in conjunction with blocks or pads placed around the head and neck
- For pediatric patients; semi-rigid collar with a towel roll
- Infants may be immobilized in an infant, or child safety seat with use of a towel roll or similar device secured around the patient's head and neck, or proper use of the child safety seat's straps and padding¹

ODPS Keying Instructions:

If Spinal Immobilization was initiated in the emergency department, select option "Yes."

1 Advanced Trauma Life Support for Doctors, Student Course Manual, Sixth Edition, American College of Surgeons Committee on Trauma. Prehospital Trauma Life Support, Fourth Edition, Association of Emergency Medical Technicians. Emergency Nursing Pediatric Course, Provider Manual, Second Edition, Emergency Nurses Association.

Field #50: Head CT Done - ED

Value: 1- Yes
2- No
3- NA (Direct Admission to a unit other than the ED)

Indicates whether or not a Head CT was done while the patient was in the emergency department.

General Notes:

If the CT scan is done en-route to the next level of care (i.e. operating room, intensive care unit, etc.) this is considered to have been done while the patient was still in the emergency department. The hospital DOES NOT have to have a CT scanner in its emergency department to meet this definition.

ODPS Keying Instructions:

If a CT of the head was done while patient in the emergency department, select "Yes."

Field #51: Abdominal Evaluation – ED

Indicates whether or not an abdominal/pelvic CT was done while the patient was in the emergency department.

Values: 1- Yes
 2- No
 3- NA (Direct Admission to a unit other than the ED)

Indicates whether or not a Diagnostic Peritoneal Lavage (DPL) was done while the patient was in the emergency department.

Values: 1- Yes
 2- No
 3- NA (Direct Admission to a unit other than the ED)

Indicates whether or not an abdominal ultrasound is done while patient is in the emergency department.

Values: 1- Yes
 2- No
 3- NA (Direct Admission to a unit other than the ED)

General Notes:

If the CT scan is done en-route to the next level of care (i.e. operating room, intensive care unit, etc.) this is considered to have been done while the patient was still in the emergency department. The hospital DOES NOT have to have a CT scanner in its emergency department to meet this definition.

ODPS Keying Instructions:

If an abdominal CT, DPL or ultrasound evaluation was performed while patient was in the emergency department, indicate "Yes."

INPATIENT COURSE

Field #52: Admitting Specialty

Values:

- 0-Not Admitted: Died in ED, or was transferred to another hospital
- 1-General Surgery (includes adult general and adult trauma surgeons)
- 2-Neurosurgery
- 3-Orthopedic Surgery
- 4-Pediatric Surgery (includes pediatric general surgeons)
- 5-Burn
- 6-Thoracic Surgery
- 7-Plastic Surgery
- 8-All other Surgical Services
- 9-Non Surgical Services

This is the medical specialty of the attending physician who admits the patient to your facility, if the patient was not admitted (i.e. they died in the emergency department, or were transferred to another facility) use "0-Not Admitted".

General Notes:

This is not necessarily the service to which the patient is designated upon admission to the hospital, but the medical specialty of the patients attending physician.

ODPS Keying Instructions:

Select the most appropriate choice from the pulldown menu.

Field #53: Total Days in ICU

Values: 0-999

The total number of patient days for an ICU episode.

General Notes:

Total days in ICU are calculated by subtracting the date of admission to the ICU from the date of discharge from the ICU. If a patient is admitted to the ICU and discharged from the ICU on the same date, the total days in ICU is 1 day.

Intensive care unit length of stay is recorded in days and is rounded up to the next day such that any time spent in an ICU after midnight, time code 0000, qualifies as a day in the ICU. Enter the total number of days that the patient spent in the ICU. For patients in the ICU less than 24 hours, this is equal to 1 ICU DAY. Intensive care unit days are also defined by any intensive/critical care unit stay in an acute care facility not necessarily limited to stays in surgical or shock/trauma intensive care units. The total days in the ICU should include initial days in an ICU, as well as subsequent days spent as a readmission to an ICU after discharge to the step-down unit or the floor. Do not include ICU days in a referring hospital.

ODPS Keying Instructions:

Enter the total number of days the patient spent in ICU.

Field #54: Ventilator Support Days

Values: 0-999

The total number of patient days of Ventilator Support.

General Notes:

Ventilator support is the active mechanical support of a patient's respiratory effort. It is NOT the presence or absence of an endotracheal tube. While it is true that an endotracheal tube is in place during the use of ventilatory support, there are situations where patients may have an endotracheal or tracheostomy tube in place and are NOT on ventilatory support.

Ventilator support days are calculated by subtracting the date of the start of ventilator support from the date of the discontinuance of ventilator support. If ventilator support is started and discontinued on the same date, the Ventilator Support Days is 1 day.

Ventilator Support Days is recorded in days and is rounded up to the next day. Enter the total number of days that the patient was on ventilator support. For patients on ventilator support less than 24 hours the ventilator support days is 1.

Total ventilator support days include initial ventilator support days, as well as subsequent ventilator support days that may occur following discontinued ventilator support for any period of time while the patient is in the hospital.

ODPS Keying Instructions:

Key the number of days the patient had ventilator support

Field #55: ICD-9-CM Principal Diagnosis Code

Values: Report the most severe ICD-9-CM diagnosis codes
[Refer to the patient inclusion criteria for acceptable codes]

The ICD-9-CM code for the injury diagnosis.

General Notes:

The ICD-9-CM Principal Diagnosis Code is the injury/condition established after study, to be chiefly responsible for the episodic admission of the patient to the hospital for care. When multiple injuries exist, the code for the most severe injury as determined by the attending physician is sequenced first ¹.

See appendix 2 – ICD-9-CM Injury Codes

When entering data, the decimal point MUST be used.

Example: 801.11 = 801.11 or 810 = 810.0

Give the complete code; not category codes.

ODPS Keying Instructions:

Select the most serious ICD-9-CM diagnosis code, as determined by the attending physician pertaining to patient's trauma. Select codes from the pull-down menu. The ICD-9 code may be keyed in the small box and hit enter.

¹ Health Care Financing Administration (HCFA) <http://www.hcfa.gov/stats/pufiles.htm#icd>

Field #56: Additional ICD-9-CM Diagnosis Codes/Description for Injuries

Values: Report the 19 most severe ICD-9-CM codes¹ of diagnoses
[Refer to the patient inclusion criteria for acceptable codes]

The ICD-9-CM code for each injury diagnosis. List up to 19 injury codes.

¹ Health Care Financing Administration (HCFA) <http://www.hcfa.gov/stats/pufiles.htm#icd>

General Notes:

See appendix 2 – ICD-9 Injury Codes

When entering data, the decimal point MUST be used.

Example: 801.11 = 801.11 or 810 = 810.0

ODPS Keying Instructions:

Select up to 19 of the most critical ICD-9-CM diagnosis codes, pertaining to patient's trauma. Select codes from the pulldown menu. The ICD-9 code may be keyed in the small box and hit "enter" to add to list of ICD-9 codes.

Field #57: AIS Severity Scale – Hospital Assigned

Values:

- 1- Minor
- 2- Moderate
- 3- Serious
- 4- Severe
- 5- Critical
- 6- Maximum
- 7- NA (Not Applicable)
- 9- Vague description of injuries which cannot be assigned a severity score (i.e. "Blunt trauma", or "closed head injury")

General Notes:

For facilities that do not assign AIS codes, enter 7 - *NA*

See appendix 5, Abbreviated Injury Scale "AIS Codes"

ODPS Keying Instructions:

Enter the one-digit AIS severity scale assigned for each ICD-9-CM injury code.

Field #58: AIS Full Injury Identifier Code – Hospital Assigned

Values: The 7-digit AIS code assigned to each ICD-9-CM code.
77777.7 – NA (Not Applicable)

General Notes:

When entering data, the decimal point MUST be used.

Example: 113000.6 = 113000.6

~~Give~~ Enter the complete seven-digit code.

For facilities that do not assign AIS codes, enter 77777.7.

See appendix 5, "AIS Codes".

ODPS Keying Instructions:

Enter the appropriate seven-digit AIS code for each ICD-9-CM injury code.

Field #59: ISS (Injury Severity Score) – Hospital Assigned

Values: 1 – 75 (The 1 or 2 digit ISS assigned to the patient.)
99 – NA (Not Applicable)

General Notes:

For facilities that do not assign ISS, enter 99 – NA.

See appendix 5, "ISS & AIS Codes."

ISS scores assigned by hospitals may be done manually, or with the aid of software prompted default values. Either methodology is acceptable, however hospitals MUST inform ODPS/DEMS in writing of the methodology that they are using to report.

ODPS Keying Instructions:

Enter the appropriate seven-digit AIS code for each ICD-9-CM injury code.

Field #60: Complications

Value:

Complications are defined as any condition listed below that developed as a result of the initial injury or was a result of patient treatment. Enter up to 10 complication indicators.

- 1-**ARDS (acute respiratory distress syndrome)** $\text{PaO}_2/\text{fiO}_2 \leq 200$, decreased compliance, or diffuse pulmonary infiltrates associated with normal capillary wedge pressure in an appropriate setting. "Decreased compliance" is defined as abnormal per criteria established by the institution.
 1. Acute onset
 2. $\text{PaO}_2/\text{FiO}_2$
 3. Bilateral infiltrates on frontal chest radiograph
 4. PAWP ≤ 18 mm Hg. when measured or no clinical evidence of left atrial hypertension
- 2-**Aspiration pneumonia** – History of aspiration of gastric contents followed by clinical and new radiological findings of pneumonitis within 48 hours.
- 3-**Bacteremia** – Any positive blood culture (no contaminant).
- 4-**Cardiac arrest** – Sudden cessation of cardiac activity AFTER ARRIVAL in ED, resulting in deprivation of sufficient oxygen to maintain viability of the heart and brain.
- 5-**Coagulopathy** – Uncontrolled diffuse bleeding in the presence of coagulation abnormalities (e.g. increased PT or PTT, decreased platelets, or DIC that requires treatment).
- 6-**Compartment syndrome** – Clinical evidence of increased compartment pressure with or without development of sensory or motor deficit not present on admission in a patient following blunt or penetrating extremity injury.
- 7-**DVT (deep vein thrombosis - lower extremity)** – Venous thrombosis proximal to or involving the popliteal vein confirmed by an autopsy, venogram, duplex scan or non-invasive vascular evaluation.
- 8-**Disseminated fungal infection** – Clinical picture of sepsis with isolation of fungus from blood; 2 or more non-hematogenous sites; tissue biopsy or positive fundoscopic findings.
- 9-**Dehiscence/+Evisceration** – Breakdown of fascial closure confirmed by discharge of peritoneal fluid, evisceration, or palpable fascial defect.
- 10-**Empyema** – Positive culture of purulent material from pleural space requiring thoracostomy tube drainage.
- 11-**Esophageal intubation** – Endotracheal tube in esophagus and not immediately repositioned. Esophageal location determined by physical examination, x-ray, capnography, or endoscopy.
- 12-**Hypothermia** – Temperature $\leq 35^\circ\text{C}/95^\circ\text{F}$.
- 13-**Intra-abdominal abscess** – Localized collection of purulent material in the abdominal cavity confirmed by Gram stain or culture.
- 14-**Jaundice** – Total bilirubin ≥ 2.5 and AST or ALT greater than twice normal values.
- 15-**Failure of Fracture Fixation** – Configuration of reduced fracture changed enough to warrant reoperative repositioning of fragments.
- 16- **Mortality** - All deaths.
- 17-**Myocardial Infarction** – Acute, irreversible myocardial injury and necrosis documented by increased troponin and serial T wave, S-T segment, or Q wave ECG changes; or diagnostic radionuclide scan.

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18-**No Response to Resuscitation (surrogate to DOA)** - Brief in-hospital CPR or interventions that do not preclude DOA designation. Suggested guidelines include:

- A patient presenting to the emergency department without signs of life (absence of pulse, spontaneous movement, respiratory effort, effective cardiac electrical activity) and
- Adult
 - blunt trauma: prehospital CPR > 5 minutes; or,
 - penetrating trauma – abdomen, head, neck, groin; prehospital CPR >15 minutes; or,
 - penetrating trauma – chest; prehospital CPR > 15 minutes; or,
- Child
 - Blunt or penetrating trauma, prehospital CPR > 15 minutes (open or closed) with spontaneous pulse.

19-**Pancreatitis** – Any hyperamylasemia associated with ultrasound or CT findings compatible with pancreatic inflammation.

20-**Pneumonia** – Presence of fever, leukocytosis, Gram stain of sputum with predominant organism and white blood cells, chest radiographs with a pneumonic infiltrate or culture of sputum demonstrating a pathogen.

21-**Pneumothorax** – Presence of intra-pleural air.

22-**Skin breakdown** – Contact pressure induced skin breakdown.

23-**Progression of neurological insult** – Deterioration or additional loss of neurological function from that noted on arrival in the emergency department.

24-**Pulmonary embolus** – Embolus to the lungs documented by arteriography, nuclear scan, or autopsy.

25-**Renal failure** – Creatine \geq 3.5 mg/dl; or BUN \geq 100 mg/dl.

26-**Sepsis-like syndrome** - At least one of the following:

1. Rectal temperature of 39° C or 102.2° F or higher
 2. WBC count > 10,000/cu mm or > 20% immature neutrophils
 3. Suspected source of infections (gross pus in closed space)
 4. Blood pressure < 80 mm Hg for 2 hours or more.
 5. Systemic vascular resistance < 800dynes/sec/cm5
 6. Unexplained metabolic acidosis (base deficit of \leq -5 mEq/L)
- (Patient may have all of the aforementioned without source of infection identified.)

27-**Urinary Tract Infection** – Clean voided or catheter urine specimen with \geq 10 WBC/hpf or \geq 50K organisms/ml on culture.

28-**Wound infection** - Drainage of purulent material from a wound or active treatment of the wound, including opening a closed wound or antibiotics for the wound.

General Notes:

None

ODPS Keying Instructions:

Select from pull-down menu up to 10 complications that occurred to the patient during course of hospital stay. The Complication code may be keyed in the small box and hit enter to add to list of Complications.

Field #61: Pre-existing Co-morbidity Factors

Value: 4 digits (See table below)

Coded identification of pre-injury disease states. Pre-existing disease may contribute to the patient's outcome. Enter up to 5.

CATEGORY	CODE	DESCRIPTION
No Pre-existing Diseases 0000	0000	No documented pre-existing diseases
Cardiac Disease 0100	0101	History of Cardiac Surgery
	0102	Coronary Artery Disease
	0103	Congestive Heart Failure
	0104	History of Myocardial Infarction
Diabetes 0200	0201	Insulin Dependent
	0202	Non-Insulin Dependent
Gastrointestinal Disease 0300	0300	Examples: peptic ulcer disease, pancreatitis, inflammatory bowel disease, cirrhosis, bilirubin > 2% on admission
Hematological Disorders 0400	0401	Anticoagulant Therapy
	0402	Hemophilia
	0403	Pre-existing Anemia
	0404	DVT or Pulmonary Embolus
	0405	Sickle cell disease
Immunosuppression 0500	0501	HIV/AIDS
	0502	Routine Steroid Use
	0503	Transplants
	0504	Active Chemotherapy
Pregnancy 0600	0601	
Neurologic 0700	0701	Dementia
	0702	Seizure
	0703	Demyelinating diseases
	0704	CVA
	0705	Parkinson's disease
	0706	Mental Retardation/Developmentally delayed
Obesity 0800	0801	Obesity as defined by Healthy People 2010 Objectives means a Body Mass Index (BMI) at or above 30.0
Psychiatric Disorders 0900	0901	Examples: Attention Deficit Disorder Hyperactivity (ADDH), depression, bipolar disorders, psychosis
Pulmonary Disease 1000	1001	Examples: Asthma, Chronic Pulmonary Conditions

Renal Disease with dialysis 1100	1101	Dialysis, includes hemo and peritoneal dialysis (Excludes Transplant Patient)
Substance Abuse 1200	1201	Drug Abuse Includes chemicals, Rx medications, etc.
	1202	Alcohol Misuse/Abuse
Systemic Rheumatologic Disorders 1300	1301	Example: Rheumatoid Arthritis, Systemic Lupus Erythematosus

General Notes:

None

ODPS Keying Instructions:

Select from pulldown menu up to 5 Pre-existing conditions, i.e. conditions the patient had prior to this injury episode, that may contribute to the patient's outcome. The Pre-existing Co-morbidity Factors code may be keyed in the small box and hit enter, to add to the list of Pre-existing Co-morbidity Factors codes.

OR VISITS

Field #62: OR Date

Values: mmdyyy
 99999999 – ND (Not Documented)

Operating room visits date.

General Notes:

Enter up to 5 dates representing 5 separate OR visits.

Enter the date of each OR visit. Multiple visits and multiple procedures may be listed on the same date.

This includes visits to the operating room but excludes bedside procedures and conscious sedation.

ODPS Keying Instructions:

Indicate the date of each surgical event.

Date format: 01/29/1998. The year must be complete year (1998).

Field #63: OR Time

Values: HHMM
9999 – ND (Not Documented)

Indicates the arrival time of the patient in the operating room, NOT the time of induction of anesthesia or incision time.

General Notes:

Enter the OR Time (military) for each visit to the operating room. Enter up to 5 different OR Times.

ODPS Keying Instructions:

Indicate the time of arrival for each OR visit.
Time is specified in military time,

Example: 10:09 p.m. = 2209

Field #64: ICD-9 Procedure Codes for OR Visit

Value: ICD-9 procedure codes used in the OR for each OR time/date.

General Notes:

Enter the 5 most critical ICD-9 procedure codes related to trauma for *EACH* visit to the OR.

See Appendix D – ICD-9 Procedure Codes.

When entering data, the decimal point **MUST** be used.

Place one leading zero on any procedure code 1 thru 9

Example: 9.2 = 09.2, 7.82 = 07.82

Left justify and fill with space on right when all 4 digits are not used.

Examples: 89.6 = 89.6
 8.96 = 08.96
 3 = 03.0
 89.56 = 89.56
 4.23 = 04.23

Enter the complete code; not category codes.

If more than 5 procedures are done during any one visit to the OR, enter the five most important or critical procedures, as determined by the physician.

ODPS Keying Instructions:

Select up to 5 ICD-9 procedure codes performed on patient during each O.R. visit from the pulldown menu. When keying procedures between 1 and 9, key a zero before the procedure code.

Example: 9.2 key 09.2, 7.89 key 07.89

Disability Assessment – DISCHARGE

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Field #65: Disability Assessment - Self-Feeding

- Values:
- 1-Dependent total help required**
Patient performs less than half of feeding tasks or does not eat or drink full meals by mouth, and relies, at least in part, on other means of alimentation such as parenteral or gastrostomy feeding.
 - 2-Dependent partial help required**
Performs half or more of feeding tasks but requires supervision (e.g. standby, cueing or coaxing), setup (application of orthoses), or other help.
 - 3-Independent with device**
Uses an adaptive or assistive device such as a straw, spork, or rocking knife, or requires more than a reasonable time to eat.
 - 4-Independent**
Eats from a dish and drinks from a cup or glass presented in the customary manner on table or tray. Uses ordinary knife and spoon.
 - 5- Not Documented**
 - 6- NA - Child under 7 or death**

Disability Assessment -self-feeding score is the measure of a patient's self-feeding abilities upon discharge from the hospital.

General Notes:

This information should be obtained through appropriately trained clinical personnel and documented in the patient's medical record. It is inappropriate for clerical or HIM staff to make an interpretation of the patient's functional status.

Assessments/documentation for this field would include using suitable utensils to bring food to mouth chewing and swallowing. Opening containers, cutting meat, buttering bread and pouring liquids are not included as they are often part of meal preparation.

ODPS Keying Instructions:

Select the most appropriate Disability Assessment value for a patient's feeding abilities from the pulldown menu. If the patient has normal feeding abilities select *4-Independent*. If the patient expired then this field is automatically filled with *6-NA*.

Field #66: Disability Assessment - Locomotion

- Values:
- 1- Dependent total help required**
Patient performs less than half of locomotion effort to go a minimum of 50 feet, or does not walk or wheel a minimum of 50 feet. Requires assistance of one or more persons.
 - 2-Dependent partial help required**
If walking, requires standby supervision, cueing, or coaxing to go a minimum of 150 feet, or walks independently only short distances (a minimum of 50 feet). If not walking, requires standby supervision, cueing, or coaxing to go a minimum of 150 feet in wheelchair, or operated manual or electric wheelchair independently only short distances (a minimum of 50 feet).
 - 3-Independent with device**
Walks a minimum of 150 feet but uses a brace (orthosis) or prosthesis on leg; special adaptive shoes, cane, crutches, or walkerette; takes more than reasonable time; or there are safety considerations. If not walking, operates manual or electric wheel chair independently for a minimum of 150 feet; turns around; maneuvers the chair to a table, bed, toilet; negotiates at least a 3% grade; maneuvers on rugs and over door sills.
 - 4-Independent**
Walks a minimum of 150 feet without assistive devices. Does not use a wheelchair. Performs Safely.
 - 5-Not Documented**
 - 6- NA - Child under 7 or death**

The Disability Assessment - locomotion score is the measure of patient locomotion abilities upon discharge from the hospital.

General Notes:

This information should be obtained through appropriately trained clinical personnel and documented in the patient's medical record. It is inappropriate for clerical staff to make an interpretation of the patient's functional status.

Assessments/documentation for this field would include walking once in a standing position or using a wheelchair once in a seated position indoors.

ODPS Keying Instructions:

Select the most appropriate Disability Assessment value for a patient's locomotion abilities from the pulldown menu.

If the patient has normal locomotion abilities select *4-Independent*.

If the patient expired then this field is automatically filled with *6-NA*

Field #67: Disability Assessment - Expression

- Values:
- 1-Dependent total help required**
Patient expresses basic needs and ideas less than half (50%) of the time. Needs prompting more than half the time or does not express basic needs appropriately or consistently despite prompting.
 - 2-Dependent partial help required**
Patient expresses basic needs and ideas about everyday situations half (50%) or more than half of the time. Requires some prompting, but requires that prompting less than half (50%) of the time.
 - 3-Independent with device**
Patient expresses complex or abstract ideas with mild difficulty. May require an augmentative communication device system.
 - 4-Independent**
Patient expresses complex or abstract ideas intelligibly and fluently, verbally or nonverbally, including signing or writing.
 - 5-Not Documented**
 - 6- NA**
Child under 7 or death

The Disability Assessment - expression score is a measure of expression. Includes clear expression of verbal or nonverbal language.

General Notes:

This information should be obtained through appropriately trained clinical personnel and documented in the patient's medical record. It is inappropriate for clerical or HIM staff to make an interpretation of the patient's functional status.

Assessments/documentation for this field would include expressing linguistic information verbally or graphically with appropriate and accurate meaning and grammar.

ODPS Keying Instructions:

Select the most appropriate Disability Assessment value for a patient's expression abilities from the pulldown menu. If the patient has normal expression abilities select *4-Independent*.
If the patient expired then this field is automatically filled with *6-NA*.

Field #68: Discharge Disposition

Values:

- 01-Home
- 02- Home with professional health care or assistance
- 03- Morgue/County Coroner/Funeral Home
- 04- Extended Care Facility/Nursing Home/Skilled Nursing Facility
- 05- Rehabilitation Facility
- 06- Transfer to Other Ohio hospital
- 07- Transfer to an out of state hospital
- 08- Jail or Prison
- 09- Against Medical Advice (AMA)
- 10- Other (examples – homeless or women's shelters, protective services, hospice, etc.)

The patient's disposition upon discharge from the hospital.

General Notes:

If #05 is selected you must enter an ODPS Rehabilitation facility code in field # 72-*Transfer to Other Hospital/Facility*.

If #06 is selected you must enter an ODH hospital code in field # 72-*Transfer to Other Hospital/Facility*

If #07 is selected, you must enter an ODPS out of state hospital code in field #72-*Transfer to Other Hospital/Facility*

If the patient leaves against medical advice, and you know the destination of the patient, you should still select *09-Against Medical Advice (AMA)*.

ODPS Keying Instructions:

None

Field #69: Transfer to Other Hospital/Facility

Value: ODH assigned # for in-state hospitals
 ODPS assigned # for out of state hospitals
 ODPS assigned # for rehabilitation facilities

General Notes:

Enter the location of the patient's disposition from the hospital.

ODPS Keying Instructions:

If the patient is transferred to another Ohio hospital, enter the ODH assigned Ohio hospital code.
See Appendix 1-A for the list of ODH assigned Ohio hospital codes

If the patient is transferred to an out of state hospital, enter the ODPS assigned out of state hospital code.
See Appendix 1-B for the list of ODPS assigned out of state hospital codes.

If the patient is transferred to a rehabilitation facility, enter the ODPS assigned rehabilitation facility code.
See Appendix 1-C for the list of ODPS assigned rehabilitation facilities codes.

Field #70: Date of Discharge or Death

Values: mmdyyy

The date of the patient's discharge or transfer from the hospital, or death in the hospital.

General Notes:

None

ODPS Keying Instructions:

The actual date that the patient was discharged from the hospital or date that the patient was pronounced dead.

Date format: 01/29/1998. The year must be complete year (1998).

If the patient died or is transferred to another facility, the date of discharge or death will automatically fill with *ED Date* or *Date Transferred*.

Field #71: Discharge Status

Values: 1- Alive
 2- Dead

The status of the patient upon discharge at the hospital.

General Notes:

None

ODPS Keying Instructions:

The patient was Alive or Dead when they left the hospital. If the patient died in emergency department, the value of *Dead* will be automatically entered. If the patient is dead, answer the "organs" and autopsy questions.

Field #72: Billed Hospital Charges

Values: Whole Dollar amount of total hospital charges rounded off to the nearest dollar
Blank – Not Documented

The final billed amount charged for this admission, excluding professional fees, at the acute care facility, expressed in a whole dollar figure.

General Notes:

NOTE that this is the ONLY field for which it may be acceptable to leave blank. Calculations that will be performed on this field (addition, averages, means, etc.) require either a whole dollar amount or a blank field.

DO NOT use "ND" or "9999" in this field.

DO NOT use a decimal point, round off all figures to the nearest whole number.

ODPS Keying Instructions:

Total amount charged to the patient for treatment received at the hospital expressed in a whole dollar amount. If the information is not documented leave this field blank.

Field #73: Principal Payment Source

Values: 1- Commercial Insurance
 2- Medicare
 3- Medicaid
 4- Workers Compensation
 5- Self-pay
 6- ND (Not Documented)

The entity that is expected to be responsible for the largest percentage of the patient's bill for the current encounter.

General Notes:

Unless another documented payment source is noted in the medical record, payment source for patients that are residents in a state correctional facility should be 1 - Commercial Insurance

ODPS Keying Instructions:

Select from the pulldown menu the appropriate final payment source responsible for the outstanding charges incurred.

Field #74: Length of Stay in Hospital

Values: 0-999

The total number of patient days for an inpatient episode.

General Notes:

Length of stay is calculated by subtracting the date of admission (time arrived in the emergency department) from the date of discharge. If a patient is admitted and discharged on the same date, the Length of Stay (LOS) is 1 day.

ODPS Keying Instructions:

Length of Stay in Hospital is a calculated field and is not keyed.

Field #75: Organs/Tissue Requested

Values: 1- Yes
 2- No
 3- ND (Not Documented)
 4- NA (Not Applicable, not dead)

Whether or not organ/tissue donations were requested.

General Notes:

None

ODPS Keying Instructions:

If patient is alive the system will default to option 4- *NA Not Dead*.

Field #76: Organs/Tissue Granted

Values: 1- Yes
 2- No
 3- ND (Not Documented)
 4- NA (Not Applicable, not dead)

If organs/tissue were requested, whether or not organ/tissue donations were granted.

General Notes:

None

ODPS Keying Instructions:

If patient is alive the system will default to option 4- *NA Not Dead*.

Field #77: Organs/Tissue Taken

Values: 1- Yes
 2- No
 3- ND (Not Documented)
 4- NA (Not Applicable, not dead)

If organ/tissue donation is granted, whether organs/tissues were harvested.

General Notes:

None

ODPS Keying Instructions:

If patient is alive the system will default to option 4- *NA Not Dead*.

Field #78: Autopsy Performed

Values: 1- Yes
2- No
3- ND (Not Documented)
4- NA (Not Applicable, not dead)

Whether an autopsy was performed on the patient.

General Notes:

None

ODPS Keying Instructions:

If patient is alive the system will default to option 4- *NA Not Dead*.

APPENDIX

APPENDIX 1-A

Ohio Department of Health Assigned Ohio Hospital Codes

<u>Facility ID</u>	<u>EMS Region</u>	<u>County</u>	<u>Facility Name</u>
1100	1	Adams	Adams County Hospital
1029	5	Ross	Adena Regional Medical Center
1277	8	Summit	Akron Children's Hospital Medical Center
1275	8	Summit	Akron City Hospital
1276	8	Summit	Akron General Medical Center
1219	9	Lorain	Allen Memorial Hospital
1269	7	Stark	Alliance Community Hospital
1215	9	Lorain	Amherst Hospital
1106	10	Ashtabula	Ashtabula County Medical Center
1270	7	Stark	Aultman Hospital
1443	7	Stark	Aultman Hospital West
1279	8	Summit	Barberton Citizen's Hospital
1112	6	Belmont	Barnesville Hospital Association
1178	4	Lucas	Bay Park Community Hospital
1113	6	Belmont	Belmont Community Hospital
1254	5	Pickaway	Berger Hospital
1250	6	Muskingum	Bethesda Hospital - Zanesville
1024	1	Hamilton	Bethesda North - Cincinnati
1194	3	Hancock	Blanchard Valley Regional Health Center
1101	3	Allen	Blanchard Valley Regional Health Center - Bluffton
1115	1	Brown	Brown County General Hospital
1107	10	Ashtabula	Brown Memorial Hospital
1130	7	Crawford	Bucyrus Community Hospital
1186	1	Hamilton	Cincinnati Children's Hospital Medical Center
1028	1	Clermont	Clermont Mercy Hospital
1151	9	Cuyahoga	Cleveland Clinic Foundation
1124	1	Clinton	Clinton Memorial Hospital
1169	5	Franklin	Columbus Children's Hospital
1018	9	Lorain	Community Health Partners - West
1447	4	Fulton	Community Hospital - Williams County - Archbold Hospital
1293	4	Williams	Community Hospital - Williams County - Bryan
1122	2	Clark	Community Hospital of Springfield
1294	4	Williams	Community Hospital of Williams Co. - Montpelier
1161	4	Defiance	Community Memorial Hospital
1129	6	Coshocton	Coshocton County Memorial Hospital
1280	8	Summit	Cuyahoga Falls General Hospital
1411	2	Montgomery	Dayton Children's Medical Center
1431	2	Montgomery	Dayton Heart Hospital
1190	1	Hamilton	Deaconess Hospital - Cincinnati
1152	9	Cuyahoga	Deaconess Hospital - Cleveland
1160	4	Defiance	Defiance Hospital
1016	7	Stark	Doctors Hospital -- Massillon
1110	6	Athens	Doctors Hospital - Nelsonville

1015	5	Franklin	Doctor's Hospital West - Columbus
1291	7	Wayne	Dunlap Memorial Hospital
1127	10	Columbiana	East Liverpool City Hospital
1114	6	Belmont	East Ohio Regional Hospital
1217	9	Lorain	EMH Regional Medical Center
1133	9	Cuyahoga	Euclid Hospital
1167	5	Fairfield	Fairfield Medical Center
1145	9	Cuyahoga	Fairview Hospital
1168	5	Fayette	Fayette County Memorial Hospital
1164	4	Erie	Firelands Community Hospital
1204	4	Huron	Fisher-Titus Medical Center
1227	4	Lucas	Flower Hospital
1117	1	Butler	Fort Hamilton-Hughes Memorial Hospital
1195	4	Seneca	Fostoria Community Hospital
1026	1	Hamilton	Franciscan Hospital – Mt. Airy
1999			Free Standing Emergency Center
1177	4	Fulton	Fulton County Health Center
1132	7	Crawford	Galion Community Hospital
1251	6	Muskingum	Genesis Good Samaritan Hospital - Zanesville
1245	2	Montgomery	Good Samaritan Hospital - Dayton
1163	5	Delaware	Grady Memorial Hospital
1246	2	Montgomery	Grandview Hospital
1173	5	Franklin	Grant Medical Center
1817	2	Greene	Greene Memorial Hospital
1200	1	Highland	Greenfield Area Medical Center
1252	4	Ottawa	H.B. Magruder Memorial Hospital
1196	3	Hardin	Hardin Memorial Hospital
1022	6	Harrison	Harrison Community Hospital
1198	4	Henry	Henry County Hospital
1199	1	Highland	Highland District Hospital
1019	9	Cuyahoga	Hillcrest Hospital
1201	6	Hocking	Hocking Valley Community Hospital
1438	6	Jackson	Holzer Jackson Medical Center
1021	6	Gallia	Holzer Medical Center
1148	9	Cuyahoga	Huron Hospital
1445	3	Allen	Institute for Orthopedic Surgery
1003	1	Hamilton	Jewish Hospital
1111	3	Auglaize	Joint Township District Memorial Hospital
1017	2	Montgomery	Kettering Memorial Medical Center
1030	5	Knox	Knox Community Hospital
1211	9	Lake	Lake East Hospital
1006	9	Lake	Lake West Hospital
1134	9	Cuyahoga	Lakewood Hospital
1213	5	Licking	Licking Memorial Hospital
1102	3	Allen	Lima Memorial Hospital
1234	9	Medina	Lodi Community Hospital
1218	9	Lorain	Lorain Community - St. Joseph's
1149	9	Cuyahoga	Lutheran Hospital
1011	5	Madison	Madison County Hospital
1289	6	Washington	Marietta Memorial Hospital

1233	5	Marion	Marion General Hospital
1214	3	Logan	Mary Rutan Hospital
1136	9	Cuyahoga	Marymount Hospital
1272	7	Stark	Massillon Community Hospital
1119	1	Butler	Mc Cullough-Hyde Memorial Hospital
1131	7	Crawford	MedCentral - Crestline
1257	7	Richland	MedCentral - Mansfield
1259	7	Richland	MedCentral - Shelby
1228	4	Lucas	Medical College of Ohio Hospital
1236	9	Medina	Medina General Hospital
1263	4	Sandusky	Memorial Hospital - Fremont
1108	10	Ashtabula	Memorial Hospital - Geneva
1286	5	Union	Memorial Hospital - Union County
1240	3	Mercer	Mercer County Joint Twp. Community Hospital
1183	1	Hamilton	Mercy Franciscan Hospital - Western Hills
1193	1	Hamilton	Mercy Hospital - Anderson
1033	1	Butler	Mercy Hospital - Fairfield
1267	4	Seneca	Mercy Hospital - Tiffin
1205	4	Huron	Mercy Hospital - Willard
1271	7	Stark	Mercy Medical Center - Canton
1123	2	Clark	Mercy Medical Center - Springfield
1121	2	Champaign	Mercy Memorial Hospital
1150	9	Cuyahoga	MetroHealth Medical Center
1247	2	Montgomery	Miami Valley Hospital
1116	1	Butler	Middletown Regional Hospital
1249	5	Morrow	Morrow County Hospital
1027	5	Franklin	Mount Carmel East Hospital
1175	5	Franklin	Mount Carmel West Hospital
1231	10	Mahoning	Northside Medical Center
1109	6	Athens	O'Bleness Memorial Hospital
1171	5	Franklin	Ohio State University Medical Center
1170	5	Franklin	OSU East
1997			Other Ohio Psychiatric Hospital
1007	9	Cuyahoga	Parma Community General Hospital
1253	3	Paulding	Paulding County Hospital
1299	5	Pike	Pike Community Hospital
1202	7	Holmes	Pomerene Hospital
1165	4	Erie	Providence Hospital
1008	9	Cuyahoga	Richmond Heights Hospital
1212	6	Lawrence	River Valley Health System
1222	4	Lucas	Riverside Mercy Hospital
1005	5	Franklin	Riverside Methodist Hospital
1255	8	Portage	Robinson Memorial Hospital
1125	10	Columbiana	Salem Community Hospital
1104	7	Ashland	Samaritan Regional Health System
1288	6	Washington	Selby General Hospital
1808	1	Hamilton	Shriners Burn Hospital
1297	9	Cuyahoga	South Pointe Hospital
1181	6	Guernsey	Southeastern Ohio Regional Medical Center
1264	5	Scioto	Southern Ohio Medical Center

1035	2	Montgomery	Southview Hospital & Family Health Center
1140	9	Cuyahoga	Southwest General Health Center
1998			Specialty Hospital/LTC
1444	4	Lucas	St. Anne Mercy Hospital
1606	5	Franklin	St. Ann's Hospital
1223	4	Lucas	St. Charles Hospital
1230	10	Mahoning	St. Elizabeth's Health Center
1034	9	Cuyahoga	St. John West Shore Hospital
1000	10	Trumbull	St. Joseph Health Center
1224	4	Lucas	St. Luke's Hospital - Toledo
1154	9	Cuyahoga	St. Luke's Medical Center - Cleveland
1158	9	Cuyahoga	St. Michael Hospital
1103	3	Allen	St. Rita's Medical Center
1155	9	Cuyahoga	St. Vincent Charity
1225	4	Lucas	St. Vincent Mercy Medical Center
1031	2	Montgomery	Sycamore Hospital
1261	4	Sandusky	The Bellevue Hospital
1187	1	Hamilton	The Christ Hospital
1226	4	Lucas	The Toledo Hospital
1189	1	Hamilton	The University Hospital - Cincinnati
1441	6	Lawrence	Three Gables Surgery Center
1191	1	Hamilton	Tri-Health Good Samaritan Hospital - Cincinnati
1208	6	Jefferson	Trinity Medical Center - East
1004	6	Jefferson	Trinity Medical Center - West
1283	10	Trumbull	Trumbull Memorial Hospital
1284	7	Tuscarawas	Twin City Hospital
1141	9	Cuyahoga	UHHS - Bedford Medical Center
1001	9	Geauga	UHHS - Geauga Regional Hospital
1142	9	Cuyahoga	UHHS - Rainbow Babies and Childrens Hospital
1285	7	Tuscarawas	Union Hospital
1242	2	Miami	Upper Valley Medical Center
1700	9	Cuyahoga	VA Medical Center - Brecksville
1706	5	Ross	VA Medical Center - Chillicothe
1704	1	Hamilton	VA Medical Center - Cincinnati
1701	9	Cuyahoga	VA Medical Center - Cleveland
1705	2	Montgomery	VA Medical Center - Dayton
1287	3	Van Wert	Van Wert County Hospital
1235	9	Medina	Wadsworth-Rittman Hospital
1159	2	Darke	Wayne Hospital
1268	2	Shelby	Wilson Hospital
1295	4	Wood	Wood County Hospital
1292	7	Wayne	Wooster Community Hospital
1180	2	Montgomery	Wright Patterson Medical Center - 74th Medical Division
1296	5	Wyandot	Wyandot Memorial Hospital

APPENDIX 1-B

Ohio Department of Public Safety Assigned Out of State Hospital Codes

<u>State</u>	<u>Facility ID</u>	<u>County</u>	<u>Facility Name</u>
WEST VIRGINIA			
WV	4000		Other West Virginia Hospital
WV	4001	Brooke	Weirton Medical Center
WV	4002	Ohio	Ohio Valley Medical Center
WV	4003	Ohio	Peterson Hospital
WV	4004	Ohio	Wheeling Hospital
WV	4005	Marshall	Reynolds Memorial Hospital
WV	4006	Wetzel	Wetzel County Hospital
WV	4007	Tyler	Sistersville General Hospital
WV	4008	Mason	Pleasant Valley Hospital
WV	4009	Wayne	Huntington VA Medical Center
WV	4010	Marion	Fairmont General Hospital
WV	4011	Roane	Roane General Hospital
WV	4012	Putnam	Putnam General Hospital
WV	4013	Kanawha	CAMA General Hospital
WV	4014	Cabell	Cabell Huntington Hospital
WV	4015	Cabell	Mildred Mitchell-Bateman Hospital
WV	4016	Cabell	River Park Hospital
WV	4017	Cabell	St. Mary's Hospital
WV	4018	Wood	Camden-Clark Memorial
WV	4019	Wood	St. Joseph's Hospital/Parkersburg
MICHIGAN			
MI	5000		Other Michigan Hospital
MI	5001	Berrien	Community Hospital
MI	5002	Berrien	Lakeland Hospital
MI	5003	Branch	Community Health Center of Branch
MI	5004	Calhoun	Battle Creek Health System
MI	5005	Calhoun	Fieldstone Center of Battle Creek
MI	5006	Cass	Lee Memorial
MI	5007	Hillsdale	Hillsdale Community Health Center
MI	5008	Jackson	Doctors Hospital of Jackson
MI	5009	Jackson	W.A. Foote Memorial Hospital
MI	5010	Kalamazoo	Borgess Medical Center
MI	5011	Kalamazoo	Bronson Methodist Hospital
MI	5012	Kalamazoo	Bronson Vicksburg Hospital
MI	5013	Lenawee	Emma L. Bixby Medical Center
MI	5014	Lenawee	Herrick Memorial Hospital
MI	5015	Monroe	Mercy Memorial Hospital
MI	5016	St. Joseph	Sturgis Memorial
MI	5017	St. Joseph	Three Rivers Area Hospital
MI	5018	Van Buren	Lakeview Community Hospital
MI	5019	Van Buren	South Haven Community Hospital
MI	5020	Washtenaw	Chelsea Community Hospital
MI	5021	Wayne	Forest Health Medical Center
MI	5022	Wayne	Saline Community Hospital

MI	5023	Wayne	St. Joseph Mercy Hospital
MI	5024	Wayne	University of Michigan Health Center
INDIANA			
IN	6000		Other Indiana Hospital
IN	6001	Steuben	Cameron Memorial Community Hospital
IN	6002	DeKalb	Dekalb Memorial Hospital
IN	6003	Allen	Dupont Hospital
IN	6004	Allen	Lutheran Hospital of Indiana
IN	6005	Allen	Parkview Hospital
IN	6006	Allen	St. Joseph Hospital
IN	6007	Adams	Adams County Memorial Hospital
IN	6008	Jay	Jay County Hospital
IN	6009	Randolph	St. Vincent Randolph Hospital
IN	6010	Wayne	Reid Hospital and Health Care Services
IN	6011	Dearborn	Dearborn County Hospital
IN	6012	LaGrange	Lagrange Community Hospital
IN	6013	Noble	Parkview Noble Hospital
IN	6014	Whitley	Whitley Memorial Hospital
IN	6015	Wells	Bluffton Regional Medical Center
IN	6016	Blackford	Blackford County Hospital
IN	6017	Delaware	Ball Memorial Hospital
IN	6018	Henry	Henry County Memorial Hospital
IN	6019	Fayette	Fayette Memorial Hospital Association
IN	6020	Ripley	Margaret Mary Community Hospital
KENTUCKY			
KY	7000		Other Kentucky Hospital
KY	7001	Kenton	St. Elizabeth Medical Center - North
KY	7002	Kenton	St. Elizabeth Medical Center - South
KY	7003	Campbell	St. Luke Hospital - East
KY	7004	Fleming	Fleming County Hospital
KY	7005	Mason	Meadowview Regional Medical Center
KY	7006	Rowan	St. Claire Medical Center
KY	7007	Boyd	King's Daughters' Medical Center
KY	7008	Greenup	Our Lady of Bellefonte Hospital
KY	7009	Harrison	Harrison Memorial Hospital
KY	7010	Grant	St. Elizabeth Medical Center - Grant
KY	7011	Boone	St. Luke Hospital - West
PENNSYLVANIA			
PA	8000		Other Pennsylvania Hospital
PA	8001	Allegheny	Allegheny General Hospital
PA	8002	Allegheny	Allegheny Valley Hospital
PA	8003	Washington	AUMC Canonsburg
PA	8004	Allegheny	Children's Hospital of Pittsburgh
PA	8005	Erie	Corry Memorial Hospital
PA	8006	Allegheny	Forbes Regional Hospital
PA	8007	Greene	Greene County Memorial Hospital
PA	8008	Erie	Hamot Medical Center
PA	8009	Allegheny	Lifecare Hospitals of Pittsburgh
PA	8010	Crawford	Meadville Medical Center
PA	8011	Beaver	Medical Center Beaver PA

PA	8012	Allegheny	Mercy Hospital of Pittsburgh
PA	8013	Allegheny	Mercy Providence Hospital
PA	8014	Erie	Metro Health Center
PA	8015	Erie	Millcreek Community Hospital
PA	8016	Washington	Monongahela Valley Hospital
PA	8017	Allegheny	Ohio Valley General Hospital
PA	8018	Erie	St. Vincent Health Center
PA	8019	Allegheny	Sewickley Valley Hospital
PA	8020	Mercer	Sharon Regional Health System
PA	8021	Erie	Shriners Hospital for Children - Erie
PA	8022	Allegheny	South Hills Health System
PA	8023	Allegheny	St. Clair Memorial Hospital
PA	8024	Allegheny	Suburban General Hospital - Pittsburgh
PA	8025	Crawford	Titusville Area Hospital
PA	8026	Erie	Union City Memorial Hospital
PA	8027	Mercer	United Community Hospital
PA	8028	Beaver	UPMC Beaver Valley
PA	8029	Allegheny	UPMC Braddock
PA	8030	Mercer	UPMC Horizon
PA	8031	Allegheny	UPMC Mckeesport
PA	8032	Allegheny	UPMC Passavant
PA	8033	Allegheny	UPMC Presbyterian
PA	8034	Allegheny	IPMC Shadyside
PA	8035	Allegheny	UPMC South side
PA	8036	Allegheny	UPMC St. Margaret
PA	8037	Erie	VA Medical Center - Erie
PA	8038	Washington	Washington Hospital
PA	8039	Allegheny	Western Pennsylvania Hospital
OTHER OUT OF STATE & OUT OF COUNTRY			
	9333		Hospital in a state other than MI, WV, IN, PA, KY
	9444		Hospital in another country

APPENDIX 1-C

Ohio Department of Public Safety Assigned Rehabilitation Facility Codes

<u>Facility Code</u>	<u>County</u>	<u>Facility</u>
1275	Summit	Akron City Hospital
1269	Stark	Alliance Community Hospital
1270	Stark	Aultman Hospital
1279	Summit	Barberton Citizens Hospital
1113	Belmont	Belmont Community Hospital
1254	Pickaway	Berger Hospital
1024	Hamilton	Bethesda Hospital North
1187	Hamilton	The Christ Hospital
1186	Hamilton	Cincinnati Childrens Medical Center
1151	Cuyahoga	Cleveland Clinic
1416	Cuyahoga	Cleveland Clinic Children's Hospital for Rehabilitation
1169	Franklin	Columbus Children's Hospital
1218	Lorain	Community Health Partners
1294	Williams	Community Hospital of Williams Co. - Monpelier
1190	Hamilton	Deaconess Hospital
1016	Stark	Doctor's Hospital of Stark County
1015	Franklin	Doctor's Hospital West
1409	Hamilton	Drake Center Inc.
1320	Summit	Edwin Shaw Rehab Center
1133	Cuyahoga	Euclid Hospital
1167	Fairfield	Fairfield Medical Center
1145	Cuyahoga	Fairview Hospital
1164	Erie	Firelands Community Hospital - Decatur St. Facility
1227	Lucas	Flower Hospital
1026	Hamilton	Franciscan Hospital - Mt. Airy Campus
1183	Hamilton	Franciscan Hospital - Western Hills
1191	Hamilton	Good Samaritan Hospital
1245	Montgomery	Good Samaritan Hospital
1251	Muskingum	Good Samaritan Medical Center
1246	Montgomery	Grandview Hospital and Med. Ctr.
1173	Franklin	Grant Medical Center
1180	Greene	Greene Memorial Hospital
1200	Highland	Greenfield Area Medical Center
1321	Trumbull	Hillside Rehabilitation Hospital
1021	Gallia	Holzer Medical Center
1134	Cuyahoga	Lakewood Hospital
1102	Allen	Lima Memorial Hospital
1149	Cuyahoga	Lutheran Hospital
1011	Madison	Madison County Hospital
1289	Washington	Marietta Memorial Hospital
1233	Marion	Marion General Hospital
1272	Stark	Massillon Community Hospital
1131	Crawford	MedCentral - Crestline Hospital
1257	Richland	MedCentral - Mansfield
1228	Lucas	Medical College of Ohio Hospital
1271	Stark	Mercy Medical Center

1123	Clark	Mercy Medical Center of Springfield
1150	Cuyahoga	MetroHealth Medical Center
1247	Montgomery	Miami Valley Hospital
1116	Butler	Middletown Regional Hospital
1175	Franklin	Mount Carmel West
1171	Franklin	Ohio State University Medical Center
1007	Cuyahoga	Parma Community General Hospital
1420	Geauga	Rehab Hospital at Heather Hill
1297	Cuyahoga	South Pointe Hospital
1264	Scioto	Southern Ohio Medical Center
1230	Mahoning	St. Elizabeth's Hospital
1318	Sandusky	St. Francis Health Center
1103	Allen	St. Rita's Medical Center
1278	Summit	St. Thomas Hospital
1225	Lucas	St. Vincent Mercy Medical Center
1208	Jefferson	Trinity Medical Center - East
1036	Miami	UpperValley Medical Center
1235	Medina	Wadsworth-Rittman Hospital
9000	NA	Other Ohio Rehabilitation Facility
9222	NA	Other Kentucky Rehabilitation Facility
9223	NA	Other Pennsylvania Rehabilitation Facility
9224	NA	Other Indiana Rehabilitation Facility
9225	NA	Other Michigan Rehabilitation Facility
9226	NA	Other West Virginia Rehabilitation Facility
9227	NA	Other Out of State Rehabilitation Facility

APPENDIX 2

ICD-9-CM

EXTERNAL CAUSE CODES

The official list of current ICD-9-CM diagnosis codes and External Cause of Injury Codes is maintained by the Federal Government, Health Care Financing Administration (HCFA). These codes are updated in October of each year. To access or download the most current codes visit the HCFA web site.

<http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm#guidelines>

<http://www.cms.hhs.gov/medlearn/icd9code.asp>

APPENDIX 3

CODING GUIDELINES

The official guidelines for proper use of ICD-9-CM diagnosis codes and External Cause of Injury codes are maintained by the Federal Government, Centers for Disease Control, National Center for Health Statistics. These guidelines are updated in October of each year. To access or download the most current codes, visit the CDC web site

<http://www.cdc.gov/nchs/datawh/ftp/ftpicd9/ftp/ftpicd9.htm#guidelines>

<http://www.cms.hhs.gov/medlearn/icd9code.asp>

APPENDIX 4

EMT CURRICULMS

For more detail on the official curriculum for EMT-B, EMT-I, or EMT-P, visit the Ohio Department of Public Safety Web site <http://www.Ohiopublicsafety.com>

APPENDIX 5

ISS and AIS CODING

The Abbreviated Injury Scale (AIS) is a product of the Association for the Advancement of Automotive Medicine (AAAM). For more information about AIS scoring, visit the AAAM web site <http://www.carcrash.org>

APPENDIX 6

Hospital Information Screen

The hospital information screen should be kept current, please make updates periodically.

In the "number of beds" section, please use the following information to help determine what data to enter

Total = total number of in-patient hospital beds available in your facility. NOT the number of beds your facility has registered with the Ohio Department of Health, and NOT the number of beds that are staffed at any particular point in time. A number of OTR reports will report trauma information by hospital groups. Hospitals will be grouped according to size, as determined by the total number of beds you report. This will allow hospitals to compare their facilities data with hospitals that are similar.

ER = total number of beds in your emergency department, including, trauma beds, observation beds, etc.

OR = total number of available operating rooms

ICU = total number of intensive care beds, of all types (medical, surgical, neuro) EXCEPT neonatal

Ped Gen = total number of in-patient hospital beds dedicated to general pediatric care

Ped ICU = total number of intensive care beds (of all types) dedicated for pediatric patients

NICU = total number of neonatal intensive care beds

Please complete as many of the contact information fields as you can. If you do not have a listed position, simply enter NA. All facilities must list at least a primary contact in medical records, administration, and physician.

In the title field indicate if the contact is a Director (Dir), Manager (Man), Supervisor (Sup), President (Pres), Vice-president (vpres), Chief Executive Officer (CEO), etc.

The primary medical records contact will be the contact to receive ALL communications regarding the OTR.

The physician contact in non-trauma centers is most likely to be the medical director for the emergency department. In trauma centers, the primary physician contact is most likely the trauma medical director.

Appendix 7

Policy & Procedure for Requesting an Extension to the data submission deadline

EMS Board Policy

Approved 8-21-2002

Extension of trauma registry data submission requirement.

This policy is developed in accordance with section 4765-4-03(E) of the Ohio Administrative Code, which states that the board may develop policies for granting extensions to the deadlines for submission of trauma registry data.

Pursuant to this policy, the board hereby directs the Division of EMS (the "Division") to determine whether a request for extension should be granted and, if so, the length of time for such extension.

Any entity wishing to obtain an extension must send a written request to the Division (Ohio Department of Public Safety, Division of EMS, 1970 W. Broad Street, Columbus, OH 43223) within 15 days prior to the submission deadline date, and include the following information in the request:

- (1) Justification for the extension;
- (2) Length of extension requested;
- (3) Specific plan for submission of the required trauma data within the length of time requested;
- (4) Signature of the chief executive officer.

If a request for extension is received after the submission deadline date, but no later than fifteen days after such date, the Division may grant an extension only if it determines that there are extenuating circumstances affecting either the submission of the request for extension in a timely manner, or the ability of the facility to comply with the data submission requirement. Any request for extension received more than fifteen days after the submission deadline date will not be granted.

Appendix 8

Data Edits for OTR fields

PAGE	FIELD #	FIELD NAME	CODE	EDIT TEXT
Demographics	1	For "Hospital Code":	DG01	[DG01] It can NOT be blank and should be Numeric.
Demographics	1	For "Hospital Code":	TD01	[TD01] It should be a valid Hospital Code.
Demographics	2	For "Medical Record Number":	DG02	[DG02] It can NOT be blank.
Demographics	2	For "Medical Record Number":	TD67	[TD67] Given value for this "Hospital Code" already exist in database.
Demographics	4	For "Zip Code" :	DG03	[DG03] It can NOT be blank and should be Numeric.
Demographics	4	For "Zip Code" :	DG04	[DG04] It must have a 5-digit numeric value.
Demographics	5	For "Date of Birth" :	DG05	[DG05] It can NOT be blank and must have a valid date or 88/88/8888 or 99/99/9999.
Demographics	5	For "Date of Birth" :	DG23	[DG23] It can NOT be 88/88/8888.
Demographics	5	For "Date of Birth" :	X	If it's value is 99/99/9999 then age will be 999.
	5	For "Date of Birth" :		[DG19] If "Date of Birth" and "Injury Date" is valid dates (no 88/88/8888 or 99/99/9999) then "Date of Birth" can not be after "Injury Date" (otherwise it can not be verified).
Demographics			DG19	
Demographics	5	For "Date of Birth" :	DG06	[DG06] It can NOT be blank and should be Numeric.
Demographics	6	For "Gender":	TD47	[TD47] Given value is out of range.
Demographics	7	For "Race / Ethnicity":	DG07	[DG07] It can NOT be blank and should be Numeric.
Demographics	7	For "Race / Ethnicity":	TD62	[TD62] Given value is out of range.
Demographics	8	For "Work Related Injury":	DG08	[DG08] It can NOT be blank and should be Numeric.
Demographics	8	For "Work Related Injury":	TD69	[TD69] Given value is out of range.
Demographics	9	For "Equip Seat Belt":	DG09	[DG09] If given, the value should be Numeric.
Demographics	9	For "Equip Seat Belt":	TD37	[TD37] Given value is out of range.
Demographics	9	For "Equip Air Bag":	DG10	[DG10] If given, the value should be Numeric.
Demographics	9	For "Equip Air Bag":	TD19	[TD19] Given value is out of range.
Demographics	9	For "Equip Child Seat":	DG11	[DG11] If given, the value should be Numeric.
Demographics	9	For "Equip Child Seat":	TD20	[TD20] Given value is out of range.
Demographics	9	For "Equip Helmet":	DG12	[DG12] If given, the value should be Numeric.
Demographics	9	For "Equip Helmet":	TD39	[TD39] Given value is out of range.
Demographics	9	For "Equip Other":	DG13	[DG13] If given, the value should be Numeric.
Demographics	9	For "Equip Other":	TD40	[TD40] Given value is out of range.
Demographics	13	For "Injury Date" :	DG18	[DG18] It can NOT be blank and must have a valid date or 88/88/8888 or 99/99/9999.
Demographics	13	For "Injury Date" :	DG20	[DG20] It can not be earlier than 2 years from today.
	13	For "Injury Date" :		[DG19] If "Date of Birth" and "Injury Date" is valid dates (no 88/88/8888 or 99/99/9999) then "Injury Date" can NOT be before "Date of Birth" (otherwise it can not be verified).
Demographics			DG19	
Demographics	14	For "Injury State":	DG21	[DG21] It can NOT be blank.
Demographics	15	For "Injury County":	DG22	[DG22] It can NOT be blank and should be Numeric.
Demographics	15	For "Injury County":	TD50	[TD50] Given value is out of range.
Demographics	10	For "Site at which injury occurred":	DG14	[DG14] It can NOT be blank and should be Numeric.
Demographics	10	For "Site at which injury occurred":	TD51	[TD51] Given value is out of range.
Demographics	11	For "Injury Ecode Id 1" :	DG15	[DG15] It can NOT be blank.
Demographics	11	For "Injury Ecode Id 1" :	DG16	[DG16] Should be numeric.
Demographics	11	For "Injury Ecode Id 1" :	TD02	[TD02] It should be a valid and Injury Ecode.
Demographics	12	For "Injury Ecode Id 2":	DG17	[DG17] If given, it should be numeric.

Demographics	12	For "Injury Ecode Id 2":	TD03	[TD03] It should be a valid and Injury Ecode.
Prehospital	16	For "Ems Run Sheet Present" :	PH01	[PH01] It can NOT be blank and should be Numeric.
Prehospital	16	For "Ems Run Sheet Present" :	TD36	[TD36] Given value is out of range.
		For "Ems Run Sheet Present" :		[PH10] It can NOT be blank, should be Numeric and should be a valid and active Glasgow Eye score.
Prehospital	16	For "Ems Run Sheet Present" :	PH10	
		For "Ems Run Sheet Present" :		[PH11] It can NOT be blank, should be Numeric and should be a valid and active Glasgow Verbal score.
Prehospital	16	For "Ems Run Sheet Present" :	PH11	
		For "Ems Run Sheet Present" :		[PH12] It can NOT be blank, should be Numeric and should be a valid and active Glasgow Motor score.
Prehospital	16		PH12	
Prehospital	24	For "EMS CPR":	PH13	[PH13] If given, the value should be Numeric.
Prehospital	24	For "EMS CPR":	TD16	[TD16] Given value is out of range.
Prehospital	23	For "Intubated":	PH14	[PH14] If given, the value should be Numeric.
Prehospital	23	For "Intubated":	TD48	[TD48] Given value is out of range.
Prehospital	22	For "GCS Assessment Qualifier":	PH15	[PH15] It can NOT be blank and should be Numeric.
Prehospital	22	For "GCS Assessment Qualifier":	TD46	[TD46] Given value is out of range.
Prehospital	25	For "Fluids":	PH16	[PH16] If given, the value should be Numeric.
Prehospital	25	For "Fluids":	TD42	[TD42] Given value is out of range.
		For "Thoracostomy Chest Decompression":		[PH17] If given, the value should be Numeric.
Prehospital		For "Thoracostomy Chest Decompression":	PH17	
		For "Thoracostomy Chest Decompression":		[TD66] Given value is out of range.
Prehospital	26	For "Spinal_Immobilization":	TD66	
Prehospital	27	For "Spinal_Immobilization":	PH18	[PH18] If given, the value should be Numeric.
Prehospital	27	For "Spinal_Immobilization":	TD64	[TD64] Given value is out of range.
		For "Adult Trauma Triage Criteria" :		[PH02] If given, it must be a Numeric (Non-Numeric can NOT be selected for web page).
Prehospital	17	For "Adult Trauma Triage Criteria" :	PH02	
		For "Adult Trauma Triage Criteria" :		[PH04] It should NOT be selected if patient's age is < 16 (In this case, field is not visible for web page).
Prehospital	17	For "Adult Trauma Triage Criteria" :	PH04	
Prehospital	17	For "Adult Trauma Triage Criteria" :	PH05	[PH05] If 24 or 25 or 26 are selected then this should be the ONLY selection.
Prehospital	17	For "Adult Trauma Triage Criteria" :	TT01	[TT01] It's value can NOT be duplicated.
Prehospital	17	For "Adult Trauma Triage Criteria" :	TT02	[TT02] It's value should be in between 0 and 26.
		For "Pediatric Trauma Triage Criteria" :		[PH06] If given, it must be a Numeric (Non-Numeric can NOT be selected for web page).
Prehospital	18	For "Pediatric Trauma Triage Criteria" :	PH06	
		For "Pediatric Trauma Triage Criteria" :		[PH08] It should NOT be selected if patient's age is >= 16 (In this case, field is not visible for web page).
Prehospital	18	For "Pediatric Trauma Triage Criteria" :	PH08	
		For "Pediatric Trauma Triage Criteria" :		[PH09] If 22 or 23 or 24 are selected then this should be the ONLY selection.
Prehospital	18	For "Pediatric Trauma Triage Criteria" :	PH09	
		For "Pediatric Trauma Triage Criteria" :		[TT01] It's value can NOT be duplicated.
Prehospital	18	For "Pediatric Trauma Triage Criteria" :	TT01	
		For "Pediatric Trauma Triage Criteria" :		[TT02] It's value should be in between 0 and 23.
Prehospital	18	For "Pediatric Trauma Triage Criteria" :	TT02	
Emergency	28	For "Arrival Source" :	EG01	[EG01] If given, the value should be Numeric.
Emergency	28	For "Arrival Source" :	EG02	[EG02] If its value is 1 then "Transfer from Hospital" should be blank.
Emergency	28	For "Arrival Source" :	EG03	[EG03] If its value is 2 or 3 then "Transfer from Hospital" can NOT be blank.
Emergency	28	For "Arrival Source" :	TD30	[TD30] Given value is out of range.
Emergency	29	For "Transfer from Hospital" :	TD04	[TD04] If "Arrival Source" is 2 then it should be a valid code for In-State hospital.
Emergency	29	For "Transfer from Hospital" :	TD05	[TD05] If "Arrival Source" is 3 then it should be a valid code for Out-State hospital.

Emergency	30	For "Arrival Date" :	EG04	[EG04] It can NOT be blank and must have a valid date or 88/88/8888 or 99/99/9999.
Emergency	30	For "Arrival Date" :	EG05	[EG05] It can NOT be before the "Injury Date".
Emergency	30	For "Arrival Date" :	EG06	[EG06] It can NOT be before the "Date of Birth".
Emergency	31	For "Arrival Time":	EG07	[EG07] If given, its value must be a valid time in HHMM format.
Emergency	32	For "Systolic Blood Pressure" :	EG08	[EG08] It can NOT be blank and should be Numeric.
Emergency	32	For "Systolic Blood Pressure" :	EG09	[EG09] It must have a numeric (without decimal) value.
Emergency	32	For "Systolic Blood Pressure" :	TD65	[TD65] Its value must be between 0 and 300 or 999.
Emergency	33	For "Respiratory Rate" :	EG10	[EG10] It can NOT be blank and should be Numeric.
Emergency	33	For "Respiratory Rate" :	EG11	[EG11] It must have a numeric (without decimal) value.
Emergency	33	For "Respiratory Rate" :	TD63	[TD63] Its value must be between 0 and 100 or 888 or 999.
Emergency	34	For "Injury Type":	EG12	[EG12] It can NOT be blank and should be Numeric.
Emergency	34	For "Injury Type":	TD53	[TD53] Given value is out of range.
Emergency	35	For "First Glasgow Eye Component":	EG13	[EG13] It can NOT be blank, should be Numeric and should be a valid and active Glasgow Eye score.
Emergency	36	For "First Glasgow Verbal Component":	EG14	[EG14] It can NOT be blank, should be Numeric and should be a valid and active Glasgow Verbal score.
Emergency	37	For "First Glasgow Motor Component":	EG15	[EG15] It can NOT be blank, should be Numeric and should be a valid and active Glasgow Motor score.
Emergency	38	For "First GCS Assessment Qualifier":	EG16	[EG16] It can NOT be blank and should be Numeric.
Emergency	38	For "First GCS Assessment Qualifier":	TD26	[TD26] Given value is out of range.
Emergency	39	For "Alcohol Level Range":	EG17	[EG17] It can NOT be blank and should be Numeric.
Emergency	39	For "Alcohol Level Range":	TD12	[TD12] Given value is out of range.
Emergency	40	For "Amphetamine":	EG18	[EG18] If given, the value should be Numeric.
Emergency	40	For "Amphetamine":	TD10	[TD10] Given value is out of range.
Emergency	40	For "Benzodiazepine":	EG19	[EG19] If given, the value should be Numeric.
Emergency	40	For "Benzodiazepine":	TD14	[TD14] Given value is out of range.
Emergency	40	For "Marijuana":	EG20	[EG20] If given, the value should be Numeric.
Emergency	40	For "Marijuana":	TD54	[TD54] Given value is out of range.
Emergency	40	For "Cocaine":	EG21	[EG21] If given, the value should be Numeric.
Emergency	40	For "Cocaine":	TD15	[TD15] Given value is out of range.
Emergency	40	For "Opiate":	EG22	[EG22] If given, the value should be Numeric.
Emergency	40	For "Opiate":	TD56	[TD56] Given value is out of range.
Emergency	40	For "PCP":	EG23	[EG23] If given, the value should be Numeric.
Emergency	40	For "PCP":	TD60	[TD60] Given value is out of range.
Emergency (Cont)	41	For "Disposition" :	EC01	[EC01] It can NOT be blank and should be Numeric.
Emergency (Cont)	41	For "Disposition" :	EC01	If its value is 1 to 6 or 9 then
Emergency (Cont)	41	For "Disposition" :	EC04	[EC04] "Transfer to Hospital" should be blank.
Emergency (Cont)	41	For "Disposition" :	EC05	[EC05] "Transfer Date" should be blank.
Emergency (Cont)	41	For "Disposition" :	EC06	[EC06] "Transfer Time" should be blank.

Emergency (Cont)	41	For "Disposition" :	EC02	[EC02] If its value is 7 or 8 then "Transfer to Hospital" should have a valid code for in state hospital.
Emergency (Cont)	41	For "Disposition" :	TD06	[TD06] If its value is 7 then "Transfer to Hospital" should have a valid code for In-State hospital.
Emergency (Cont)	41	For "Disposition" :	TD07	[TD07] If its value is 8 then "Transfer to Hospital" should have a valid code for Out-State hospital.
Emergency (Cont)	41	For "Disposition" :	EC23	[EC23] "Transfer from Hospital" is not given. So, the value 0 can not be accepted as "Disposition".
Emergency (Cont)	41	For "Disposition" :	TD23	[TD23] Given value is out of range.
Emergency (Cont)	43	For "Transfer Date" :	EC03	[EC03] It can NOT be blank if "Disposition" is 7 or 8.
Emergency (Cont)	43	For "Transfer Date" :	EC07	[EC07] It should have a valid date or 88/88/8888 or 99/99/9999.
Emergency (Cont)	43	For "Transfer Date" :	EC08	[EC08] Its value can NOT be before the "Arrival Date".
Emergency (Cont)	43	For "Transfer Date" :	EC09	[EC09] Its value can NOT be before the "Date of Birth".
Emergency (Cont)	43	For "Transfer Date" :	EC10	[EC10] Its value can NOT be before the "Injury Date".
Emergency (Cont)	44	For "Transfer Time":	EC11	[EC11] If given, its value must be a valid time in HHMM format.
Emergency (Cont)	45	For "First Temperature in Hospital" :	EC12	[EC12] It can NOT be blank.
Emergency (Cont)	45	For "First Temperature in Hospital" :	EC13	[EC13] It must have a numeric (may be with decimal) value.
Emergency (Cont)	45	For "First Temperature in Hospital" :	EC14	[EC14] Its value must be between 80 and 115.9 or 9999.
Emergency (Cont)	46	For "Endotracheal Intubation in ED":	EC15	[EC15] If given, the value should be Numeric.
Emergency (Cont)	46	For "Endotracheal Intubation in ED":	TD28	[TD28] Given value is out of range.
Emergency (Cont)	47	For "Chest Compressions – ED":	EC16	[EC16] If given, the value should be Numeric.
Emergency (Cont)	47	For "Chest Compressions – ED":	TD21	[TD21] Given value is out of range.
Emergency (Cont)	48	For "Thoracostomy Chest Decompression - ED":	EC17	[EC17] If given, the value should be Numeric.
Emergency (Cont)	48	For "Thoracostomy Chest Decompression - ED":	TD32	[TD32] Given value is out of range.
Emergency (Cont)	49	For "Spinal Immobilization Initiated-ED":	EC18	[EC18] If given, the value should be Numeric.
Emergency (Cont)	49	For "Spinal Immobilization Initiated-ED":	TD31	[TD31] Given value is out of range.
Emergency (Cont)	50	For "Head CT Done - ED":	EC19	[EC19] If given, the value should be Numeric.
Emergency (Cont)	50	For "Head CT Done - ED":	TD27	[TD27] Given value is out of range.
Emergency (Cont)	51	For "Abdominal / Pelvic CT":	EC20	[EC20] It can NOT be blank and should be Numeric.

(Cont)				
Emergency (Cont)	51	For "Abdominal / Pelvic CT":	TD22	[TD22] Given value is out of range.
Emergency (Cont)	51	For "Diagnostic Peritoneal Lavage":	EC21	[EC21] It can NOT be blank and should be Numeric.
Emergency (Cont)	51	For "Diagnostic Peritoneal Lavage":	TD24	[TD24] Given value is out of range.
Emergency (Cont)	51	For "Abdominal Ultrasound":	EC22	[EC22] It can NOT be blank and should be Numeric.
Emergency (Cont)	51	For "Abdominal Ultrasound":	TD33	[TD33] Given value is out of range.
Inpatient Course	52	For "Admitting Specialty":	IC01	[IC01] If given, its value must be numeric.
Inpatient Course	52	For "Admitting Specialty":	IC13	[IC13] "Transfer to Hospital" is not given or "Discharge Status" is not 2. So, the value 0 can not be accepted as "Admitting Specialty".
Inpatient Course	52	For "Admitting Specialty":	TD13	[TD13] Given value is out of range.
Inpatient Course	53	For "Total Days in ICU" :	IC02	[IC02] Its value should be numeric.
Inpatient Course	53	For "Total Days in ICU" :	IC04	[IC04] Its values must be 0 or NOT greater than "Length of Stay in Hospital".
Inpatient Course	54	For "Ventilator Support Days" :	IC03	[IC03] Its value should be numeric.
Inpatient Course	54	For "Ventilator Support Days" :	IC05	[IC05] Its values must be 0 or NOT greater than "Length of Stay in Hospital".
Inpatient Course	59	For "ISS Injury Severity Score":	IC06	[IC06] It can NOT be blank and should be Numeric. Also it should be a valid numeric value depending upon the Hospital Code.
Inpatient Course	59	For "ISS Injury Severity Score":	TD46	[TD49] Given value is out of range.
Inpatient Course	55	For "ICD-9-CM Principal Diagnosis Code" :	IC07	[IC07] At least one value should be given.
Inpatient Course	55	For "ICD-9-CM Principal Diagnosis Code" :	TG03	[TG03] Its values can NOT be duplicated.
Inpatient Course	55	For "ICD-9-CM Principal Diagnosis Code" :	TG01	[TG01] Its value must be a valid Diagnosis Code.
Inpatient Course	56	For "ICD-9-CM Diagnosis Codes" :	IC10	[IC10] For a particular Diagnosis Code, either all or none of the values should be entered for "ICD-9-CM Principal Diagnosis Code", "AIS Severity Score" and "AIS Full Injury Identifier Code".
Inpatient Course	57	For 'AIS Severity Score':	IC08	[IC08] Its value should be a valid Severity Score.
Inpatient Course	57	For 'AIS Severity Score':	TG02	[TG02] Given value is out of range.
Inpatient Course	58	For "AIS Full Injury Identifier Code" :	IC09	[IC09] Its value should be numeric, which may contain a decimal.
Inpatient Course	58	For "AIS Full Injury Identifier Code" :	IC11	[IC11] Its value must be less than 999999.9
Inpatient Course	60	For "Complications":	IC12	[IC12] If given, it must be a Numeric, valid and active "Complication ID" (Non-Numeric can NOT be selected for web page).
Inpatient Course	60	For "Complications":	TC01	[TC01] "Complications" can NOT be duplicated.
Inpatient Course	61	For "Pre-existing Co-morbidity Factors":	TP01	[TP01] If given, it must be a valid and active "Pre-existing Co-morbidity Factors" (Invalid entries can NOT be selected for web page).
Inpatient Course	61	For "Pre-existing Co-morbidity Factors":	TP02	[TP02] "Pre-existing Co-morbidity Factors" can NOT be duplicated.
OR Visit	62	For "OR Date":	OR01	[OR01] If given, its value must be a valid date or 88/88/8888 or 99/99/9999.
OR Visit	62	For "OR Time":	OR02	[OR02] If given, its value must be a valid time in HHMM format.
OR Visit	62 63	For "OR Date" & "OR Time" :	OR07	[OR07] Both, "OR Date" & "OR Time" has to be entered for an "Or Visit".
OR Visit	62 63	For "OR Date" & "OR Time" :	TO01	[TO01] Combination of "OR Date" & "OR Time" must be unique.

OR Visit	62 63	For "OR Date" & "OR Time" :	OR05	[OR04][OR05] "OR Date & Time" must be in after "Arrival Date & Time".
OR Visit	62 63	For "OR Date" & "OR Time" :	OR04	
OR Visit	62 63	For "OR Date" & "OR Time" :	OR06	[OR06] "OR Date & Time" must be in before "Date of Discharge or Death".
OR Visit	64	For "ICD-9 Procedure Codes" :	OR03	[OR03] At least one Procedure has to be entered for a non-blank "Or Date" & "Or Time".
OR Visit	64	For "ICD-9 Procedure Codes" :	TO02	[TO02] Its must be a valid and active Procedure Code.
OR Visit	64	For "ICD-9 Procedure Codes" :	TO03	[TO03] Its value must be unique for an "OR Visit"
Discharge	65	For "Self-Feeding Score Upon Discharge":	DC01	[DC01] It can NOT be blank and should be Numeric.
Discharge	65	For "Self-Feeding Score Upon Discharge":	TD43	[TD43] Given value is out of range.
Discharge	66	For "Locomotion Score Upon Discharge":	DC02	[DC02] It can NOT be blank and should be Numeric.
Discharge	66	For "Locomotion Score Upon Discharge":	TD45	[TD45] Given value is out of range.
Discharge	67	For "Expression Score Upon Discharge":	DC03	[DC03] It can NOT be blank and should be Numeric.
Discharge	67	For "Expression Score Upon Discharge":	TD44	[TD44] Given value is out of range.
Discharge	68	For "Discharge Disposition" :	DC04	[DC04] It can NOT be blank and should be Numeric.
Discharge	68	For "Discharge Disposition" :	DC06	[DC06] If its value is 1 to 6 or 9 then "Transfer to Hospital" should be blank.
Discharge	68	For "Discharge Disposition" :	DC05	[DC05] If its value is 5, 6 or 7 then "Transfer to Other Hospital/Facility" can NOT be blank.
Discharge	68	For "Discharge Disposition" :	TD08	[TD08] If its value is 5 then "Transfer to Other Hospital/Facility" should have a valid Rehabilitation Facility.
Discharge	68	For "Discharge Disposition" :	TD09	[TD09] If its value is 6 then "Transfer to Other Hospital/Facility" should have a valid code for hospital.
Discharge	68	For "Discharge Disposition" :	TD17	[TD17] Given value is out of range.
Discharge	72	For "Billed Hospital Charges" :	DC12	[DC12] It given, it should be Numeric.
Discharge	72	For "Billed Hospital Charges" :	DC13	[DC13] It should be a whole Number.
Discharge	72	For "Principal Payment Source":	DC14	[DC14] It can NOT be blank and should be Numeric.
Discharge	73	For "Principal Payment Source":	TD61	[TD61] Given value is out of range.
Discharge	70	For "Date of Discharge or Death" :	DC07	[DC07] It can NOT be blank and must have a valid date or 88/88/8888 or 99/99/9999.
Discharge	70	For "Date of Discharge or Death" :	DC08	[DC08] Its value can NOT be before the "Injury Date".
Discharge	70	For "Date of Discharge or Death" :	DC09	[DC09] Its value can NOT be before the "Arrival Date".
Discharge	70	For "Date of Discharge or Death" :	DC10	[DC10] If the patient's "Discharge Disposition" is not 5, 6 or 7 and If the patient "Arrival Source" is not 2 or 3 and "Ed Disposition" is not 7 or 8 and If the patient has not been transferred to other hospital or is not dead then its value must show that patient have been admitted for minimum of 48 hours.
Discharge	71	For "Discharge Status" :	DC11	[DC11] It can NOT be blank and should be Numeric.
Discharge	71	For "Discharge Status" :	TD18	[TD18] Given value is out of range.
Discharge	74	For "Length of Stay in Hospital":	DC15	[DC15] It can NOT be blank (being calculated automatically for web page) and should be Numeric.
Discharge	75	For "Organs/Tissue Requested":	DC16	[DC16] It can NOT be blank and should be Numeric.
Discharge	75	For "Organs/Tissue Requested":	TD58	[TD58] Given value is out of range.
Discharge	76	For "Organs/Tissue Granted":	DC17	[DC17] It can NOT be blank and should be Numeric.

Discharge	76	For "Organs/Tissue Granted":	TD57	[TD57] Given value is out of range.
Discharge	77	For "Organs/Tissue Taken":	DC18	[DC18] It can NOT be blank and should be Numeric.
Discharge	77	For "Organs/Tissue Taken":	TD59	[TD59] Given value is out of range.
Discharge	78	For "Autopsy Performed":	DC19	[DC19] It can NOT be blank and should be Numeric.
Discharge	78	For "Autopsy Performed":	TD11	[TD11] Given value is out of range.

APPENDIX 9
File Layout

No.	Field Name	Type	Length	Position	Value
1.	Hospital Code	AN	4	001-004	Your hospital code assigned by the Ohio Department of Health
2.	Unique Patient Admission Number	AN	15	005-019	A number assigned by your hospital to each patient at the time of admission.
3.	Date Exported	N	8	020-027	Date (MMDDYYYY) this record was submitted to the Ohio Trauma Registry
4.	Zip Code of Residence	N	5	028-032	The patient's five-digit zip code for place of residence. Enter 99999 for patient's that reside outside of the USA
5.	Patient's Date of Birth	N	8	033-040	Date (MMDDYYYY) or 99999999 - ND
6.	Gender	N	1	041-041	Must be a value between 1 and 3
7.	Race/Ethnicity	N	1	042-042	Must be a value between 1 and 7
8.	Work Relatedness of Injury	N	1	043-043	Must be a value between 1 and 3
9.	Safety Equipment	N	01 (7 times)	044-050	Must be a value between 0 and 3
10.	Site at Which Injury Occurred	N	1	051-051	Must be a value between 0 and 9
11.	E-Code Description of Injury 1	N	6	052-057	See Appendix 2 – E-Codes (0NNN.N)
12.	E-Code Description of Injury 2	N	6	058-063	See Appendix 2 – E-Codes (0NNN.N)
13.	Date Injury Occurred	N	8	064-071	Date (MMDDYYYY) or 88888888 - ND or 999999999 - Unknown
14.	State in Which Injury Occurred	AN	3	072-074	Must be a value in ('IN', 'KY', 'MI', 'OH', 'PA', 'WV', 'OT', 'UNK')
15.	County in Which Injury Occurred	N	2	075-076	Must be a value between 01 and 89 or 98 or 99
16.	EMS Run Sheet Present	N	1	077-077	Must be a value between 1 and 3
17.	Adult EMS Field Trauma Triage Criteria	N	02 (23 times)	078-123	Must be a value between 1 and 26
18.	Pediatric EMS Field Trauma Triage Criteria	N	02 (20 times)	124-163	Must be a value between 1 and 23
19.	Glasgow Eye Component at Scene	N	1	164-164	Must be a value between 1 and 6
20.	Glasgow Verbal Component at Scene	N	1	165-165	Must be a value between 1 and 7
21.	Glasgow Motor Component at Scene	N	1	166-166	Must be a value between 1 and 8
22.	GCS Assessment Qualifier at Scene	N	1	167-167	Must be a value between 1 and 6
23.	Intubated - Scene	N	1	168-168	Must be a value between 1 and 7
24.	EMS CPR - Scene	N	1	169-169	Must be a value between 1 and 4
25.	Fluids- Scene	N	1	170-170	Must be a value between 1 and 4
26.	Needle or Thoracostomy Chest Decompression - Scene	N	1	171-171	Must be a value between 1 and 4
27.	Spinal Immobilization - Scene	N	1	172-172	Must be a value between 1 and 4
28.	Hospital Arrival Source	N	1	173-173	Must be a value between 1 and 3
29.	Transfer from Hospital	AN	4	174-177	ODH assigned number
30.	Hospital Arrival Date	N	8	178-185	Date (MMDDYYYY)
31.	Hospital Arrival Time	N	4	186-189	Time (HHMM) or 9999 - ND

32.	Systolic Blood Pressure (First)	N	3	190-192	Must be a value between 0 and 300 or 999 - ND
33.	Respiratory Rate (Unassisted)	N	3	193-195	Must be a value between 0 and 100 or 888 - Assisted Breathing or 999 - ND
34.	Injury Type	N	1	196-196	Must be a value between 1 and 4
35.	First Glasgow Eye Component in Hospital	N	1	197-197	Must be a value between 1 and 5
36.	First Glasgow Verbal Component in Hospital	N	1	198-198	Must be a value between 1 and 6
37.	First Glasgow Motor Component in Hospital	N	1	199-199	Must be a value between 1 and 7
38.	First GCS Assessment Qualifier in Hospital	N	1	200-200	Must be a value between 1 and 5
39.	Alcohol Level Range	N	1	201-201	Must be a value between 0 and 6
40.	Drug Category	N	01 (6 times)	202-207	Must be a value between 0 and 3
41.	ED Disposition	N	1	208-208	Must be a value between 1 and 9
42.	ED Transfer to Hospital	AN	4	209-212	ODH assigned number
43.	ED Transfer Date	N	8	213-220	Date (MMDDYYYY)
44.	ED Transfer Time	N	4	221-224	Time (HHMM) or 9999 - ND
45.	First Temperature in Hospital	N	5	225-229	Patient's first temperature upon entering the hospital in Fahrenheit or 9999 - ND (Format : NNN.N)
46.	Endotracheal Intubation in ED	N	1	230-230	Must be a value between 1 and 6
47.	Chest Compressions – ED (usually indicated as CPR)	N	1	231-231	Must be a value between 1 and 3
48.	Needle or Tube Thoracostomy Chest Decompression - ED	N	1	232-232	Must be a value between 1 and 4
49.	Spinal Immobilization Initiated- ED	N	1	233-233	Must be a value between 1 and 3
50.	Head CT Done - ED	N	1	234-234	Must be a value between 1 and 2
51.	Abdominal Evaluation - ED	N	01 (3 times)	235-237	Must be a value between 1 and 2
52.	Admitting Specialty	N	1	238-238	Must be a value between 1 and 9
53.	Total Days in ICU	N	3	239-241	A Number
54.	Ventilator Support Days	N	3	242-244	A Number
55.	ICD-9-CM Principal Diagnosis Code	N	6	245-250	Report the most severe ICD-9-CM Diagnosis codes [Refer to the patient inclusion criteria for acceptable codes] (Format : NNN.NN)
56.	Additional ICD-9-CM Diagnosis Codes/Description for Injuries	N	06 (19 times)	251-364	Report the 19 most severe ICD-9-CM Diagnosis codes [Refer to the patient inclusion criteria for acceptable codes] (Format : NNN.NN)
57.	AIS Severity Score – Hospital Assigned	N	01 (20 times)	365-384	Must be a value between 1 and 9
58.	AIS Full Injury Identifier Code – Hospital Assigned	N	08 (20 times)	385-544	The 7-digit AIS code assigned to each ICD-9-CM code. 777777.7 - NA (Format : NNNNNN.N)
59.	ISS Injury Severity Score – Hospital Assigned	N	2	545-546	Must be a value between 0 and 75 or 99

60.	Complications	N	02 (10 times)	547-566	Must be a value between 1 and 28
61.	Pre-existing Co-morbidity Factors	N	04 (5 times)	567-586	Coded identification of pre-injury disease states. Pre-existing disease may contribute to patient outcome
62.	OR Date	N	08 (5 times)	587-626	Date (MMDDYYYY) or 99999999 - ND
63.	OR Time	N	04 (5 times)	627-646	Time (HHMM) or 9999 - ND
64.	ICD-9 Procedure Codes for OR Visit	N	05 (5 times for each OR Time)	647-771	ICD-9 procedure codes used in the OR on this OR time. List 5 most critical ICD-9 procedure codes related to trauma (Format : NN.NN)
65.	FOM Self-Feeding Score Upon Discharge	N	1	772-772	Must be a value between 1 and 6
66.	FOM Locomotion Score Upon Discharge	N	1	773-773	Must be a value between 1 and 6
67.	FOM Expression Score Upon Discharge	N	1	774-774	Must be a value between 1 and 6
68.	Discharge Disposition	N	2	775-776	Must be value between 1 and 10
69.	Transfer to Other Hospital	AN	4	777-780	List the ODH assigned number for hospital the patient is being transferred to.
70.	Date of Discharge or Death	N	8	781-788	Date (MMDDYYYY)
71.	Discharge Status	N	1	789-789	Must be a value between 1 and 2
72.	Billed Hospital Charges	N	10	790-799	Whole Dollar amount of total hospital charges rounded off to the nearest dollar or NULL
73.	Principal Payment Source	N	1	800-800	Must be a value between 1 and 6
74.	Length of Stay in Hospital	N	3	801-803	Must be a value between 0 and 999
75.	Organs/Tissue Requested	N	1	804-804	Must be a value between 1 and 4
76.	Organs/Tissue Granted	N	1	805-805	Must be a value between 1 and 4
77.	Organs/Tissue Taken	N	1	806-806	Must be a value between 1 and 4
78.	Autopsy Performed	N	1	807-807	Must be a value between 1 and 4