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2018 Collector Update

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Breakdown

- By PTOS Manual Section
  - PTOS Inclusion Criteria
  - Section 1: Demographic Data (includes Pre-existing Conditions)
  - Section 2: Prehospital Data
  - Section 3: Process of Acute Care
  - Section 4: Clinical Data
  - Section 5: Outcome Data (includes Occurrences)
  - Section 7: Procedure Codes (includes Appendix 11 – List B Procedure Codes)
  - Section 9: Receiving Facility Diagnoses
  - Appendix 13: Audit Filters
- General Updates

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- "Collector" refers the Trauma Registry software developed and maintained by Digital Innovation, Inc., PTSF's Technology Partner.
- The trauma registry software screen shots included in this presentation are from Digital Innovation, Inc.'s "Collector" product.

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Inclusion Criteria

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Inclusion Criteria Changes

- PTOS Eligibility Checks (Collector)
- LOS Requirements (PTOS Manual)
- Transfer in/out clarification regarding private vehicle (PTOS Manual)
- No documented injuries criteria language (PTOS Manual)
- Peri-prosthetic language (PTOS Manual)

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PTOS Eligibility Checks

- Checks will be built into the software to help determine PTOS eligibility
- For example…
  - If ICD-10-CM S72.00-S72.26 and "External Cause of Morbidity" = ICD-10-CM codes V00.111A, V00.121A, V00.131A, V00.141A, V00.151A, V00.211A, V00.221A, V00.281A, V00.311A, V00.321A, W00.0XXA, W01.__ __ __ A, W03.XXXA, W18.30XA, W18.31XA, W18.39XA, W19.XXXA and "PTOS Patient" = 1 = yes, a check will generate informing the registrar to consider this patient could be nonPTOS

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Length of Stay Requirements

- All trauma patients remaining at your facility over 48 hours, beginning from the time of arrival to the Emergency Department. Trauma patients are defined as patients remaining at your facility for the treatment or diagnosis of trauma.
- All trauma patients remaining at your facility between 36 and 48 hours, beginning from the time of arrival to the Emergency Department, with an Injury Severity Score (ISS) of nine or greater. Trauma patients are defined as patients remaining at your facility for the treatment or diagnosis of trauma.

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Revised Length of Stay Requirements

- All trauma patients remaining at your facility over **36** hours, beginning from the time of arrival to the Emergency Department. Trauma patients are defined as patients remaining at your facility for the treatment or diagnosis of trauma.
- All trauma patients remaining at your facility between **24 and 36 hours**, beginning from the time of arrival to the Emergency Department, with an Injury Severity Score (ISS) of nine or greater. Trauma patients are defined as patients remaining at your facility for the treatment or diagnosis of trauma.

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Transfer In/Out Clarification

- **A note will be added to the Transfer In/Out Criteria stating "patients transferred in/out via private vehicle and do not meet another portion of the inclusion criteria are not to be captured as PTOS patients."**

- All **admitted** transfers In and out

  e.g. Any patient transferred to (or from) your hospital via another hospital using EMS or air ambulance.

  NOTE: Patients transferred into your facility and then discharged home from your ED should **not** be included in the PTOS.

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No Documented Injuries Language

Removed!

- Cases meeting **any of** the above criteria, but have no documented injuries

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Peri-Prosthetic Language

-Peri-prosthetic fractures with a traumatic mechanism should be coded to the traumatic fracture area.

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Revised Peri-Prosthetic Language

- "Peri-prosthetic fractures with a non-traumatic mechanism. NOTE: Peri-prosthetic fractures with a traumatic mechanism are eligible for PTOS inclusion and should be coded to the traumatic fracture area."

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Section 1: Demographic Data

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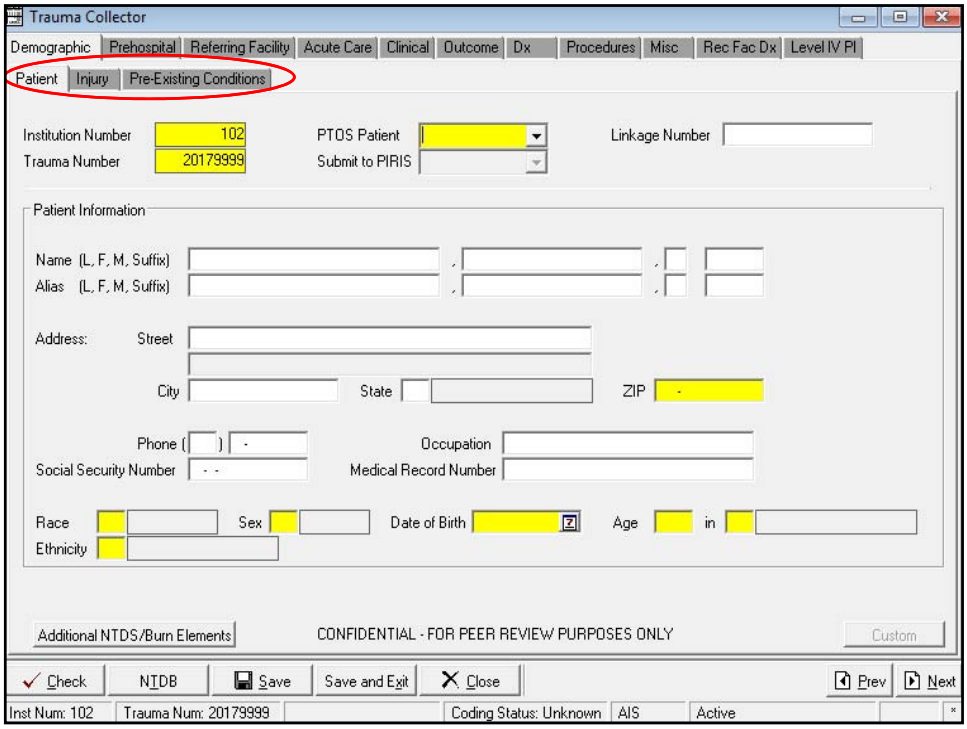

Demographic Data Changes

- Zip Code (PTOS Manual)

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Zip Code

A note will be added to Zip Code stating "enter '99999' as the zip code of residence for any patient who is homeless."

ZIP CODE OF RESIDENCE

Is the 5 digit or 9 digit zip code of the patient's ***primary residence.***

- Enter '88888' as the zip code of residence for any patient who resides in another country.

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Section 2: Prehospital Data

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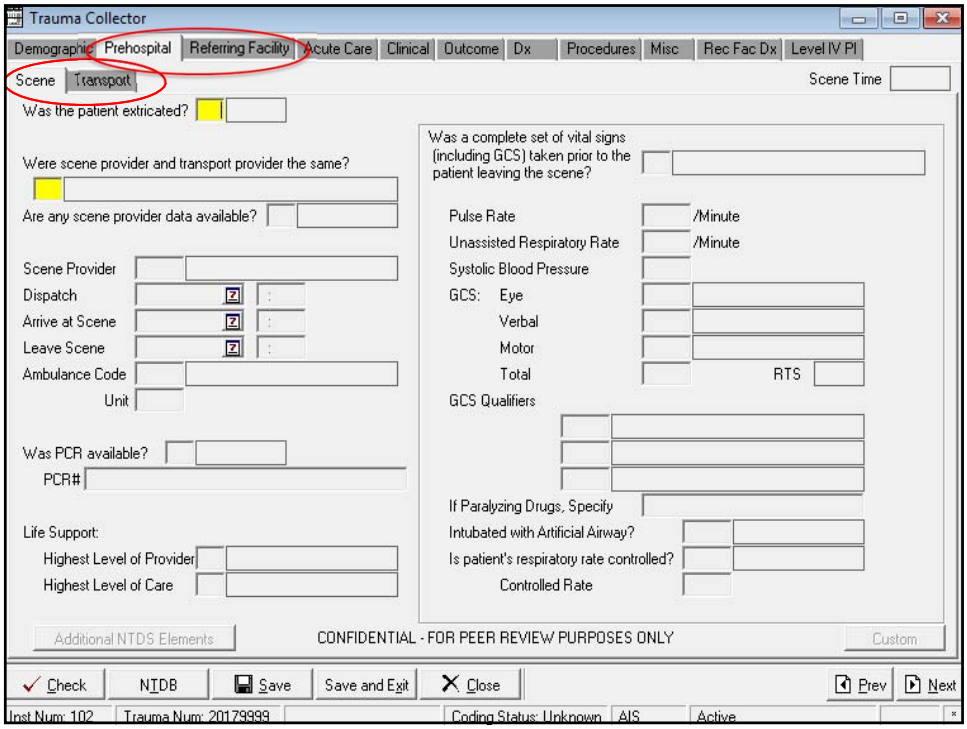

Prehospital Data Changes

- GCS Qualifiers (Collector and PTOS Manual)
- Paralyzing Drugs Specify (PTOS Manual)
- Alcohol Screen Results (PTOS Manual)
- Interhospital Transport Language (PTOS Manual)

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GCS Qualifiers

- "?, unknown" will be added to the GCS Qualifiers element dropdown list
- When all GCS values (Eye, Verbal, Motor) are recorded as ?-unknown, record ?-unknown for GCS qualifiers as well

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GCS Qualifiers

- At least one selection from the dropdown menu must be recorded; however, not all three fields need to be completed. For example if the only option that applies is patient's eyes are obstructed, record 2, obstruction to the patient's eye in the first field and leave the remaining two fields blank.

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Paralyzing Drugs Specify

- When GCS Qualifiers is answered with 1, patient chemically sedated or paralyzed, the element Paralyzing Drugs Specify becomes available. Specify any paralyzing drugs in this field, or record N/A if patient was sedated.

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Alcohol Screen Results

- Clarification and an example will be added to the PTOS Manual

To convert from milligram/deciliter to gram/deciliter you simply move the decimal to the left three places. For example, 10 milligram/deciliter = 0.01 gram/deciliter. Therefore, a documented lab value of 223 mg/dl would be converted to 0.223 g/dl. Collector will only capture two places after the decimal, therefore you must round to the nearest 100th. The .223 g/dl value would be recorded as 0.22 in Collector.

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Interhospital Transport Language

- The "Interhospital Vital Signs" paragraph is currently written under every vital sign element in the Interhospital Vital Signs section of the PTOS Manual

"Initial assessment by interhospital transport personnel during transport to the trauma center. During transport means the patient is physically enroute to the hospital. Therefore, initial vital signs would be at or after a "leave referring facility" time."

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Section 3: Process of Acute Care

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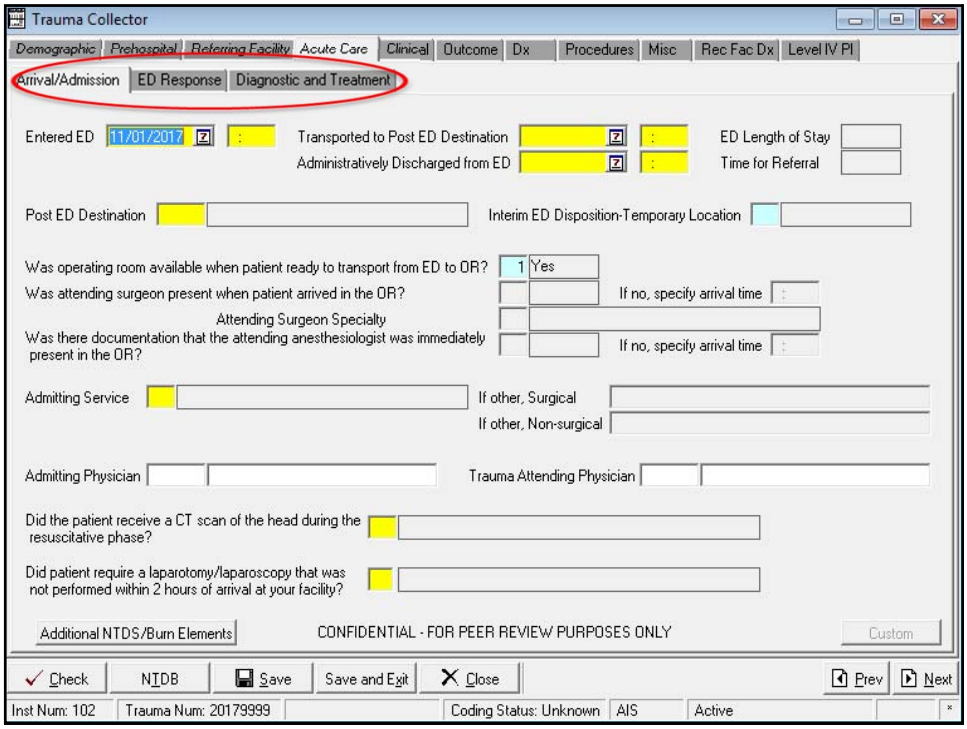

Process of Acute Care Changes

- Post ED Destination (Collector and PTOS Manual)
- Time of Decision to Transfer (Collector and PTOS Manual)
- Signs of Life (Collector and PTOS Manual)

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Post ED Destination

New Addition!
13 = Psychiatric Unit (In-House)
14 = Detox

POST ED DESTINATION
Record the patient's final destination from the ED
Field Values

- 1 = ICU/Critical Care Unit
- 2 = OR (including pre-op area)
- 3 = Med/Surg Unit
- 4 = Prison Ward (In-House)
- 5 = Step Down Unit/Intermediate Angiography
- 6 = Morgue (Coroner, death, DOA)
- 7 = Transfer to Other Hospital/Trauma Center
- 8 = Labor & Delivery
- 9 = Burn Unit (In-House)
- 10 = Home
- 11 = Interventional
- 12 = Pediatric Unit (In-House)

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Time of Decision to Transfer

NEW Addition! (Optional)

TIME OF DECISION TO TRANSFER

The time that a referring facility designee made the phone call to a receiving facility.

Additional Information

-Initial phone call to any potential receiving facility

-Acting on decision to transfer patient out

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Signs of Life

New Addition!

SIGNS OF LIFE

Definition

Indication of whether patient arrived at ED/Hospital with signs of life.

Field Values

1. Arrived with NO signs of life
2. Arrived with signs of life

Additional Information

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

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Section 4: Clinical Data

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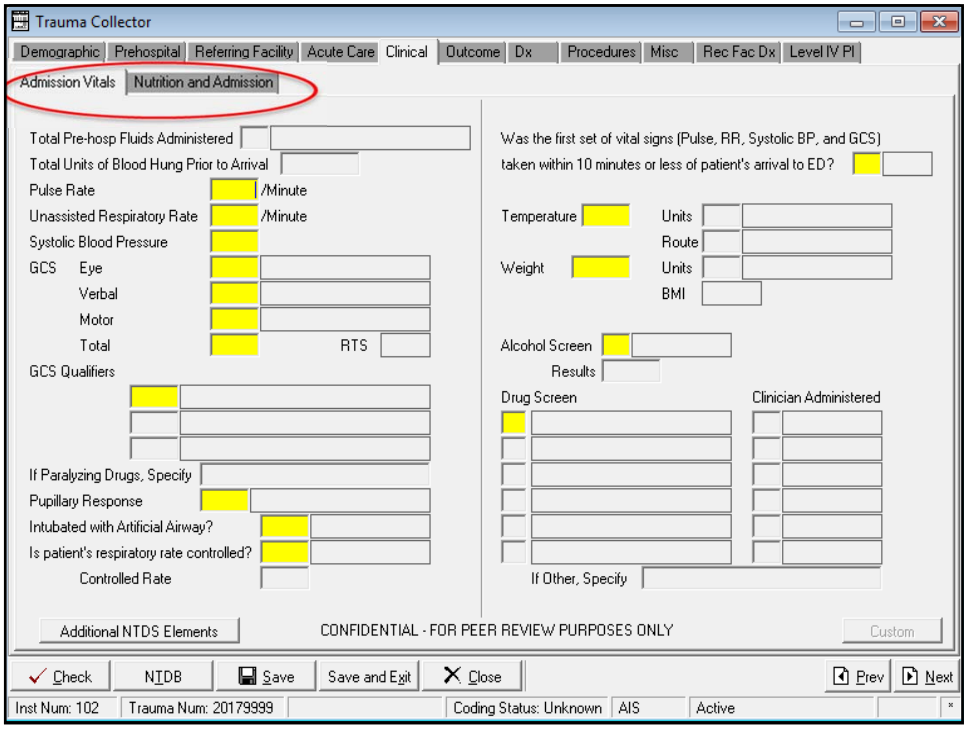

Clinical Data Changes

- GCS Qualifiers (Collector and PTOS Manual)
- Alcohol Screen Results (PTOS Manual)
- Did Patient Leave ED with a Discharge GCS ≤ 8? (Audit Filter 6) (PTOS Manual)

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GCS Qualifiers

- "?, unknown" will be added to the GCS Qualifiers element dropdown list
- When all GCS values (Eye, Verbal, Motor) are recorded as ?-unknown, record ?-unknown for GCS qualifiers as well

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GCS Qualifiers

- At least one selection from the dropdown menu must be recorded; however, not all three fields need to be completed. For example if the only option that applies is patient's eyes are obstructed, record 2, obstruction to the patient's eye in the first field and leave the remaining two fields blank.

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Did Patient Leave ED With a Dischagre GCS ≤ 8? (Audit Filter 6)

DID PATIENT LEAVE ED WITH A DISCHARGE GCS <=8? (FLTR 6)

- 1 = Yes
- 2 = No
- 3 = Patient died in the ED
- U = No discharge GCS is documented

Additional Information

- For a "Yes" or "No" response, a final GCS (< = 8) must be documented within one hour (60 minutes) **prior to** Time Transported to Post ED Destination, unless there is a written physician order changing the neurological documentation to greater than 1 hour.
- The time of the discharge GCS documentation will be based on the physician order. Ex. if the physician order changing neurological documentation was for every 2 hours, then a discharge GCS must be documented within 2 hours of Time Transported to Post ED Destination for a "Yes" or "No" response.

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Section 5: Outcome Data (includes Occurrences)

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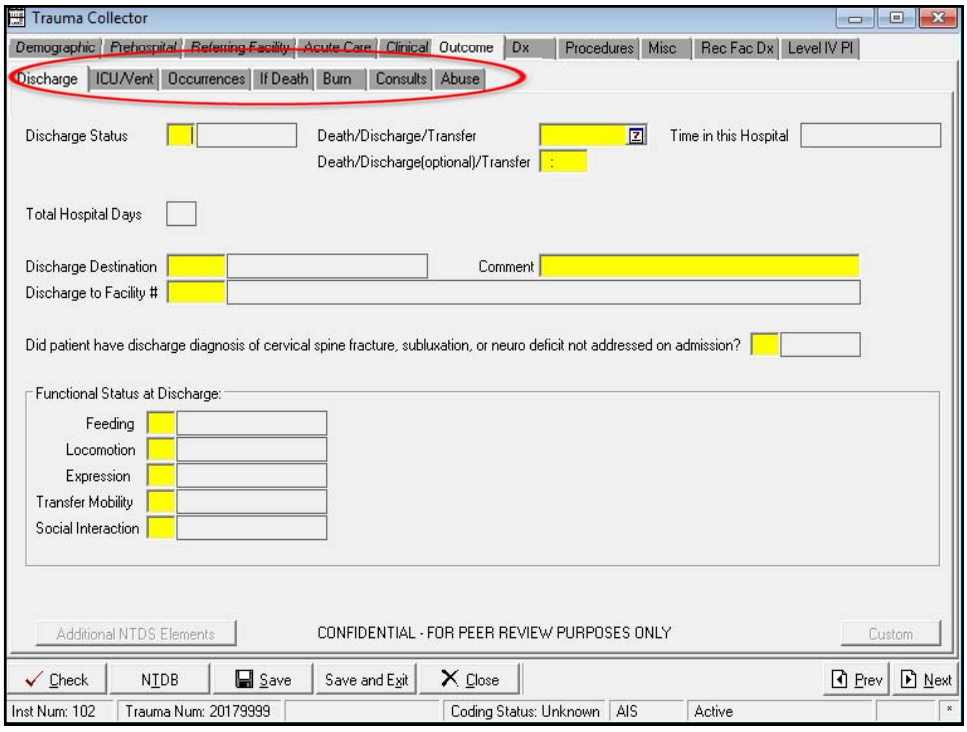

Outcome Data Changes

- Discharge Destination (PTOS Manual)
- Reason for Transfer Out (Collector and PTOS Manual)
- Occurrences
  - 21 = Acute Respiratory Failure (Collector and PTOS Manual)
  - 41 = Coagulopathy (PTOS Manual)
  - 70 = Empyema (PTOS Manual)
  - 207 = Ventilator-Associated Pneumonia (VAP) (PTOS Manual?)
  - 206 = Cardiac Arrest w/ CPR (PTOS Manual)
- Consults (PTOS Manual)

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Discharge Destination

Clarification will be added!

DISCHARGE DESTINATION

The destination of the patient on formal discharge

1 = Home	2 = Other Hospital
4 = Rehabilitation Center	5 = Skilled Nursing Facility
6 = Burn Center	7 = Psychiatric Facility
8 = Legal Authority	9 = Drug or Alcohol Rehab
10 = Other Supervised Residential Facility	11 = AMA
12 = Homeless	13 = Transitional Care Unit
14 = Pennsylvania Trauma Center	15 = Out of State Trauma Center
16 = Long Term Care Acute Care Center	17 = Hospice
18 = Foster Care	

Additional Information

- See Appendix 8 for more information on Discharge Destination choices
- The discharge destination comment field may be used to further describe the patient's destination
- This element will be skipped if the patient died
- If a burn patient is discharged or transferred to a burn center that is also a trauma center the "Discharge Destination" should be "6" for burn center

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Reason For Transfer Out

REASON FOR TRANSFER OUT

Record the primary reason for transfer. Please note that the options below are facility defined.

1. Pediatrics
2. Burn
3. Hand
4. Spine
5. Pelvic Ring/Acetabular fx (Orthopedics)
6. Soft Tissue Coverage (Orthopedics)
7. Other (Orthopedics)
8. Neurosurgery
9. Replantation
10. Vascular/Aortic Injuries
11. Cardiac (Bypass)
12. Facial Trauma (Ocular)
13. Health Plan Repatriation
14. Other

New Addition!

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21 = Acute Respiratory Failure

Retired!

21 = **Acute Respiratory Failure:** The need for prolonged (greater than 96 consecutive hours) ventilatory support after a period of normal non-assisted breathing (minimum of 48 hours) or reintubation.

a. planned - do ***not*** report (i.e. taken to OR or treatment of inhalation injury)

b. unplanned - report

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41 = Coagulopathy

41 = Coagulopathy (excluding anticoagulation therapy, coumadin therapy, or underlying hematologic disorders, e.g. hemophilia): uncontrolled diffuse bleeding in the presence of coagulation abnormalities, e.g., increased prothrombin time, increased partial thromboplastin time, decreased platelet count, **elevated R and/or K times in the TEG, elevated clotting time in the ROTEM**, or disseminated intravascular coagulation (DIC) requiring treatment, i.e., transfusion of components such as platelets, clotting factors, FFP.

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70 = Empyema

70 = Empyema: infection documented by purulent material or positive culture from the pleural space requiring **therapeutic intervention** ~~thoracostomy tube drainage~~.

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207 = Ventilator-Associated Pneumonia (VAP)

207 = Ventilator-Associated Pneumonia = utilize the NTDB Complication definition for Ventilator-Associated Pneumonia, which states: A pneumonia where the patient is on mechanical ventilation for >2 calendar days on the date of event, with day of ventilator placement being Day 1, AND

The ventilator was in place on the date of event or the day before. If the patient is admitted or transferred into a facility on a ventilator, the day of admission is considered Day 1.

See NTDB Data Dictionary for VAP algorithm

Do not record 100 = Pneumonia in addition to this occurrence.

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206 = Cardiac Arrest w/ CPR

206 = Cardiac Arrest with CPR = utilize the NTDB Complication definition for Cardiac Arrest with CPR, which states: Cardiac arrest is the sudden cessation of cardiac activity after hospital arrival. The patient becomes unresponsive with no normal breathing and no signs of circulation. If corrective measures are not taken rapidly, this condition progresses to sudden death.

EXCLUDE patients who are receiving CPR on arrival to your hospital.

INCLUDE patients who have had an episode of cardiac arrest evaluated by hospital personnel and received compressions or defibrillation or cardioversion or cardiac pacing to restore circulation.

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Consults

Clarification will be added!

Do not include any consults that do not take place in-person (i.e. phone)!

New Addition!

- Podiatry and Gastroenterology will be added to the Consult menu

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Section 7: Procedure Codes (includes Appendix 11 – List B Procedure Codes)

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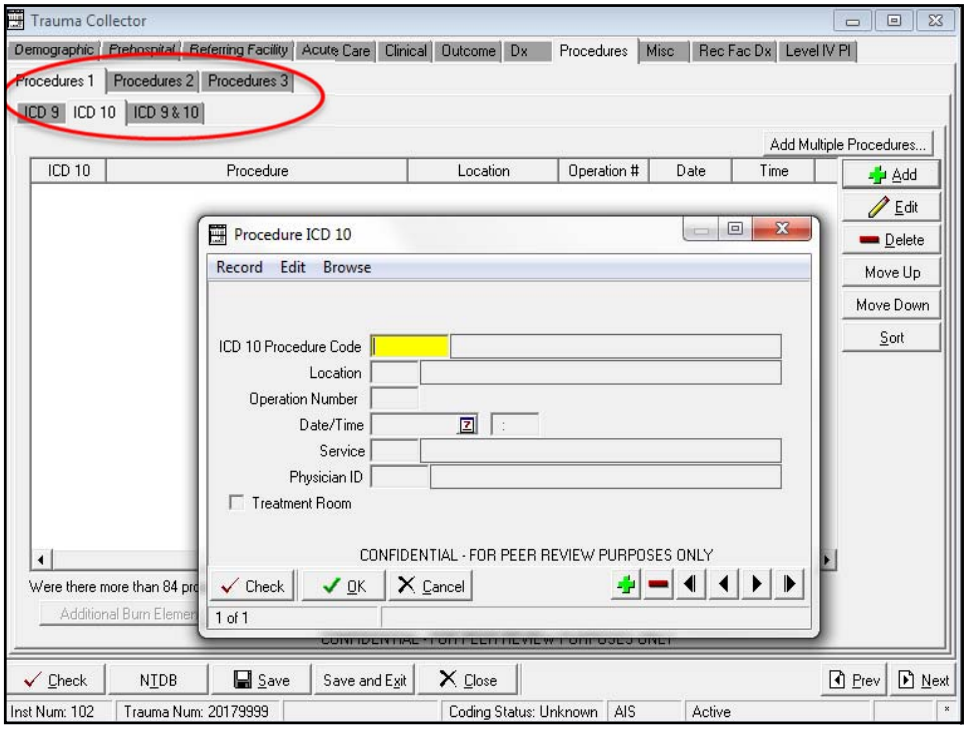
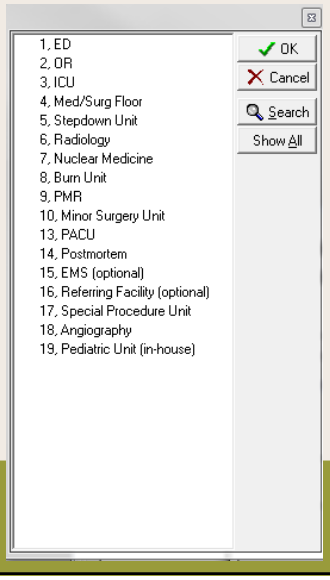


Procedures Codes Changes

- A check will be added to the Procedure Location menu so that retired options are flagged.



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Appendix 11: List B Changes

- List B reference provided in Collector
- More detailed descriptions and recommended codes
- CT Clarification
  - Initial CT of the head region (head, brain or skull) should be coded to CT of the head. Follow-up CTs of a specific body part within the head region should be coded to the specific ICD-10-PCS CT code.
  - There are no specific CTA codes in ICD-10-PCS. CTAs should be coded using an ICD-10-PCS CT code with the correct character for contrast selected.

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Appendix 11: List B Changes Continued

- Fasciotomy now required to be captured at all centers (previously burn centers only)
- 0JD (Extraction) code from Fasciotomy removed
- Embolization of unspecified site removed
- Peritoneoscopy removed
- Burr Hole procedure added
- Ventriculostomy added

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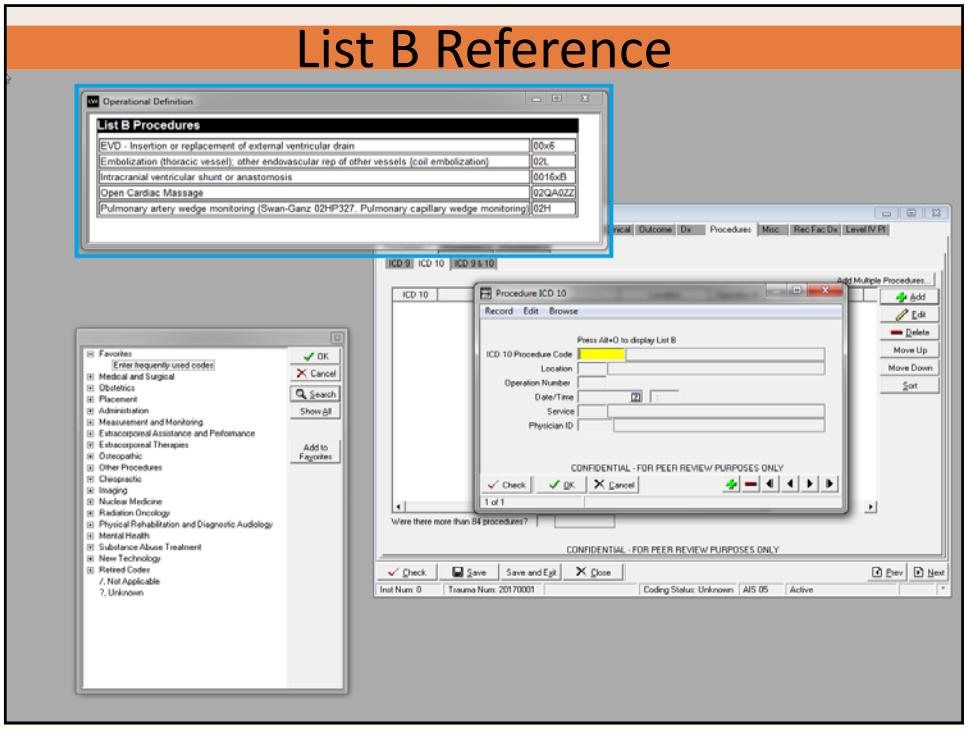
List B Reference



Example of Added Detail

Bronchoscopy
- Excision (Diagnostic, Cx)……0BB
- Lavage……0B9
- Inspection, Lung
  - Right……0BJK
  - Left……0BJL

Chest Tube ……0W9
- Drainage, Pleural Cavity, Right ……0W99
- Drainage, Pleural Cavity, Left ……0W9B

REBOA……04L03DZ
- Thoracic, Descending……02LW3DJ

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Section 9: Receiving Facility Diagnoses

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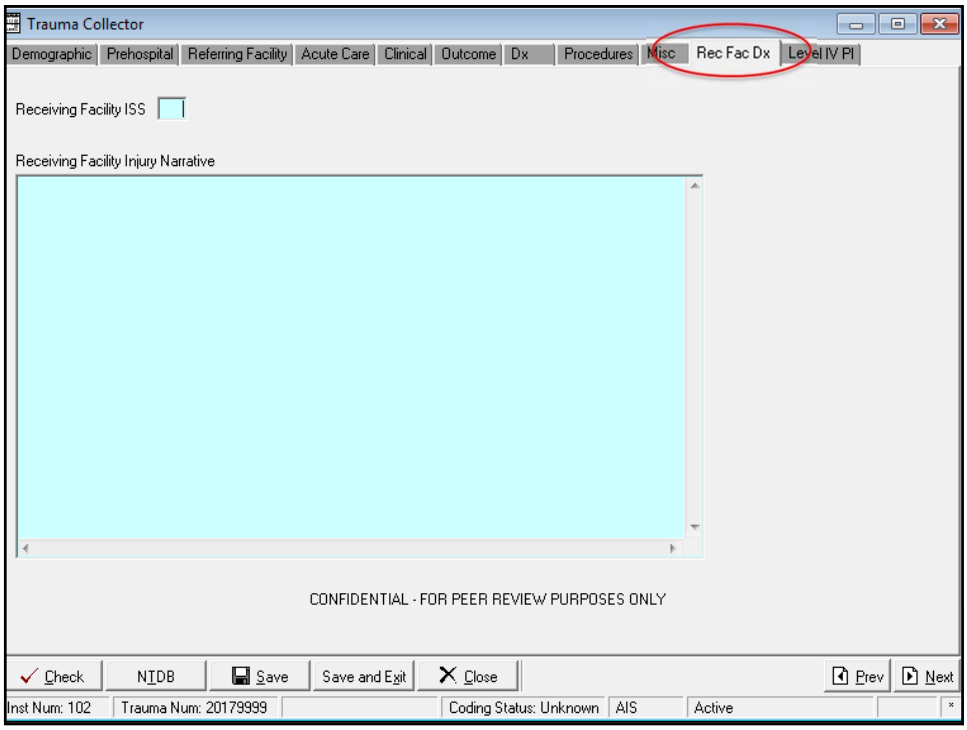

Receiving Facility Diagnoses Changes

- Receiving Facility Injury Narrative (Collector and PTOS Manual)
- Receiving Facility ISS (Collector and PTOS Manual)

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Receiving Facility Injury Narrative/ Receiving Facility ISS

RECEIVING FACILITY INJURY NARRATIVE
List of injuries diagnosed by referring facility.
Additional Information
- Required for level 3 & 4 centers, optional for level 1-2 centers
- ~~Setup option for level 1-3 centers to enable/disable Rec Fac Dx tab~~
- Will skip if d/c destination is not a burn center (6) or trauma center (14,15)

RECEIVING FACILITY ISS
ISS Score calculated by receiving facility.
Additional Information
- Required for level 3 & 4 centers, optional for level 1-2 centers
- ~~Setup option for level 1-3 centers to enable/disable Rec Fac Dx tab~~
- Will skip if d/c destination is not a burn center (6) or trauma center (14,15)

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Appendix 13: Audit Filters

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Ambulance scene time > 20 minutes (**ACS Audit Filter #1**)

Trauma Patient; AND

Transport from Scene (SCENE_TRANSP) = 1 (Ambulance), 2 (Helicopter), 3 (Ambulance/Helicopter) or 5 (Fire Rescue); AND

Arrive at Scene Time (SCENE_ARRIVE_TIME) to
Leave Scene Time (SCENE_LEAVE_TIME) > 20 minutes.

Updated wording to "field scene time >20 minutes."
Report Improvement!

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Absence of ambulance report on medical record for patient transported by EMS from scene (**ACS Audit Filter #2**)

Transport from Scene (SCENE_TRANSP) = 1 (Ambulance), 2 (Helicopter), 3 (Ambulance/Helicopter) or 5 (Fire Rescue); AND

Patient Care Record in Patient Medical Record from Scene (SCENE_RUN_FORM) = 2 (No).

Update wording to "missing emergency medical services (EMS) report or absence of prehospital essential data items on EMS report"

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Patient with admission GCS < 14 who does not receive a CT of the head (**ACS Audit Filter #3**)

Trauma Patient; AND

GCS on Admission (GCS_A) < 14; AND

"Did patient receive a CT scan of the head?" (CT_SCAN) = 2 (No).

Updated wording to "Glasgow Coma Scale score <13 and no head computerized tomography (CT) scan within 2 hours of arrival at hospital (if CT available in hospital) excluding DOAs."

Added NTDB signs of life element to PTOS to be able to add "DOA" to this audit filter query.

Added exclusion of DOAs to query.

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Absence of hourly documentation of blood pressure, pulse and respiration for any trauma patient beginning with arrival in ED, including time spent in radiology, up to admission to the ward, floor, OR, or ICU; death; or transfer to another hospital (**ACS Audit Filter #5**)

"Is there hourly documentation beginning with ED arrival?" (NURS_DOC_S) = 2 (No).

Updated wording to "absence of at least hourly determination and recording of blood pressure, pulse, and respirations measurements for a trauma patient, beginning with arrival in the resuscitation area and including time spent in radiology up to admission to the operating room or ICU, death, or transfer to another hospital."

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Patient left ED with a discharge GCS ≤ 8 and without a definitive airway established (**ACS Audit Filter #6**)

Trauma Patient; AND

Post ED Destination (POST_ED_D) ≠ 6 (Morgue); AND

"Did patient leave ED with a discharge GCS ≤ 8?" (ED_GCS_8) = 1 (Yes); AND

"If yes, did patient leave ED with definitive airway?" (ED_AIRWAY) = 2 (No).

Update wording to "Glasgow Coma Scale score of ≤ 8 and no endotracheal tube or surgical airway performed before leaving the resuscitation area."

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Patient seen in ED, discharged and then admitted to the hospital within 72 hours of initial evaluation (**ACS Audit Filter #7**)

ACS AUDIT FILTER #7 IS NOT USED BY PTOS.

Removed!

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Any patient sustaining a GSW to the abdomen who is managed nonoperatively (**ACS Audit Filter #8**)

Trauma Patient; AND

"Did patient sustain a gunshot wound to the abdomen and receive non-operative management?" (NONOP_GSWA) = 1 (Yes).

Updated wording to "non-operative treatment of gunshot wound to the abdomen."

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Patient requiring laparotomy which is not performed within 2 hours of ED arrival (**ACS Audit Filter #9**)

Trauma Patient; AND

"Did patient require a laparotomy that was not performed within 2 hours of ED arrival?"
(LAPAROT) = 1 (Yes).

Update wording to "delay in performing laparotomy (from greater than 2 hours after admission)"

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Patient with epidural or subdural brain hematoma receiving initial craniotomy > 4 hours after arrival at ED, excluding those performed for ICP monitoring (**ACS Audit Filter #10**)

Trauma Patient; AND

Any ICD-10-CM diagnosis code (ICD10_01, ICD10_02, ... ICD10_27) that starts with S06.4; AND S06.5; AND

Any Operative procedure (PR_01_I10...PR_84_I10) =
that starts with 0N [8,9,B,R,T,U] [0,1,2,3,4,5,6,7,8,C,D,F,G,]0 **OR** 00[8,9,B,C,Q] [0,1,2,3,4,5,6,7,8,9,A,B,C,D]0; AND the associated time for the earliest (initial qualifying Operative procedure
(e.g., O_1_P1_DATE, O_1_P1_TIME) is greater than 4 hours after ED arrival (EDA_DATE, EDA_TIME).

Added 'Did patient have a craniotomy for trauma ...' = YES to the query to exclude burr hole procedures from this filter.

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Initial abdominal, intrathoracic, vascular, or cranial surgery performed > 24 hours after ED arrival (**ACS Audit Filter #13**)

Trauma Patient; AND

"Abdominal Surgery > 24 Hours" (ABD_GT_24) = 1 (Yes); OR

"Intrathoracic Surgery > 24 Hours" (THOR_GT_24) = 1 (Yes); OR

"Vascular Surgery > 24 Hours" (VASC_GT_24) = 1 (Yes); OR

"Cranial Surgery > 24 Hours" (CRAN_GT_24) = 1 (Yes).

Update wording to "abdominal, thoracic, vascular or cranial surgery after 24 hours."

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Unplanned return to the operating room within 48 hours of initial procedure (ACS Audit Filter #14)

ACS FILTER #14 IS NOT USED BY PTOS.

Removed!

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Trauma patient admitted to hospital under care of admitting or attending physician who is not a surgeon (**ACS Audit Filter #15a**)

Trauma Patient; AND

Admitting Service (ADM_SERV) = 6 (Other Non-Surgical) or 9 (Burn Service)

Removed "9 (burn service) from query. At burn centers these providers are surgeons.

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Nonfixation of femoral diaphyseal fracture in adult trauma patient (**ACS Audit Filter #16**)

Trauma Patient; AND

Derived Age (AGE) ≥ 15; AND

Any ICD-10-CM diagnosis code (ICD10_01, ICD10_02, ... ICD10_27) that starts with S72.3;

AND

NO Procedure that starts with (PR_01_I10...PR_84_I10 OQS [6,7,8,9,B,C] [0,3,4]_[4,5,6,B,C,D]OR starts with OQH [6,7,8,9,B,C]

Updated wording to "Nonfixation of femoral diaphyseal (shaft) fracture in adult trauma patient"

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Patient developing deep vein thrombosis, pulmonary embolism, or pressure ulcer (**ACS Audit Filter #17**)

ACS FILTER #17 IS NOT USED BY PTOS

Removed!

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Specific occurrences (**ACS Audit Filter #19**)

Any Occurrences (COMPLIC_1, COMPLIC_2, ... COMPLIC_10) valued and ≠ 01 (None).

Updated wording to "all occurrences"

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All deaths

(ACS Audit Filter #21)

Discharge Status (DIS_STATUS) = 7 (Dead).

Updated wording to "all trauma deaths (particularly can focus on unexpected deaths such as those occurring with low injury severity scores)."

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Adult patient receiving transfusion of platelets or fresh frozen plasma within 24 hours of ED arrival after having received < 8 units of packed red blood cells or whole blood

(ACS Audit Filter #22)

ACS FILTER #22 IS NOT USED BY PTOS

Removed!

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Trauma patient with open fractures of long bones as a result of blunt trauma receiving initial surgical treatment > 8 hours after ED arrival (**JCAHO Clinical Indicator #6**)

Trauma Patient; AND

Type of Injury (INJ_TYPE) = 1 (Blunt); AND

Any ICD-9-CM diagnosis code (ICD9_01, ICD9_02, ..., ICD9_27) = 812.1x, 812.3x, 812.5x, 813.1x, 813.3x, 813.5x, 813.9x, 818.10, 820.1x, 820.3x, 820.90, 821.1x, 821.3x, 823.1x, 823.3x or 823.9x; AND

Any Operative Procedure (OPER_1_P1, ..., OPER_3_P12) = 78.02, 78.03, 78.05, 78.07, 78.12, 78.13, 78.15, 78.17, 78.42, 78.43, 78.45, 78.47, 78.52, 78.53, 78.55, 78.57, 79.11, 79.12, 79.15, 79.16, 79.21, 79.22, 79.25, 79.26, 79.31, 79.32, 79.35, 79.36, 79.51, 79.52, 79.55, 79.56, 79.61, 79.62, 79.65 or 79.66; AND the associated time for the earliest (initial) qualifying Operative procedure (e.g., O_1_P1_DATE, O_1_P1_TIME) is greater than 8 hours after ED arrival (EDA_DATE, EDA_TIME).

Updated wording to "trauma patient with open fractures of long bones as a result of blunt trauma receiving initial surgical treatment >24 hours after ED arrival."

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Trauma patient with diagnosis of liver or spleen laceration undergoing initial laparotomy > 2 hours after ED arrival (**JCAHO Clinical Indicator #7**)

Trauma Patient; AND

Any ICD-9-CM diagnosis code (ICD9_01, ICD9_02, ... ICD9_27) = 864.02-864.04, 864.12-864.14, 865.02-865.04 or 865.12-865.14; AND

Any Operative procedure (PROC_01_PR ...PROC_84_PR) is = 41.43, 41.5, 41.95, 50.22, 50.3, 50.61 or 50.69; AND the associated time for the earliest (initial) qualifying Operative

procedure (e.g., O_1_P1_DATE, O_1_P1_TIME) is greater than 2 hours after ED arrival (EDA_DATE, EDA_TIME).

Removed!

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Trauma patient undergoing laparotomy for wounds penetrating the abdominal wall (gunshot and stab wounds) (**JCAHO Clinical Indicator #8**)

Trauma Patient; AND

"Did patient sustain a gunshot wound to the abdomen and receive non-operative management?" (NONOP_GSWA) = 1 (Yes); OR

"Did patient sustain a stab wound to the abdomen and receive non-operative management?" (NONOP_STAB) = 1 (Yes).

Removed!

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Intrahospital mortality of trauma patient with 1 or more of the conditions who did not undergo a procedure for the condition: tension pneumothorax, hemoperitoneum, hemothoraces, ruptured aorta, pericardial tamponade, and epidural or subdural hemorrhage (**JCAHO Clinical Indicator #11**)

Trauma Patient; AND

"Is this a transfer patient?" (TRANSF_PT) = 2 (No); AND

Discharge Status (DIS_STATUS) = 7 (Dead); AND

If any of the fields (COND_1, COND_2, ... COND_6) associated with the question:
"If patient had one or more of the following conditions, did he/she undergo a procedure for the condition(s)?" = 2 (No).

Removed!

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Trauma patient who expired within 48 hours of ED arrival, with autopsy performed (**JCAHO Clinical Indicator #12**)

Trauma Patient; AND

Discharge Status (DIS_STATUS) = 7 (Dead); AND

"Autopsy Results Available" (AUTOPSY_MR) = 1 (Yes); AND

Time from ED arrival (EDA_DATE, EDA_TIME) to death (DATE_DEATH, TIME_DEATH) ≤ 48 hours.

Removed!

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General Updates

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General Updates

- PTOS Manual "Clean-up"
- Removal of Closed Facilities from Facility # Dropdown
- Ability to Pull Facility Addresses from Collector
- 2018 NTDS Changes
- AIS 2015
- Data Completeness Report Correction

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PTOS Manual "Clean-up"

- All dropdown menus in tables
- Typos
- Spacing
- Etc.

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Removal of Closed Facilities from Facility # Dropdown

- After one year, any closed facility will be removed from the Facility # dropdown menu

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Facility Addresses

- 2019!!!
- Currently working with DI to allow facility addresses to be pulled from Collector for reporting purposes

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2018 NTDS Changes

- For the 2018 NTDS Data Dictionary, we will not add new data elements and will not change data validation rules.
- For VAP, CAUTI, CLABSI, and Osteomyelitis in the 2018 NTDS Data Dictionary, we will use the definitions that appear in the 2017 NTDS Data Dictionary. We will no longer require hospitals to use the most recent definitions provided by the CDC.
- We will provide an official 2018 NTDS Data Dictionary that will reflect the new instructions for VAP, CAUTI, CLABSI, and Osteomyelitis.
- Through the end of 2017 and throughout 2018, we will continue to use the 2017 validation rules.
- The data submission process will remain essentially the same, in that you will upload the file exported from your hospital registry on the new Data Center.
- You will access validation reports on the new Data Center.

Please contact us with any questions at TraumaQuality@facs.org.

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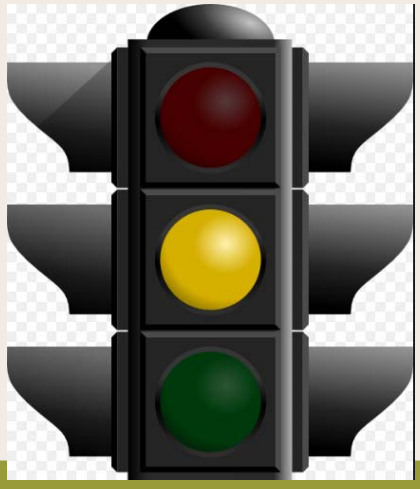
ACS Trauma Quality Program (7/26/2017)

AIS 2015



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http://4vector.com/free-vector/traffic-light-yellow-clip-art-127866

Data Completeness Report Correction

- Percentages for the alert level elements are being calculated incorrectly
- Corrections will be made

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Thank You!

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