

Florida

Trauma Registry

Manual

Data Dictionary

2016 Edition

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# Dictionary Overview

Welcome to the Florida Department of Health's *Trauma Registry Manual Data Dictionary 2016 Edition*. This manual serves as the data submission requirements for the Florida Trauma Registry referred to as Florida Trauma Data Standard (FTDS).

## Dictionary Design

The FTDS is designed as a supplement to the National Trauma Data Standard, (NTDS), published by the American College of Surgeons, National Trauma Data Bank and can be found at: <http://www.ntdsdictionary.org/dataElements/datasetDictionary.html>. All verified and provisional trauma centers shall submit data in accordance with the FTDS and NTDS. The parameters and edit checks described in the NTDS remain in effect unless noted differently within this manual.

## Field Contents

In both the NTDS and the FTDS, a field can be “non-blank” in one of two ways – it can contain a Field Data Value (FDV), or it can have a Common Null Value (CNV). For example, a Field Data Value that might be contained in the field O\_03 Hospital Discharge Date would be “2013-04-05”. But if the patient was not discharged from the hospital (e.g. the patient died in the ED), the field will instead have a Common Null Value of “Not Applicable”.

A field cannot contain a Field Data Value and have a Common Null Value at the same time. This is because the two Common Null Values – (1) *Not Applicable*, and (2) *Not Known/Not Recorded* – are meant to serve as a “reason” for the lack of a Field Data Value in the element.

A field is described as “valued” (or “completed”) when it contains a Field Data Value. A field is described as “non-blank” when it either contains a Field Data Value or has one of the Common Null Values. A field is described as “blank” (or “empty”) when it neither contains a Field Data Value or has a Common Null Value, or is just simply absent from the submission file.

## Required Fields

A “required” field is a field that can potentially cause a record rejection if it is *blank* or does not contain an appropriate value– i.e. it does not contain a valid FDV or have a CNV as prescribed.

*\*Note that in the NTDS, each page describing a field has an attribute entry listed as “Required in NTDS“ – or sometimes “Required in XSD” – and this attribute is marked as “Yes” for every field in the dictionary. This requirement information is distinct from the required fields as described in this dictionary.*

The table below lists the fields in both NTDS and FTDS which are required to be “non-blank” in a trauma data submission. The first column in the table lists the field names. The second column denotes which type of data is required – either a Field Data Value (FDV), or a Common Null Values (CNV), as specified by each data element’s requirements

| ***Required***  ***Fields*** | ***Required Value*** |
| --- | --- |
| D\_07 Date of Birth | FDV or CNV |
| D\_08 Age (IF D\_07 Date of Birth has CNV of NK or is “less than 24 hours”) | FDV or CNV |
| D\_09 Age Units (IF D\_07 Date of Birth has CNV of NK or is “less than 24 hours”) | FDV or CNV |
| D\_10 Race | FDV or CNV |
| D\_12 Sex | FDV or CNV |
| DF\_01 Local Trauma Registry Number | FDV |
| DF\_02 Event Specific Patient Tracking Number | FDV or CNV |
| DF\_03 Social Security Number | FDV |
| DF\_04 First Name | FDV or CNV |
| DF\_06 Last Name | FDV or CNV |
| DF\_07 Medical Record Number | FDV |
| I\_01 Injury Incident Date | FDV or CNV |
| I\_02 Injury Incident Time | FDV or CNV |
| I\_06 ICD-9 Primary E-Code OR I\_07 ICD-10 Primary E-Code | FDV or CNV |
| I\_08 ICD-9 Location E-Code OR I\_09 ICD-10 Location E-Code | FDV or CNV |
| I\_12 Incident Location Zip Code OR (I\_13 Incident Country AND I\_14 Incident State AND I\_16 Incident City) | FDV or CNV |
| P\_01 EMS Dispatch Date (IF P\_07 Transport Mode does not = “4-POV, 5-Police or 6-Other”) | FDV or CNV |
| P\_02 EMS Dispatch Time (IF P\_07 Transport Mode does not = “4-POV, 5-Police or 6-Other”) | FDV or CNV |
| P\_05 EMS Departure Date (IF P\_07 Transport Mode does not = “4-POV, 5-Police or 6-Other”) | FDV or CNV |
| P\_06 EMS Departure Time (IF P\_07 Transport Mode does not = “4-POV, 5-Police or 6-Other”) | FDV or CNV |
| P\_17 Inter-Facility Transfer | FDV |
| RF\_01 Referring Hospital ID (IF P\_17 Inter-Facility Transfer = “1 Yes”) | FDV or CNV |
| RF\_02 Referring Hospital Arrival Date (IF P\_17 Inter-Facility Transfer = “1 Yes”) | FDV or CNV |
| RF\_03 Referring Hospital Arrival Time (IF P\_17 Inter-Facility Transfer = “1 Yes”) | FDV or CNV |
| RF\_04 Referring Hospital Departure Date (IF P\_17 Inter-Facility Transfer = “1 Yes”) | FDV or CNV |
| RF\_05 Referring Hospital Departure Time (IF P\_17 Inter-Facility Transfer = “1 Yes”) | FDV or CNV |
| ED\_01 ED/Hospital Arrival Date | FDV |
| ED\_03 Initial ED/Hospital Systolic Blood Pressure | FDV or CNV |
| ED\_04 Initial ED/Hospital Pulse Rate | FDV or CNV |
| ED\_06 Initial ED/Hospital Respiratory Rate | FDV or CNV |
| ED\_07 Initial ED/Hospital Respiratory Assistance | FDV or CNV |
| ED\_14 Initial GCS Assessment Qualifiers | FDV or CNV |
| ED\_15 Initial ED/Hospital Height | FDV or CNV |
| ED\_16 Initial ED/Hospital Weight | FDV or CNV |
| ED\_19 ED Discharge Disposition | FDV or CNV |
| ED\_20 Signs of Life | FDV |
| EDF\_01 Trauma Alert Type | FDV |
| EDF\_02 Trauma Team Activation Level | FDV |
| EDF\_03 Trauma Team Activation Date (IF EDF\_02 Trauma Team Activation Level = “1”, ”2”, or ”3”) | FDV or CNV |
| EDF\_04 Trauma Team Activation Time (IF EDF\_02 Trauma Team Activation Level = “1”, ”2”, or ”3”) | FDV or CNV |
| EDF\_05 Trauma Specialist Type (IF EDF\_02 Trauma Team Activation Level = “1”, ”2”, or ”3”) | FDV or CNV |
| EDF\_06 Trauma Specialist Called Date (IF EDF\_02 Trauma Team Activation Level = “1”, ”2”, or ”3”) | FDV or CNV |
| EDF\_07 Trauma Specialist Called Time (IF EDF\_02 Trauma Team Activation Level = “1”, ”2”, or ”3”) | FDV or CNV |
| EDF\_08 Trauma Specialist Arrival Date (IF EDF\_02 Trauma Team Activation Level = “1”, ”2”, or ”3”) | FDV or CNV |
| EDF\_09 Trauma Specialist Arrival Time (IF EDF\_02 Trauma Team Activation Level = “1”, ”2”, or ”3”) | FDV or CNV |
| DG\_01 Co-Morbid Conditions | FDV or CNV |
| DG\_02 ICD-9 Injury Diagnoses OR DG\_03 ICD-10 Injury Diagnoses | FDV |
| O\_01 Total ICU Length of Stay | FDV or CNV |
| O\_03 Hospital Discharge Date | FDV or CNV |
| O\_05 Hospital Discharge Disposition | FDV or CNV |
| Q\_01 Hospital Complications | FDV or CNV |

## TQIP Fields

Provisional and verified trauma centers must submit all the Trauma Quality Improvement Program (TQIP) fields listed in the NTDS to the Department and all verified trauma centers must maintain participation in the American College of Surgeons Trauma Quality Improvement Program as per [Rule 64J-2.006](http://www.flrules.org/Gateway/reference.asp?No=Ref-03327.). (See the [NTDS](http://www.ntdsdictionary.org/) for more TQIP information).

|  |  |  |
| --- | --- | --- |
| Required Fields | | Required Value |
| PM\_01 | Highest GCS Total | FDV or CNV |
| PM\_02 | GCS Motor Component of Highest GCS Total | FDV or CNV |
| PM\_03 | GCS Assessment Qualifier Component of Highest GCS Total | FDV or CNV |
| PM\_04 | Initial ED/Hospital Pupillary Response | FDV or CNV |
| PM\_05 | Midline Shift | FDV or CNV |
| PM\_06 | Cerebral Monitor | FDV or CNV |
| PM\_07 | Cerebral Monitor Date | FDV or CNV |
| PM\_08 | Cerebral Monitor Time | FDV or CNV |
| PM\_09 | Venous Thromboembolism Prophylaxis Type | FDV or NK |
| PM\_10 | Venous Thromboembolism Prophylaxis Date | FDV or CNV |
| PM\_11 | Venous Thromboembolism Prophylaxis Time | FDV or CNV |
| PM\_12 | Transfusion Blood (4 Hours) | FDV |
| PM\_13 | Transfusion Blood (24 Hours) | FDV or CNV |
| PM\_14 | Transfusion Blood Measurement | FDV or CNV |
| PM\_15 | Transfusion Blood Conversion | FDV or CNV |
| PM\_16 | Transfusion Plasma (4 Hours) | FDV or CNV |
| PM\_17 | Transfusion Plasma (24 Hours) | FDV or CNV |
| PM\_18 | Transfusion Plasma Measurement | FDV or CNV |
| PM\_19 | Transfusion Plasma Conversion | FDV or CNV |
| PM\_20 | Transfusion Platelets (4 Hours) | FDV or CNV |
| PM\_21 | Transfusion Platelets (24 Hours) | FDV or CNV |
| PM\_22 | Transfusion Platelets Measurement | FDV or CNV |
| PM\_23 | Transfusion Platelets Conversion | FDV or CNV |
| PM\_24 | Cryoprecipitate (4 Hours) | FDV or CNV |
| PM\_25 | Cryoprecipitate (24 Hours) | FDV or NK |

|  |  |  |
| --- | --- | --- |
| Required Fields | | Required Value |
| PM\_26 | Cryoprecipitate Measurement | FDV or CNV |
| PM\_27 | Cryoprecipitate Conversion | FDV or CNV |
| PM\_28 | Lowest ED SBP | FDV or CNV |
| PM\_29 | Angiography | FDV or CNV |
| PM\_30 | Embolization Site | FDV or CNV |
| PM\_31 | Angiography Date | FDV or NK |
| PM\_32 | Angiography Time | FDV or NK |
| PM\_33 | Surgery For Hemorrhage Control Type | FDV or CNV |
| PM\_34 | Surgery For Hemorrhage Control Date | FDV or CNV |
| PM\_35 | Surgery For Hemorrhage Control Time | FDV or CNV |
| PM\_36 | Withdrawal Of Care | FDV or CNV |
| PM\_37 | Withdrawal Of Care Date | FDV or CNV |
| PM\_38 | Withdrawal Of Care Time | FDV or CNV |

# Reporting Requirements

## Reporting Overview

Florida verified and provisional trauma centers are required to submit data to the Department**.** Trauma Centers must submit data on a quarterly basis. However, data may be submitted more frequently (i.e. daily, weekly, or monthly). The submission must be through the web at [**www.fltraumaregistry.com**](http://www.fltraumaregistry.com). The data file(s) submitted shall contain (in total) the data for all trauma cases meeting inclusion criteria which were discharged during that quarter. All submitted data files received by the Department are imported and stored within the NGTR.

## Inclusion Criteria

The FTDS uses inclusion criteria that are similar to that of the NTDS. The FTDS incorporates the criteria of trauma alert as an automatic inclusion into the FTDS and defines trauma admission that are to be included. (Trauma Admission is defined in the definition section.). For records that indicate a trauma alert, the Department will disregard NTDS edit checks 6903 (8703 for ICD-10). All of NTDS rules are enforced when the Department sends the data to the National Trauma Data Bank (NTDB).



## **Submission Details**

1. All data shall be submitted electronically to the Department at the [www.fltraumaregistry.com](http://www.fltraumaregistry.com) web site.
2. Accounts to submit data are set up for each Florida verified or provisional trauma center by the Florida Department of Health as part of the trauma center application and approval process.
3. Data verification: Data reported to the NGTR must be verified (checked for completeness and accuracy) by the reporting trauma center before submitting to the Department.
4. Data may be submitted on a daily, weekly, monthly, or quarterly basis. Records of patients, sorted by the date of a death or discharge from the hospital/trauma center must be validated and submitted to the Department by the final due dates as listed below:

|  |  |  |
| --- | --- | --- |
| **Reporting**  **Quarter** | **Reporting**  **Dates** | **Final Submission**  **Due Dates** |
| **Quarter 1** | January 1- March 31  Discharges | Due July 1 |
| **Quarter 2** | April 1 - June 30  Discharges | Due October 1 |
| **Quarter 3** | July 1 - September 30  Discharges | Due January 1 |
| **Quarter 4** | October 1- December 31  Discharges | Due April 1 |

1. Data submitted to the Department must be a valid record in order to be used in the determination of a hospital’s trauma caseload volume. The data dictionary section of this manual and that of the NTDB details the field requirements of each data element and what values are accepted.
2. Suggested naming convention: Hospital ID\_*Reporting-Period*(Q1, Q2, Jan) \_date (MM/DD/YY) (add \_resubmission for files being resubmitted). The NGTR will only allow 50 characters in the file name including spaces, special characters and the .XML extension.
3. The Department will only accept data in an XML file format based upon the NGTR XML Schema Definition derived from this data dictionary. **Records may not be submitted in another format or medium.**
4. File Acceptance: Must be the appropriate XML schema and in the acceptable format. Files that cannot be recognized as a valid format will not be processed and will not receive a submission report. In this case, the submitting hospital will receive notification from Department staff that a problem occurred in processing the submission. The problem will need to be corrected and the file resubmitted no later than the final due date for that quarter.
5. Record Acceptance: Records that contain Level 1 or Level 2 errors will cause that record to be rejected. The Trauma Center will be required to correct these errors and resubmit to the NGTR for that record to be loaded into the database. An individual record may not have any Level 3 errors and no more than 14 Level 4 errors. A report with details on records containing any errors will be returned to the hospital. Errors in a record will need to be corrected and resubmitted by the final submission due date to be considered as valid. Records that are in excess of either of the Level 3 or 4 error thresholds or submitted past the final submission due date may not be included in the trauma caseload volume and may not be used for the purposes of reporting.
6. The Department may audit (by site visit, desk audit or through an agent) a trauma center’s medical records at any time.
7. The Department may submit the NTDS and Trauma Quality Improvement Program (TQIP) fields to the American College of Surgeons (ACS) for all trauma centers. The Department may submit data to ACS in accordance with the Florida quarterly submission schedule and will include the appropriate records for the NTDB’s “call for data period” that has been submitted and validated to the NGTR. Please note that submission dates of ACS and Florida may be represented differently in reporting.
8. It is the responsibility of the reporting trauma center to correct any reporting errors and resubmit the data. The deadline for all trauma center resubmissions for consideration in the trauma caseload volume is the final quarterly submission due date. Any data submitted after the final submission due date will be kept for reporting purposes but may not contribute to the trauma caseload volume.
9. When files are resubmitted, the NGTR will verify if a record already exists. If the record has previously been submitted, the newly submitted file will overwrite the previous submission. It is recommended that only flagged records be resubmitted to prevent overwriting a valid record with incorrect data.

**Extension Requests**

Extensions to the final submission due dates in the FTDS may be granted by the Department for a maximum of 30 days from the final submission due date. A written request signed by the hospital’s chief executive officer (or designee) and trauma medical director must be received by the Department 30 days prior to the final submission due date (scanned image sent via email acceptable). These requests may be mailed to: Bureau of Emergency Medical Oversight, 4052 Bald Cypress Way Bin A-22 Tallahassee, FL 32399 or by email to [Trauma.Registry@flhealth.gov](mailto:Trauma.Registry@flhealth.gov).

Extension requests are only granted for unforeseen factors beyond the control of the reporting facility. These factors must be specified in the written request for the extension along with documentation of efforts undertaken to meet the submission requirements. Staff vacations, maternity leave, a failure to appropriately plan out a timeframe of a software upgrade are not considered “unforeseen” requests. Extensions must be approved by the Department and will not be granted verbally.

Please note an extension may cause Department to miss the National data submission deadline to ACS (for the individual hospital) and therefore will affect ACS’s reporting for that hospital.

# Registry Conventions

## Error Levels

Any errors generated as a result of a failure to meet the condition defined within a business rule will reference the rule id, the data element, the level of the error, and the business rule description.

*Error: <Business Rule Reference> <Data Element> <Level> <Description>*

Where Level is defined as:

* **Level 1: Reject –Format/schema** – any element that does not conform to the rules of the XSD. That is, these are errors that arise from XML data that cannot be parsed or would otherwise not be legal XML file. Some errors in this Level do not have a Rule ID – for example: illegal tag, commingling of null values and actual data, out of range errors, etc.
* **Level 2: Reject – Inclusion criteria and/or critical to analyses** – this level affects the fields needed to determine if the record meets the inclusion criteria for FTDS or are required for critical analyses.
* **Additional levels are defined for each data element in the Business Rules table**
  + **Level 3: Flag – Major Data Error**
  + **Level 4: Flag – Minor Data Error**

## Null Values

For any collection of data to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data. In situations where a field data value is not known or appropriate for the data element, common null values must be used in accordance with the FTDS and NTDS.

* **[1]** *Not Applicable*: This null value code applies if, at the time of patient care documentation, the information requested was “Not Applicable” to the patient, the hospitalization or the patient care event. For example, variables documenting EMS care would be “Not Applicable” if a patient self-transports to the hospital.
* **[2]** *Not Known/Not Recorded:* This null value applies if, at the time of patient care documentation, information was “Not Known” (to the patient, family, health care provider) or no value for the element was recorded for the patient. This documents that there was an attempt to obtain information but it was unknown by all parties or the information was missing at the time of documentation. For example, injury date and time may be documented in the hospital patient care report as “Unknown”. Another example, Not Known/Not Recorded should also be coded when documentation was expected, but none was provided (i.e., no EMS run sheet in the hospital record for patient transported by EMS).

# Definitions

ACS NTDB National Trauma Data Standard: Data Dictionary 2016 Admissions (“NTDS”) – A manual that is developed by the American College of Surgeons (ACS) in order to create a standardized national trauma database. This manual is incorporated into Florida Administrative Rule by reference.

American College of Surgeons (“ACS”) - Nationally recognized scientific association of surgeons that improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

Business Rule – A condition used to identify a data error.  The business rule will have an associated Rule ID.  The term “edit checks” is used by the NTDS and can be used interchangeably.

Data Element – Single category of information reported in a given trauma record that contains field values or other related points of data.

Department – The Department of Health

Field Value – The data entered into a data element

Florida Trauma Registry Manual, Data Dictionary 2016 Edition (“FTDS”) – A manual that is developed by the Department to act as a supplement to the NTDS. This manual identifies the requirements of the FTDS and state specific administrative components not covered by the NTDS. This manual is incorporated into Florida Administrative Rule by reference.

Next Generation Trauma Registry (“NGTR”) – The electronic data collection and reporting system used by the Department to obtain records from provisional/verified trauma centers and acute care hospitals.

Transfer – Trauma patient that was transported to/from another hospital/trauma center by EMS, Air Ambulance, or other transport designed for trauma patients.

Trauma Admission (“Admission”) - Trauma patient admitted as an inpatient, per physician’s orders, as a result of traumatic injuries and the patient’s ED/Hospital Arrival Time and Hospital Discharged Time meets a 2-Midnight Threshold.

Trauma Caseload Volume – As defined in 395.4001(13) Florida Statues, “Trauma caseload volume” means the number of trauma patients reported by individual trauma centers to the Trauma Registry and validated by the Department.

Trauma Patient – A patient that meets the inclusion criteria of the FTDS.

Trauma Patient Discharge (“Discharge”) – The date/time the patient stopped receiving trauma services. This would include the date/time of the official written order from the physician for the patient to be discharged from the hospital, transferred to hospice (in or out of the hospital), transferred to rehabilitation (in or out of hospital), or the date/time the patient is transferred to a service that requires a new hospital account.

Trauma Record – A collection of data elements that provide an account of each episode where a trauma patient received trauma services.

Trauma Record File (“File”) – A trauma record or a combination of trauma records that represent the treatment that was provided to a patient(s) meeting Florida inclusion criteria and submitted to the Department.

Trauma Service - Trauma service represents the primary structure for providing care for trauma patients. The service includes personnel and other resources necessary to ensure the appropriate and efficient provision of care.

Valid Record (“Valid”) – A trauma record that meets Department standards for timeliness, completeness, and has not exceeded the error threshold for a given record.

XML Schema Definition (“XSD”) – A document that specifies how to formally describe the elements in an Extensible Markup Language (XML). The XSD is used by NGTR to verify the data in a file. The current XSD is the FLTDS\_2016.XSD Version 1.0 and is incorporated into rule by reference.

Additional Florida Validation Rules

|  |  |  |
| --- | --- | --- |
| ***Rule ID*** | ***Level*** | ***Rule Description*** |
| 60000 | 3 | Record does not meet Florida Trauma Inclusion Criteria |

# Demographic Information

|  |  |
| --- | --- |
| DF\_01 **Local Trauma Registry Number** | |
| Field Definition | Unique identifier generated for a patient within the Trauma Center software application at your facility. It should be sequentially generated for each trauma patient for each trauma incident, and it should be unique from your facility’s Medical Record Number. |
| Data Format | [number] |
| XSD Type | xs:integer |
| XSD Element | LocalRegNumber |
| Multiple Entry | No – A trauma patient may have only one reported unique Local Trauma Registry Number for an incident. |
| Accepts Nulls | No – Common Null Values (CNVs) are not accepted |
| Required Field | Yes – This element is required in the Florida Trauma Data Standard (FTDS) |
| Field Format | Up to 30 digits |
| Field Values | Relevant value for data element |
| Field Constraints | The field must contain a minimum of one character |
| Additional Info | The local trauma registry number may not be unique statewide, but it should be unique for a given combination of a particular patient at a particular facility for a particular incident. |
| Related Fields |  |

|  |  |  |
| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 50101 | 1 | Invalid value (element must conform to data specification) |
| 50102 | 2 | Field cannot be blank |
| 50103 | 2 | Field cannot be Not Applicable |
| 50104 | 2 | Field cannot be Not Known/Not Recorded |

|  |  |
| --- | --- |
| DF\_02 **Event Specific Patient Tracking Number (ESPTN)** | |
| Field Definition | Unique identifier for this patient for this event, generated by the first Florida state-licensed agency which renders service to the patient for the event |
| Data Format | [text] |
| XSD Data Type | xs:String |
| XSD Element | ESPTN |
| Multiple Entry | No – A trauma record may have only one ESPTN |
| Accepts Nulls | Partial – A Common Null Value (CNV) of “Not Known/Not Recorded” is valid |
| Required Field | Yes – This element is required in the Florida Trauma Data Standard (FTDS) |
| Field Format | 44 characters in the form: XXX\_MMDDYYYY\_LicNum\_PatNum |
| Field Values | The ESPTN is comprised of the following information:  XXX A three character code indicating the type of agency: the code is either “EMS” for EMS agency, “HOS” for hospital agency, or “LAW” for law enforcement agency  MM The two-digit month  DD The two-digit day of the month  YYYY The four-digit year  LicNum The Florida state-issued license number of the agency  PatNum The agency-assigned patient number |
| Field Constraints | This field should consist of the three-character agency type (1-3), the first underscore (4), the eight-digit date (5-12), the second underscore (13), a minimum/maximum ten characters for the Florida state-issued license number (padded with leading zeroes, if necessary) (14-23), the third underscore (24), and a minimum/maximum of 20 characters agency-assigned patient number (padded with leading zeroes, if necessary) (25-44). |
| Additional Info | * The state-issued license number should be unique within an agency type, but may not be unique across agency types * The agency-assigned patient number should be unique for that patient within the context of that agency, but may not be unique across multiple events for the same patient within the agency * Use the date the trauma patient arrived at your facility. This could be the ED or Hospital Arrival Date * If the patient arrives at your facility without an ESPTN number, it is the reporting facility’s responsibility to create one. This field is intended to be auto-generated by user action when a prior ESPTN is not documented by EMS or law enforcement agency |
| References |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rule ID | Level | | Rule Description |
| 50201 | 1 | | Invalid value (element must conform to data specification) |
| 50202 | 2 | | Field cannot be blank |
| 50203 | 4 | | Field cannot be Not Applicable, this field must be valued or Not Known/Not Recorded |
| 50204 | 4 | | The “MMDDYYYY” date in the ESPTN should not be earlier than the NTDS I\_01 Injury Incident Date value |
| DF\_03 **Social Security Number** | | | | |
| Field Definition | | | The U.S Government issued Social Security Number for the patient | |
| Data Format | | | [text] | |
| XSD Data Type | | | xs:string | |
| XSD Element | | | PatientSsn | |
| Multiple Entry | | | No – A trauma patient may have only one reported Social Security Number. | |
| Accepts Nulls | | | No – Common Null Values (CNVs) are not accepted | |
| Required Field | | | Yes – This element is required in the Florida Trauma Data Standard (FTDS) | |
| Field Format | | | Eleven characters formatted as “nnn-nn-nnnn” where “n” is a number between 0 and 9. (Note that this element is encrypted by the State.) | |
| Field Values | | | Relevant value for data element. If the SSN is unknown, use the following that pertain:  000-00-0000 = Infants who are 1 year old or less.  555-55-5555 = Non-Citizens  777-77-7777 = Not Available | |
| Field Constraints | | |  | |
| Additional Info | | |  | |
| References | | |  | |

|  |  |  |
| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 50301 | 1 | Invalid value (element must conform to data specification) |
| 50302 | 2 | Field cannot be blank |
| 50303 | 2 | Field cannot be Not Applicable |
| 50304 | 2 | Field cannot be Not Known/Not Recorded |
| 50305 | 4 | If the NTDS Age is greater than one year, then the Social Security Number should not be all zeros |
| 50306 | 4 | If the NTDS Patient’s Home Country is the United States, then the Social Security Number should not be all fives |

|  |  |
| --- | --- |
| DF\_04 **First Name** | |
| Field Definition | The patient’s first name, given as stated on birth certificate or change-of-name affidavit. |
| Data Format | [text] |
| XSD Data Type | xs:string |
| XSD Element | FirstName |
| Multiple Entry | No – A trauma patient may have only one reported First Name. |
| Accepts Nulls | Partial – A Common Null Value (CNV) of “Not Known/Not Recorded” is valid |
| Required Field | Yes – This element is required in the Florida Trauma Data Standard (FTDS) |
| Field Format | Up to 30 characters. (Note that this element is encrypted by the State.) |
| Field Values | Relevant value for data element. |
| Field Constraints | If the element contains a field value, that value must contain at least one alphabetic character |
| Additional Info | If the First Name is unknown, and a Common Null Value of “Not Known/Not Recorded” is not utilized, then the trauma center’s internal naming policies and standard should be followed. |
| References |  |

|  |  |  |
| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 50401 | 1 | Invalid value (element must conform to data specification) |
| 50402 | 3 | Field cannot be Not Applicable |
| 50403 | 2 | Field cannot be blank |

|  |  |
| --- | --- |
| DF\_05 **Middle Name** | |
| Field Definition | The patient’s middle name or middle initial, given as stated on birth certificate or change-of-name affidavit. |
| Data Format | [text] |
| XSD Data Type | xs:string |
| XSD Element | MiddleName |
| Multiple Entry | No – A trauma patient may have only one reported Middle Name. |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | No – This element is not required in the Florida Trauma Data Standard (FTDS) |
| Field Format | Up to 30 characters. (Note that this element is encrypted by the State.) |
| Field Values | Relevant value for data element. |
| Field Constraints | If the element contains a field value, that value must contain at least one alphabetic character |
| Additional Info | If the Middle Name is unknown, and a Common Null Value is not utilized, then the trauma center’s internal naming policies and standard should be followed. |
| References |  |

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| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 50501 | 1 | Invalid value (element must conform to data specification) |
| 50502 | 2 | Field cannot be blank |

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| --- | --- |
| DF\_06 **Last Name** | |
| Field Definition | The patient’s last name, given as stated on birth certificate or change-of-name affidavit. |
| Data Format | [text] |
| XSD Data Type | xs:string |
| XSD Element | LastName |
| Multiple Entry | No – A trauma patient may have only one reported Last Name. |
| Accepts Nulls | Partial – A Common Null Value (CNV) of “Not Known/Not Recorded” is valid |
| Required Field | Yes – This element is required in the Florida Trauma Data Standard (FTDS) |
| Field Format | Up to 50 characters. (Note that this element is encrypted by the State.) |
| Field Values | Relevant value for data element. |
| Field Constraints | If the element contains a field value, that value must contain at least one alphabetic character |
| Additional Info | If the Last Name is unknown, and a Common Null Value of “Not Known/Not Recorded” is not utilized, then the trauma center’s internal naming policies and standard should be followed. |
| References |  |

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| Rule ID | | Level | | Rule Description |
| 50601 | | 1 | | Invalid value (element must conform to data specification) |
| 50602 | | 3 | | Field cannot be Not Applicable | |
| 50603 | | 2 | | Field cannot be blank | |

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| DF\_07 **Medical Record Number** | |
| Field Definition | The medical record number or other patient identifier on the transcript of the medical information about the patient. |
| Data Format | [text] |
| XSD Data Type | xs:AlphaDash |
| XSD Element | MedicalRecNum |
| Multiple Entry | No – A trauma patient may have only one reported Medical Record Number. |
| Accepts Nulls | No – Common Null Values (CNVs) are not accepted |
| Required Field | Yes – This element is required in the Florida Trauma Data Standard (FTDS) |
| Field Format | Up to 20 characters. (Note that this element is encrypted by the State.) |
| Field Values | Relevant value for data element. If this number is unknown, a temporary number may be assigned. |
| Field Constraints |  |
| Additional Info | The medical record number is unique to a given patient, but not unique to a particular incident. The other patient identifier will be your internal defined unique tracking number. |
| References |  |

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| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 50701 | 1 | Invalid value (element must conform to data specification) |
| 50702 | 2 | Field cannot be blank |
| 50703 | 2 | Field cannot be Not Applicable |
| 50704 | 2 | Field cannot be Not Known/Not Recorded |

# 

# Referring Hospital Information

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| RF\_01 **Referring Hospital ID** | |
| Field Definition | The hospital from which the patient was referred, as selected from a list of hospitals in the state of Florida and additional hospitals. The Referring Hospital is the facility where the patient was given care before reaching your hospital. Admission to the Referring Hospital is not necessary. |
| Data Format | [combo] single-choice |
| XSD Data Type | xs:string |
| XSD Element | ReferringHospitalId |
| Multiple Entry | No |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when NTDS Inter-Facility Transfer- P\_17 is “1” (Yes) |
| Field Format | Twenty characters |
| Field Values | For hospitals in Florida the AHCA file number is used. For hospitals outside of FL use 999999 and for a VA hospital use 555555 |
| Field Constraints | A biu of “1” for N/A is only reported if NTDS Interfacility Transfer is “2” (No); if NTDS Inter-Facility Transfer is “1” (Yes) than the field must be valued or a biu of “2” for not known/not recorded can be used |
| Additional Info |  |

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| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 50801 | 1 | Invalid value (element must conform to data specification) |
| 50802 | 3 | If NTDS Inter-Facility Transfer indicates a transfer took place, Referring Hospital Facility ID must contain a valid ID value or a biu of 2- Not known/not recorded |
| 50803 | 2 | Field cannot be blank |
| 50804 | 3 | If NTDS Inter-Facility Transfer indicates a transfer did not take place, then Referring Hospital Facility ID must be blank or Not Applicable |

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| --- | --- |
| RF\_02 **Referring Hospital Arrival Date** | |
| Field Definition | The date of the patient's arrival at the referring hospital (the hospital where the patient was given care before reaching your hospital). Admission to the referring hospital is not necessary |
| Data Format | [date] |
| XSD Data Type | xs:date |
| XSD Element | ReferringHospitalArrivalDate |
| Multiple Entry | No |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when NTDS Inter-Facility Transfer is “1” (Yes) |
| Field Format | Ten characters formatted as YYYY-MM-DD. |
| Field Values | Valid calendar date |
| Field Constraints | From 1990-01-01 to 2030-12-31 |
| Additional Info |  |
| References |  |

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| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 50901 | 1 | Invalid value (element must conform to data specification) |
| 50902 | 3 | If NTDS Inter-Facility Transfer indicates a transfer took place, then Referring Hospital Arrival Date must contain a date value or a biu of 2- Not known/not recorded |
| 50903 | 4 | The date / time recorded in the Referring Hospital Arrival Date / Time fields must be later than or equal to the NTDS Injury Incident Date / Time fields |
| 50904 | 3 | If NTDS Inter-Facility Transfer indicates a transfer did not take place, then Referring Hospital Arrival Date must be blank or Not Applicable |

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| --- | --- |
| RF\_03 **Referring Hospital Arrival Time** | |
| Field Definition | The time the patient arrived at the referring hospital |
| Data Format | [time] |
| XSD Data Type | xs:time |
| XSD Element | ReferringHospitalArrivalTime |
| Multiple Entry | No |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when NTDS Inter-Facility Transfer is “1” (Yes) |
| Field Format | Five characters formatted as HH:MM, HHMM or HH:MM:SS (add to all time fields) |
| Field Values | Valid 24-hour time |
| Field Constraints | From 00:00 to 23:59 |
| Additional Info |  |
| References |  |

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| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 51001 | 1 | Invalid value (element must conform to data specification) |
| 51002 | 3 | If NTDS Inter-Facility Transfer indicates a transfer took place, then Referring Hospital Arrival Time must contain a time value or a biu of 2 for not known/not recorded |
| 51003 | 4 | If Referring Hospital Arrival Time contains a time value, then Referring Hospital Arrival Date must contain a date value or a biu of 2 for not known/not recorded |
| 51004 | 3 | If NTDS Inter-Facility Transfer indicates a transfer did not take place, then Referring Hospital Arrival Time must be blank or Not Applicable |

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| RF\_04 **Referring Hospital Discharge Date** | |
| Field Definition | The date of the patient's discharge from the referring hospital. |
| Data Format | [date] |
| XSD Data Type | xs:date |
| XSD Element | ReferringHospitalDischargeDate |
| Multiple Entry | No |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when NTDS Inter-Facility Transfer is “1” (Yes)- This is confusing see RF-01 for suggested rewording |
| Field Format | Ten characters formatted as YYYY-MM-DD. |
| Field Values | Valid calendar date |
| Field Constraints | From 1990-01-01 to 2030-12-31 |
| Additional Info |  |
| References |  |

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| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 51101 | 1 | Invalid value (element must conform to data specification) |
| 51102 | 3 | If NTDS Inter-Facility Transfer indicates a transfer took place, then Referring Hospital Discharge Date must contain a date value or a biu of 2 for not known/not recorded |
| 51103 | 4 | The date / time recorded in the Referring Hospital Discharge Date / Time fields must be later than or equal to the NTDS Injury Incident Date / Time fields |
| 51104 | 4 | The date / time recorded in the Referring Hospital Discharge Date / Time fields must be later than or equal to the Referring Hospital Arrival Date / Time fields |
| 51105 | 3 | If NTDS Inter-Facility Transfer indicates a transfer did not take place, then Referring Hospital Discharge Date must be blank or Not Applicable |

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| RF\_05 **Referring Hospital Discharge Time** | |
| Field Definition | The time of the patient's discharge from the referring hospital. |
| Data Format | [time] |
| XSD Data Type | xs:time |
| XSD Element | ReferringHospitalDischargeTime |
| Multiple Entry | No |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when NTDS Inter-Facility Transfer is “1” (Yes) |
| Field Format | Five characters formatted as HH:MM |
| Field Values | Valid 24-hour time |
| Field Constraints | From 00:00 to 23:59 |
| Additional Info |  |
| References |  |

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| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 51201 | 1 | Invalid value (element must conform to data specification) |
| 51202 | 3 | If NTDS Inter-Facility Transfer indicates a transfer took place, then Referring Hospital Discharge Time must contain a time value or a biu of 2 for not known/not recorded |
| 51203 | 4 | If Referring Hospital Discharge Time contains a time value, then Referring Hospital Discharge Date must contain a date value |
| 51204 | 3 | If NTDS Inter-Facility Transfer indicates a transfer did not take place, then Referring Hospital Discharge Time must be blank or Not Applicable |

# Emergency Department Information

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| --- | --- |
| EDF\_01 **Trauma Alert Type** | |
| Field Definition | Type of trauma alert called in accordance with the state trauma scorecard criteria (Rule 64J-2.004, F.A.C.). |
| Data Format | [combo] single-choice |
| XSD Data Type | xs:nonNegativeInteger |
| XSD Element | TraumaAlertType |
| Multiple Entry | No |
| Accepts Nulls | No – Common Null Values (CNVs) are not accepted |
| Required Field | Yes – This element is required in the Florida Trauma Data Standard (FTDS) |
| Field Format | One numeric digit |
| Field Values | See below |
| Field Constraints | From 5-8 |
| Additional Info | If trauma alert type is Trauma Center Criteria than at least one Field Data Value is required in the NTDS field(s) Trauma Center Criterion or Vehicular, Risk, Pedestrian fields. |
| References |  |

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| --- | --- |
| Field Values | |
| ~~1 Red (single criterion)~~ Retired 2015 | ~~2 Blue (two criteria~~) Retired 2015 |
| ~~3 GCS ≤ 12~~ Retired 2015 | ~~4 Judgment EMT~~ Retired 2015 |
| 5 Judgment Hospital | 6 Local (local criteria) |
| 7 NTA (Not a Trauma Alert) | 8 Trauma Center Criteria |

| Rule ID | Level | Rule Description |
| --- | --- | --- |
| 51301 | 1 | Invalid value (element must conform to data specification) |
| 51302 | 2 | Field cannot be blank |
| 51303 | 2 | Field cannot be Not Applicable |
| 51304 | 2 | Field cannot be Not Known/Not Recorded |
| 51307 | 2 | If Trauma Alert is valued as 8, then either Trauma Center Criterion or Vehicular, Risk, Pedestrian must be valued. |
| 51308 | 2 | If Trauma Alert is valued as 7, then both Trauma Center Criterion or Vehicular, Risk, Pedestrian must be valued as Not Applicable |

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| EDF\_02 **Trauma Team Activation Level** | |
| Field Definition | Trauma Team Activation - Announcement of incoming trauma patient via pager system to assemble all members of the trauma team in the ED resuscitation area. |
| Data Format | [combo] multiple-choice |
| XSD Data Type | xs:nonNegativeInteger |
| XSD Element | TeamActivationLevel |
| Multiple Entry | No |
| Accepts Nulls | No – Common Null Values (CNVs) are not accepted |
| Required Field | Yes – This element is required in the Florida Trauma Data Standard (FTDS) |
| Field Format | One numeric digit |
| Field Values | See below |
| Field Constraints | From 1 to 4 |
| Additional Info |  |
| References |  |

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| --- | --- |
| Field Values | |
| 1 Level 1 - Highest level of team activation at your institution using defined trauma triage guidelines. | 2 Level 2 - Secondary level of team activation, if applicable, at your institution, using defined trauma triage guidelines. |
| 3 Level 3 - The last type of notification / communication to the Trauma Team as defined in the user’s Tertiary Activation system plan. | 4 Trauma team not activated |

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| Rule ID | Level | | Rule Description |
| 51401 | 1 | | Invalid value (element must conform to data specification) |
| 51402 | 2 | | Field cannot be blank |
| 51403 | 2 | | Field cannot be Not Applicable |
| 51404 | 2 | | Field cannot be Not Known/Not Recorded |
| 51405 | 2 | | If *Trauma Team Activation Level* is “4” (Not Activated) then *Trauma Alert Type* must be “7” (NTA) |
| EDF\_03 **Trauma Team Activation Date** | | | | |
| Field Definition | | | The date that the trauma team corresponding to level 1, 2, or 3 was called (activated). | |
| Data Format | | | [date] | |
| XSD Data Type | | | xs:date | |
| XSD Element | | | TeamActivationDate | |
| Multiple Entry | | | No | |
| Accepts Nulls | | | Yes – Common Null Values (CNVs) are accepted | |
| Required Field | | | Conditional – This element must be valued or have a CNV of “Not Known” when *Trauma Team Activation Level* is “1”, “2”, or “3” | |
| Field Format | | | Ten characters formatted as YYYY-MM-DD. | |
| Field Values | | | Valid calendar date | |
| Field Constraints | | | From 1990-01-01 to 2030-12-31 | |
| Additional Info | | |  | |
| References | | |  | |

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| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 51501 | 1 | Invalid value (element must conform to data specification) |
| 51502 | 3 | Not Applicable, field must be valued or “Not Known” if *Trauma Team Activation Level* is “1”, “2”, or “3” |
| 51505 | 2 | Field cannot be blank |

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| EDF\_04 **Trauma Team Activation Time** | |
| Field Definition | The time that the trauma team corresponding to level 1, 2, or 3 was called (activated). |
| Data Format | [time] |
| XSD Data Type | xs:time |
| XSD Element | TeamActivationTime |
| Multiple Entry | No |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be valued or have a CNV of “Not Known” when *Trauma Team Activation Level* is “1”, “2”, or “3” |
| Field Format | Five characters formatted as HH:MM |
| Field Values | Valid 24-hour time |
| Field Constraints | From 00:00 to 23:59 |
| Additional Info |  |
| References |  |

|  |  |  |
| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 51601 | 1 | Invalid value (element must conform to data specification) |
| 51602 | 3 | Not Applicable, field must be valued or “Not Known” if *Trauma Team Activation Level* is “1”, “2”, or “3” |
| 51603 | 4 | If Trauma Team Activation Time is completed, then Trauma Team Activation Date must also be completed |
| 51604 | 2 | Field cannot be blank |

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| EDF\_05 **Trauma Specialist Type** | |
| Field Definition | The type of specialist requested for the trauma alert. |
| Data Format | [combo] multiple-choice |
| XSD Data Type | xs:nonNegativeInteger |
| XSD Element | SpecialistType |
| Multiple Entry | Yes – Maximum of 20 |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be valued or have a CNV of “Not Known” when *Trauma Team Activation Level* is “1”, “2”, or “3” |
| Field Format | One numeric digit |
| Field Values | See below, If specialist is not listed the specialist field should have a biu of 1 |
| Field Constraints | From 1 to 7 |
| Additional Info | A max of 20 Trauma Specialist ‘records’ may be specified. If there is a Trauma Alert, then a minimum of one Trauma Specialist ‘record’ must be specified with a type of (‘1’ Trauma Surgeon, ‘2’ Neurosurgeon, or ‘3’ Orthopedic Surgeon) and it should consist of the following data elements for each record:  Trauma Specialist Type  Trauma Specialist Called Date  Trauma Specialist Called Time  Trauma Specialist Arrival Date  Trauma Specialist Arrival Time |
| References |  |

|  |  |  |
| --- | --- | --- |
| Field Values | | |
| 1 Trauma Surgeon | 2 Neurosurgeon |
| 3 Orthopedic Surgeon | 4 ED Physician |
| 5 Anesthesiologist | 6 Medical Doctor |
| 7 Chief Resident | 8 Other |

|  |  |  |
| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 51701 | 1 | Invalid value (element must conform to data specification) |
| 51702 | 2 | Blank or Not Applicable, field must be valued or “Not Known” if *Trauma Team Activation Level* is “1”, “2”, or “3” |
| 51703 | 3 | If Trauma Alert Type is not ‘7” NTA (not an alert) then a minimum of one Trauma Specialist ‘record’ must be specified with a value of either ‘1’ Trauma Surgeon, ‘2’ Neurosurgeon, or ‘3’ Orthopedic Surgeon for Trauma Specialist Type or ‘4’- ED Physician |
| 51704 | 4 | If Trauma Team Activation Level is (‘1’ Level 1 or ‘2’ Level 2, or ‘3’ Level 3) then a minimum of one Trauma Specialist ‘record’ must be completed with a valid value for Trauma Specialist Type |
| 51705 | 2 | Field cannot be blank |

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| --- | --- |
| EDF\_06 **Trauma Specialist Called Date** | |
| Field Definition | The date at which assistance was requested. Corresponds to the value of the Trauma Specialist Type. |
| Data Format | [date] |
| XSD Data Type | xs:date |
| XSD Element | SpecialistCalledDate |
| Multiple Entry | Yes – Maximum of 20 |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be valued or have a CNV of “Not Known” when *Trauma Team Activation Level* is “1”, “2”, or “3” |
| Field Format | Ten characters formatted as YYYY-MM-DD. |
| Field Values | Valid calendar date |
| Field Constraints | From 1990-01-01 to 2030-12-31 |
| Additional Info |  |
| References |  |

|  |  |  |
| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 51801 | 1 | Invalid value (element must conform to data specification) |
| 51802 | 3 | Not Applicable, field must be valued or “Not Known” if *Trauma Team Activation Level* is “1”, “2”, or “3” |
| 51804 | 3 | Trauma Specialist Called Date / Time must be earlier than or equal to the Trauma Specialist Arrival Date / Time, respectively |
| 51805 | 2 | Field cannot be blank |

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| EDF\_07 **Trauma Specialist Called Time** | |
| Field Definition | The time at which assistance was requested. Corresponds to the value of the Trauma Specialist Type. |
| Data Format | [time] |
| XSD Data Type | xs:time |
| XSD Element | SpecialistCalledTime |
| Multiple Entry | Yes – Maximum of 20 |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be valued or have a CNV of “Not Known” when *Trauma Team Activation Level* is “1”, “2”, or “3” |
| Field Format | Five characters formatted as HH:MM |
| Field Values | Valid 24-hour time |
| Field Constraints | From 00:00 to 23:59 |
| Additional Info | When staff is already on site at the time the trauma alert is called the called and arrival times should be the same.- |
| References |  |

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| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 51901 | 1 | Invalid value (element must conform to data specification) |
| 51902 | 3 | Not Applicable, field must be valued or “Not Known” if *Trauma Team Activation Level* is “1”, “2”, or “3” |
| 51903 | 4 | If Trauma Specialist Called Time is completed, then Trauma Specialist Called Date must also be completed |
| 51904 | 2 | Field cannot be blank |

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| --- | --- |
| EDF\_08 **Trauma Specialist Arrival Date** | |
| Field Definition | The earliest date of arrival of the specialist at the patient's bedside, whether in the ED, OR, or ICU. Corresponds to the value of the Trauma Specialist Type. |
| Data Format | [date] |
| XSD Data Type | xs:date |
| XSD Element | SpecialistArrivalDate |
| Multiple Entry | Yes – Maximum of 20 |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be valued or have a CNV of “Not Known” when *Trauma Team Activation Level* is “1”, “2”, or “3” |
| Field Format | Ten characters formatted as YYYY-MM-DD. |
| Field Values | Valid calendar date |
| Field Constraints | From 1990-01-01 to 2030-12-31 |
| Additional Info |  |
| References |  |

|  |  |  |
| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 52001 | 1 | Invalid value (element must conform to data specification) |
| 52002 | 3 | Not Applicable, field must be valued or “Not Known” if *Trauma Team Activation Level* is “1”, “2”, or “3” |
| 52003 | 2 | Field cannot be blank |

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| EDF\_09 **Trauma Specialist Arrival Time** | |
| Field Definition | The earliest time of arrival of the specialist at the patient's bedside, whether in the ED, OR, or ICU. Corresponds to the value of the Trauma Specialist Type |
| Data Format | [time] |
| XSD Data Type | xs:time |
| XSD Element | SpecialistArrivalTime |
| Multiple Entry | Yes – Maximum of 20 |
| Accepts Nulls | Yes – Common Null Values (CNVs) are accepted |
| Required Field | Conditional – This element must be valued or have a CNV of “Not Known” when *Trauma Team Activation Level* is “1”, “2”, or “3” |
| Field Format | Five characters formatted as HH:MM |
| Field Values | Valid 24-hour time |
| Field Constraints | From 00:00 to 23:59 |
| Additional Info | See Trauma Specialist Type and Trauma Specialist Arrival for business rules involving Trauma Specialist Arrival Time |
| References |  |

|  |  |  |
| --- | --- | --- |
| Rule ID | Level | Rule Description |
| 52101 | 1 | Invalid value (element must conform to data specification) |
| 52102 | 3 | Blank or Not Applicable, field must be valued or “Not Known” if *Trauma Team Activation Level* is “1”, “2”, or “3” |
| 52103 | 4 | If Trauma Specialist Arrival Time is completed, then Trauma Specialist Arrival Date must also be completed |
| 52104 | 2 | Field cannot be blank |

# END OF DOCUMENT

# Change Log

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Change Date** | **Discharge Year** | **Change Location** | **Field Name** | **Content Change** |
| Aug-15 | 2016 | Dictionary Edition |  | Updated to reflect 2016 |
| Aug-15 | 2016 | Dictionary Overview |  | Updated dictionary overview section to reflect current acronyms |
| Aug-15 | 2016 | Dictionary Design |  | Updated dictionary design section to reflect current acronyms and identified supplemental material(s) and web address |
| Aug-15 | 2016 | Dictionary Content |  | Deleted |
| Aug-15 | 2016 | Field Contents |  | Updated acronyms |
| Aug-15 | 2016 | Required Fields |  | Updated acronyms, requirements, removed excessive verbiage and added new TQIP fields |
| Aug-15 | 2016 | Reporting Overview |  | Provided clarification of this section and removed extraneous information |
| Aug-15 | 2016 | Inclusion Criteria |  | Updated to provide specific guidance on how to determine inclusion in the registry. Clarified definition of an admission and provided a flow chart |
| Aug-15 | 2016 | Submission Details |  | Refined section to provide clarification |
| Aug-15 | 2016 | Definitions |  | Added a definitions page |
| Aug-15 | 2016 | Data Fields |  | Updated business rules to match current NTDB standards on various fields |
| Aug-15 | 2016 | Demographics | ESPTN | Updated with clarifying information |
| Aug-15 | 2016 | Demographics | First Name | Added business rule to prevent blanks |
| Aug-15 | 2016 | Demographics | Middle Name | Added business rule to prevent blanks |
| Aug-15 | 2016 | Demographics | Last Name | Added business rule to prevent blanks |
| Aug-15 | 2016 | Referring Hospital Information | Referring hospital ID | Clarified the Field Constraints of this field. Added business rules to prevent blanks/ erroneous data |
| Aug-15 | 2016 | Referring Hospital Information | Referring hospital Arrival date | Added additional business rule |
| Aug-15 | 2016 | Referring Hospital Information | Referring Hospital Arrival Time | Added additional business rule |
| Aug-15 | 2016 | Referring Hospital Information | Referring Hospital Discharge Date | Added additional business rule |
| Aug-15 | 2016 | Referring Hospital Information | Referring Hospital Discharge Time | Added additional business rule |
| Aug-15 | 2016 | Emergency Department Information | Trauma Alert Type | Updated to remove old requirements listed in Rules 64J-2.004 and 64J-2.005 F.A.C. Added business rule to ensure data quality |
| Aug-15 | 2016 | Emergency Department Information | Trauma Team Activation Date | Added business rule to prevent blanks |
| Aug-15 | 2016 | Emergency Department Information | Trauma Team Activation Time | Added business rule to prevent blanks |
| Aug-15 | 2016 | Emergency Department Information | Trauma Specialist Type | Added business rule to prevent blanks |
| Aug-15 | 2016 | Emergency Department Information | Trauma Specialist Called Date | Added business rule to prevent blanks |
| Aug-15 | 2016 | Emergency Department Information | Trauma Specialist Called Time | Added business rule to prevent blanks |
| Aug-15 | 2016 | Emergency Department Information | Trauma Specialist Arrival Date | Added business rule to prevent blanks |
| Aug-15 | 2016 | Emergency Department Information | Trauma Specialist Arrival Time | Added business rule to prevent blanks |
| Aug-15 | 2016 | Additional Validation Rules |  | Added a Florida specific rule to check records for inclusion criteria |