

OREGON TRAUMA PATIENT INCLUSION DEFINITION

Jan, 1, 2017

Effective for records with ED/Hospital Arrival Dates January 5, 2017 forward

1. ALL EMS TRAUMA ACTIVATIONS regardless the ED/hospital diagnosis

A patient with an injury or suspected injury for whom is triaged from a scene to a trauma center or ED based on the most recent version of CDC EMS triage criteria;

OR

2. ALL hospital trauma team activations or trauma surgeon's evaluations regardless the ED/hospital diagnosis

A patient with an injury or suspected injury for whom a trauma team activation or trauma surgeon's evaluation occurs;

OR

3. Inter-facility injury transfer by EMS

A patient with an injury, suspected injury or any reported OTR ICD-10 CM injury diagnosis code who is transported via EMS transport from an acute care hospital to a trauma hospital;

OR

4. Missed Injury Diagnosis, complication, failed conservative management of iatrogenic injuries from a previous ED or hospital admission:

A readmission if a patient is discharged from an emergency department or inpatient care area and is subsequently admitted for a missed injury/diagnosis, complications from the injury, or failed conservative management of iatrogenic injuries from the same injury causing event (with any reported OTR ICD-10 CM injury diagnosis code and within 30 days discharge from the previous ED/hospital discharge date). A new trauma record would be created for the missed diagnosis, complication, or failed conservative management admission.

OR

5. A patient had a minimum stay of 24 hours in your facility related to an injury:

A patient had a minimum stay of 24 hours at your facility related to any OTR ICD-10 CM injury diagnosis code (excluding those patients whose admission was for co-morbid/medical condition reasons only).

OR

6. Who died/arrived dead from an injury:

A patient arrived and died at your hospital from the suspected injury and had any OTR ICD-10 CM injury diagnosis code.

ICD-10 CM OTR AND ACS 2017 DIAGNOSIS CODES (only for 3-6):

Had an ICD-10-CM (injury diagnosis code) within categories S00 through S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts –initial encounter)

T07 (unspecified multiple injuries)

T14 (injury of unspecified body region)

T15 through T19 (effects of foreign body entering through natural orifice)

T20 through T28 with 7th character modifier of A ONLY (burns by specific body parts – initial encounter)

T30 through T32 (burn by TBSA percentages)

T79.A1 through T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome – initial encounter)

EXCLUSIONS ICD-10 CM CODES NOT TO REPORT (only for 3-6)

ONLY has a superficial injury or contusion with NO additional injury diagnosis(es) described above:

S00 (Superficial injuries of the head), S10 (Superficial injuries of the neck), S20 (Superficial injuries of the thorax), S30 (Superficial injuries of the abdomen, pelvis, lower back & external genitals); S40 (Superficial injuries of the shoulder and upper arm), S50 (Superficial injuries of the elbow and forearm), S60 (Superficial injuries of wrist, hand and fingers), S70 (Superficial injuries of hip and thigh), S80 (Superficial Injuries of knee and lower leg), S90 (Superficial injuries of ankle, foot and toes)

Reduced data set:

PATIENT DEMOGRAPHICS
INCIDENT
PRE-HOSPITAL
EMERGENCY DEPARTMENT
TRAUMA TEAM/PROVIDER

Full data set:

PATIENT DEMOGRAPHICS
INCIDENT
PRE-HOSPITAL
REFER-IN
ED-EMERGENCY DEPARTMENT
LAB
TRAUMA TEAM/PROVIDER
PROCEDURES
INJURIES
DISCHARGE
COMPLICATIONS
PI REVIEW
READMISSION
TQIP PM (for TQIP participating centers)
TQIP PM 2 (for TQIP participating centers)
OUTCOME

Oregon Trauma Registry Inclusion Criteria 2017

