

2021

# Head, Spinal Cord and Violent Injury (HSVI) Registry Data Dictionary



Mandatory Data Fields titled in **Blue** font

Illinois Specific Data Fields titled in **Purple** font

Optional Data Fields titled in Black font

*Italics font indicates a notation or user tip*

“?” = Not Known/Not Recorded

“/” = N/A or Not Applicable

Section: Creating New Record - HSVI

IL UAT Web Registry and C/S

Joseph Albanese  
System: System

Home Registries Data Exchange Reporting Admin System My Account Support Logout

Trauma Manager Refresh Reset Add New

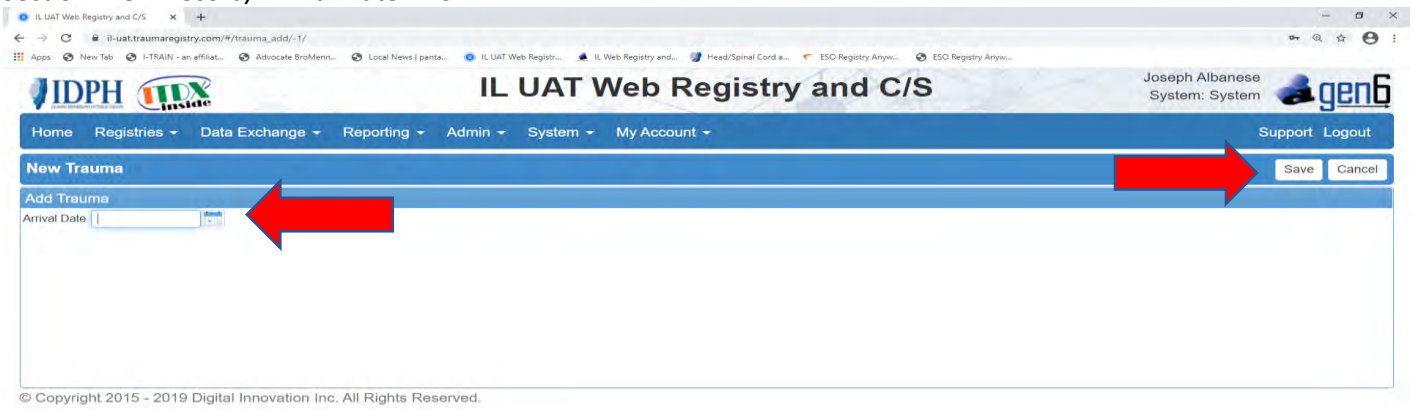
Trauma #	Facility Name	Patient Last Name	Patient First Name	Medical Record #	Account #	Arrival Date	Discharge Date	Record Status	Actions
11223344	Staff	also me	me	36	3	2020-10-28	2020-10-29	Active	
990000144	System					2021-02-18		Active	
990000143	System					2021-02-18		Active	
990000005	Loyola University Medical					2020-01-01		Active	
990000004	Loyola University Medical					2021-01-01		Active	
990000003	Loyola University Medical					2021-01-01		Active	
990000142	System					2020-12-01		Active	
990000141	System					2021-01-12		Active	
990000003	MEMORIAL MEDICAL					2021-01-11		Active	
990000002	MEMORIAL MEDICAL					2020-12-21		Active	
990000140	System					2020-12-08		Active	

Total Records : 328

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To Start a New Record – Select “Add New”

Section: New Record/Arrival Date - HSVI



## ARRIVAL DATE

### Definition

The patient's arrival date to the facility. This is also the **ED/HOSPITAL ARRIVAL DATE** which is the date the patient arrived to the ED/hospital. Click on "Save" once Arrival Date is entered.

### Element Values

- Relevant value for data element

### Additional Information

- If the patient was brought to the ED, report date patient arrived at ED. If patient was directly admitted to the hospital, report date patient was admitted to the hospital.
- Reported as MM-DD-YYYY.

### Data Source Hierarchy Guide

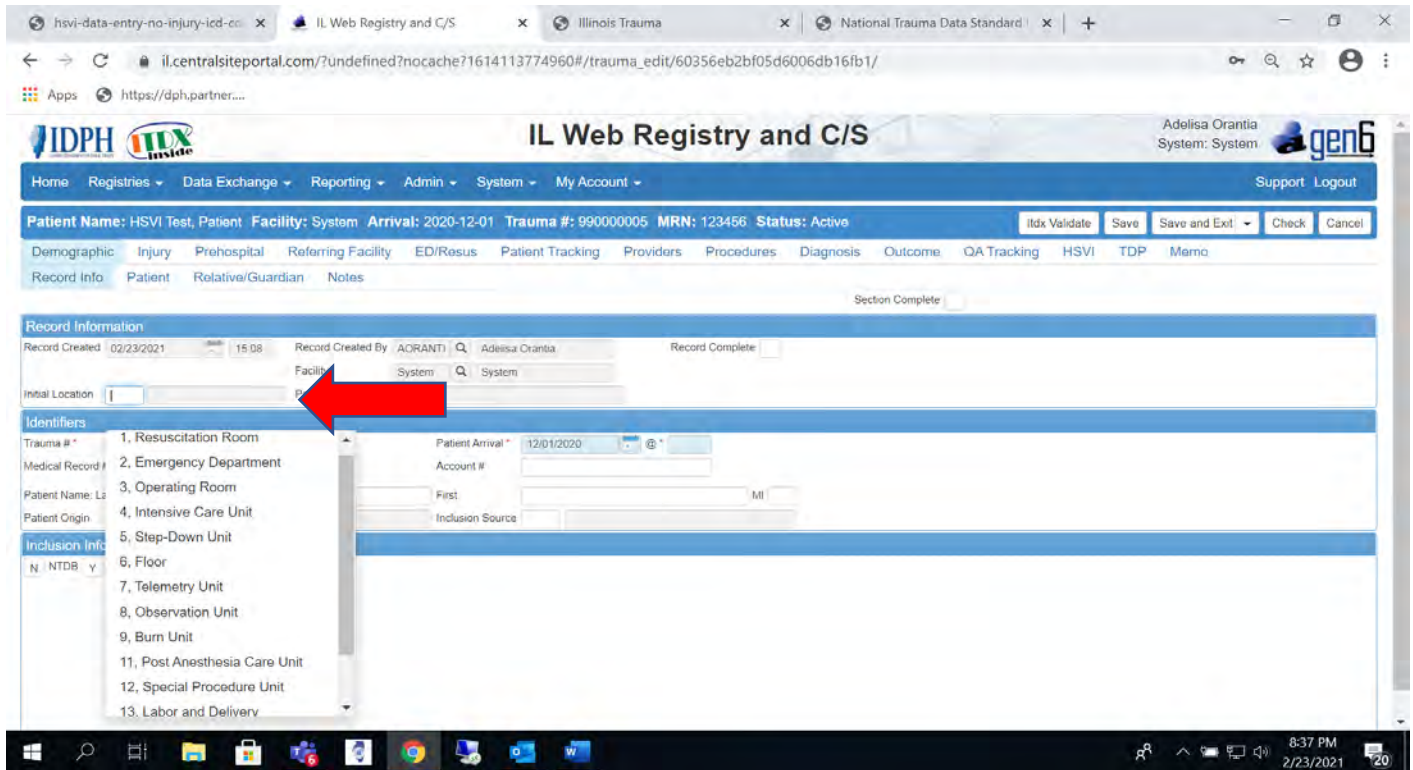
1. Triage
2. ED Record
3. Face Sheet
4. Billing Sheet
5. Discharge Summary

### Associated Edit Checks

#### Rule ID Level Message

- 4501 1 Date is not valid
- 4502 1 Date out of range
- 4503 2 Element cannot be blank
- 4505 2 Element cannot be "Not Known/Not Recorded"
- 4506 3 ED/Hospital Arrival Date is earlier than EMS Dispatch Date
- 4507 3 ED/Hospital Arrival Date is earlier than EMS Unit Arrival on Scene Date
- 4508 3 ED/Hospital Arrival Date is earlier than EMS Unit Scene Departure Date
- 4509 2 ED/Hospital Arrival Date is later than ED Discharge Date
- 4510 2 ED/Hospital Arrival Date is later than Hospital Discharge Date
- 4511 2 ED/Hospital Arrival Date is earlier than Date of Birth
- 4513 3 ED/Hospital Arrival Date minus Injury Incident Date is more than 14 days
- 4515 2 Element cannot be "Not Applicable"
- 4540 1 Single Entry Max exceeded

Section: Demographic/Record Information



**Parts of the Record Information section are auto populated.**

1. Record Information Tab: The "Record Created Date and Time" will auto populate
2. Record Information Tab: The "Record Created By" will auto populate to user logged in and creating the chart
3. Record Information Tab: The facility name and number will auto populate

**Initial Location**

Place where the patient was initially treated upon arrival to the facility.

**Element Values: DI Dropdown Menu**

- |                         |                                    |
|-------------------------|------------------------------------|
| 1. Resuscitation room   | 8. Observation Unit                |
| 2. Emergency Department | 9. Burn Unit                       |
| 3. Operating Room       | 10. This number missing an element |
| 4. Intensive Care Unit  | 11. Post Anesthesia Care Unit      |
| 5. Step-Down Unit       | 12. Special Procedure Unit         |
| 6. Floor                | 13. Labor and Delivery             |
| 7. Telemetry Unit       | ?. Unknown                         |

**Data Source Hierarchy Guide**

1. ADT Events
2. Encounter Report (EMR)
3. Nursing Notes
4. Triage – Arrival information
5. H&P

## Section: Demographic/Record Information

The screenshot shows the 'Record Information' section of the IL Web Registry and C/S interface. The 'Patient Type' dropdown menu is open, displaying the following options: 1, Trauma; 2, HSVI; /, Not Applicable; and ?, Unknown. A red arrow points to the '2, HSVI' option. The 'Identifiers' section shows the following information: Trauma # 990000005, Medical Record # 123456, Patient Name: Last HSVI Test, Patient Origin 2 Referring Hospital, Inclusion Source 2, and Patient Arrival 12/01/2020 @ 07:00.

### PATIENT TYPE

Choose Patient Type 2, HSVI from Patient Type Dropdown Menu

The screenshot shows the 'Record Information' section of the IL Web Registry and C/S interface. The 'Patient Type' dropdown menu is now set to '2, HSVI'. The 'Identifiers' section shows the following information: Trauma # 990000005, Medical Record #, Patient Name: Last, Patient Origin, Inclusion Source, and Patient Arrival 12/01/2020 @ 07:00.

### Parts of the Identifiers section are autopopulated:

- Identifiers Tab: The "Trauma#" when record was created will auto populate
- Identifiers Tab: The "Patient Arrival Date" will auto populate based on the saved Arrival Date when the record was created

Section: Demographic/Record Info

The screenshot shows the IL Web Registry and C/S interface. The top navigation bar includes Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. The patient information at the top includes Patient Name: H..., Facility: System, Arrival: 2020-12-01, Trauma #: 990000..., MRN: 123456, and Status: Active. The 'Record Information' section shows Record Created: 02/23/2021 15:08, Record Created By: AORANTI, Adelisa Orantia, and Record Complete. The 'Identifiers' section includes Trauma #: 990000005, Patient Arrival: 12/01/2020, Medical Record #, Account #, Patient Name: Last, First, MI, Patient Origin, and Inclusion Source. The 'Inclusion Information' section has radio buttons for 'N' (selected) and 'Y' (selected) for State, and a red arrow points to the 'N' option.

- Inclusion Information Tab Defaults to “N” for NTDB and “Y” for State. Leave as is.

The screenshot shows the IL Web Registry and C/S interface. The top navigation bar is the same as in the previous screenshot. The patient information is the same. The 'Demographic' tab is selected, and a red arrow points to the 'HSVI' tab in the sub-navigation bar.

- Select “HSVI” tab

Section: HSVI/Demographic/Record Information/Arrival Time

The screenshot shows the IL UAT Web Registry and C/S interface. The top navigation bar includes Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. The patient information bar displays Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. The Record Information section is active, showing fields for Facility (System), Trauma # (990000142), Patient Arrival (with a red arrow pointing to it), Medical Record #, Account #, Patient Name (Last, First, MI), and Patient Arrival. The Patient Arrival field is highlighted with a red arrow.

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**PATIENT ARRIVAL TIME**

The patient’s arrival time to the facility. This is also the **ED/HOSPITAL ARRIVAL TIME**

**Definition**

The time the patient arrived to the ED/hospital.

**Element Values**

- Relevant value for data element

**Additional Information**

- If the patient was brought to the ED, report time patient arrived at ED. If patient was directly admitted to the hospital, report time patient was admitted to the hospital.
- Reported as HH:MM military time.

**Data Source Hierarchy Guide**

1. Triage/Trauma Flow Sheet
2. ED Record
3. Face Sheet
4. Billing Sheet
5. Discharge Summary

**Associated Edit Checks**

**Rule ID Level Message**

- 4601 1 Time is not valid
- 4602 1 Time out of range
- 4603 2 Element cannot be blank
- 4604 3 ED/Hospital Arrival Time is earlier than EMS Dispatch Time
- 4605 3 ED/Hospital Arrival Time is earlier than EMS Unit Arrival on Scene Time
- 4606 3 ED/Hospital Arrival Time is earlier than EMS Unit Scene Departure Time
- 4607 3 ED/Hospital Arrival Time is later than ED Discharge Time
- 4608 2 ED/Hospital Arrival Time is later than Hospital Discharge Time
- 4609 2 Element cannot be “Not Applicable”
- 4640 1 Single Entry Max exceeded



Section: HSVI/Demographic/Record Information/Medical Record Number

The screenshot shows the IL UAT Web Registry and C/S interface. The top navigation bar includes Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. The patient information bar displays Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, and MRN Status. The Record Information section contains the following fields:

Facility	System	System	
Trauma # *	990000142	Patient Arrival *	
Medical Record #		Account #	
Patient Name: Last		First	MI

A red arrow points to the Medical Record # field.

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**MEDICAL RECORD NUMBER**

**Definition**

Number assigned to patient (MRN): Every patient's number is unique to them and is the same for every visit.

**Element Values**

- Relevant value for data element

**Data Source Hierarchy Guide:**

1. Face Sheet
2. EMR Banner

Section: HSVI/Demographic/Record Information/Account Number

The screenshot shows a web browser window with the URL [il-uat.traumaregistry.com/#/trauma\\_edit/60088a38ca5d910060df5af/](http://il-uat.traumaregistry.com/#/trauma_edit/60088a38ca5d910060df5af/). The page title is "IL UAT Web Registry and C/S". The user is logged in as "Joseph Albanese" with the system "System". The navigation menu includes Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. The main content area shows a patient record for "System" with an arrival date of "2020-12-01" and a trauma number of "990000142". The "Record Information" section contains several fields: Facility (System), Trauma # (990000142), Patient Arrival (with a calendar icon), Medical Record #, Account #, Patient Name - Last, and First. A red arrow points to the "Account #" field. The footer of the page reads "© Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved." The Windows taskbar at the bottom shows the time as 3:04 PM on 2/17/2021.

**ACCOUNT NUMBER**

**Definition**

Patient number assigned for that specific encounter: primarily used for billing and coding.

**Element Values**

Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. Face Sheet

Section: HSVI/Demographic/Record Information/Patient Last, First Name

The screenshot displays the IL UAT Web Registry and C/S interface. At the top, the title "IL UAT Web Registry and C/S" is visible, along with the user name "Joseph Albanese" and the system name "System: System". The navigation menu includes "Home", "Registries", "Data Exchange", "Reporting", "Admin", "System", and "My Account". The patient summary bar shows "Patient Name", "Facility: System", "Arrival: 2020-12-01", "Trauma #: 990000142", "MRN", and "Status". The "HSVI" tab is selected in the navigation menu. The "Record Information" section contains the following fields:

Facility	System	System	
Trauma # *	990000142	Patient Arrival *	
Medical Record #		Account #	
Name: Last		First	MI

Two red arrows point to the "Last" and "MI" input fields, respectively. The footer of the page reads "© Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved." and the system tray shows the time as 3:04 PM on 2/17/2021.

## PATIENT NAME

### Definition

Patient's legal name.

### Element Values

- Relevant value for data element

### Data Source Hierarchy Guide

1. Face Sheet
2. Snapshot – Demographics
3. EMR Patient Banner

## Section: HSVI/Demographic/Patient/Date of Birth

The screenshot shows a web application interface for the IL UAT Web Registry and C/S. The top navigation bar includes links for Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. The patient information header displays: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. Below this are tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The Patient Information section contains fields for Name (Last, First, MI), Date of Birth, Age, Gender, Race, and Ethnicity. A red arrow points to the Date of Birth field. Below this is the Patient Address Information section with fields for ZIP, Postal Code, Homeless, Street 1, Street 2, City, State, County, Country, Alternate Residence, and Telephone.

### DATE OF BIRTH

#### Definition

The patient's date of birth.

#### Element Values

- Relevant value for data element

#### Additional Information

- Reported as MM-DD-YYYY.
- If Date of Birth is "Not Known/Not Recorded," report data elements: Age and Age Units.
- If Date of Birth is the same as the Injury Incident Date, then the Age and Age Units data elements must be reported.

#### Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report

#### Associated Edit Checks

##### Rule ID Level Message

- 0601 1 Invalid value
- 0602 1 Date out of range
- 0603 2 Element cannot be blank
- 0609 2 Date of Birth is later than Injury Incident Date

*Section: HSVI/Demographic/Patient/Date of Birth*

0610 2 Date of Birth is later than ED Discharge Date

0611 2 Date of Birth is later than Hospital Discharge Date

0612 2 Date of Birth + 120 years must be less than Injury Incident Date

0613 2 Element cannot be "Not Applicable"

0640 1 Single Entry Max exceeded

## Section: HSVI/Demographic/Patient/Age Units

The screenshot shows a web application interface for patient data entry. At the top, there is a navigation bar with tabs for Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. Below this is a patient header with fields for Patient Name, Facility, System, Arrival date (2020-12-01), Trauma # (990000142), and MRN Status. A secondary navigation bar includes buttons for Itdx Validate, Save, Save and Exit, Check, and Cancel. The main content area has tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. Under Demographic, there are sub-tabs for HSVI, TDP, and Memo. The Patient Information section is active, showing fields for Name (Last, First, MI), Date of Birth, Age, and In (Age Units). A red arrow points to the 'In' dropdown menu, which is open and lists the following options: 1, Years; 2, Months; 3, Days; 5, Hours; 6, Minutes; 7, Weeks; and ?, Unknown. Below this is the Patient Address Information section with fields for ZIP, Postal Code, Street 1, Street 2, City, State, County, and Country. There are also fields for Alternate Residence and Telephone.

### AGE UNITS

#### Definition

The units used to report the patient's age (Minutes, Hours, Days, Months, Years, Weeks).

#### Element Values

- |           |            |
|-----------|------------|
| 1. Hours  | 4. Years   |
| 2. Days   | 5. Minutes |
| 3. Months | 6. Weeks   |

#### Additional Information

- If Date of Birth is "Not Known/Not Recorded," report data elements: Age and Age Units.
- If Date of Birth is the same as the ED/Hospital Arrival Date, then the Age and Age Units data elements must be reported.
- Must also report data element: Age.
- The null value "Not Applicable" is reported if Date of Birth is reported.

#### Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report

#### Associated Edit Checks

##### Rule ID Level Message

- 0801 1 Value is not a valid menu option
- 0803 2 Element cannot be blank

*Section: HSVI/Demographic/Patient/Age Units*

0806 2 Element must be "Not Known/Not Recorded" when Age is "Not Known/Not Recorded"

0809 2 Element must be "Not Applicable" when Date of Birth is reported

0840 1 Single Entry Max exceeded

*Age auto calculates based on patient's date of birth*

Section: HSVI/Demographic/Patient/Race

The screenshot shows the IL UAT Web Registry and CIS interface. The top navigation bar includes Home, Registries, Data Exchange, Reporting, Admin, System, My Account, Support, and Logout. The patient information section is displayed, including Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, and MRN Status. Below this are tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The Patient Information form includes fields for Name (Last, First, MI), Date of Birth, Age, In, Gender, Ethnicity, and Race. A red arrow points to the Race dropdown menu. Below the Patient Information form is the Patient Address Information section, which includes fields for ZIP, Postal Code, Homeless, Street 1, Street 2, City, State, County, Country, Alternate Residence, and Telephone.

The screenshot shows the IL UAT Web Registry and CIS interface with the Race dropdown menu open. The menu is titled "Race" and contains a list of race options with checkboxes: American Indian, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other Race, and Unknown. The "Choose up to: 6" text is displayed above the list. The background shows the Patient Information form with a red arrow pointing to the Race dropdown menu.



## RACE

### Definition

The patient's race.

### Element Values

1. American Indian
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other Race
- ?. Unknown

### Additional Information

- Patient race should be based upon self-report or identified by a family member.
- Based on the 2010 US Census Bureau.
- Report all that apply.

### Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report
6. History & Physical

### Associated Edit Checks

#### Rule ID Level Message

0901 1 Value is not a valid menu option

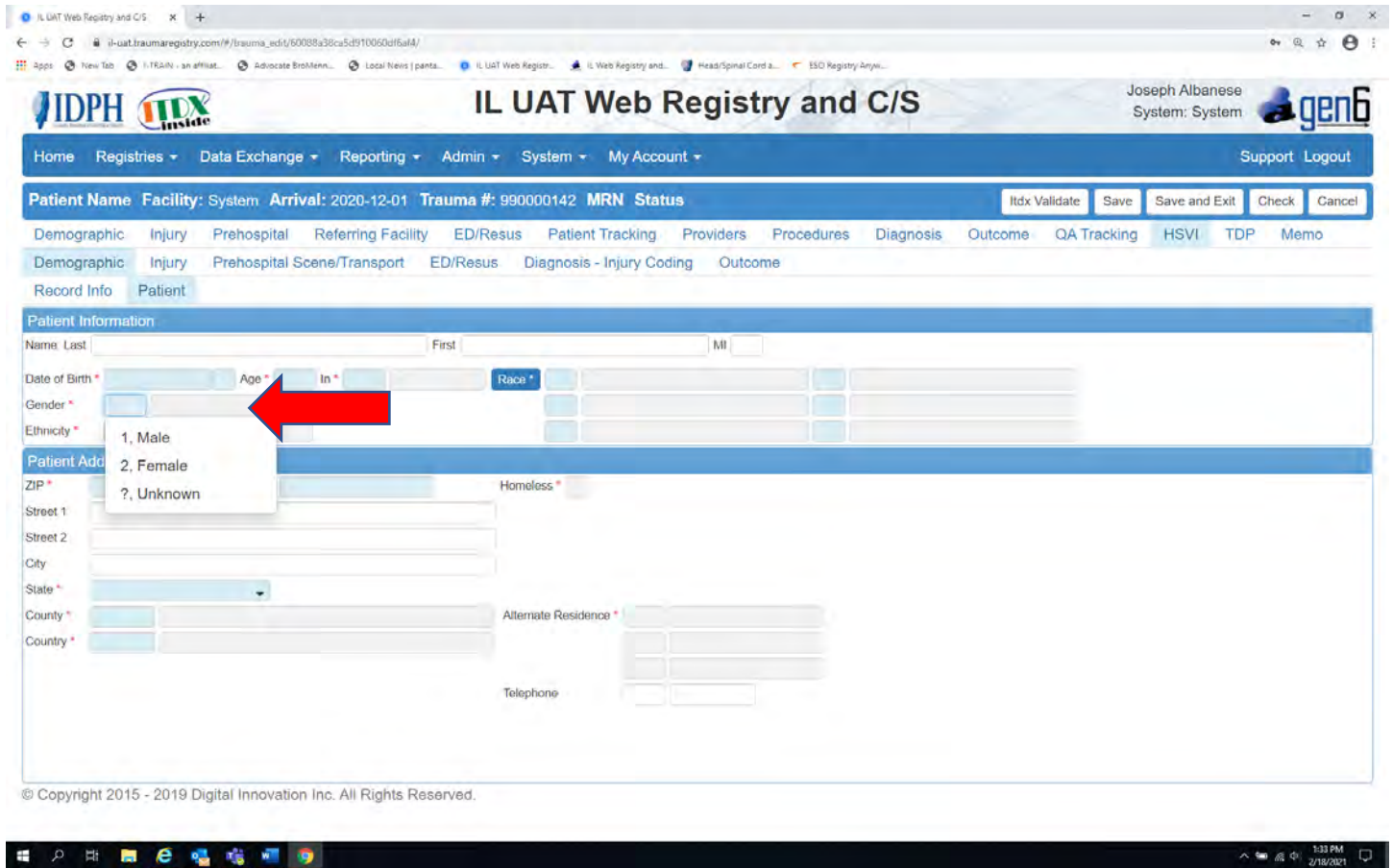
0902 2 Element cannot be blank

0903 2 Element cannot be "Not Applicable" (excluding CA hospitals)

0905 2 If any Element Value is reported, neither "Not Applicable" or "Not Known/Not Recorded" can also be reported

0950 1 Multiple Entry Max exceeded

Section: HSVI/Demographic/Patient/Gender



**SEX**

**Definition**

The patient's sex.

**Element Values**

- 1. Male
- 2. Female
- 3. Non-Binary (screenshot not current)

**Additional Information**

- Patients who have undergone a surgical and/or hormonal sex reassignment should be reported using their current assignment.

**Data Source Hierarchy Guide**

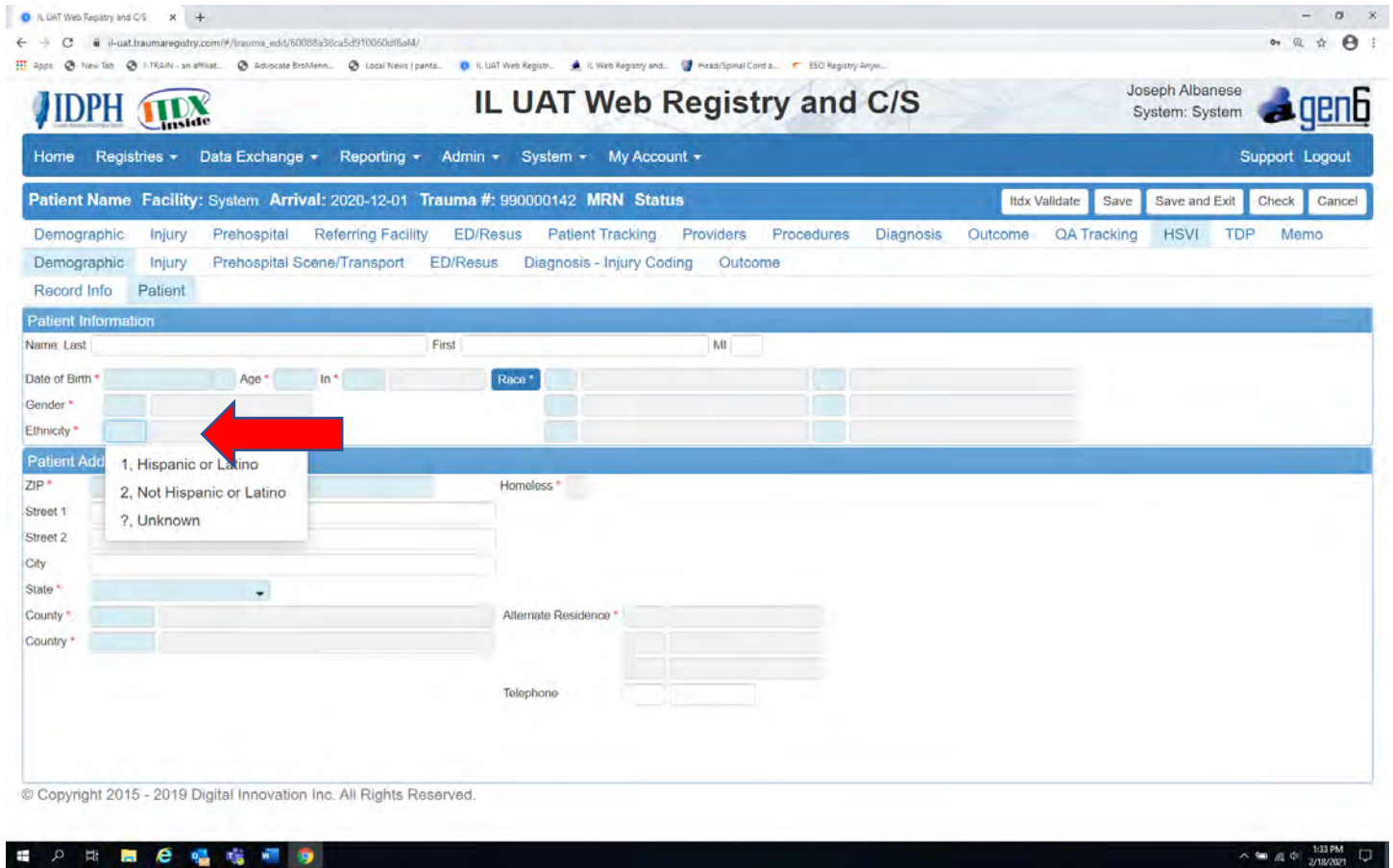
- 1. Face Sheet
- 2. Billing Sheet
- 3. Admission Form
- 4. Triage/Trauma Flow Sheet
- 5. EMS Run Report
- 6. History & Physical

**Associated Edit Checks**

**Rule ID Level Message**

- 1101 1 Value is not a valid menu option
- 1102 2 Element cannot be blank
- 1103 2 Element cannot be "Not Applicable"
- 1140 1 Single Entry Max exceeded

Section: HSVI/Demographic/Patient/Ethnicity



**ETHNICITY**

**Definition**

The patient's ethnicity.

**Element Values**

- 1. Hispanic or Latino      2. Not Hispanic or Latino      ?. Unknown

**Additional Information**

- Patient ethnicity should be based upon self-report or identified by a family member.
- The maximum number of ethnicities that may be reported for an individual patient is 1.
- Based on the 2010 US Census Bureau.

**Data Source Hierarchy Guide**

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. History & Physical
6. EMS Run Report

**Associated Edit Checks**

**Rule ID Level Message**

- 1001 1 Value is not a valid menu option
- 1002 2 Element cannot be blank
- 1003 2 Element cannot be "Not Applicable" (excluding CA hospitals)
- 1040 1 Single Entry Max exceeded

## Section: HSVI/Demographic/Patient/ZIP – Postal Code

The screenshot shows a web application interface for patient data entry. At the top, there is a navigation menu with options like Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. Below this, a header bar displays patient details: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. There are buttons for 'Idx Validate', 'Save', 'Save and Exit', 'Check', and 'Cancel'. The main content area is divided into tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. Under the Demographic tab, there are sub-tabs for HSVI, TDP, and Memo. The 'Patient' sub-tab is active, showing two sections: 'Patient Information' and 'Patient Address Information'. The 'Patient Information' section includes fields for Name (Last, First, MI), Date of Birth, Age, In, Race, Gender, and Ethnicity. The 'Patient Address Information' section includes fields for ZIP, Postal Code (highlighted with a red arrow), Homeless, Street 1, Street 2, City, State, County, Country, Alternate Residence, and Telephone. The bottom of the screen shows a Windows taskbar with various application icons and a system tray with the time 1:25 PM on 2/17/2021.

### PATIENT'S HOME ZIP/POSTAL CODE

#### Definition

The patient's home ZIP/Postal code of primary residence.

#### Element Values

- Relevant value for data element

#### Additional Information

- Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US or can be stored in the postal code format of the applicable country.
- May require adherence to HIPAA regulations.
- If ZIP/Postal code is "Not Applicable," report data element: Alternate Home Residence.
- If ZIP/Postal code is "Not Known/Not Recorded," report data elements: Patient's Home Country, Patient's Home State (US only), Patient's Home County (US only) and Patient's Home City (US only).
- If ZIP/Postal code is reported, must also report Patient's Home Country.

#### Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

#### Associated Edit Checks

##### Rule ID Level Message

- 0001 1 Invalid value
- 0002 2 Element cannot be blank
- 0040 1 Single Entry Max exceeded

Section: HSVI/Demographic/Patient/Street Address/Homeless

The screenshot shows the 'IL Web Registry and C/S' interface. At the top, there are navigation tabs: Home, Registries, Data Exchange, Reporting, Admin, System, My Account, Support, and Logout. Below this is a patient summary bar with fields for Patient Name, Facility, Arrival, Trauma #, MRN, and Status. The main content area is divided into sections: Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, QA Tracking, HSVI, TDP, and Memo. The 'Patient Address Information' section is highlighted, and a red arrow points to the 'Homeless' checkbox, which is currently unchecked. Other fields in this section include ZIP, Postal Code, Street 1, Street 2, City, State, Country, and Telephone.

**PATIENT: HOMELESS**

**Definition**

A person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters

**Element Values**

- Y. Yes
- N. No
- NA. Not Applicable
- UKN. Unknown

**Data Source Hierarchy Guide**

1. Face Sheet
2. Billing Sheet
3. Admission form
4. EMS Run Sheet

*Note: Homeless field is only active if Zip Code is “/ - Not Applicable”*

*Note: If Zip Code is “/ - Not Applicable,” the “Alternate Residence” field becomes active*

Section: HSVI/Demographic/Patient/Street Address

The screenshot shows a web application interface for patient data entry. At the top, there is a navigation bar with tabs for Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. Below this is a header section with patient details: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. There are buttons for Itdx Validate, Save, Save and Exit, Check, and Cancel. A secondary navigation bar includes tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. Below this is another set of tabs: HSVI, TDP, Memo, Demographic, Injury, Prehospital Scene/Transport, ED/Resus, Diagnosis - Injury Coding, and Outcome. The main content area is divided into sections: Record Info (with a 'Patient' tab selected) and Patient Information. The Patient Information section includes fields for Name (Last, First, MI), Date of Birth, Age, In, Race, Gender, and Ethnicity. Below this is the Patient Address Information section, which includes fields for ZIP, Postal Code, Homeless, Street 1, Street 2, City, State, County, Country, Alternate Residence, and Telephone. A red arrow points to the Street 1 field.

**PATIENT ADDRESS - STREET 1, STREET 2**

**Definition**

Address where the patient currently resides. Street 2 is used for apartment numbers and PO Boxes

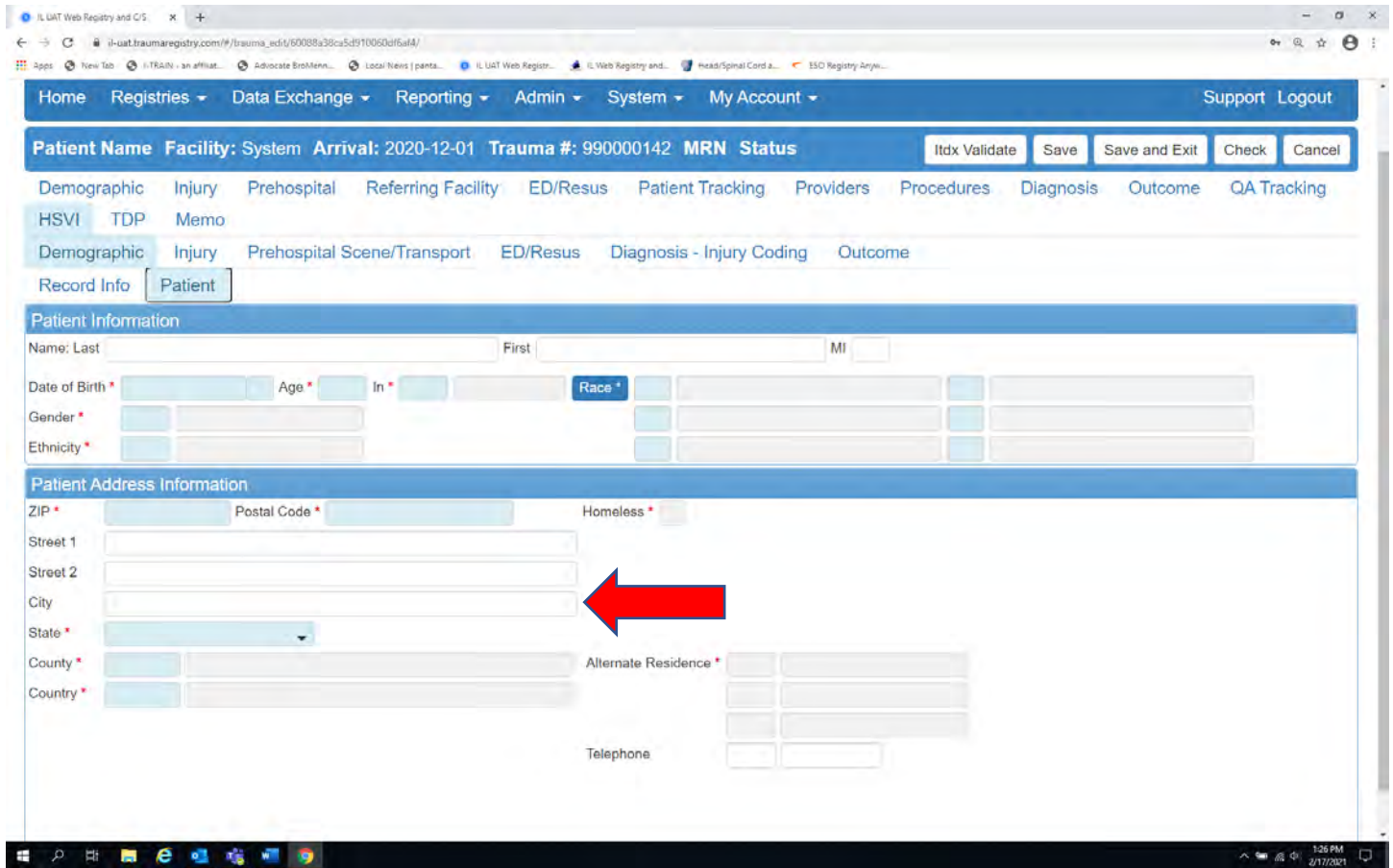
**Element Values**

- Relevant value for data element

**Data Source Hierarchy Guide**

1. Face Sheet
2. Snapshot – Demographic information
3. EMS Run Sheet

Section: HSVI/Demographic/Patient/Home City



**PATIENT'S HOME CITY**

**Definition**

The patient's city (or township, or village) of residence.

**Element Values**

- Relevant value for data element (five-digit numeric FIPS code)

**Additional Information**

- Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.
- Used to calculate FIPS code.
- The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.
- The null value "Not Applicable" is reported for non-US hospitals

**Data Source Hierarchy Guide**

1. Face Sheet
2. Billing Sheet
3. Admission Form

**Associated Edit Checks**

**Rule ID Level Message**

- 0401 1 Invalid value
- 0402 2 Element cannot be blank
- 0404 2 Element must be "Not Applicable" (Non-US hospitals only)
- 0405 2 Element must be "Not Applicable" when Patient's Home Zip/Postal Code is reported
- 0440 1 Single Entry Max exceeded

*May auto populate based upon ZIP Code*

## Section: HSVI/Demographic/Patient/Home State

The screenshot shows a web application interface for patient data entry. At the top, there is a navigation bar with tabs: Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. Below this is a header section with patient information: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. There are buttons for 'Idx Validate', 'Save', 'Save and Exit', 'Check', and 'Cancel'. A secondary navigation bar includes tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The 'Demographic' tab is active, and a dropdown menu is open, listing US states from Connecticut to Kentucky. A red arrow points to the 'State' dropdown field in the form. The form includes fields for Patient Name (Last, First, MI), Date of Birth, Gender, Ethnicity, ZIP, Street 1, Street 2, City, State, County, Country, Homeless, Alternate Residence, and Telephone.

### PATIENT'S HOME STATE

#### Definition

The state (territory, province, or District of Columbia) where the patient resides.

#### Element Values

- Relevant value for data element (two-digit numeric FIPS code)

#### Additional Information

- Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.
- Used to calculate FIPS code.
- The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.
- The null value "Not Applicable" is reported for non-US hospitals.

#### Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

#### Associated Edit Checks

##### Rule ID Level Message

0201 1 Invalid value

0202 2 Element cannot be blank

0204 2 Element must be "Not Applicable" (Non-US hospitals only)

0205 2 Element must be "Not Applicable" when Patient's Home Zip/Postal code is reported

0240 1 Single Entry Max exceeded

*May auto populate based upon ZIP Code*



## Section: HSVI/Demographic/Patient/Home County

The screenshot shows a web application interface for patient data entry. At the top, there is a navigation bar with tabs: Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. Below this is a header section with patient information: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. There are buttons for 'Idx Validate', 'Save', 'Save and Exit', 'Check', and 'Cancel'. A secondary navigation bar includes tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The 'Demographic' tab is active, and a sub-menu is open showing 'HSVI', 'TDP', and 'Memo'. The 'HSVI' sub-menu is further expanded to show 'Demographic', 'Injury', 'Prehospital Scene/Transport', 'ED/Resus', 'Diagnosis - Injury Coding', and 'Outcome'. The 'Demographic' sub-menu is selected, and a dropdown menu is open showing a list of Illinois ZIP codes: 17001, Adams; 17003, Alexander; 17005, Bond; 17007, Boone; 17009, Brown; 17011, Bureau; 17013, Calhoun; and 17015, Carroll. A red arrow points to the 'County' field in the form, which is currently blank. The form also includes fields for 'Homeless', 'Telephone', and 'Home Residence'.

### PATIENT'S HOME COUNTY

#### Definition

The patient's county (or parish) of residence.

#### Element Values

- Relevant value for data element (three-digit numeric FIPS code)

#### Additional Information

- Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.
- Used to calculate FIPS code.
- The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.
- The null value "Not Applicable" is reported for non-US hospitals.

#### Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

#### Associated Edit Checks

##### Rule ID Level Message

0301 1 Invalid value

0302 2 Element cannot be blank

0304 2 Element must be "Not Applicable" (Non-US hospitals only)

0305 2 Element must be "Not Applicable" when Patient's Home Zip/Postal Code is reported

0340 1 Single Entry Max exceeded

*May auto populate based upon ZIP Code*

## Section: HSVI/Demographic/Patient/Home Country

The screenshot displays the IL UAT Web Registry and C/S interface. At the top, a header bar contains patient information: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. Below this are several tabs: Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The Demographic tab is active, and the Patient sub-tab is selected. A dropdown menu is open for the 'Country' field, showing a list of countries including U.S. Virgin Islands, Ukraine, United Arab Emirates, United Kingdom, United States (highlighted), United States Minor Outlying Islands, Uruguay, Uzbekistan, Vanuatu, Vatican City, Venezuela, and Vietnam. A red arrow points to the 'United States' option. The form also includes fields for Race, Homeless, Alternate Residence, and Telephone. The footer of the interface contains the copyright notice: © Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved.

### PATIENT'S HOME COUNTRY

#### Definition

The country where the patient resides.

#### Element Values

- Relevant value for data element (two-digit alpha country code)

#### Additional Information

- Values are two-character FIPS codes representing the country (e.g., US).
- If Patient's Home Country is not US, then the null value "Not Applicable" is reported for: Patient's Home State, Patient's Home County, and Patient's Home City.

#### Data Source Hierarchy Guide

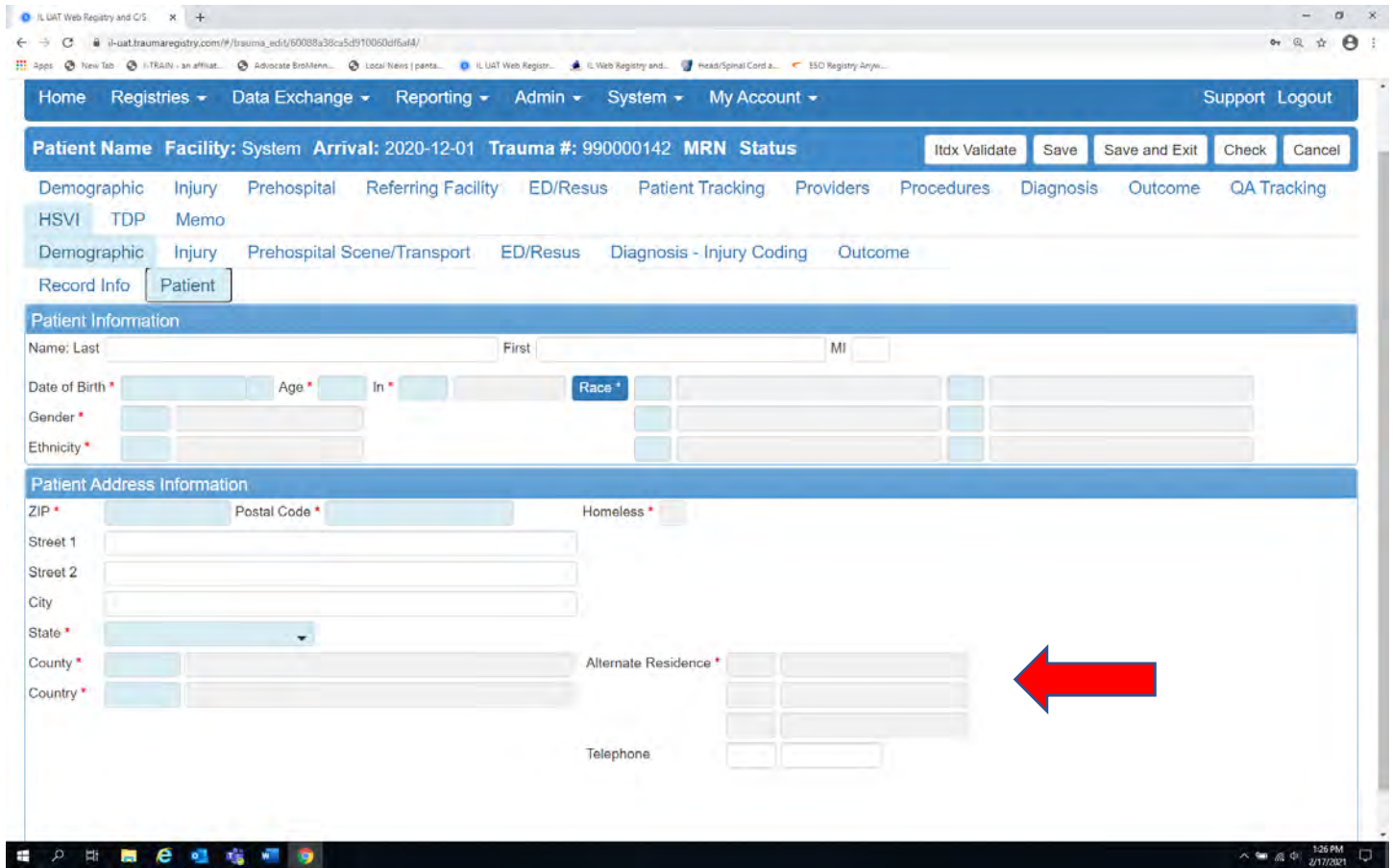
1. Face Sheet
2. Billing Sheet
3. Admission Form

#### Associated Edit Checks

##### Rule ID Level Message

- 0101 1 Invalid value
- 0102 2 Element cannot be blank
- 0104 2 Element cannot be "Not Applicable"
- 0105 2 Element cannot be "Not Known/Not Recorded" when Home ZIP/Postal Code is not "Not Applicable" or "Not Known/Not Recorded"
- 0140 1 Single Entry Max exceeded

Section: HSVI/Demographic/Patient/Alternate Residence



**ALTERNATE HOME RESIDENCE  
PATIENT: ALTERNATE HOME RESIDENCE**

**Definition**

Documentation of the type of patient without a home ZIP/Postal Code.

**Element Values**

1. Undocumented Citizen
2. Migrant Worker
3. Foreign Visitor
- /. Not Applicable
- ? Unknown

**Additional Information**

- Only reported when ZIP/Postal code is "Not Applicable."
- Homeless is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters.
- Undocumented Citizen is defined as a national of another country who has entered or stayed in another country without permission.
- Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country.
- The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.
- Report all that apply

*Section: HSVI/Demographic/Patient/Alternate Residence*

**Data Source Hierarchy Guide**

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. EMS Run Sheet
5. Case Management/Social Services notes
6. H & P
7. Progress Notes

**Associated Edit Checks**

**Rule ID Level Message**

0501 1 Value is not a valid menu option

0502 2 Element cannot be blank

0503 2 Element cannot be "Not Applicable" or "Not Known/Not Recorded" along with any other valid value

0540 1 Multiple Entry Max exceeded

*Note: Alternate Residence field is only active if "/" - Not Applicable" is selected for Home Zip Code.*

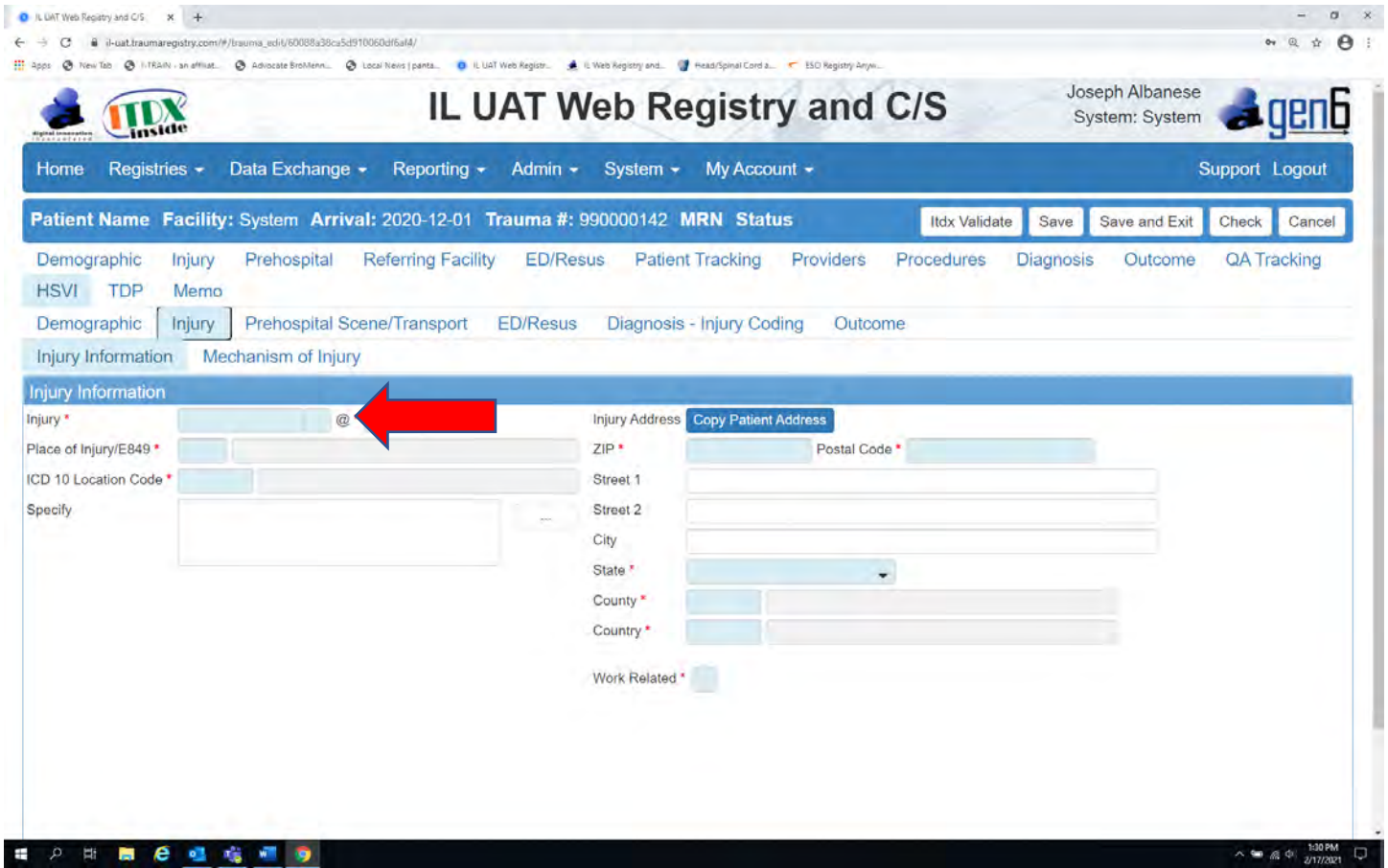
Section: HSVI/Demographic/Patient/Telephone

The screenshot shows a web application interface for patient information. At the top, there is a navigation menu with options: Home, Registries, Data Exchange, Reporting, Admin, System, My Account, Support, and Logout. Below the menu, a patient header displays: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. Action buttons include Itdx Validate, Save, Save and Exit, Check, and Cancel. A series of tabs are visible: Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, QA Tracking, HSVI, TDP, and Memo. The 'Patient' tab is selected, showing fields for Patient Information (Name: Last, First, MI; Date of Birth, Age, In, Race, Gender, Ethnicity) and Patient Address Information (ZIP, Postal Code, Homeless, Street 1, Street 2, City, State, County, Country, Alternate Residence, Telephone). A red arrow points to the Telephone field.

**Telephone  
Definition**

A form of communication using a ten (10) digit number where a patient can be contacted.

Section: HSVI/Injury/Injury Information/Injury Date



## INJURY INCIDENT DATE

### Definition

The date the injury occurred.

### Element Values

- Relevant value for data element

### Additional Information

- Reported as MM-DD-YYYY.
- Estimates of date of injury should be based upon report by patient, witness, family, or healthcare provider. Other proxy measures (e.g., 911 call times) should not be reported.

### Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. History & Physical
4. Face Sheet

### Associated Edit Checks

#### Rule ID Level Message

- 1201 1 Date is not valid
- 1202 1 Date out of range
- 1203 2 Element cannot be blank
- 1204 2 Injury Incident Date is earlier than Date of Birth
- 1205 3 Injury Incident Date is later than EMS Dispatch Date
- 1206 3 Injury Incident Date is later than EMS Unit Arrival on Scene Date
- 1207 3 Injury Incident Date is later than EMS Unit Scene Departure Date

*Section: HSVI/Injury/Injury Information/Injury Date*

1208 3 Injury Incident Date is later than ED/Hospital Arrival Date

1209 3 Injury Incident Date is later than ED Discharge Date

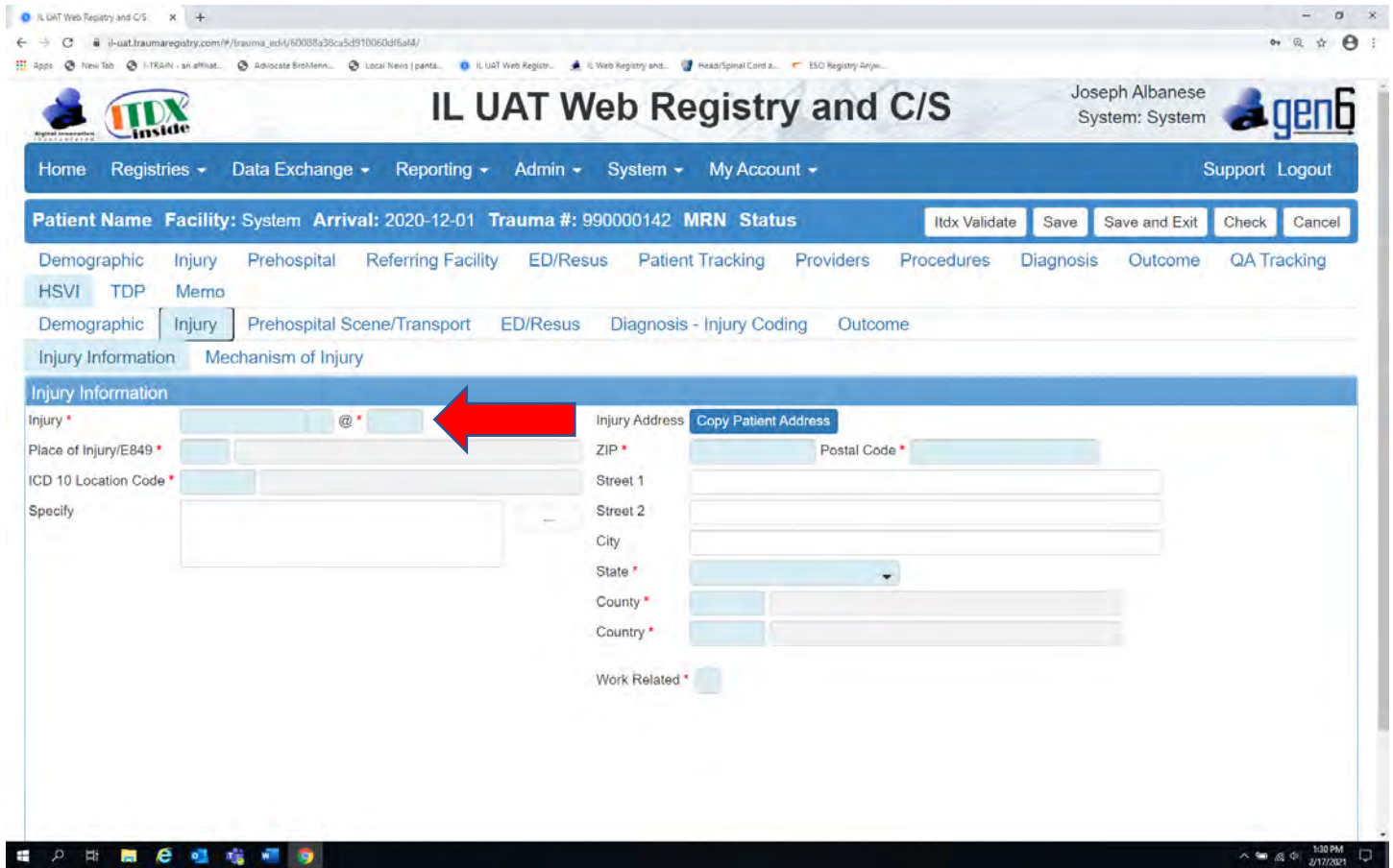
1210 2 Injury Incident Date is later than Hospital Discharge Date

1211 2 Element cannot be "Not Applicable"

1212 3 Injury Incident Date is greater than 14 days earlier than ED/Hospital Arrival Date

1240 1 Single Entry Max exceeded

Section: HSVI/Injury/Injury Information/Injury Time



## INJURY INCIDENT TIME

### Definition

The time the injury occurred.

### Element Values

- Relevant value for data element

### Additional Information

- Reported as HH:MM military time.
- Estimates of time of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call times) should not be reported.

### Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. History & Physical
4. Face Sheet

### Associated Edit Checks

#### Rule ID Level Message

- 1301 1 Time is not valid
- 1302 1 Time out of range
- 1303 2 Element cannot be blank
- 1304 3 Injury Incident Time is later than EMS Dispatch Time
- 1305 3 Injury Incident Time is later than EMS Unit Arrival on Scene Time
- 1306 3 Injury Incident Time is later than EMS Unit Scene Departure Time
- 1307 3 Injury Incident Time is later than ED/Hospital Arrival Time



*Section: HSVI/Injury/Injury Information/Injury Date*

1308 3 Injury Incident Time is later than ED Discharge Time  
1309 2 Injury Incident Time is later than Hospital Discharge Time  
1310 2 Element cannot be "Not Applicable"  
1340 1 Single Entry Max exceeded

## Section: HSVI/Injury/Injury Information/ICD 10 Injury Location

The screenshot shows a web application interface for injury reporting. The top navigation bar includes 'Home', 'Registries', 'Data Exchange', 'Reporting', 'Admin', 'System', and 'My Account'. The patient information section displays 'Patient Name', 'Facility: System', 'Arrival: 2020-12-01', 'Trauma #: 990000142', and 'MRN Status'. Below this, there are tabs for 'Demographic', 'Injury', 'Prehospital', 'Referring Facility', 'ED/Resus', 'Patient Tracking', 'Providers', 'Procedures', 'Diagnosis', 'Outcome', and 'QA Tracking'. The 'Injury' tab is active, and the 'Injury Information' section is expanded. A red arrow points to the 'ICD 10 Location Code' dropdown menu, which is open and showing a list of codes under 'Y92.0, Non-institutional (private) residence'. The list includes 'Y92.00, Unspecified non-institutional (private) residence' and its sub-categories: 'Y92.000, Kitchen of unspecified non-institutional (private) residence', 'Y92.001, Dining room of unspecified non-institutional (private) residence', 'Y92.002, Bathroom of unspec private residence single-family or house', 'Y92.003, Bedroom of unspecified non-institutional (private) residence', 'Y92.007, Garden or yard of unspecified non-institutional (private) residence', 'Y92.008, Other place in unspecified non-institutional (private) residence', and 'Y92.009, Unspecified place in unspecified non-institutional (private) residence'. Other codes include 'Y92.01, Single-family non-institutional (private) house' and 'Y92.02, Mobile home'.

### ICD-10 PLACE OF OCCURRENCE EXTERNAL CAUSE CODE

#### Definition

Place of occurrence external cause code used to describe the place/site/location of the injury event (Y92.X).

#### Element Values

- Relevant ICD-10-CM code value for injury event

#### Additional Information

- Only ICD-10-CM codes are accepted for ICD-10 Place of Occurrence External Cause Code.

#### Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical
5. Progress Notes

#### Associated Edit Checks

##### Rule ID Level Message

- 9001 1 Invalid value (ICD-10-CM only)
- 9002 2 Element cannot be blank
- 9003 3 Place of Injury code should be Y92.X/Y92.XX/Y92.XXX (where X is A-Z [excluding I,O] or 0-9) (ICD-10-CM only)
- 9004 1 Invalid value (ICD-10-CA only)
- 9005 3 Place of Injury code should be U98X (where X is 0-9) (ICD-10-CA only)
- 9006 2 Element cannot be "Not Applicable"

Section: HSVI/Injury/Injury Information/Injury Incident ZIP

The screenshot shows the IL UAT Web Registry and C/S interface. The patient information at the top includes Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, and MRN Status. The navigation menu includes Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. The main content area is titled 'Injury Information' and contains several tabs: Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The 'Injury' tab is selected, and the 'Injury Information' section is expanded to show the 'Injury Information' form. The form includes fields for Injury, Place of Injury/E849, ICD 10 Location Code, and Injury Address. The Injury Address section has a 'Copy Patient Address' button and fields for ZIP, Postal Code, Street 1, Street 2, City, State, Country, and Work Related. A red arrow points from the 'Place of Injury/E849' field to the 'ZIP' field.

## INCIDENT LOCATION ZIP/POSTAL CODE

### Definition

The ZIP/Postal code of the incident location.

### Element Values

- Relevant value for data element

### Additional Information

- Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US and CA, or can be stored in the postal code format of the applicable country.
- If "Not Known/Not Recorded," report data elements: Incident Country, Incident State (US Only), Incident County (US Only) and Incident City (US Only).
- May require adherence to HIPAA regulations.
- If ZIP/Postal code is reported, then must report Incident Country.

### Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet

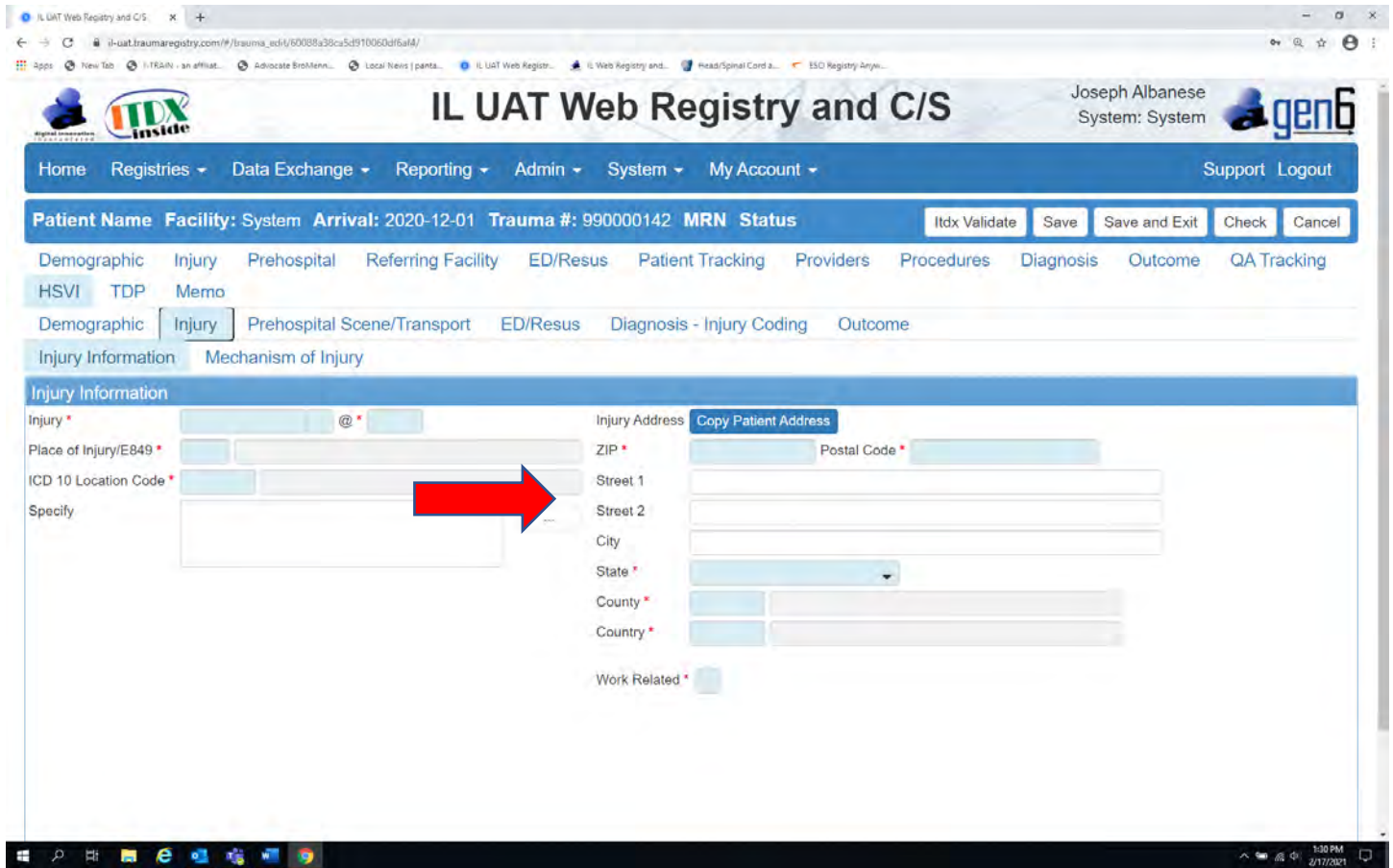
### Associated Edit Checks

#### Rule ID Level Message

- 2001 1 Invalid value
- 2002 2 Element cannot be blank
- 2006 2 Element cannot be "Not Applicable"
- 2040 1 Single Entry Max exceeded

Select "Copy Patient Address" if injury occurred at patients address

Section: HSVI/Injury/Injury Information/Injury Incident Street Address



**INJURY: STREET 1, STREET 2**

**Definition**

Address where the injury occurred. Street 2 is used for apartment numbers and PO boxes.

**Element Values**

1. Relevant value for data element

**Data Source Hierarchy Guide**

1. EMS Run Sheet
2. ED Trauma Narrator Event Log

Section: HSVI/Injury/Injury Information/Injury Incident City

The screenshot shows the IL UAT Web Registry and C/S interface. The top navigation bar includes Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. The patient information bar displays Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. The main content area is divided into tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The Injury Information section is active, showing fields for Injury, Place of Injury/E849, ICD 10 Location Code, Injury Address, ZIP, Postal Code, Street 1, Street 2, City, State, Country, and Work Related. A red arrow points to the 'Specify' field for the ICD 10 Location Code.

## INCIDENT CITY

### Definition

The city or township where the patient was found or to which the unit responded.

### Element Values

- Relevant value for data element (five-digit numeric FIPS code)

### Additional Information

- Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.
- Used to calculate FIPS code.
- If incident location resides outside of formal city boundaries, report nearest city/town.
- The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.
- If Incident Country is not US, report the null value "Not Applicable."

### Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet

### Associated Edit Checks

#### Rule ID Level Message

2401 1 Invalid value

2403 2 Element cannot be blank

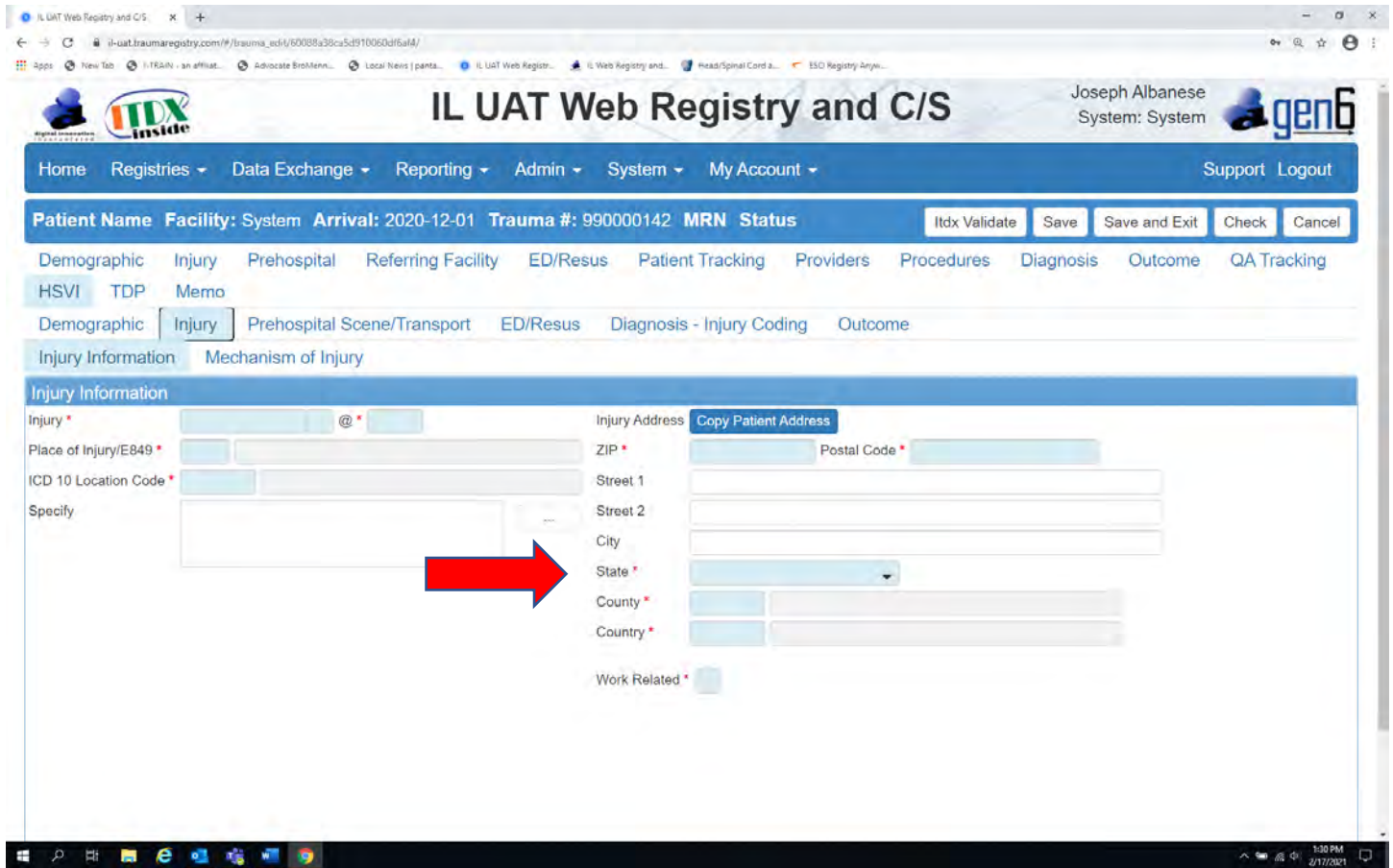
2404 2 Element must be "Not Applicable" (Non-US hospitals)

2405 2 Element must be "Not Applicable" when Incident Location Zip/Postal Code is reported

2440 1 Single Entry Max exceeded

*May auto populate based upon ZIP Code*

Section: HSVI/Injury/Injury Information/Injury Incident State



## INCIDENT STATE

### Definition

The state, territory, or province where the patient was found or to which the unit responded (or best approximation).

### Element Values

- Relevant value for data element (two-digit numeric FIPS code)

### Additional Information

- Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.
- Used to calculate FIPS code.
- The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.
- If Incident Country is not US, report the null value "Not Applicable."

### Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet

### Associated Edit Checks

#### Rule ID Level Message

2201 1 Invalid value

2203 2 Element cannot be blank

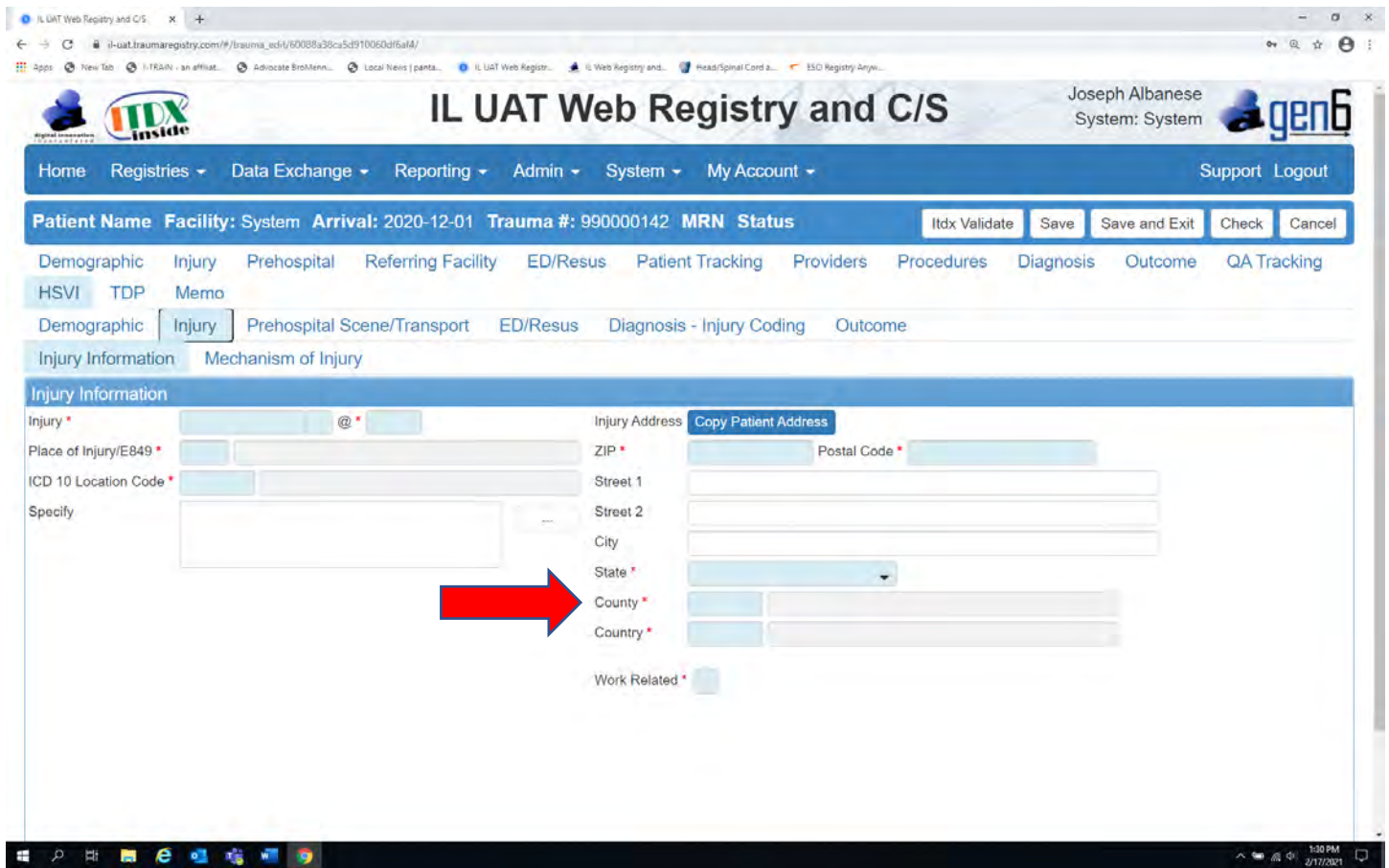
2204 2 Element must be "Not Applicable" (Non-US hospitals)

2205 2 Element must be "Not Applicable" when Incident Location Zip/Postal Code is reported

2240 1 Single Entry Max exceeded

*May auto populate based upon ZIP Code*

Section: HSVI/Injury/Injury Information/Injury Incident County



## INCIDENT COUNTY

### Definition

The county or parish where the patient was found or to which the unit responded (or best approximation).

### Element Values

- Relevant value for data element (three-digit numeric FIPS code)

### Additional Information

- Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.
- Used to calculate FIPS code.
- The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.
- If Incident Country is not US, report the null value "Not Applicable."

### Data Source Hierarchy Guide

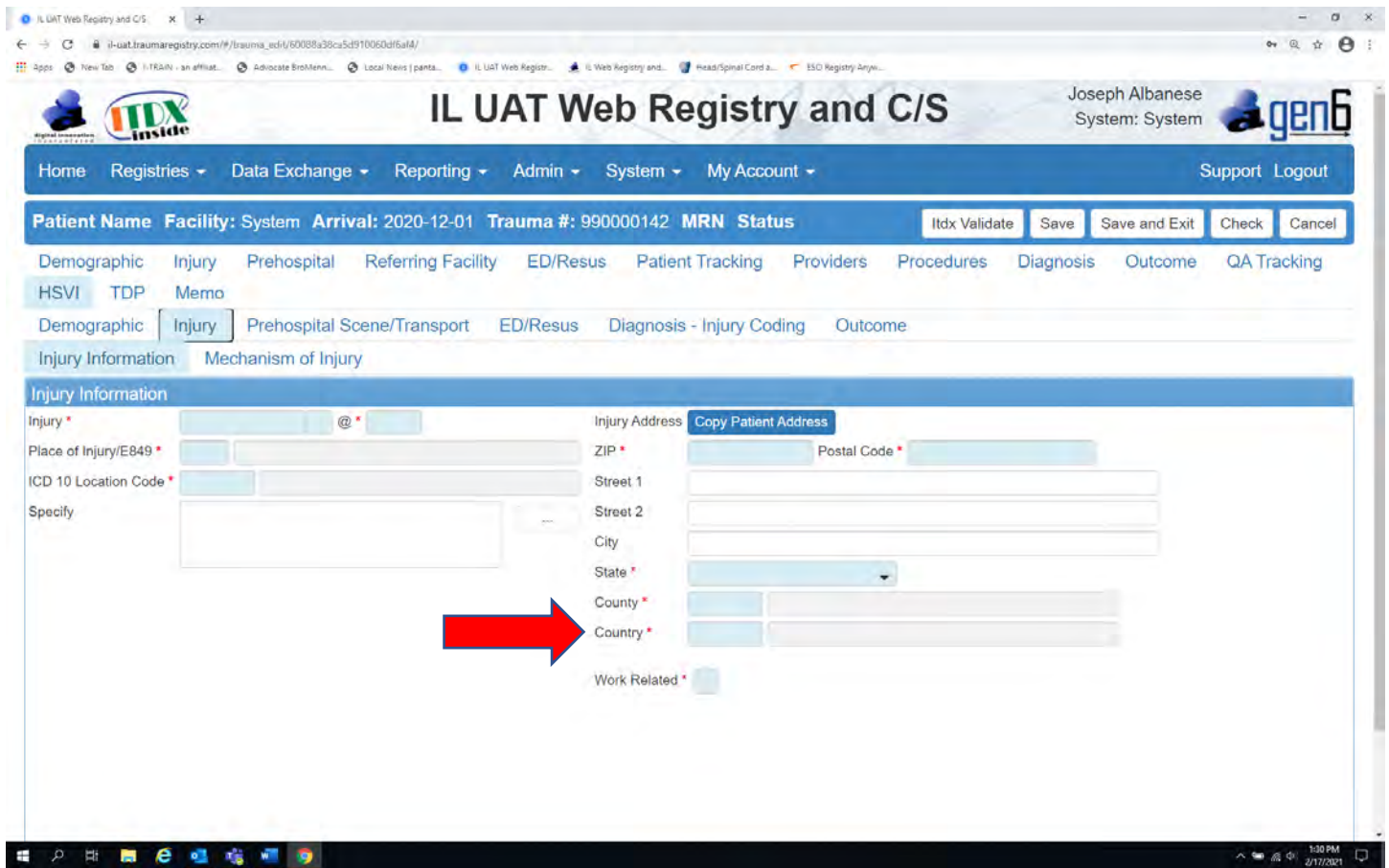
1. EMS Run Report
2. Triage/Trauma Flow Sheet

### Associated Edit Checks

#### Rule ID Level Message

- 2301 1 Invalid value (US only)
- 2303 2 Element cannot be blank
- 2304 2 Element must be "Not Applicable" (Non-US hospitals)
- 2305 2 Element must be "Not Applicable" when Incident Location Zip/Postal code is reported
- 2340 1 Single Entry Max exceeded

Section: HSVI/Injury/Injury Information/Injury Incident Country



## INCIDENT COUNTRY

### Definition

The country where the patient was found or to which the unit responded (or best approximation).

### Element Values

- Relevant value for data element (two-digit alpha country code)

### Additional Information

- Values are two-character FIPS codes representing the country (e.g., US).
- If Incident Country is not US, then the null value "Not Applicable" is reported for: Incident State, Incident County, and Incident Home City.

### Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet

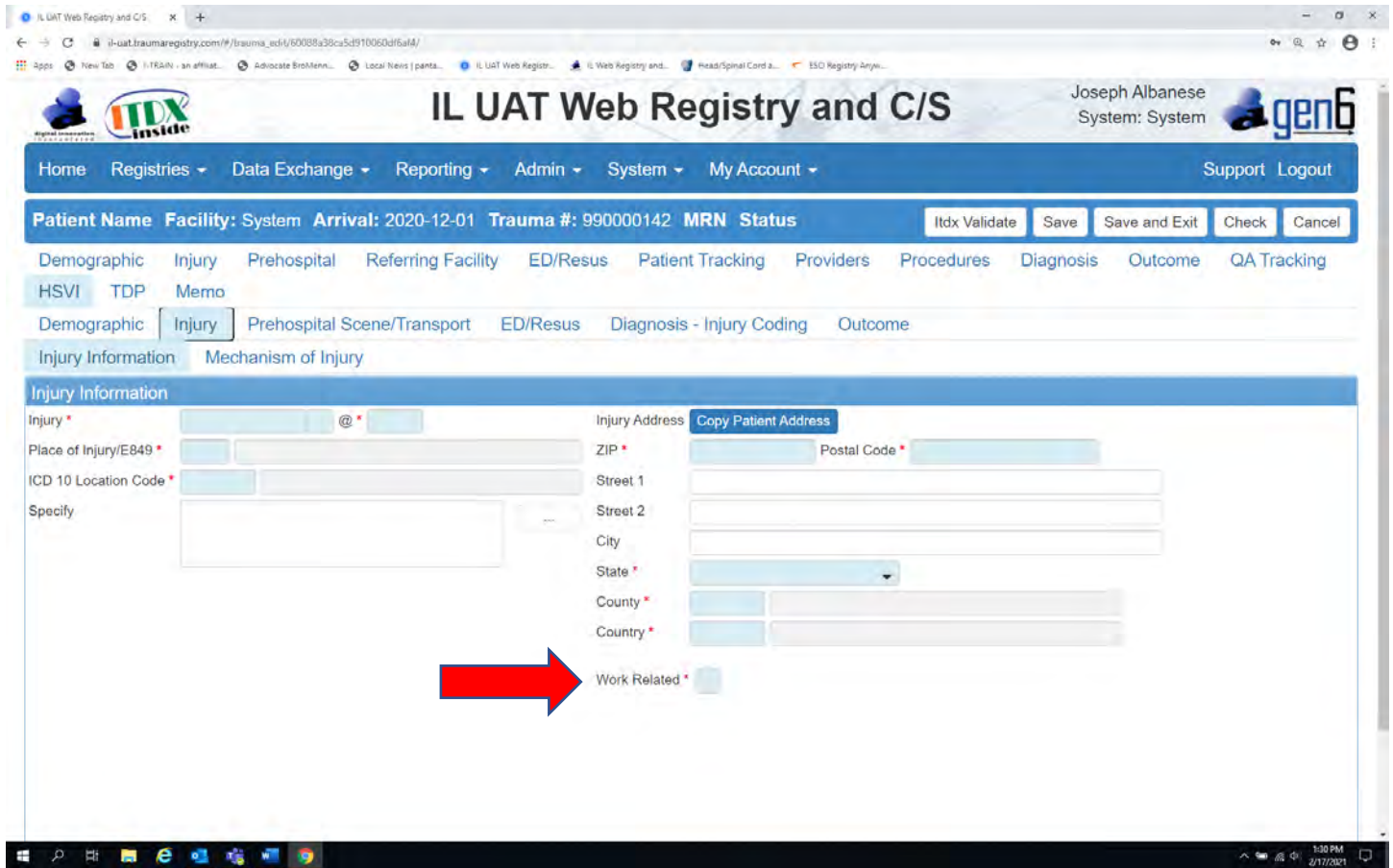
### Associated Edit Checks

#### Rule ID Level Message

- 2101 1 Invalid value
- 2102 2 Element cannot be blank
- 2104 2 Element cannot be "Not Applicable"
- 2105 2 Element cannot be "Not Known/Not Recorded" when Incident Location ZIP/Postal Code is not "Not Known/Not Recorded"
- 2140 1 Single Entry Max exceeded



Section: HSVI/Injury/Injury Information/Work Related



**WORK-RELATED**

**Definition**

Indication of whether the injury occurred during paid employment.

**Element Values**

Y = Yes

N = No

/ = Not Applicable

UKN = Unknown

**Additional Information**

- If work-related, two additional data elements must be reported: Patient's Occupational Industry and Patient's Occupation.

**Data Source Hierarchy Guide**

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. History & Physical
4. Face Sheet
5. Billing Sheet

**Associated Edit Checks**

**Rule ID Level Message**

1401 1 Value is not a valid menu option

1402 2 Element cannot be blank

1407 2 Element cannot be "Not Applicable"

1440 1 Single Entry Max exceeded

Section: HSVI/Injury/Mechanism of Injury/ICD 10 Codes

IL UAT Web Registry and CIS

il-uat.traumaregistry.com/#/trauma\_edit/60088a38ca5d910060df5af4/

Patient Name Facility: System Arrival: 2020-12-01 Trauma #: 990000142 MRN Status

Itidx Validate Save Save and Exit Check Cancel

Demographic Injury Prehospital Referring Facility ED/Resus Patient Tracking Providers Procedures Diagnosis Outcome QA Tracking

HSVI TDP Memo

Demographic Injury Prehospital Scene/Transport ED/Resus Diagnosis - Injury Coding Outcome

Injury Information Mechanism of Injury

E-Codes

Primary E-Code \*

Primary ICD 10 Mechanism \*

Secondary E-Code \*

Secondary ICD 10 Mechanism \*

Tertiary E-Code

Tertiary ICD 10 Mechanism \*

Police Report Number

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IL UAT Web Registry and CIS

il-uat.traumaregistry.com/#/trauma\_edit/60088a38ca5d910060df5af4/

Patient Name Facility: System Arrival: 2020-12-01 Trauma #: 990000142 MRN Status

Itidx Validate Save Save and Exit Check Cancel


Demographic Injury Prehospital Referring Facility ED/Resus Patient Tracking Providers Procedures Diagnosis Outcome QA Tracking

HSVI TDP Memo

Demographic Injury Prehospital Scene/Transport ED/Resus Diagnosis - Injury Coding Outcome

Injury Information Mechanism of Injury

E-Codes

Primary E-Code \*  

Primary ICD 10 Mechanism \*

Secondary E-Code \*

Secondary ICD 10 Mechanism \*

Tertiary E-Code

Tertiary ICD 10 Mechanism \*

Police Report Number

- ▼ Fight, Brawl, Rape
  - 960.0, Fight/Brawl/Rape - Unarmed Fight or Brawl
  - 960.1, Fight/Brawl/Rape - Rape
- ▶ Assault by Corrosive or Caustic Substance, Except Poisoning
- ▶ Assault by Poisoning
- ▶ Assault by Hanging and Strangulation
- ▶ Assault by Submersion [Drowning]
- ▶ Assault by Firearms and Explosives
- ▶ Assault by Cutting and Piercing Instrument
- ▶ Child/Adult Abuse
- ▶ Assault by Oth and Unspec Means

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## ICD-10 PRIMARY EXTERNAL CAUSE CODE

### Definition

External cause code used to describe the mechanism (or external factor) that caused the injury event.

### Element Values

- Relevant ICD-10-CM code value for injury event

### Additional Information

- The primary external cause code should describe the main reason a patient is admitted to the hospital.
- ICD-10-CM codes are accepted for this data element. Activity codes are not reported under the NTDS and should not be reported for this data element.
- Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be reported for each cause. The first-listed external cause code will be selected in the following order:
  - External cause codes for child and adult abuse take priority over all other external cause codes.
  - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.
  - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.
  - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.
  - The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.

### Data Source Hierarchy Guide

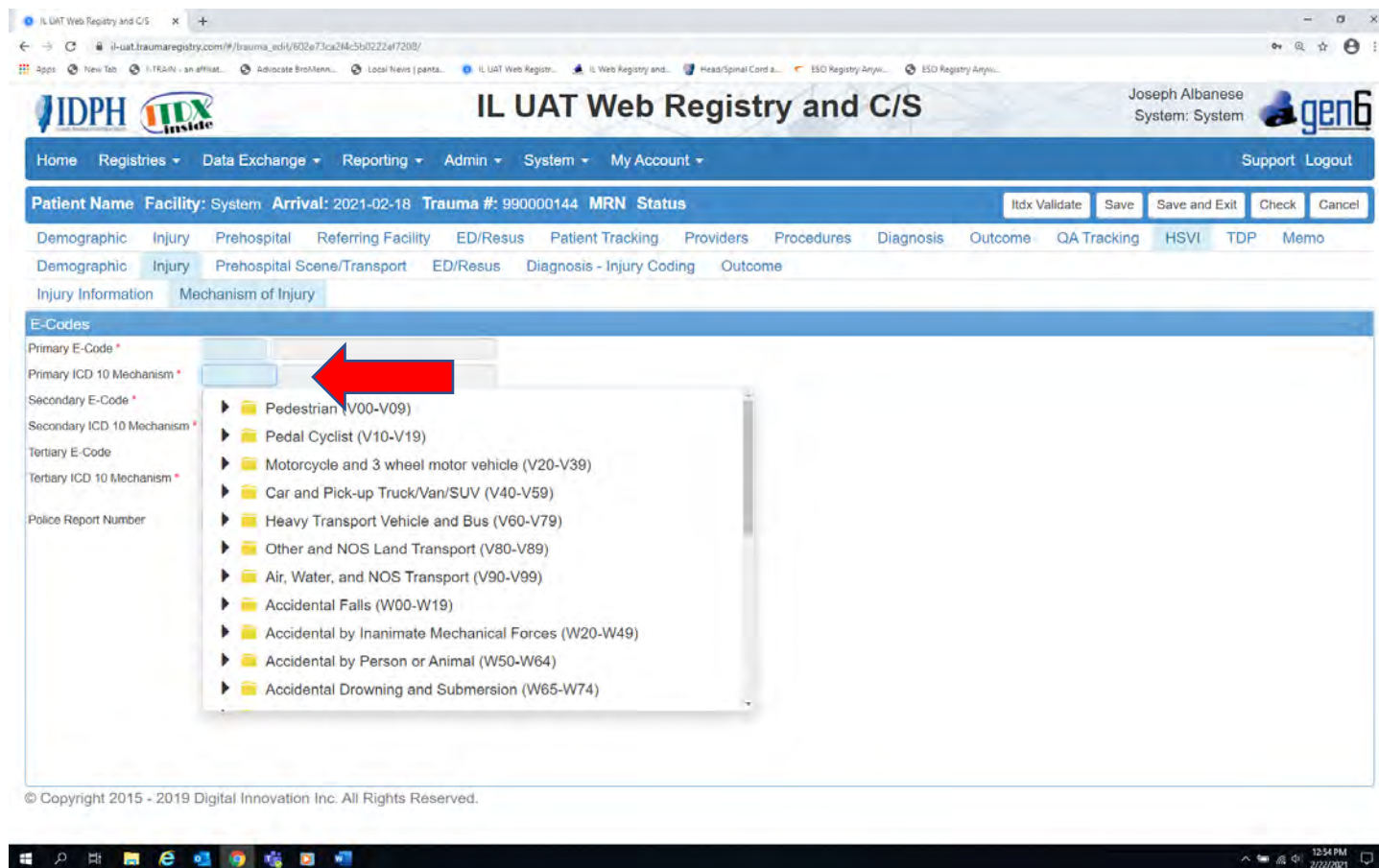
1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical
5. Progress Notes

### Associated Edit Checks

#### Rule ID Level Message

- 8901 1 E-Code is not a valid ICD-10-CM code (ICD-10-CM only)
- 8902 2 Element cannot be blank
- 8904 2 Should not be Y92.X/Y92.XX/Y92.XXX (where X is A-Z or 0-9) (ICD-10-CM only)
- 8905 3 ICD-10 External Cause Code should not be Y93.X/Y93.XX (where X is A-Z or 0-9) (ICD-10 CM only)
- 8906 1 E-Code is not a valid ICD-10-CA code (ICD-10-CA only)
- 8907 2 Element cannot be "Not Applicable"
- 8940 1 Single Entry Max exceeded

Section: HSVI/Injury/Mechanism of Injury/ICD 10 Codes



## ICD-10 PLACE OF OCCURRENCE EXTERNAL CAUSE CODE

### Definition

Place of occurrence external cause code used to describe the place/site/location of the injury event (Y92.X).

### Element Values

- Relevant ICD-10-CM code value for injury event

### Additional Information

- Only ICD-10-CM codes are accepted for ICD-10 Place of Occurrence External Cause Code.

### Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical
5. Progress Notes

### Associated Edit Checks

#### Rule ID Level Message

- 9001 1 Invalid value (ICD-10-CM only)
- 9002 2 Element cannot be blank
- 9003 3 Place of Injury code should be Y92.X/Y92.XX/Y92.XXX (where X is A-Z [excluding I,O] or 0-9) (ICD-10-CM only)
- 9004 1 Invalid value (ICD-10-CA only)
- 9005 3 Place of Injury code should be U98X (where X is 0-9) (ICD-10-CA only)
- 9006 2 Element cannot be "Not Applicable"
- 9040 1 Single Entry Max exceeded

Section: HSVI/Prehospital Scene – Transport

IL UAT Web Registry and C/S

Joseph Albanese  
System: System

Home Registries Data Exchange Reporting Admin System My Account Support Logout

Patient Name Facility: System Arrival: 2020-12-01 Trauma #: 890000142 MRN Status

Demographic Injury Prehospital Referring Facility ED/Resus Patient Tracking Providers Procedures Diagnosis Outcome QA Tracking HSVI TDP Memo

Demographic Injury Prehospital Scene/Transport ED/Resus Diagnosis - Injury Coding Outcome

Scene/Transport Providers

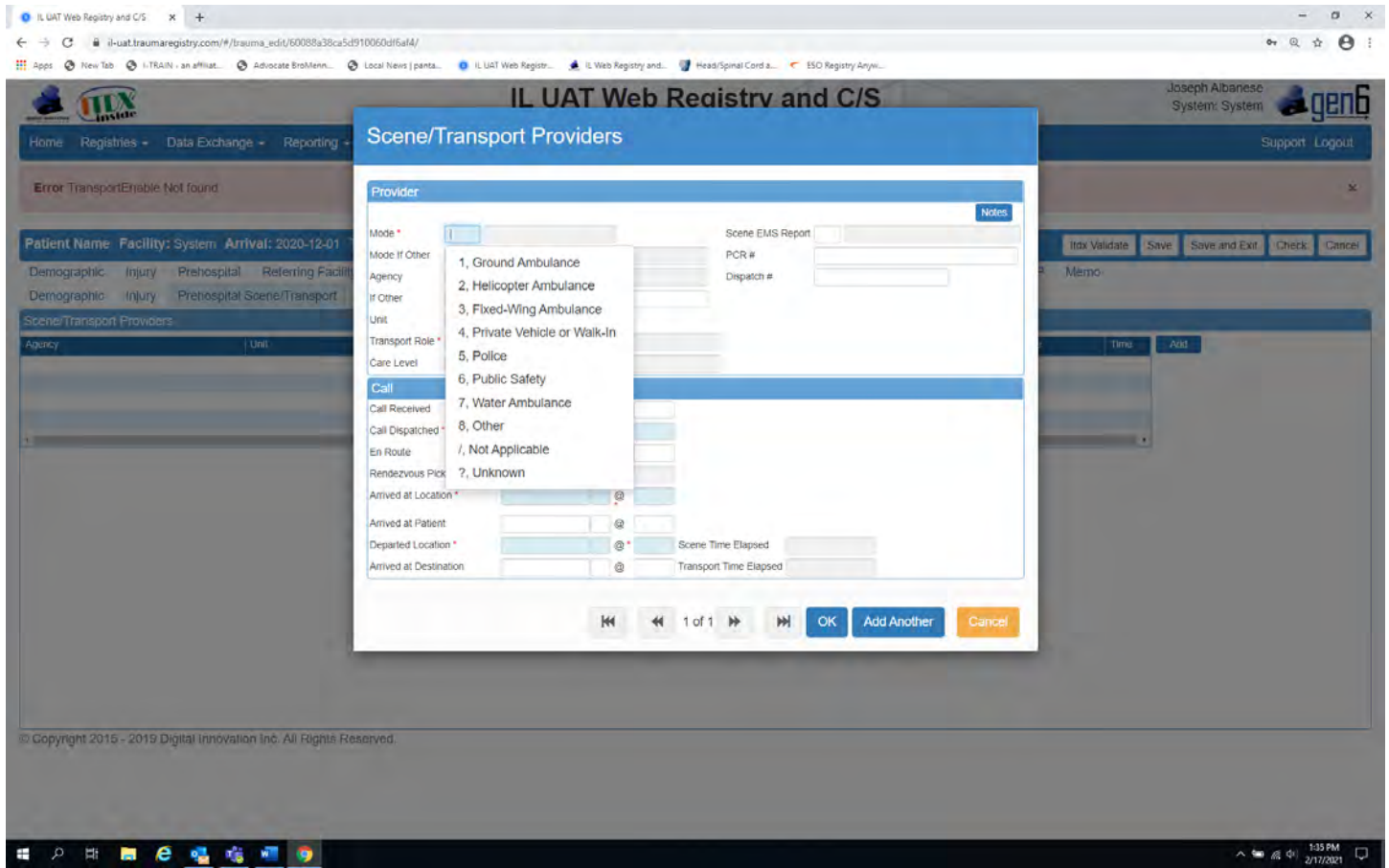
Agency	Unit	Mode	PDR #	Call Received Date	Time	Arrived Destination Date	Time	Add

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Select the “Add” Button

Note: While this tab is labeled “Prehospital Scene/Transport,” for patients that arrived by “Private Vehicle or Walk-in” select the “Add” button and select “4 - Private Vehicle or Walk-in” and then select “OK”

Section: HSVI/Prehospital Scene – Transport/Mode



**TRANSPORT MODE**

**Definition**

The mode of transport delivering the patient to your hospital.

**Element Values**

- |                               |                    |
|-------------------------------|--------------------|
| 1. Ground Ambulance           | 6. Public Safety   |
| 2. Helicopter Ambulance       | 7. Water Ambulance |
| 3. Fixed-wing Ambulance       | 8. Other           |
| 4. Private Vehicle or Walk-in | /, Not Applicable  |
| 5. Police                     | ?. Unknown         |

**Additional Information**

**Data Source Hierarchy Guide**

1. EMS Run Report
2. Triage Notes
3. Nursing Notes

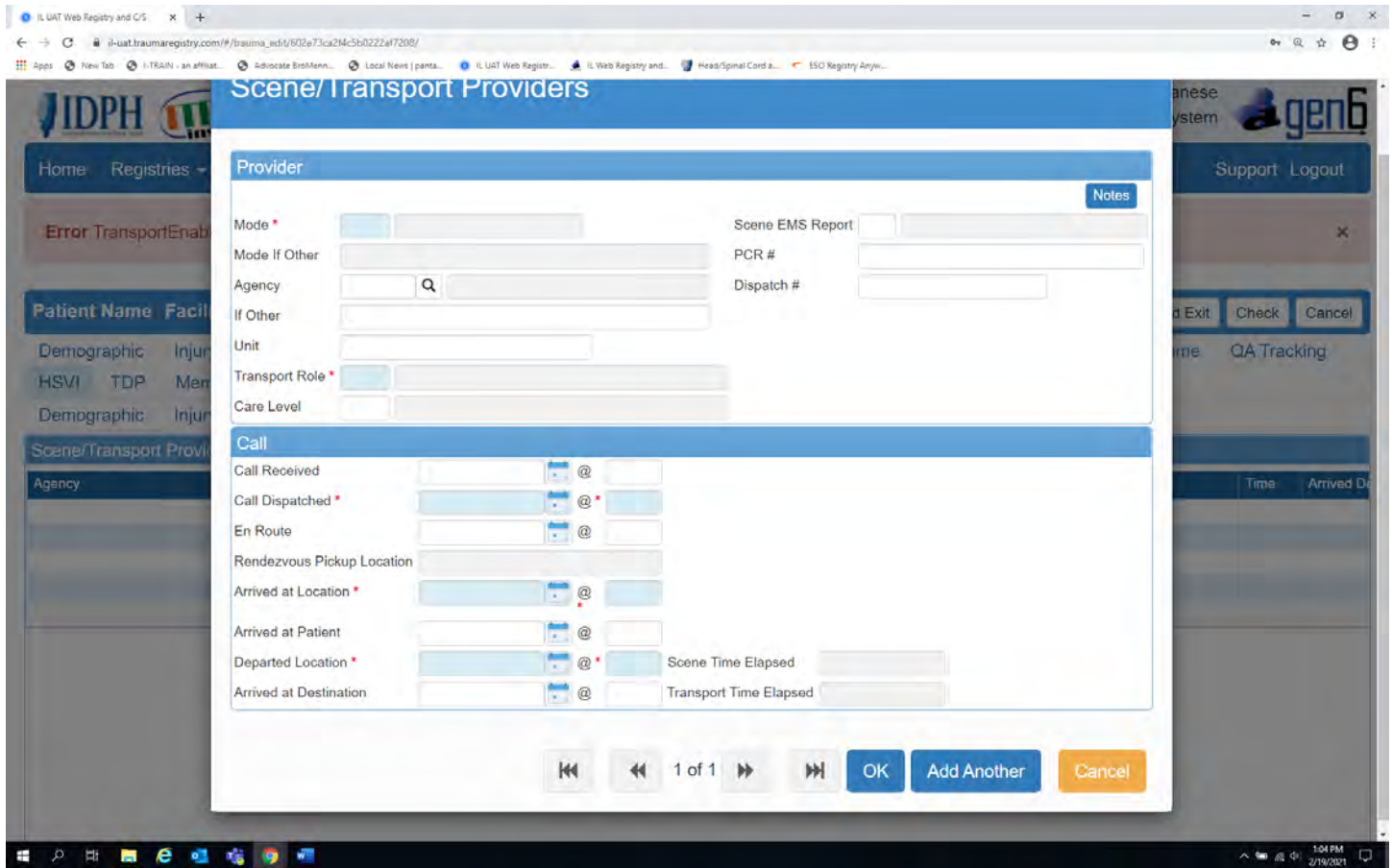
**Associated Edit Checks**

**Rule ID Level Message**

- 3401 1 Value is not a valid menu option
- 3402 2 Element cannot be blank
- 3404 2 Element cannot be "Not Applicable"
- 3440 1 Single Entry Max exceeded

*\*Note: Selecting "4 -Private Vehicle or Walk-in" will make the prehospital fields inactive*

Section: HSVI/Prehospital Scene – Transport/Mode



**NOTE:** If the patient is transported to the hospital per this agency then **Transport Role** corresponds to **Transport Mode** in the NTDS data dictionary. All others involved in the transport correspond to the NTDS data dictionary's "Other Transport Mode." If the agency does not transport the patient, please mark the agency as non-transport.

**OTHER TRANSPORT MODE**

**Definition**

All other modes of transport used during patient care event (prior to arrival at your hospital), except the mode delivering the patient to the hospital.

**Element Values**

- 1. Ground Ambulance
- 2. Helicopter Ambulance
- 3. Fixed-wing Ambulance
- 4. Private/Public Vehicle/Walk-in
- 5. Police
- 6. Other

**Additional Information**

- Include in "Other" unspecified modes of transport.
- The null value "Not Applicable" is reported to indicate that a patient had a single mode of transport.
- Report all that apply with a maximum of 5.

**Data Source Hierarchy Guide**

- 1. EMS Run Report

**Associated Edit Checks**

**Rule ID Level Message**

- 3501 1 Value is not a valid menu option
- 3502 2 Element cannot be blank
- 3550 1 Multiple Entry Max exceeded

Section: HSVI/Prehospital Scene – Transport/Agency

The screenshot shows a web application interface for 'Scene/Transport Providers'. The 'Provider' section contains fields for Mode, Mode If Other, Agency (highlighted with a red arrow), If Other, Unit, Transport Role, and Care Level. The 'Call' section contains fields for Call Received, Call Dispatched, En Route, Rendezvous Pickup Location, Arrived at Location, Arrived at Patient, Departed Location, and Arrived at Destination, along with Scene Time Elapsed and Transport Time Elapsed. The interface includes a search bar, a 'Notes' button, and navigation controls at the bottom.

**AGENCY**

**Definition**

The prehospital agency that is responsible for some or all aspects of the patient’s care prior to arrival at the hospital. There may be multiple agencies added based on who has responded to the scene.

**Element Values**

- Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. EMS Run Report



## Section: HSVI/Prehospital Scene – Transport/Unit

The screenshot shows a web application interface for 'Scene/Transport Providers'. The form is titled 'Scene/Transport Providers' and is divided into two main sections: 'Provider' and 'Call'.  
**Provider Section:**  
- Mode \* (dropdown)  
- Mode If Other (text input)  
- Agency (text input with search icon)  
- If Other (text input)  
- Unit (text input, highlighted with a red arrow)  
- Transport Role \* (dropdown)  
- Care Level (dropdown)  
- Scene EMS Report (checkbox)  
- PCR # (text input)  
- Dispatch # (text input)  
- Notes (button)  
**Call Section:**  
- Call Received (text input with calendar icon)  
- Call Dispatched \* (text input with calendar icon)  
- En Route (text input with calendar icon)  
- Rendezvous Pickup Location (text input)  
- Arrived at Location \* (text input with calendar icon)  
- Arrived at Patient (text input with calendar icon)  
- Departed Location \* (text input with calendar icon)  
- Arrived at Destination (text input with calendar icon)  
- Scene Time Elapsed (text input)  
- Transport Time Elapsed (text input)  
At the bottom of the form are navigation buttons: back, previous, 1 of 1, next, forward, OK, Add Another, and Cancel.

### UNIT

#### Definition

Call sign used by the specific unit responding to the scene.

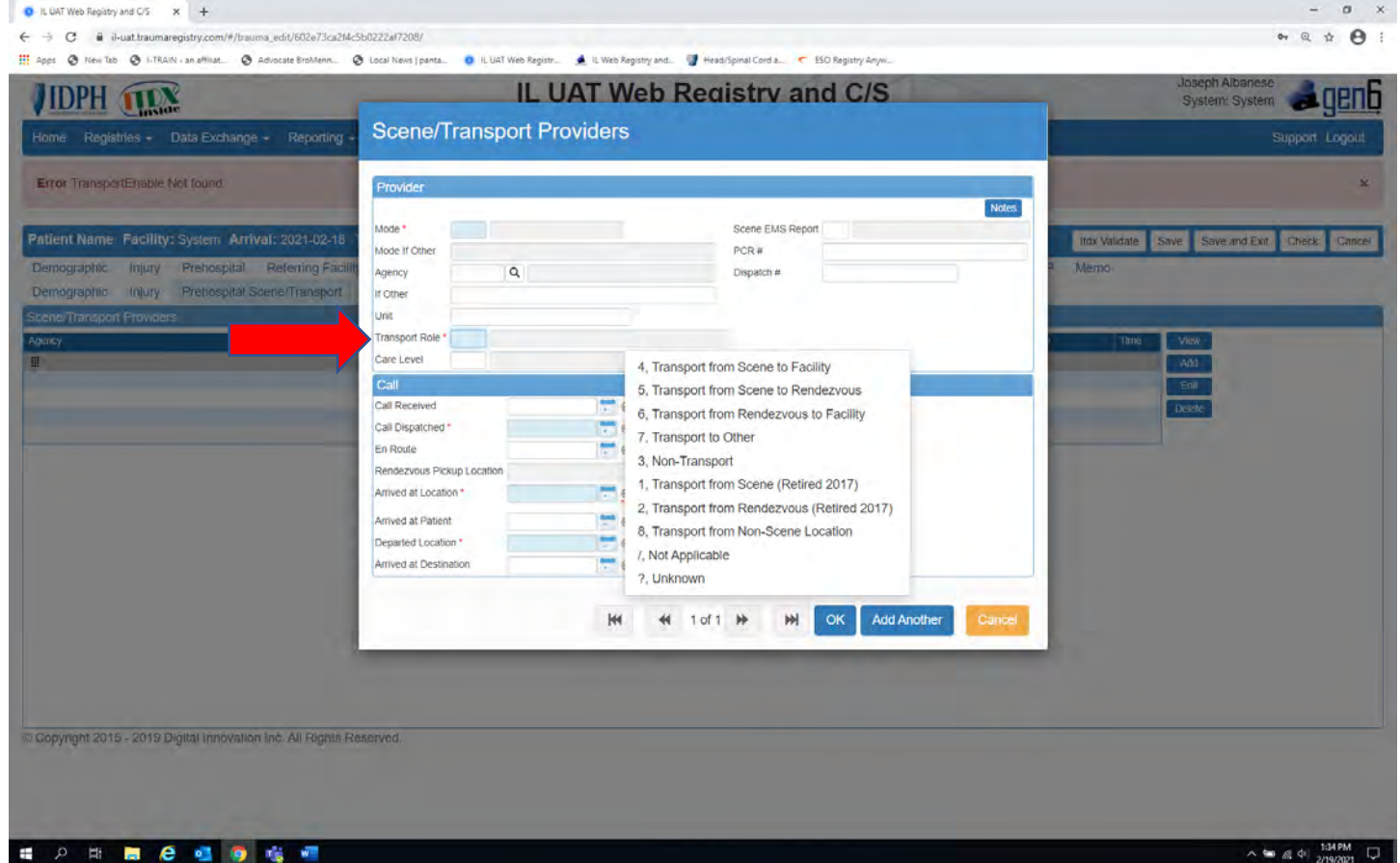
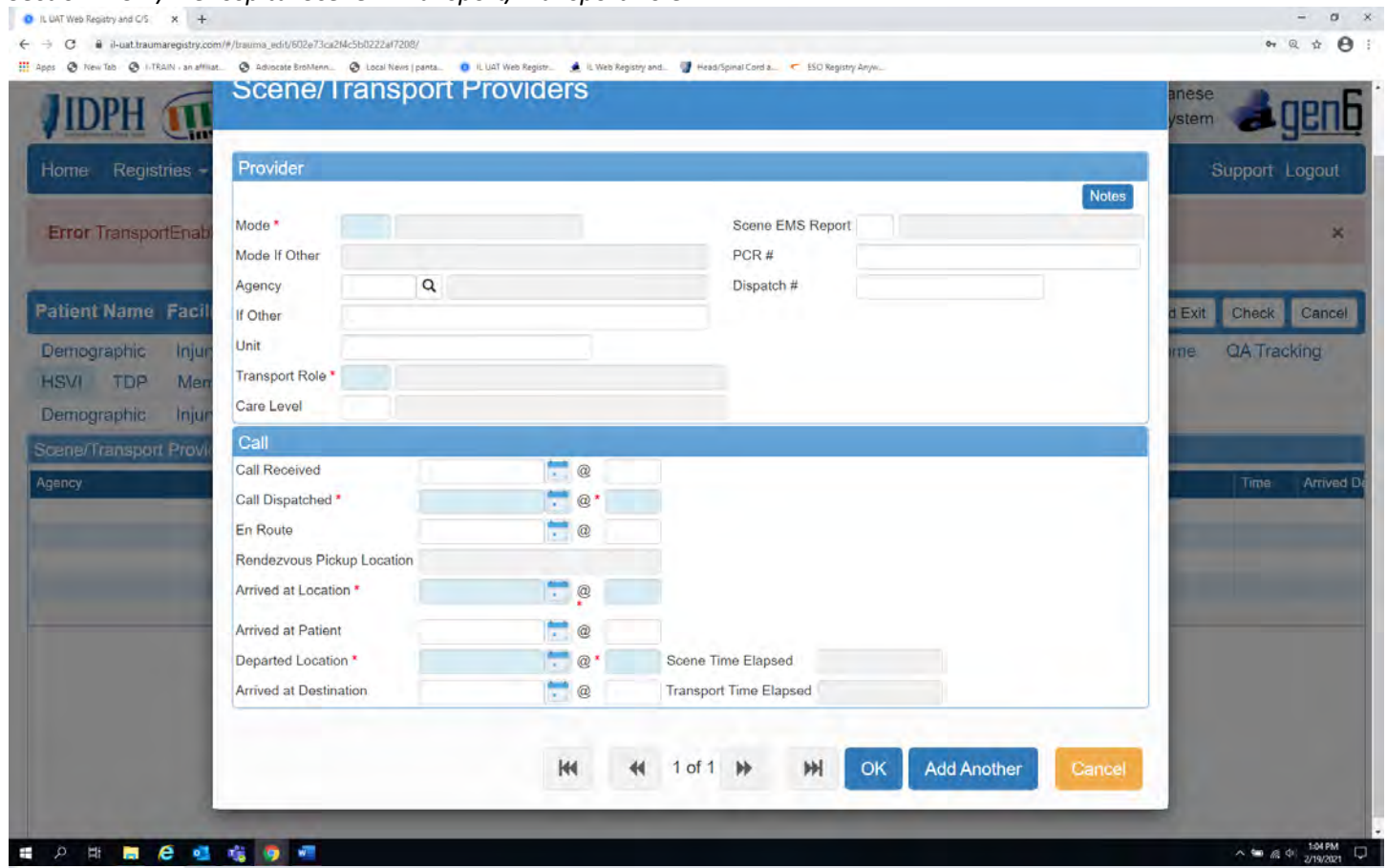
#### Element Values

- Relevant Value for Data Element

#### Data Source Hierarchy Guide

1. EMS Run Report

Section: HSVI/Prehospital Scene – Transport/Transport Role



**NOTE:** If the patient is transported to the hospital per this agency then **Transport Role** corresponds to **Transport Mode** in the NTDS data dictionary. All others involved in the transport correspond to the NTDS data dictionary's "Other Transport Mode." If the agency does not transport the patient, please mark the agency as non-transport

### OTHER TRANSPORT MODE

#### Definition

All other modes of transport used during patient care event (prior to arrival at your hospital), except the mode delivering the patient to the hospital.

#### Element Values

- |                         |                                   |
|-------------------------|-----------------------------------|
| 1. Ground Ambulance     | 4. Private/Public Vehicle/Walk-in |
| 2. Helicopter Ambulance | 5. Police                         |
| 3. Fixed-wing Ambulance | 6. Other                          |

#### Additional Information

- Include in "Other" unspecified modes of transport.
- The null value "Not Applicable" is reported to indicate that a patient had a single mode of transport.
- Report all that apply with a maximum of 5.

#### Data Source Hierarchy Guide

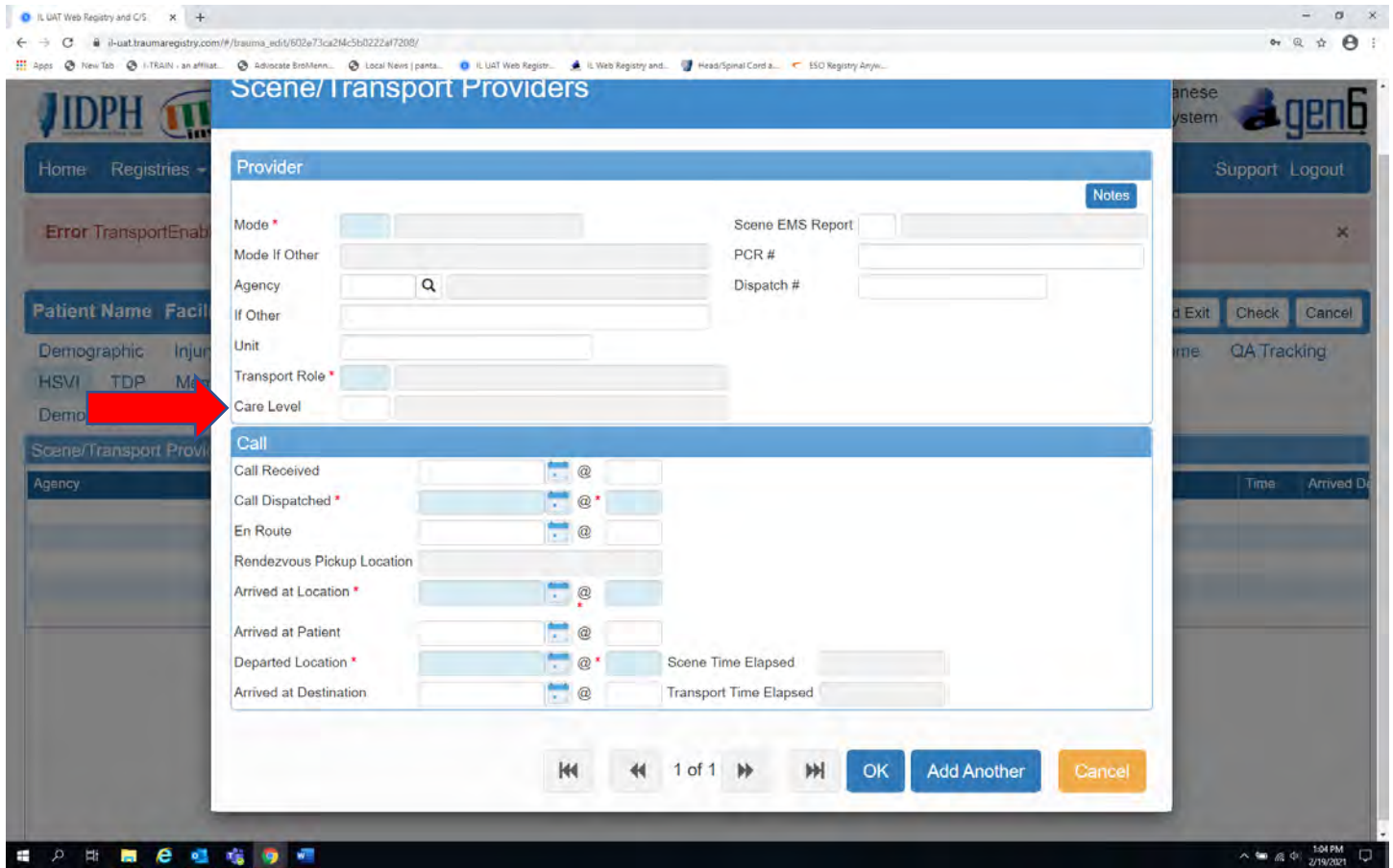
1. EMS Run Report

#### Associated Edit Checks

#### Rule ID Level Message

- 3501 1 Value is not a valid menu option
- 3502 2 Element cannot be blank
- 3550 1 Multiple Entry Max exceeded

Section: HSVI/Prehospital Scene – Transport/Care Level



**CARE LEVEL**

**Definition**

The highest level of care the agency is able to provide to the patient based on Illinois State EMS regulations.

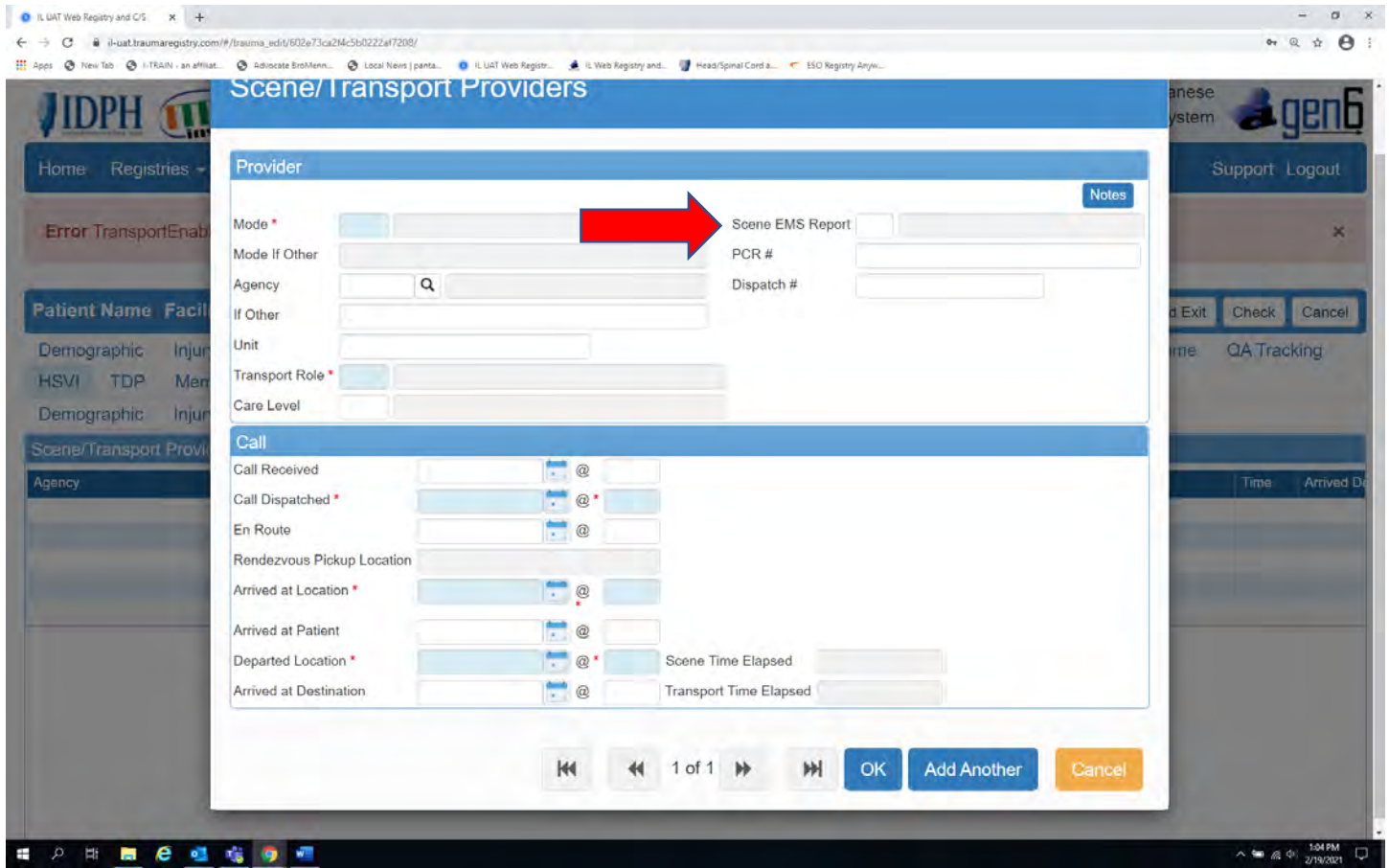
**Element Values**

- 1. Advanced Life Support
- 2. Basic Life Support
- /. Not Applicable
- ?. Unknown

**Data Source Hierarchy Guide**

- 1. EMS Run Report

Section: HSVI/Prehospital Scene – Transport/Scene EMS Report



**SCENE EMS REPORT**

**Definition**

The prehospital report and its level of completion/hospital's access to the report.

**Element Values**

- 1. Complete
- 2. Incomplete
- 3. Missing
- 4. Unreadable
- /. Not Applicable
- ? Unknown

**Section**

**Data Source Hierarchy Guide**

- 1. EMS Run Report
- 2. Media or Scanned Documents

Section: HSVI/Prehospital Scene – Transport/PCR Number

The screenshot shows a web-based form titled "Scene/Transport Providers" from the IDPH system. The form is divided into two main sections: "Provider" and "Call".

**Provider Section:**

- Mode \*
- Mode If Other
- Agency (with a search icon)
- If Other
- Unit
- Transport Role \*
- Care Level

**Scene EMS Report Section:**

- Scene EMS Report
- PCR # (highlighted with a red arrow)
- Dispatch #

**Call Section:**

- Call Received
- Call Dispatched \*
- En Route
- Rendezvous Pickup Location
- Arrived at Location \*
- Arrived at Patient
- Departed Location \*
- Arrived at Destination
- Scene Time Elapsed
- Transport Time Elapsed

At the bottom of the form, there are navigation buttons: "OK", "Add Another", and "Cancel". A status bar at the bottom indicates "1 of 1" records.

**PCR NUMBER**

**Definition**

The unique number assigned to the patient and the EMS call by the EMS agency.

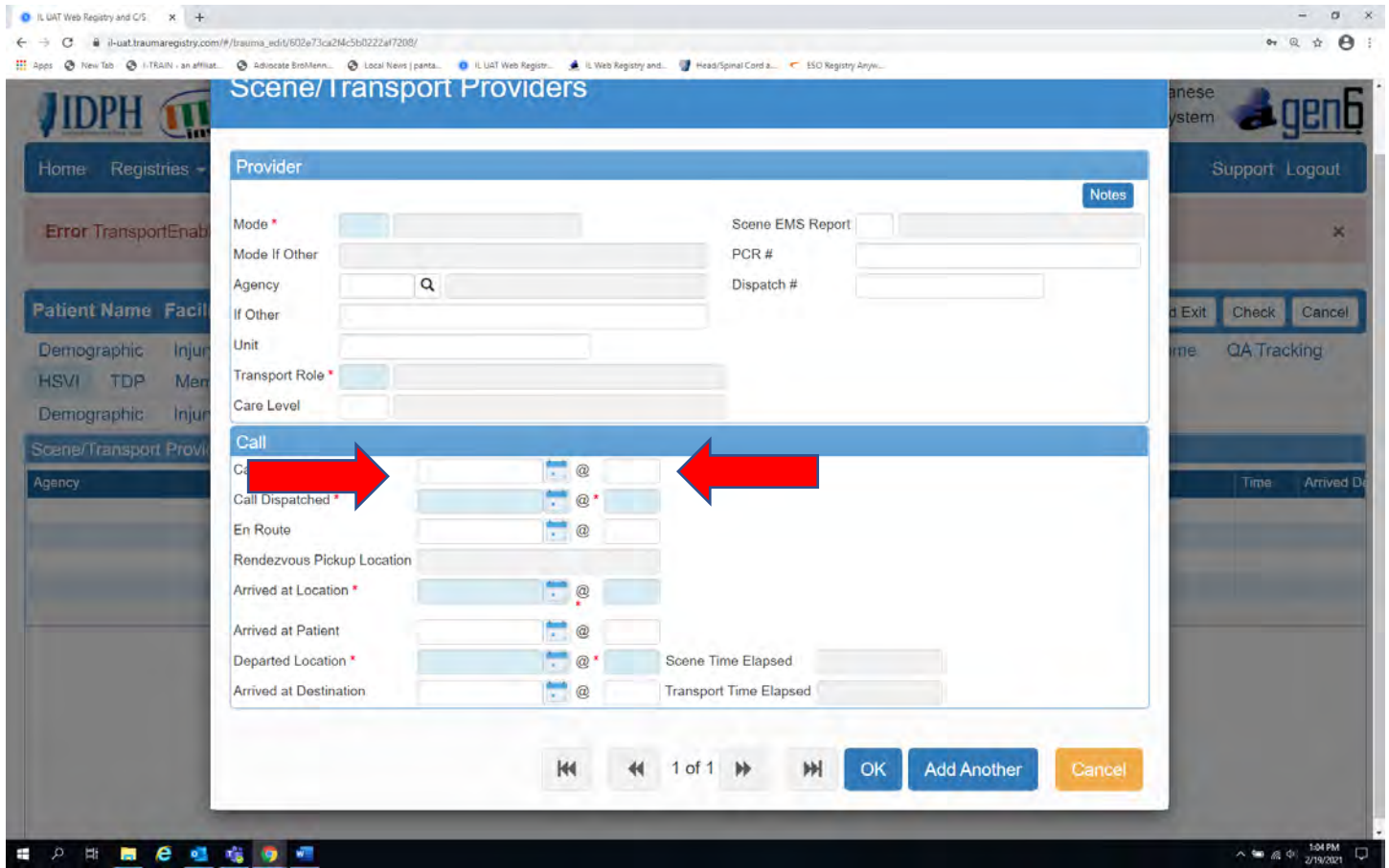
**Element Values**

- Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. EMS Run Report

Section: HSVI/Prehospital Scene – Transport/Call Received Date and Time



**CALL RECEIVED DATE AND TIME**

**Definition**

The date and time that the call was received by the dispatcher

**Data Elements**

- Relevant value for data element

**Data Source Hierarchy Guide**

1. EMS Run Report

## Section: HSVI/Prehospital Scene – Transport/Call Dispatch Date

The screenshot shows a web application interface for 'Scene/Transport Providers'. The 'Call' section is highlighted with a red arrow. The form includes the following fields:

- Mode \*
- Mode If Other
- Agency
- If Other
- Unit
- Transport Role \*
- Care Level
- Scene EMS Report
- PCR #
- Dispatch #
- Call Received
- Call
- En Route
- Rendezvous Pickup Location
- Arrived at Location \*
- Arrived at Patient
- Departed Location \*
- Arrived at Destination
- Scene Time Elapsed
- Transport Time Elapsed

Navigation buttons at the bottom: OK, Add Another, Cancel.

### EMS DISPATCH DATE

#### Definition

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

#### Element Values

- Relevant value for data element

#### Additional Information

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

#### Data Source Hierarchy Guide

1. EMS Run Report

#### Associated Edit Checks

##### Rule ID Level Message

- 2801 1 Date is not valid
- 2802 1 Date out of range
- 2803 3 EMS Dispatch Date is earlier than Date of Birth
- 2804 3 EMS Dispatch Date is later than EMS Unit Arrival on Scene Date
- 2805 3 EMS Dispatch Date is later than EMS Unit Scene Departure Date
- 2806 3 EMS Dispatch Date is later than ED/Hospital Arrival Date
- 2807 3 EMS Dispatch Date is later than ED Discharge Date



*Section: HSVI/Prehospital Scene – Transport/Call Dispatch Date*

2808 3 EMS Dispatch Date is later than Hospital Discharge Date

2809 2 Element cannot be blank

2840 1 Single Entry Max exceeded

## Section: HSVI/Prehospital Scene – Transport/Call Dispatch Time

The screenshot shows a web application interface for 'Scene/Transport Providers'. The 'Call' section contains the following fields:

- Call Received
- Call Dispatched \*
- En Route
- Rendezvous Pickup Location
- Arrived at Location \*
- Arrived at Patient
- Departed Location \*
- Arrived at Destination

Additional fields include 'Scene EMS Report', 'PCR #', 'Dispatch #', 'Scene Time Elapsed', and 'Transport Time Elapsed'. A red arrow points to the 'Call Dispatched' field.

### EMS DISPATCH TIME

#### Definition

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

#### Element Values

- Relevant value for data element

#### Additional Information

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

#### Data Source Hierarchy Guide

1. EMS Run Report

#### Associated Edit Checks

##### Rule ID Level Message

- 2901 1 Time is not valid
- 2902 1 Time out of range
- 2903 3 EMS Dispatch Time is later than EMS Unit Arrival on Scene Time
- 2904 3 EMS Dispatch Time is later than EMS Unit Scene Departure Time
- 2905 3 EMS Dispatch Time is later than ED/Hospital Arrival Time
- 2906 3 EMS Dispatch Time is later than ED Discharge Time
- 2907 3 EMS Dispatch Time is later than Hospital Discharge Time

*Section: HSVI/Prehospital Scene – Transport/Call Dispatch Time*

2908 2 Element cannot be blank

2940 1 Single Entry Max exceeded

Section: HSVI/Prehospital Scene – Transport/Unit Enroute Date and Time

The screenshot shows a web browser window with the URL [i-uat.traumaregistry.com/#/trauma\\_edit/602673ca24c5b0222af7208/](http://i-uat.traumaregistry.com/#/trauma_edit/602673ca24c5b0222af7208/). The page title is "Scene/Transport Providers". The form is titled "Scene/Transport Providers" and has a "Notes" button in the top right. The "Provider" section includes fields for Mode, Mode If Other, Agency, If Other, Unit, Transport Role, and Care Level. The "Call" section includes fields for Call Received, Call Dispatched, Rendezvous Pickup Location, Arrived at Location, Arrived at Patient, Departed Location, and Arrived at Destination. Each time field has a calendar icon and a time selection dropdown. Two red arrows point to the "Call Dispatched" and "Arrived at Location" fields. At the bottom of the form are navigation buttons: "OK", "Add Another", and "Cancel".

**EN-ROUTE DATE AND TIME**

**Definition**

The date and time that unit was en-route to the scene.

**Date Elements**

- Relevant value for data element

**Data Source Hierarchy Guide**

1. EMS Run Report

Section: HSVI/Prehospital Scene – Transport/Rendezvous

The screenshot shows a web browser window displaying the 'Scene/Transport Providers' form. The form is titled 'Scene/Transport Providers' and has a 'Notes' button in the top right corner. The 'Provider' section includes fields for Mode, Mode If Other, Agency, If Other, Unit, Transport Role, and Care Level. The 'Call' section includes fields for Call Received, Call Dispatched, En Route, Rendezvous Pickup Location, Arrived at Location, Arrived at Patient, Departed Location, and Arrived at Destination. A red arrow points to the 'Rendezvous Pickup Location' field. The form also includes a 'Scene Time Elapsed' and 'Transport Time Elapsed' field. At the bottom of the form are navigation buttons: 'OK', 'Add Another', and 'Cancel'. The background shows the IDPH logo and a sidebar with navigation options like 'Home', 'Registries', 'Patient Name', 'Facility', 'Demographic', 'Injury', 'HSVI', 'TDP', 'Ment', 'Demographic', 'Injury', 'Scene/Transport Provi', and 'Agency'.

**RENDEZVOUS PICKUP LOCATION**

**Definition**

Will only populate if the patient was transported to a rendezvous point to be transported by a different agency. The location where the transporting agency intercepted the patient.

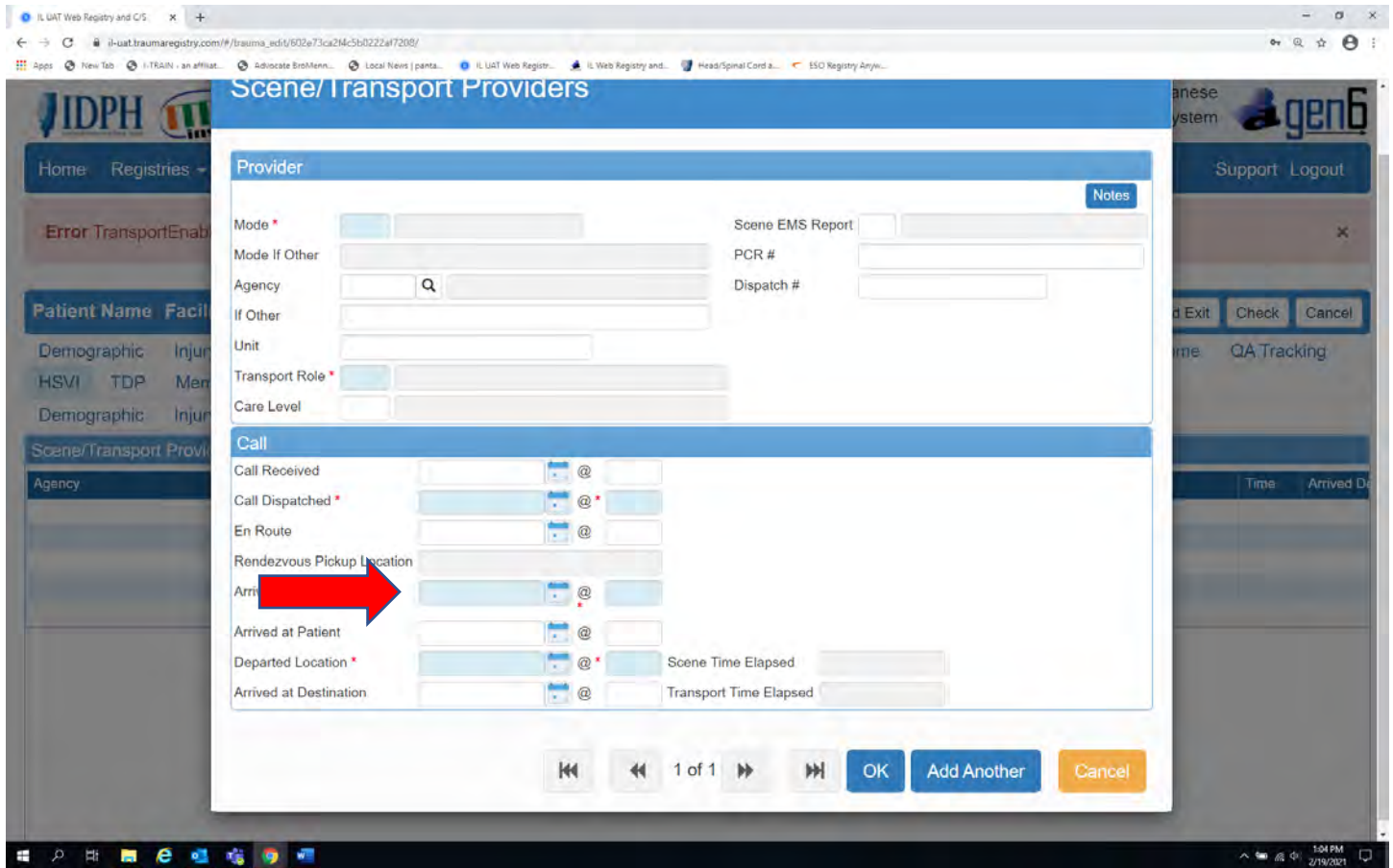
**Date Elements**

- Relevant value for data element

**Data Source Hierarchy Guide**

1. EMS Run Report

Section: HSVI/Prehospital Scene – Transport/Scene Arrival Date



**EMS UNIT ARRIVAL DATE AT SCENE OR TRANSFERRING FACILITY**

**Definition**

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

**Element Values**

- Relevant value for data element

**Additional Information**

- Reported as MM-DD-YYYY.
- For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).
- For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving).
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

**Data Source Hierarchy Guide**

1. EMS Run Report

**Associated Edit Checks**

**Rule ID Level Message**

- 3001 1 Date is not valid
- 3002 1 Date out of range
- 3003 3 EMS Unit Arrival on Scene Date is earlier than Date of Birth
- 3004 3 EMS Unit Arrival on Scene Date is earlier than EMS Dispatch Date
- 3005 3 EMS Unit Arrival on Scene Date is later than EMS Unit Scene Departure Date

*Section: HSVI/Prehospital Scene – Transport/Scene Arrival Time*

3006 3 EMS Unit Arrival on Scene Date is later than ED/Hospital Arrival Date

3007 3 EMS Unit Arrival on Scene Date is later than ED Discharge Date

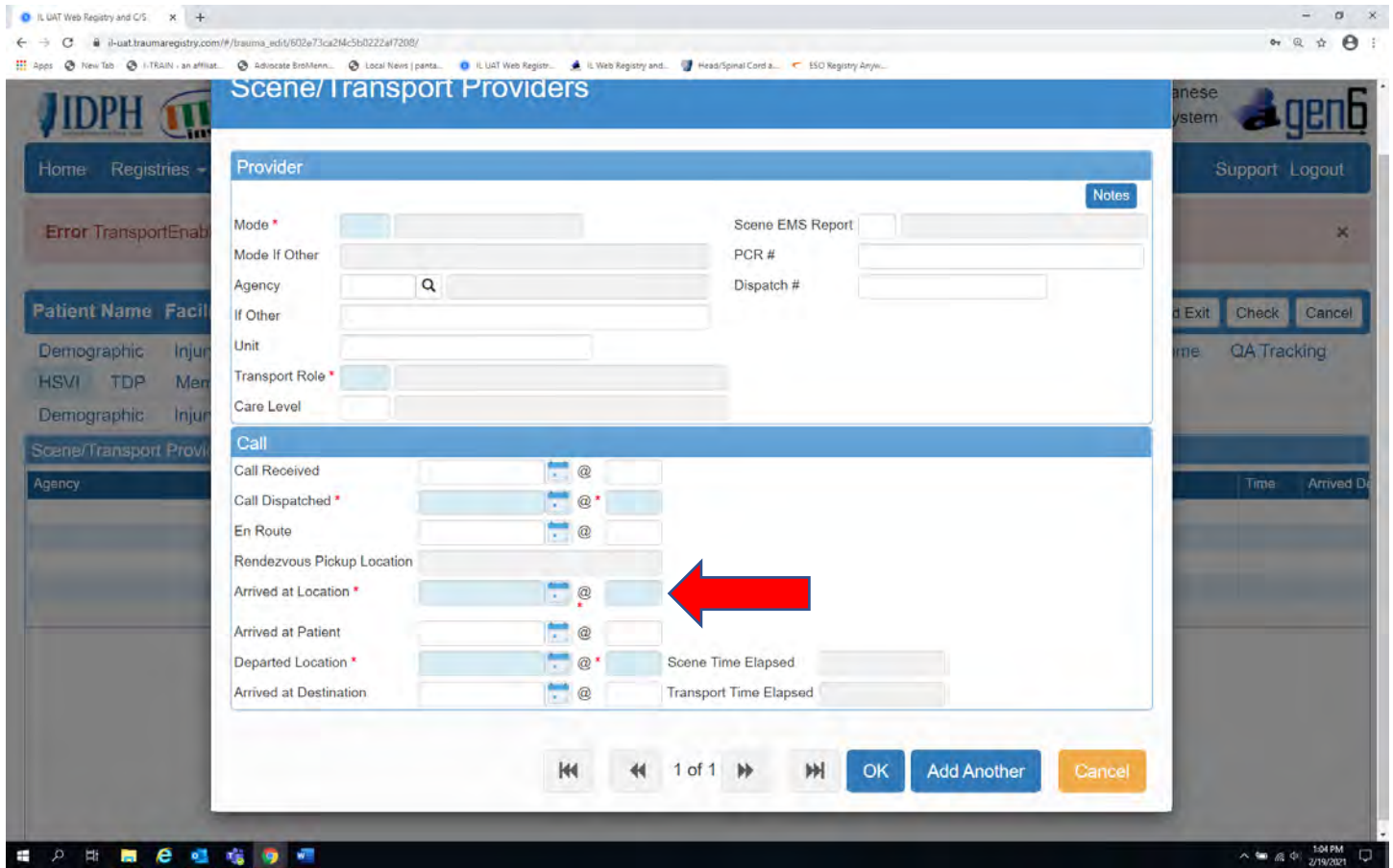
3008 3 EMS Unit Arrival on Scene Date is later than Hospital Discharge Date

3009 3 EMS Unit Arrival on Scene Date minus EMS Dispatch Date is greater than 7 days

3010 2 Element cannot be blank

3040 1 Single Entry Max exceeded

Section: HSVI/Prehospital Scene – Transport/Scene Arrival Time



**EMS UNIT ARRIVAL TIME AT SCENE OR TRANSFERRING FACILITY**

**Definition**

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

**Element Values**

- Relevant value for data element

**Additional Information**

- Reported as HH:MM military time.
- For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).
- For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving).
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

**Data Source Hierarchy Guide**

1. EMS Run Report

**Associated Edit Checks**

**Rule ID Level Message**

- 3101 1 Time is not valid
- 3102 1 Time out of range
- 3103 3 EMS Unit Arrival on Scene Time is earlier than EMS Dispatch Time
- 3104 3 EMS Unit Arrival on Scene Time is later than EMS Unit Scene Departure Time
- 3105 3 EMS Unit Arrival on Scene Time is later than ED/Hospital Arrival Time



*Section: HSVI/Prehospital Scene – Transport/Scene Arrival Time*

3106 3 EMS Unit Arrival on Scene Time is later than ED Discharge Time

3107 3 EMS Unit Arrival on Scene Time is later than Hospital Discharge Time

3108 2 Element cannot be blank

3140 1 Single Entry Max exceeded

Section: HSVI/Prehospital Scene – Transport/Arrived at Patient Date and Time

The screenshot shows a web application interface for 'Scene/Transport Providers'. The 'Call' section contains the following fields:

- Call Received
- Call Dispatched \*
- En Route
- Rendezvous Pickup Location
- Arrived at Location \*
- Arrive
- Departed Location \*
- Arrived at Destination

Time-related fields include:

- Scene Time Elapsed
- Transport Time Elapsed

Red arrows point to the 'Arrived at Location' and 'Arrive' fields. The 'Arrive' field is also linked to the 'Scene Time Elapsed' field.

**ARRIVED AT PATIENT DATE AND TIME**

**Definition**

The date and time that the prehospital personnel made contact with the patient.

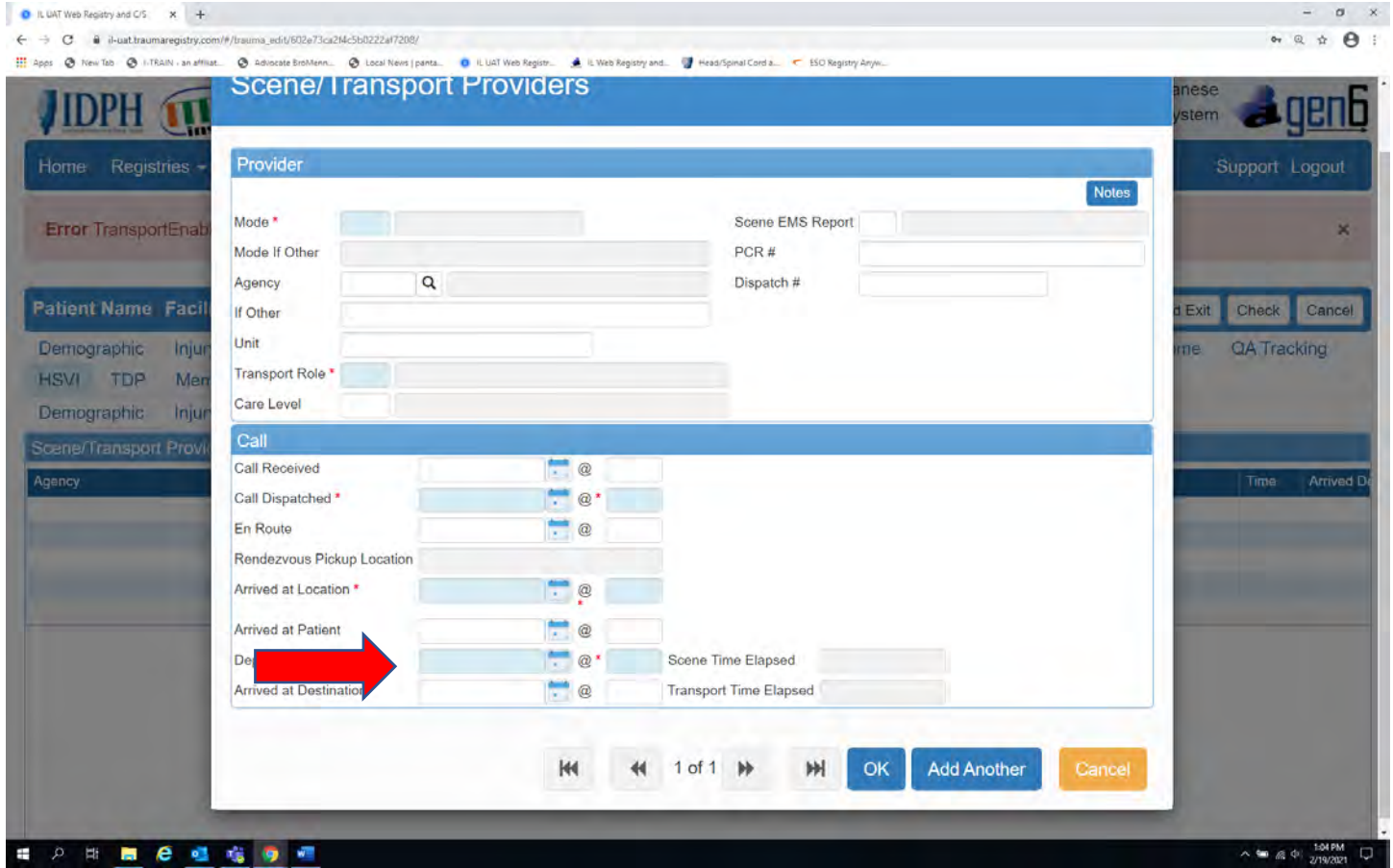
**Date Elements**

- Relevant value for data element

**Data Source Hierarchy Guide**

1. EMS Run Report

Section: HSVI/Prehospital Scene – Transport/Departed Scene Date



**EMS UNIT DEPARTURE DATE FROM SCENE OR TRANSFERRING FACILITY**

**Definition**

The date the unit transporting to your hospital left the scene/transferring facility.

**Element Values**

- Relevant value for data element

**Additional Information**

- Reported as MM-DD-YYYY.
- For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving).
- For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined at date/time when the vehicle started moving).
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

**Data Source Hierarchy Guide**

1. EMS Run Report

**Associated Edit Checks**

**Rule ID Level Message**

3201 1 Date is not valid

3202 1 Date out of range

3203 3 EMS Unit Scene Departure Date is earlier than Date of Birth

3204 3 EMS Unit Scene Departure Date is earlier than EMS Dispatch Date

3205 3 EMS Unit Scene Departure Date is earlier than EMS Unit Arrival on Scene Date

*Section: HSVI/Prehospital Scene – Transport/Departed Scene Date*

3206 3 EMS Unit Scene Departure Date is later than ED/Hospital Arrival Date

3207 3 EMS Unit Scene Departure Date is later than ED Discharge Date

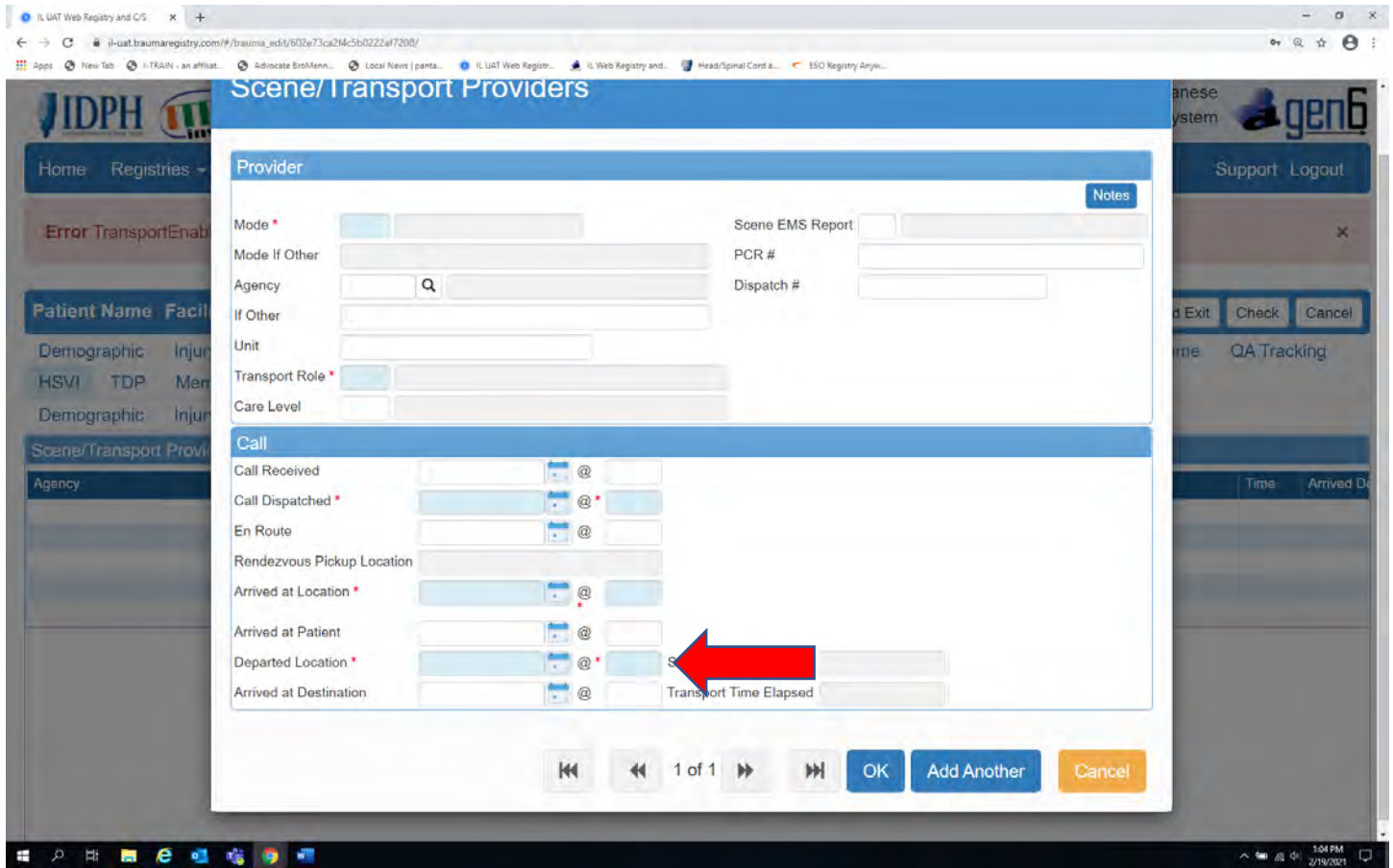
3208 3 EMS Unit Scene Departure Date is later than Hospital Discharge Date

3209 3 EMS Unit Scene Departure Date minus EMS Unit Arrival on Scene Date is greater than 7 days

3210 2 Element cannot be blank

3240 1 Single Entry Max exceeded

Section: HSVI/Prehospital Scene – Transport/Departed Scene Time



**EMS UNIT DEPARTURE TIME FROM SCENE OR TRANSFERRING FACILITY**

**Definition**

The time the unit transporting to your hospital left the scene/transferring facility.

**Element Values**

- Relevant value for data element

**Additional Information**

- Reported as HH:MM military time.
- For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving).
- For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined at date/time when the vehicle started moving).
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

**Data Source Hierarchy Guide**

1. EMS Run Report

**Associated Edit Checks**

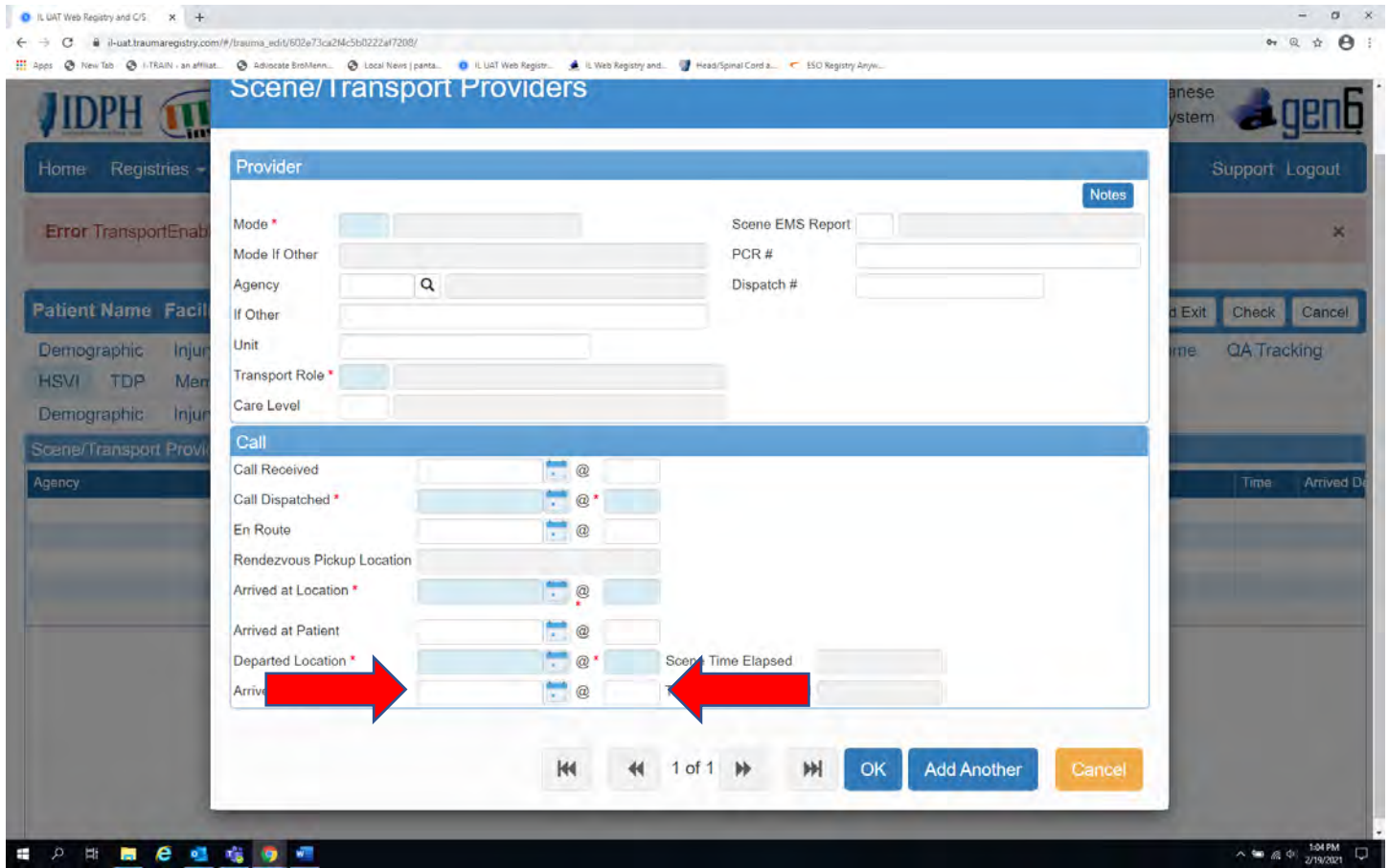
**Rule ID Level Message**

- 3301 1 Time is not valid
- 3302 1 Time out of range
- 3303 3 EMS Unit Scene Departure Time is earlier than EMS Dispatch Time
- 3304 3 EMS Unit Scene Departure Time is earlier than EMS Unit Arrival on Scene Time
- 3305 3 EMS Unit Scene Departure Time is later than ED/Hospital Arrival Time

*Section: HSVI/Prehospital Scene – Transport/Departed Scene Time*

3306 3 EMS Unit Scene Departure Time is later than the ED Discharge Time  
3307 3 EMS Unit Scene Departure Time is later than Hospital Discharge Time  
3308 2 Element cannot be blank  
3340 1 Single Entry Max exceeded

Section: HSVI/Prehospital Scene – Transport/Arrived Destination Date and Time



**ARRIVED AT DESTINATION DATE AND TIME**

**Definition**

The date and time that the transporting unit arrived to the hospital.

**Date Elements**

- Relevant value for data element

**Data Source Hierarchy Guide**

1. EMS Run Report

## Section: HSVI/ED -Resus/ED Discharge Disposition

The screenshot shows the IL UAT Web Registry and C/S interface. The top navigation bar includes 'Home', 'Registries', 'Data Exchange', 'Reporting', 'Admin', 'System', and 'My Account'. The patient information section displays 'Patient Name', 'Facility: System', 'Arrival: 2020-12-01', 'Trauma #: 890000142', and 'MRN Status'. The 'Arrival/Admission Information' section is active, showing a 'Post ED Disposition' dropdown menu with a red arrow pointing to it. The dropdown menu lists the following options: 3, Operating Room; 4, Intensive Care Unit; 5, Step-Down Unit; 6, Floor; 7, Telemetry Unit; 8, Observation Unit; 9, Burn Unit; 13, Labor and Delivery; 14, Neonatal/Pediatric Care Unit; 16, Interventional Radiology; 40, Home or Self Care (Routine Discharge). The interface also includes various tabs like 'Demographic', 'Injury', 'Prehospital', 'Referring Facility', 'ED/Resus', 'Patient Tracking', 'Providers', 'Procedures', 'Diagnosis', 'Outcome', 'QA Tracking', 'HSVI', 'TDP', and 'Memo'. The bottom of the screenshot shows the Windows taskbar with the time 1:36 PM on 2/17/2021.

### POST ED DISCHARGE DISPOSITION

#### Definition

The disposition unit the order was written for the patient to be discharged to, from the ED.

#### Element Values

3. Operating Room
4. Intensive Care Unit
5. Step Down Unit
6. Floor
7. Telemetry Unit
8. Observation Unit
9. Burn Unit
13. Labor and Delivery
14. Neonatal/Pediatric Care Unit
16. Interventional Radiology
40. Home or Self Care (Routine Discharge)
41. Home with Services
42. Left AMA
43. Correctional Facility/Court/Law Enforcement
44. Morgue
45. Child Protective Agency
70. Acute Care Facility
71. Intermediate Care Facility
72. Skilled Nursing Facility



*Section: HSVI/ED -Resus/ED Discharge Disposition*

- 73. Rehab (Inpatient)
- 74. Long- Term Care
- 75. Hospice
- 76. Mental Health/Psychiatric Hospital (Inpatient)
- 77. Nursing Home
- 79. Another Type of Inpatient Facility Not Defined Elsewhere
- 80. Burn Center
- /. Not Applicable
- ?. Unknown

**Additional Information**

- The null value “Not Applicable” is reported if the patient was directly admitted to the hospital.
- If ED Discharge Disposition is Home with Services; Morgue; Jail (Correctional Facility), Institutional Care (Intermediate Care Facility), Mental Health; Home without Services; Left AMA; or Transferred to another hospital, then Hospital Discharge Date, Hospital Discharge Time, and Hospital Discharge Disposition must be “Not Applicable”.
- If multiple orders were written, report the final disposition order.

**Data Source Hierarchy Guide**

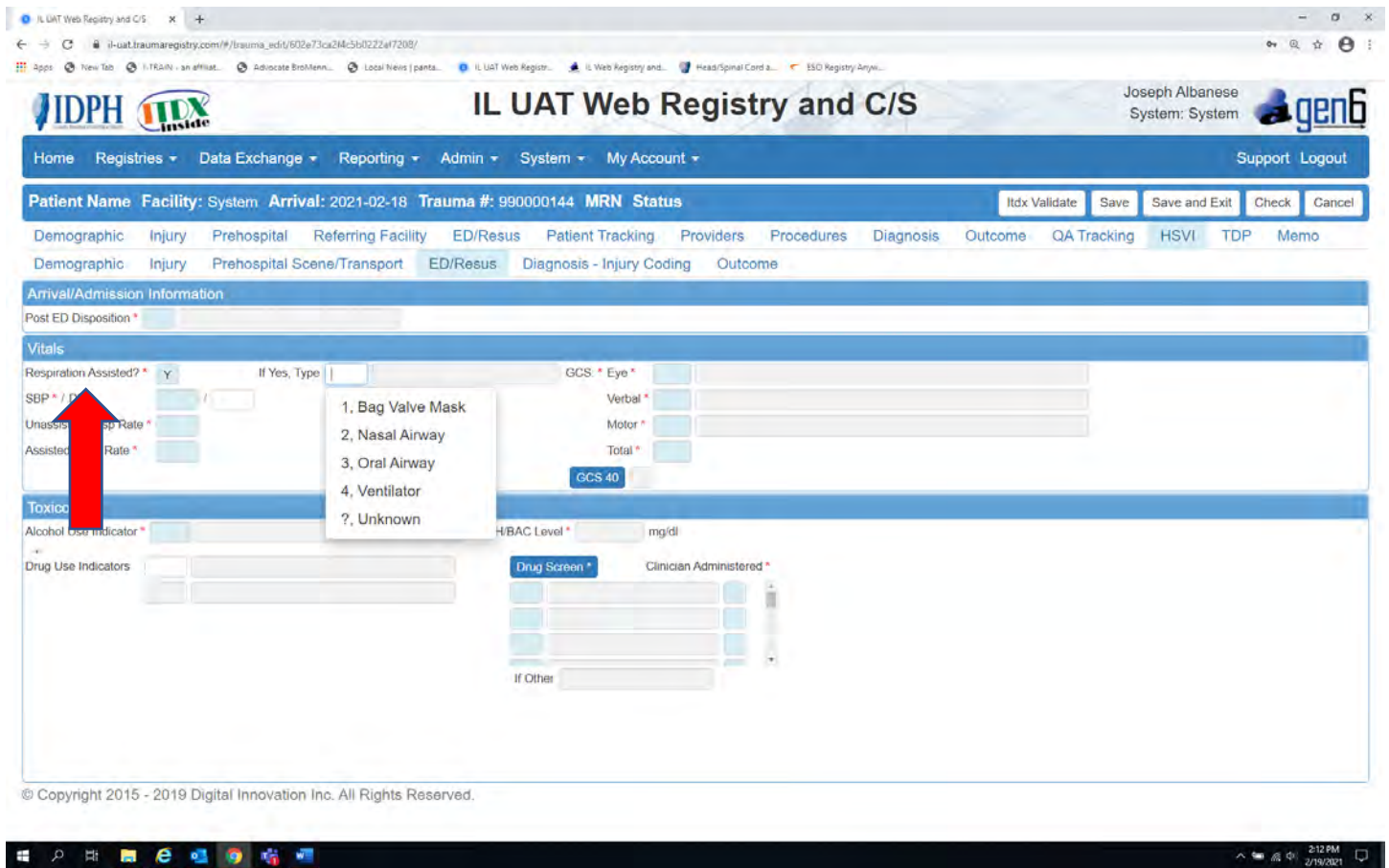
1. Physician Order
2. Discharge Summary
3. Nursing Notes/Flow Sheet
4. Case Management/Social Services Notes
5. ED Record
6. History & Physical

**Associated Edit Checks**

**Rule ID Level Message**

- 6101 1 Value is not a valid menu option
- 6102 2 Element cannot be blank
- 6104 2 Element cannot be “Not Known/Not Recorded”
- 6140 1 Single Entry Max exceeded

Section: HSVI/ED -Resus/Respiration Assisted



**INITIAL ED/HOSPITAL RESPIRATORY ASSISTANCE**

**Definition**

Determination of respiratory assistance associated with the initial ED/hospital respiratory rate within 30 minutes or less of ED/hospital arrival.

**Element Values**

- Y. Yes
- N. No
- NA. Not Applicable
- UKN. Unknown

**Data Source Hierarchy Guide**

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Respiratory Therapy Notes/Flow Sheet

**Associated Edit Checks**

**Rule ID Level Message**

- 5101 1 Value is not a valid menu option
- 5102 2 Element cannot be blank
- 5103 2 Element must be “Not Applicable” when Initial ED/Hospital Respiratory Rate is “Not Known/Not Recorded”
- 5140 1 Single Entry Max exceeded

Section: HSVI/ED -Resus/Respiration Assisted/Method

The screenshot shows the IL UAT Web Registry and C/S interface. The 'Vitals' section is active, and the 'Respiration Assisted?' field is set to 'Y'. A dropdown menu is open, showing the following options: 1, Bag Valve Mask; 2, Nasal Airway; 3, Oral Airway; 4, Ventilator; and ?, Unknown. A red arrow points to this dropdown menu. The interface also shows 'GCS: Eye', 'Verbal', 'Motor', and 'Total' fields, with 'GCS 40' displayed. The 'Toxicology' section is also visible, with 'Alcohol Use Indicator' and 'Drug Use Indicators' fields.

**INITIAL ED/HOSPITAL RESPIRATORY ASSISTANCE: RESPIRATION ASSISTED TYPE**

**Definition**

The device used to assist the patient’s respirations.

**NOTE:** Will only populate if you answer yes.

**Element Values**

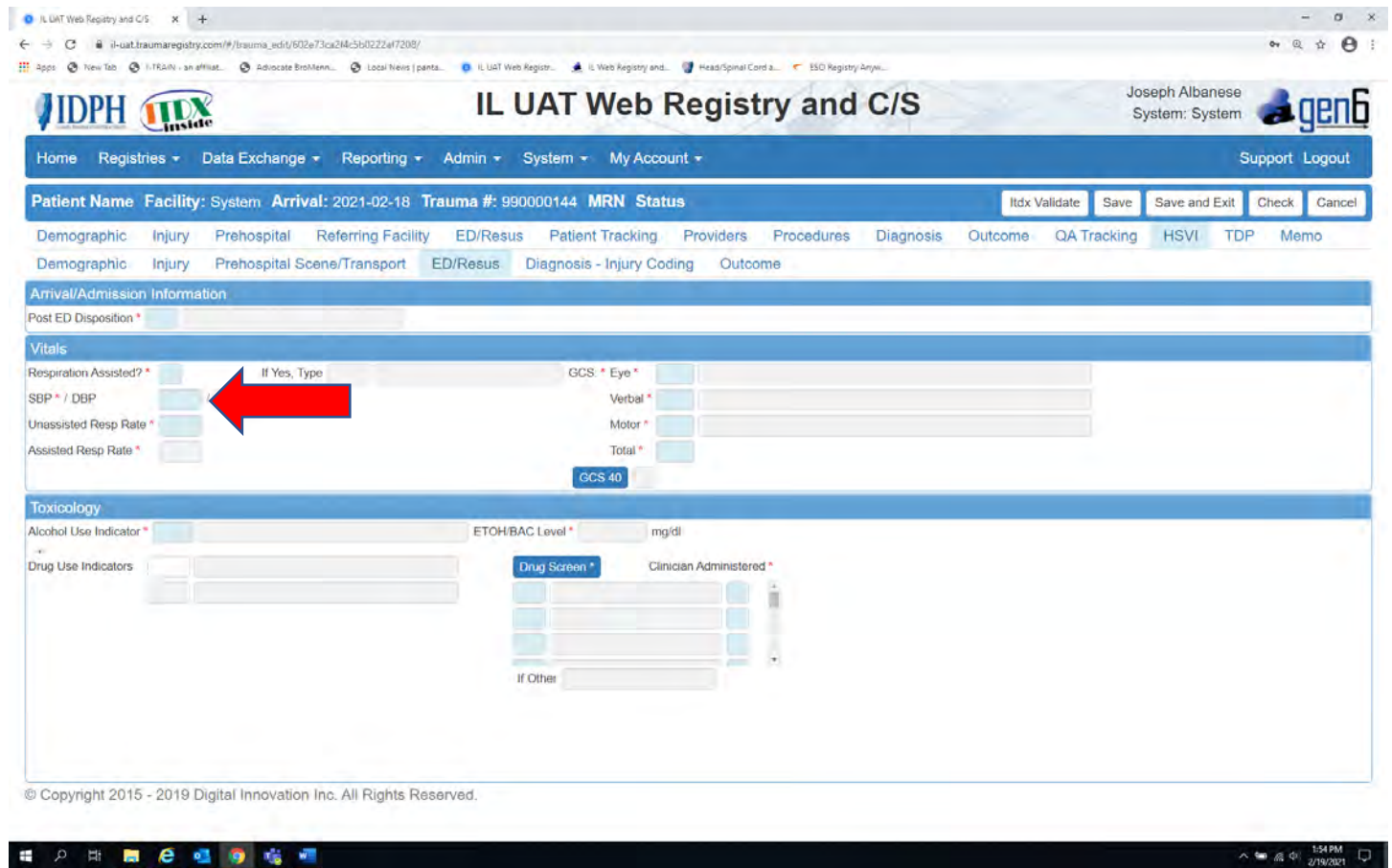
- 1. Bag Value Mask
- 2. Nasal Airway
- 3. Oral Airway
- 4. Ventilator
- ?. Unknown

**Data Source Hierarchy Guide**

- 1. History and Physical
- 2. Flowsheets
- 3. Progress Notes

*Note: Field is only active if “Respirations Assisted” is marked “Y”*

Section: HSVI/ED -Resus/Initial Systolic Blood Pressure



**INITIAL ED/HOSPITAL SYSTOLIC BLOOD PRESSURE**

**Definition**

First recorded systolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.

**Element Values**

- Relevant value for data element

**Additional Information**

- Please note that first recorded hospital vitals do not need to be from the same assessment.
- Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

**Data Source Hierarchy Guide**

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician Notes
4. History & Physical

**Associated Edit Checks**

**Rule ID Level Message**

- 4701 1 Invalid value
- 4702 2 Element cannot be blank
- 4704 3 The value is above 220
- 4705 2 Element cannot be "Not Applicable"
- 4706 2 The value submitted falls outside the valid range of 0-380
- 4707 3 The value is below 30
- 4740 1 Single Entry Max exceeded

Section: HSVI/ED -Resus/Initial Diastolic Blood Pressure

The screenshot shows the IL UAT Web Registry and C/S interface. The top navigation bar includes Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. The patient information bar shows Patient Name, Facility: System, Arrival: 2021-02-18, Trauma #: 990000144, MRN, and Status. The Vitals section is highlighted, and a red arrow points to the SBP / DBP input field. Other fields include Respiration Assisted?, Unassisted Resp Rate, Assisted Resp Rate, GCS (Eye, Verbal, Motor, Total), and Toxicology (Alcohol Use Indicator, ETOH/BAC Level, Drug Use Indicators, Drug Screen, Clinician Administered).

**INITIAL ED/HOSPITAL DIASTOLIC BLOOD PRESSURE**

**Definition**

First recorded diastolic blood pressure in the ED/Hospital within 30 minutes or less of ED/Hospital arrival.

**Element Values**

- Relevant value for data element

*Note: The first recorded hospital vitals do not need to be from the same assessment.*

*Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device.*

*For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.*

**Data Source Hierarchy Guide**

1. Flowsheets
2. ED Trauma Summary
3. History and Physical
4. Progress Notes

Section: HSVI/ED -Resus/Initial Pulse Rate

The screenshot displays the IL UAT Web Registry and C/S interface. At the top, there are logos for IDPH and IDx Inside, and the text 'IL UAT Web Registry and C/S'. The user is identified as Joseph Albanese, System: System. The interface includes a navigation menu with options like Home, Registries, Data Exchange, Reporting, Admin, System, and My Account. The main content area shows patient information: Patient Name, Facility: System, Arrival: 2021-02-18, Trauma #: 990000144, MRN, and Status. Below this, there are tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, QA Tracking, HSVI, TDP, and Memo. The 'ED/Resus' tab is active, showing 'Arrival/Admission Information' and 'Vitals'. The 'Vitals' section includes fields for Respiration Assisted?, SBP \* / DBP, Unassisted Resp Rate \*, Assisted Resp Rate \*, GCS \* Eye \*, Verbal \*, Motor \*, and Total \*. The GCS Total is displayed as 40. There is also a 'Toxicology' section with fields for Alcohol Use Indicator, ETOH/BAC Level \*, Drug Use Indicators, Drug Screen \*, and Clinician Administered \*. The footer of the interface contains the copyright notice: © Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved.

**INITIAL ED/HOSPITAL PULSE RATE Missing Element in HSVI Registry**

**Definition**

First recorded pulse in the ED/hospital (palpated or auscultated) within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).

**Element Values**

- Relevant value for data element

**Additional Information**

- Please note that first recorded hospital vitals do not need to be from the same assessment.
- Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

**Data Source Hierarchy Guide**

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet

**Associated Edit Checks**

**Rule ID Level Message**

- 4801 1 Invalid value
- 4802 2 Element cannot be blank
- 4804 3 The value is above 220
- 4805 2 Element cannot be "Not Applicable"
- 4806 2 The value submitted falls outside the valid range of 0-300
- 4807 3 The value is below 30
- 4840 1 Single Entry Max exceeded

Section: HSVI/ED -Resus/Unassisted Resp Rate

The screenshot shows the IL UAT Web Registry and C/S interface. The 'Vitals' section is highlighted, and a red arrow points to the 'Unassisted Resp Rate' field. The interface includes a navigation menu at the top, patient information at the top, and various data entry fields for vitals and toxicology. The 'Unassisted Resp Rate' field is currently empty, and a red arrow points to it. The 'GCS' field is set to 40. The 'Toxicology' section is also visible below the vitals section.

## INITIAL ED/HOSPITAL RESPIRATORY RATE

### Definition

First recorded respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).

### Element Values

- Relevant value for data element

### Additional Information

- If reported, report additional data element: Initial ED/Hospital Respiratory Assistance.
- Please note that first recorded hospital vitals do not need to be from the same assessment.

### Data Source Hierarchy Guide

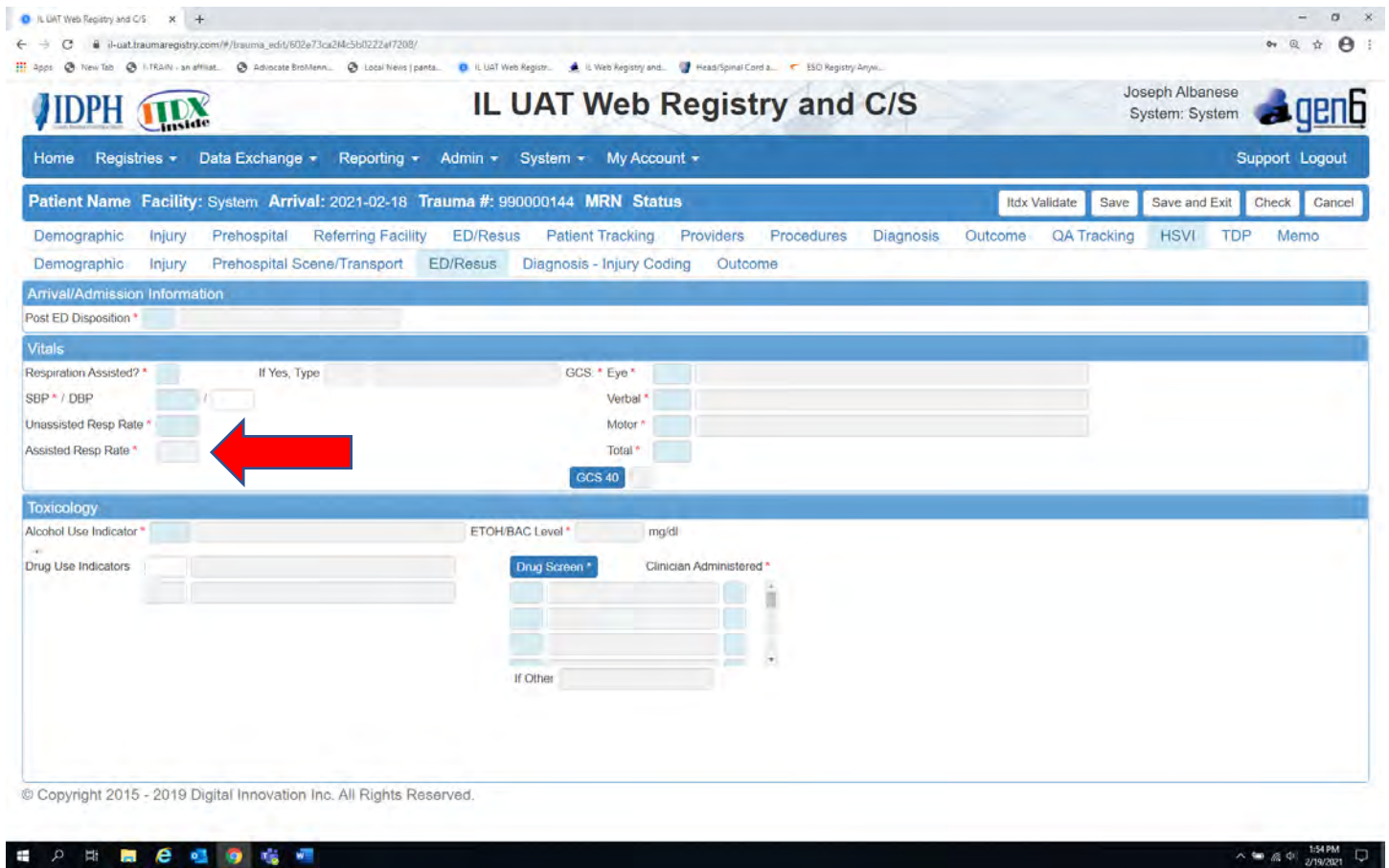
1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Respiratory Therapy Notes/Flow Sheet

### Associated Edit Checks

#### Rule ID Level Message

- 5001 1 Invalid value.
- 5002 2 Element cannot be blank
- 5005 2 The value submitted falls outside the valid range of 0-100
- 5006 2 Element cannot be "Not Applicable"
- 5007 3 The value is below 5
- 5008 3 The value is above 75
- 5040 1 Single Entry Max exceeded

Section: HSVI/ED -Resus/Initial Assisted Resp Rate



**INITIAL ED/HOSPITAL RESPIRATORY ASSISTANCE RATE**

**Definition**

If "Reparation Assisted" is marked "Y" for Yes, then document the assisted respiratory rate per minute

**Element Values**

Numerical value for assisted respiratory rate per minute

**Additional Information**

- Only reported if Initial ED/Hospital Respiration Assisted is reported Yes.
- Respiratory assistance is defined as mechanical and/or external support of respiration.
- Please note that first recorded hospital vitals do not need to be from the same assessment.

**Data Source Hierarchy Guide**

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Respiratory Therapy Notes/Flow Sheet

**Associated Edit Checks**

**Rule ID Level Message**

- 5101 1 Value is not a valid menu option
- 5102 2 Element cannot be blank
- 5140 1 Single Entry Max exceeded



## Section: HSVI/ED -Resus/GCS EYE

The screenshot displays the IL UAT Web Registry and C/S interface. The patient information at the top includes Facility: System, Arrival: 2020-12-01, Trauma #: 890000142, and MRN Status. The main form area is divided into sections: Arrival/Admission Information, Vitals, and Toxicology. In the Vitals section, the GCS Eye dropdown menu is open, showing the following options: 1, No Eye Movement when Assessed; 2, Opens Eyes in Response to Painful Stimulation; 3, Opens Eyes in Response to Verbal Stimulation; 4, Opens Eyes Spontaneously; /, Not Applicable; and ?, Unknown. A red arrow points to the dropdown menu. The GCS Total score is displayed as 40. The Toxicology section includes fields for Alcohol Use Indicator, ETOH/BAC Level, Drug Use Indicators, and Drug Screen.

### INITIAL ED/HOSPITAL GCS - EYE

#### Definition

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

#### Element Values

1. No eye movement when assessed
2. Opens eyes in response to painful stimulation
3. Opens eyes in response to verbal stimulation
4. Opens eyes spontaneously
- /, Not Applicable
- ?. Unknown

#### Additional Information

- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient's pupils are PERRL," an Eye GCS of 4 may be reported, IF there is no other contradicting documentation.
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Eye is documented.
- The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS - Eye was not measured within 30 minutes or less of ED/hospital arrival.

#### Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician Notes/Flow Sheet

*Section: HSVI/ED -Resus/GCS EYE*

**Associated Edit Checks**

**Rule ID Level Message**

5401 1 Value is not a valid menu option

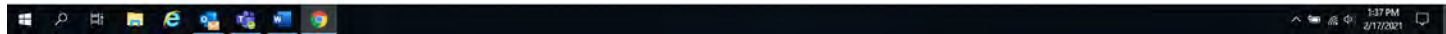
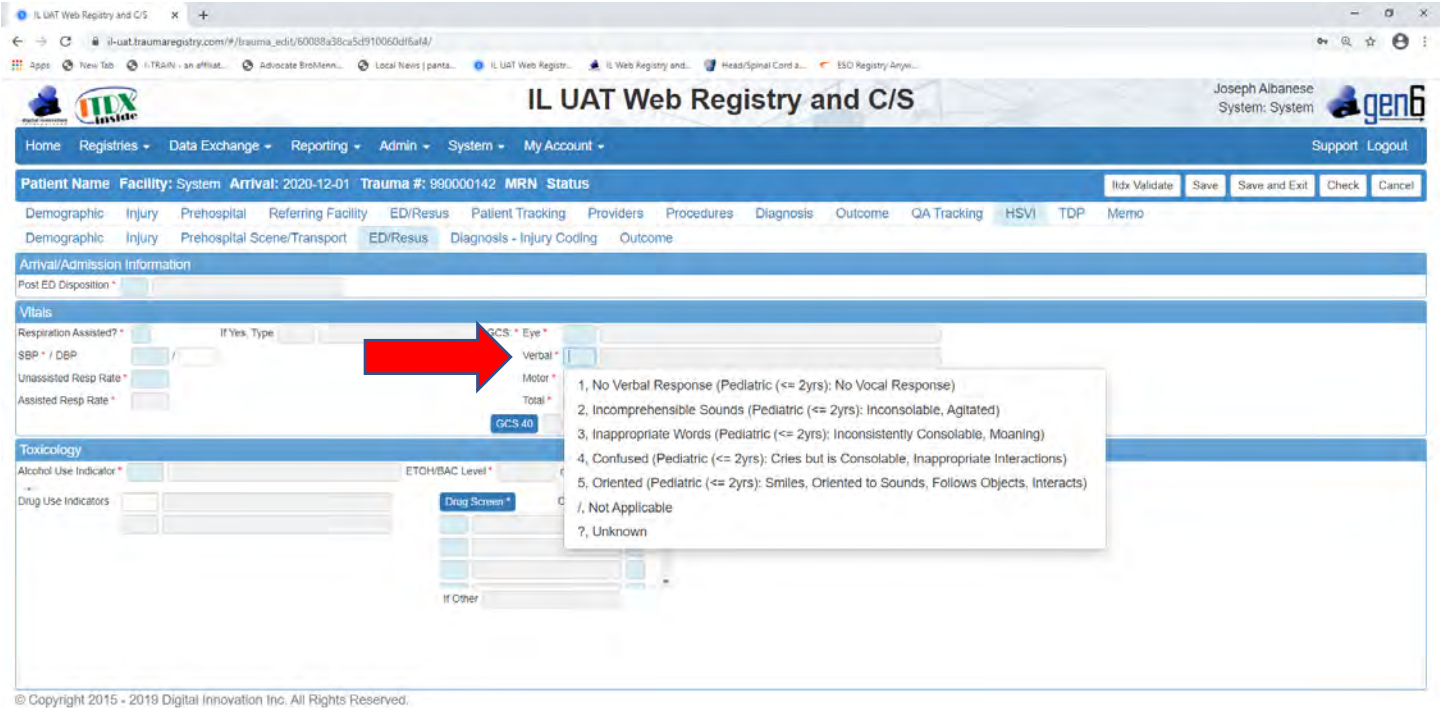
5403 2 Element cannot be blank

5404 2 Element cannot be "Not Applicable"

5405 2 Element must be "Not Known/Not Recorded" when Initial ED/Hospital GCS 40 – Eye is reported.

5440 1 Single Entry Max exceeded

Section: HSVI/ED -Resus/GCS VERBAL



**INITIAL ED/HOSPITAL GCS - VERBAL**

**Definition**

First recorded Glasgow Coma Score (Verbal) within 30 minutes or less of ED/hospital arrival.

**Element Values**

Pediatric (≤ 2 years):

- |  |   |
|--|---|
| 1. No vocal response                                   | 5. Smiles, oriented to sounds, follows objects, interacts |
| 2. Inconsolable, agitated                              | /, Not Applicable   |
| 3. Inconsistently consolable, moaning                  | ?. Unknown  |
| 4. Cries but is consolable, inappropriate interactions |   |

Adult

- |                            |                   |
|----------------------------|-------------------|
| 1. No verbal response      | 5. Oriented       |
| 2. Incomprehensible sounds | /, Not Applicable |
| 3. Inappropriate words     | ?. Unknown        |
| 4. Confused                |                   |

**Additional Information**

- If patient is intubated, then the GCS Verbal score is equal to 1.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient is oriented to person place and time," a Verbal GCS of 5 may be reported, IF there is no other contradicting documentation.
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Verbal is reported.
- The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS – Verbal was not measured within 30 minutes or less of ED/Hospital arrival.

*Section: HSVI/ED -Resus/GCS VERBAL*

**Data Source Hierarchy Guide**

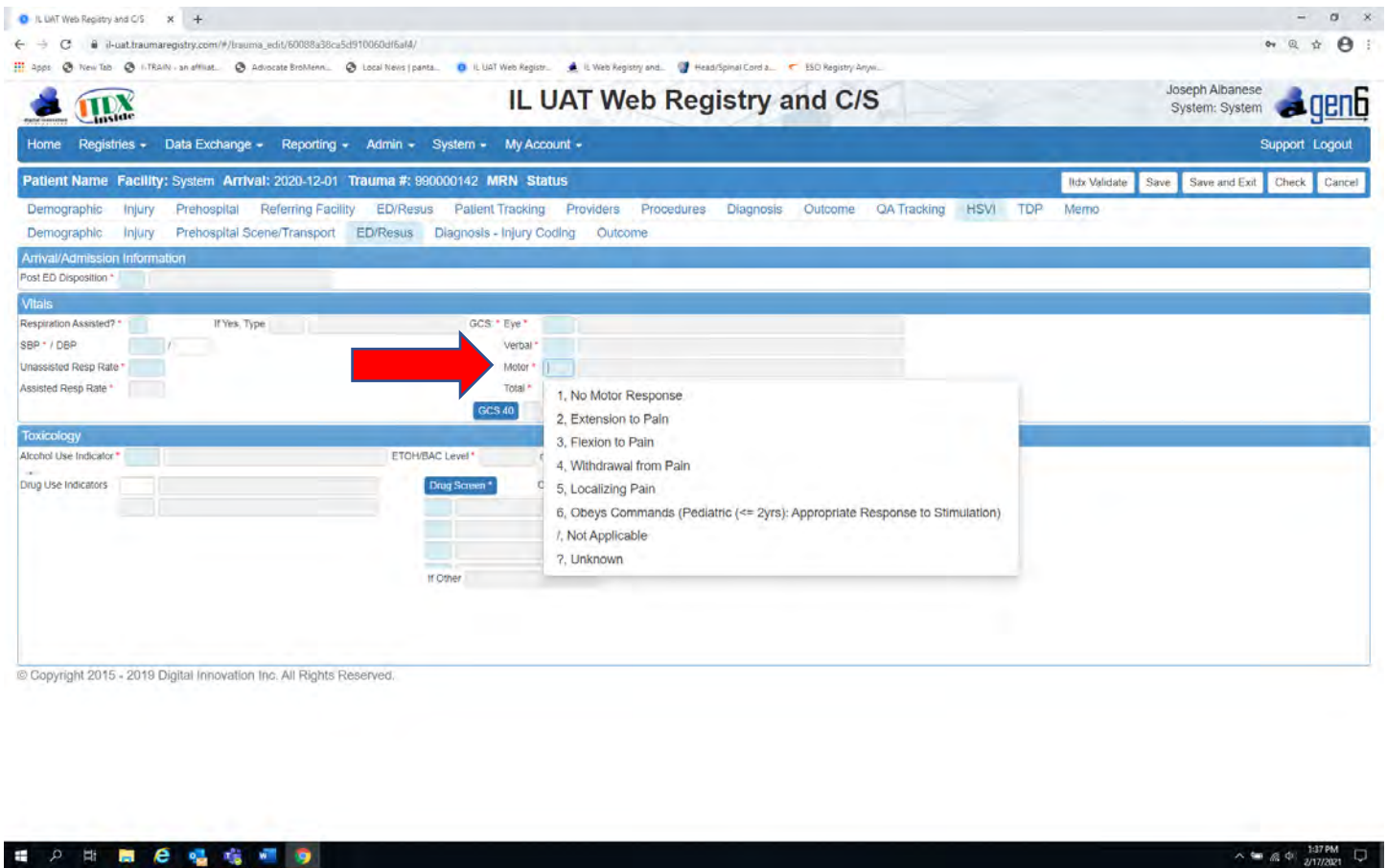
1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician Notes/Flow Sheet

**Associated Edit Checks**

**Rule ID Level Message**

- 5501 1 Value is not a valid menu option
- 5503 2 Element cannot be blank
- 5504 2 Element cannot be "Not Applicable"
- 5505 2 Element must be "Not Known/Not Recorded" when Initial ED/Hospital GCS 40 – Verbal is reported.
- 5540 1 Single Entry Max exceeded

Section: HSVI/ED -Resus/GCS MOTOR



**INITIAL ED/HOSPITAL GCS - MOTOR**

**Definition**

First recorded Glasgow Coma Score (Motor) within 30 minutes or less of ED/hospital arrival.

**Element Values**

Pediatric (≤ 2 years):

- |                      |  |                    |
|----------------------|--|--------------------|
| 1. No motor response | 4. Withdrawal from pain                | / . Not Applicable |
| 2. Extension to pain | 5. Localizing pain                     | ? . Unknown        |
| 3. Flexion to pain   | 6. Appropriate response to stimulation |                    |

Adult

- |                      |                         |                    |
|----------------------|-------------------------|--------------------|
| 1. No motor response | 4. Withdrawal from pain | / . Not Applicable |
| 2. Extension to pain | 5. Localizing pain      | ? . Unknown        |
| 3. Flexion to pain   | 6. Obeys commands       |                    |

**Additional Information**

- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be reported, IF there is no other contradicting documentation.
- Please note that first recorded/hospital vitals do not need to be from the same assessment.
- The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Motor is reported.
- The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS – Motor was not measured within 30 minutes or less of ED/Hospital arrival.

*Section: HSVI/ED -Resus/GCS MOTOR*

**Data Source Hierarchy Guide**

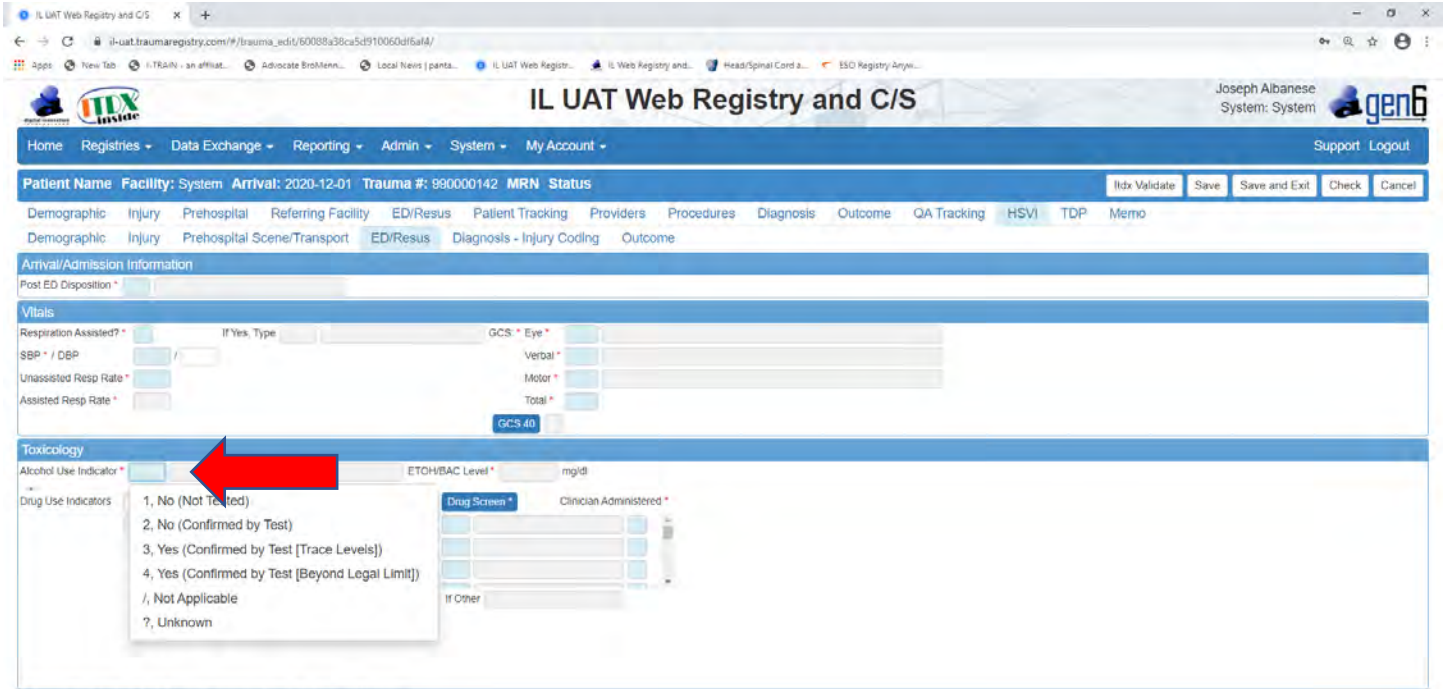
1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician Notes/Flow Sheet

**Associated Edit Checks**

**Rule ID Level Message**

- 5601 1 Value is not a valid menu option
- 5603 2 Element cannot be blank
- 5604 2 Element cannot be "Not Applicable"
- 5605 2 Element must be "Not Known/Not Recorded" when Initial ED/Hospital GCS 40 – Motor is reported
- 5640 1 Single Entry Max exceeded

Section: HSVI/ED -Resus/Alcohol Screen



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**ALCOHOL SCREEN**

**Definition**

A blood alcohol concentration (BAC) test was performed on the patient within 24 hours after first hospital encounter.

**Element Values**

- 1. No (Not Tested)
- 2. No (Confirmed by Test)
- 3. Yes (Confirmed by Test [Trace Levels])
- 4. Yes (Confirmed by Test [Beyond Legal Limit])
- /. Not Applicable
- ?. Unknown

**Additional Information**

- Alcohol screen may be administered at any facility, unit, or setting treating this patient event.

**Data Source Hierarchy Guide**

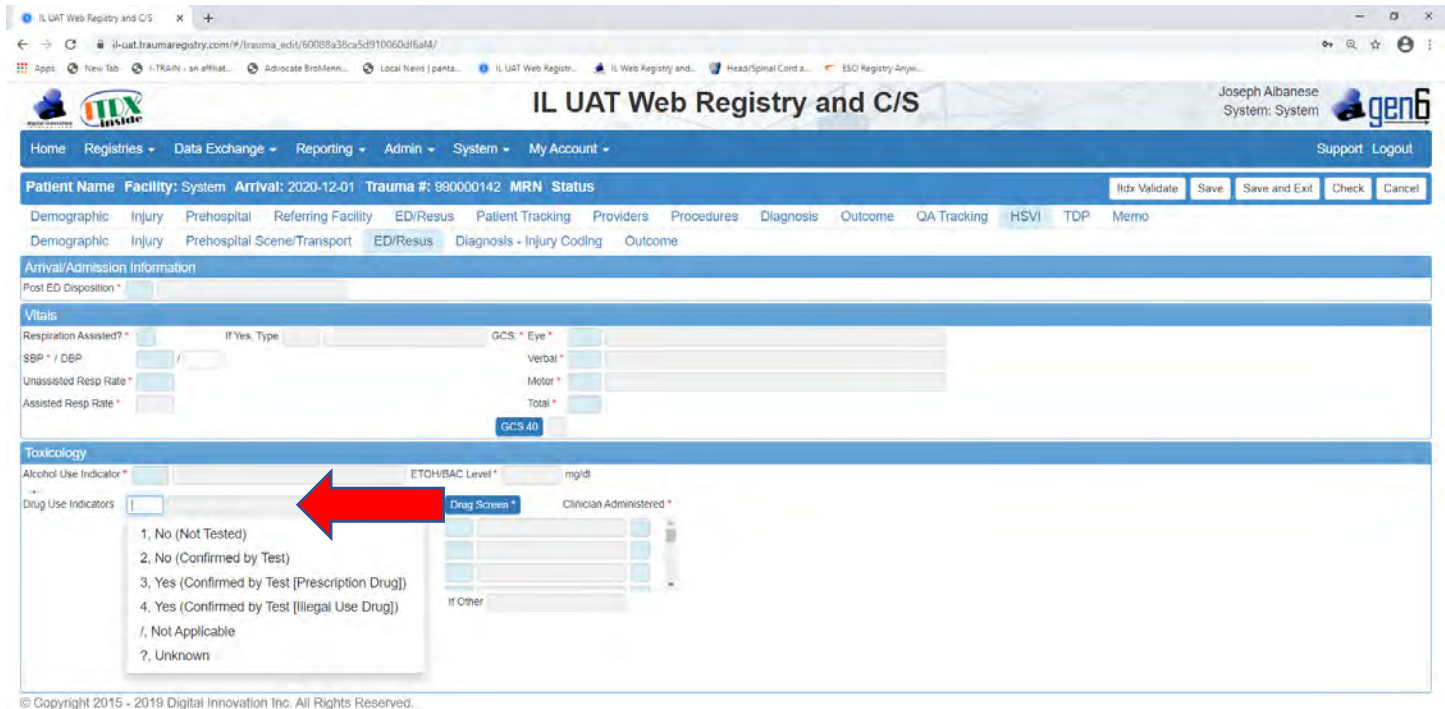
- 1. Lab Results – *Note how reported in lab results as mg/dL or g/dL. Registry collects mg/dL*
- 2. Transferring Facility Records

**Associated Edit Checks**

**Rule ID Level Message**

- 5911 1 Value is not a valid menu option
- 5912 2 Element cannot be blank
- 5913 2 Element cannot be “Not Applicable”
- 5940 1 Single Entry Max exceeded

Section: HSVI/ED -Resus/Drug Use Indicators



**DRUG SCREEN**

**Definition**

First recorded positive drug screen results within 24 hours after first hospital encounter (select all that apply).

**Element Values**

- 1. No (Not Tested)
- 2. No (Confirmed by Test)
- 3. Yes (Confirmed by Test [Trace Levels])
- 4. Yes (Confirmed by Test [Beyond Legal Limit])
- /, Not Applicable
- ?. Unknown

**Additional Information**

- Report positive drug screen results within 24 hours after first hospital encounter, at either your facility or the transferring facility.
- "None" is reported for patients whose only positive results are due to drugs administered at any facility (or setting) treating this patient event, or for patients who were tested and had no positive results.
- If multiple drugs are detected, only report drugs that were NOT administered at any facility (or setting) treating this patient event.

Mark *Clinician Administered* "Y" if medication given as part of patient treatment for this event.



*Section: HSVI/ED -Resus/Drug Use Indicators*

**Data Source Hierarchy Guide**

1. Lab Results
2. Transferring Facility Records

**Associated Edit Checks**

**Rule ID Level Message**

6011 1 Value is not a valid menu option

6012 2 Element cannot be blank

6013 2 Element cannot be "Not Applicable"

6014 2 Element cannot be "Not Known/Not Recorded" along with any other valid value

6050 1 Multiple Entry Max exceeded

## Section: HSVI/Diagnosis – Injury Coding/ICD 10 Injury Codes

There are two different ways to code diagnosis codes in the trauma registry.

1. One is the Tri-Code feature where the narrative information is typed into the box and the computer will assign ICD-10 and AIS codes. These codes need to be checked after they populate to ensure that they are accurate and meet the AIS coding rules.
2. The second way is to enter the AIS codes and then have them converted to ICD -10 codes. These codes need to be checked as well because AIS is not as comprehensive as the ICD-10 system.

Please refer to the training video for more information on using the ESO Registry features.

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### Tri code narrative

## ICD-10 INJURY DIAGNOSES

### Definition

Diagnoses related to all identified injuries.

### Element Values

- Injury diagnoses as defined by ICD-10-CM code range S00-S99, T07, T14, T20-T28 and T30- T32.
- The maximum number of diagnoses that may be reported for an individual patient is 50.

### Additional Information

- ICD-10-CM codes pertaining to other medical conditions (e.g., CVA, MI, co-morbidities, etc.) may also be included in this element.

Section: HSVI/Diagnosis – Injury Coding/ICD 10 Injury Codes

**Data Source Hierarchy Guide**

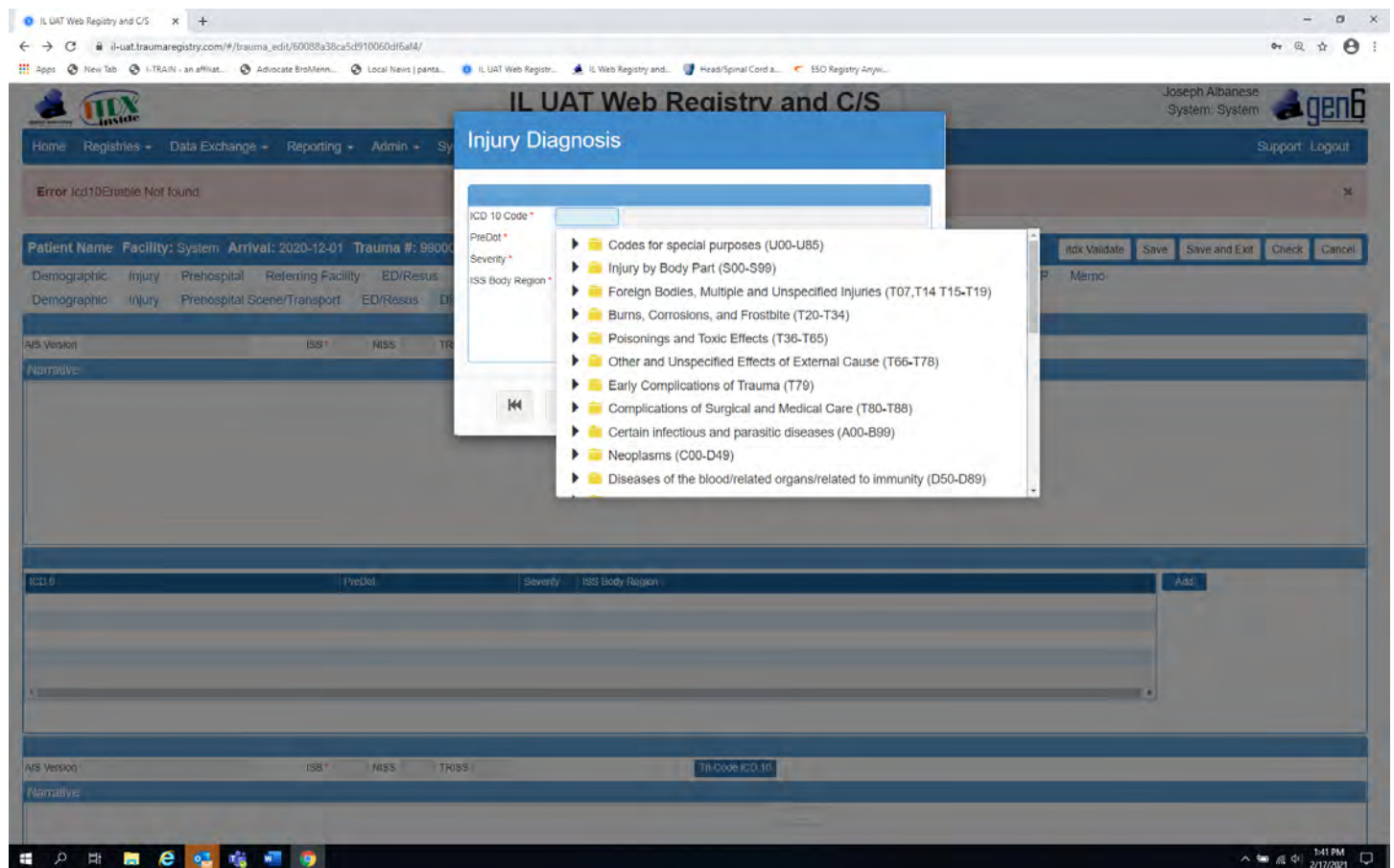
1. Autopsy/Medical Examiner Report
2. Operative Reports
3. Radiology Reports
4. Physician's Notes
5. Trauma Flow Sheet
6. History & Physical
7. Nursing Notes/Flow Sheet
8. Progress Notes
9. Discharge Summary

**Associated Edit Checks**

**Rule ID Level Message**

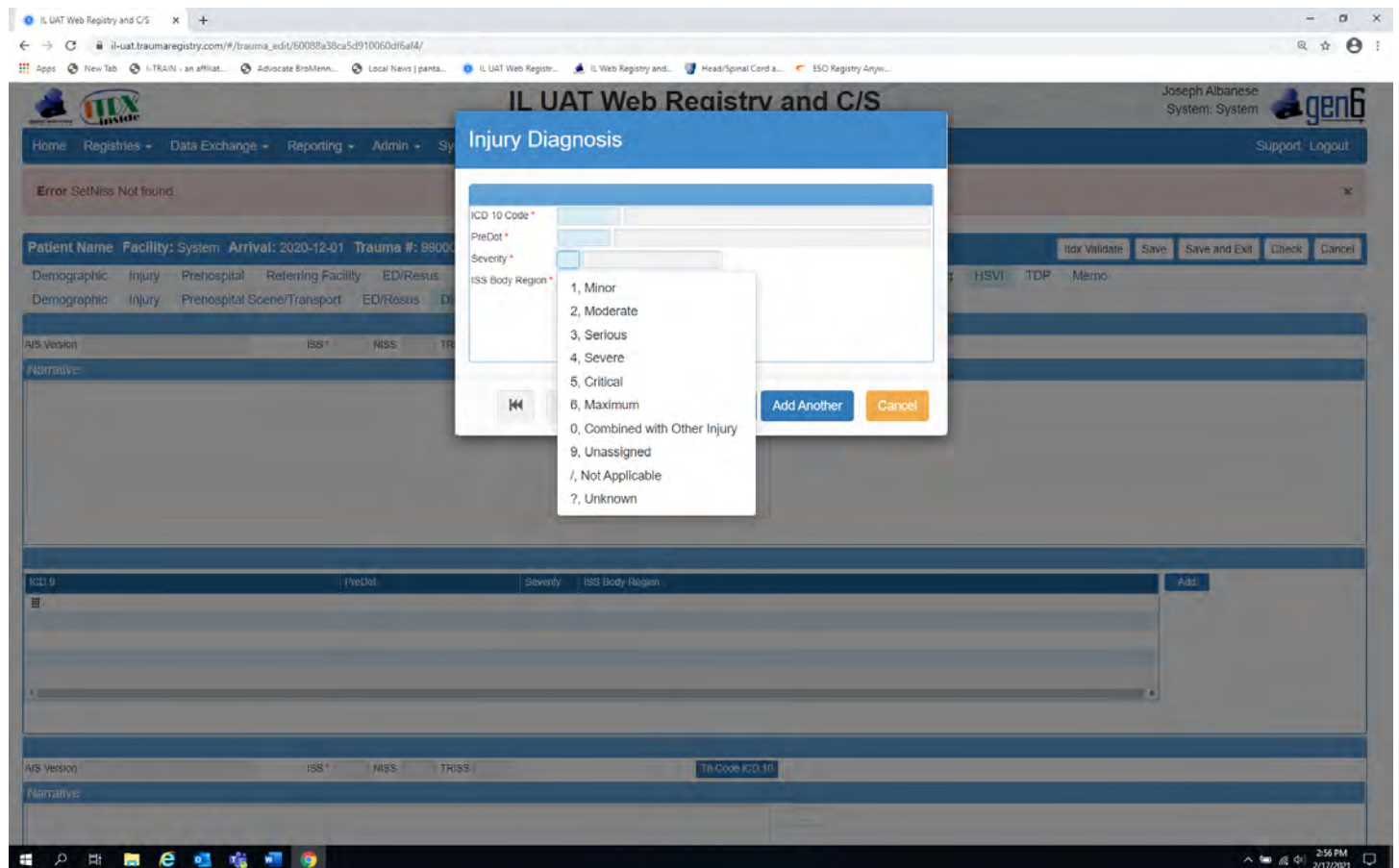
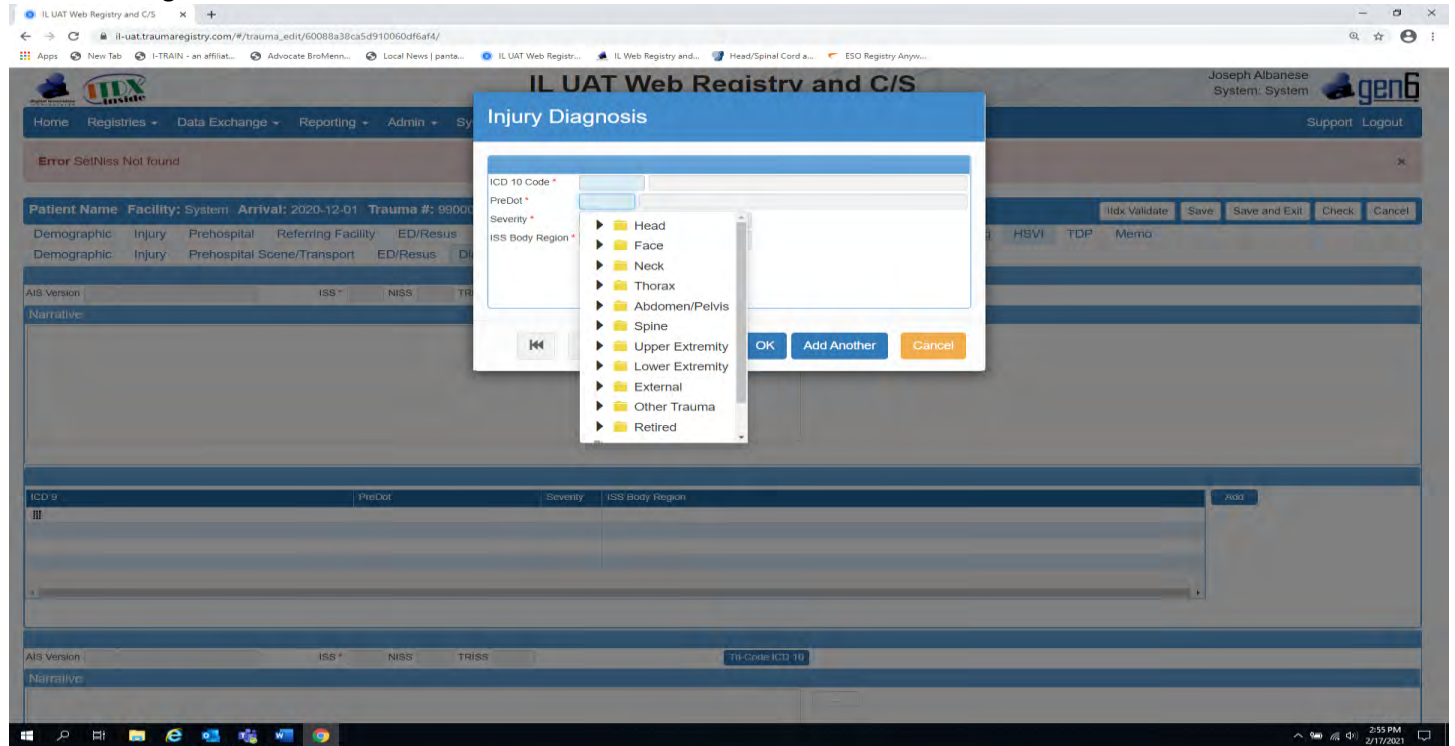
- 8701 1 Invalid value (ICD-10-CM only)
- 8702 2 Element cannot be blank
- 8703 2 At least one diagnosis must be provided and meet inclusion criteria. (ICD-10-CM only)
- 8705 1 Invalid value (ICD-10-CA only)
- 8706 2 At least one diagnosis must be provided and meet inclusion criteria. (ICD-10-CA only)
- 8750 1 Multiple Entry Max exceeded

ICD 10 Coding



Section: HSVI/Diagnosis – Injury Coding/ICD 10 Injury Codes

ICD 10 Coding



Section: HSVI/Diagnosis – Injury Coding/ICD 10 Injury Codes

ICD 10 Coding

The screenshot displays the IL UAT Web Registry and C/S interface. A modal window titled "Injury Diagnosis" is open, allowing for the entry of injury details. The modal includes the following fields and options:

- ICD 10 Code \*
- PreDet \*
- Severity \*
- ISS Body Region \* (with a dropdown menu open showing the following options):
  - 1, Head or Neck
  - 2, Face
  - 3, Chest
  - 4, Abdominal or Pelvic Contents
  - 5, Extremities or Pelvic Girdle
  - 6, External
  - 9, Not Determined
  - /, Not Applicable
  - ?, Unknown

Buttons for "Add Another" and "Cancel" are visible at the bottom of the modal. The background interface shows a patient record with the following information:

- Patient Name: [Redacted]
- Facility: System
- Arrival: 2020-12-01
- Trauma #: 99000

Navigation tabs include: Demographic, Injury, Prehospital, Referring Facility, ED/Resus, etc. The system name "IL UAT Web Registry and C/S" and the user "Joseph Albanese" are visible at the top.

**Non-Trauma Diagnosis**

**Definition**

All other HSVI inclusions that do not have a trauma diagnosis.

**Element Values**

- Relevant Data for Element Value

**Data Source Hierarchy Guide**

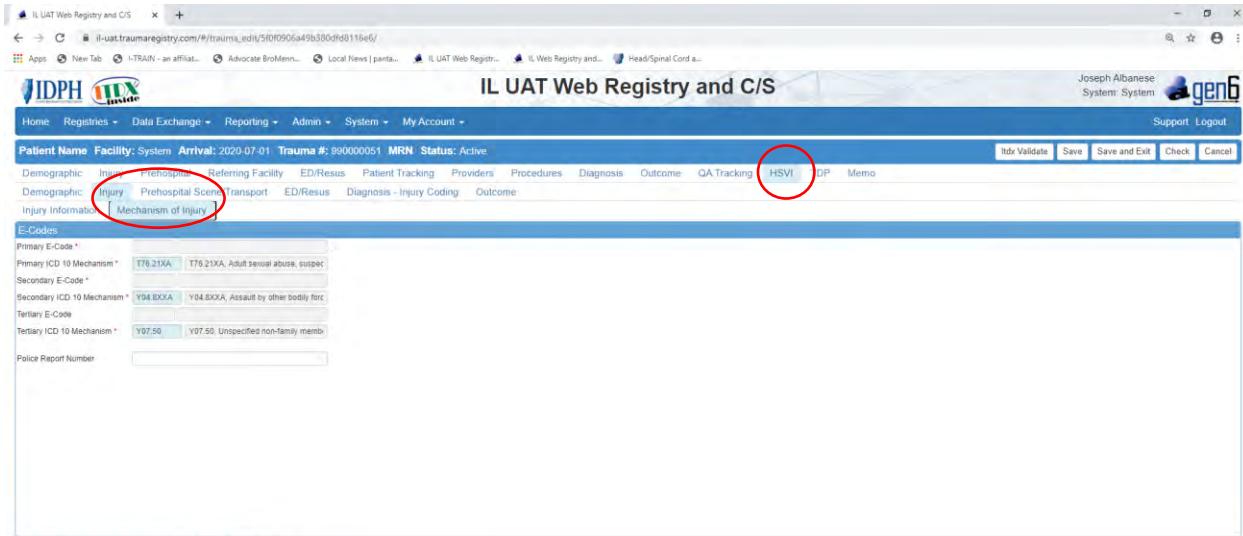
1. Progress Notes
2. Nursing Notes
3. Consult Notes
4. History and Physical
5. Radiology Reports
6. Autopsy Reports
7. Lab Values

\*See below for coding instructions

Section: HSVI/Diagnosis – Injury Coding/ICD 10 Injury Codes/Non-Trauma Diagnosis

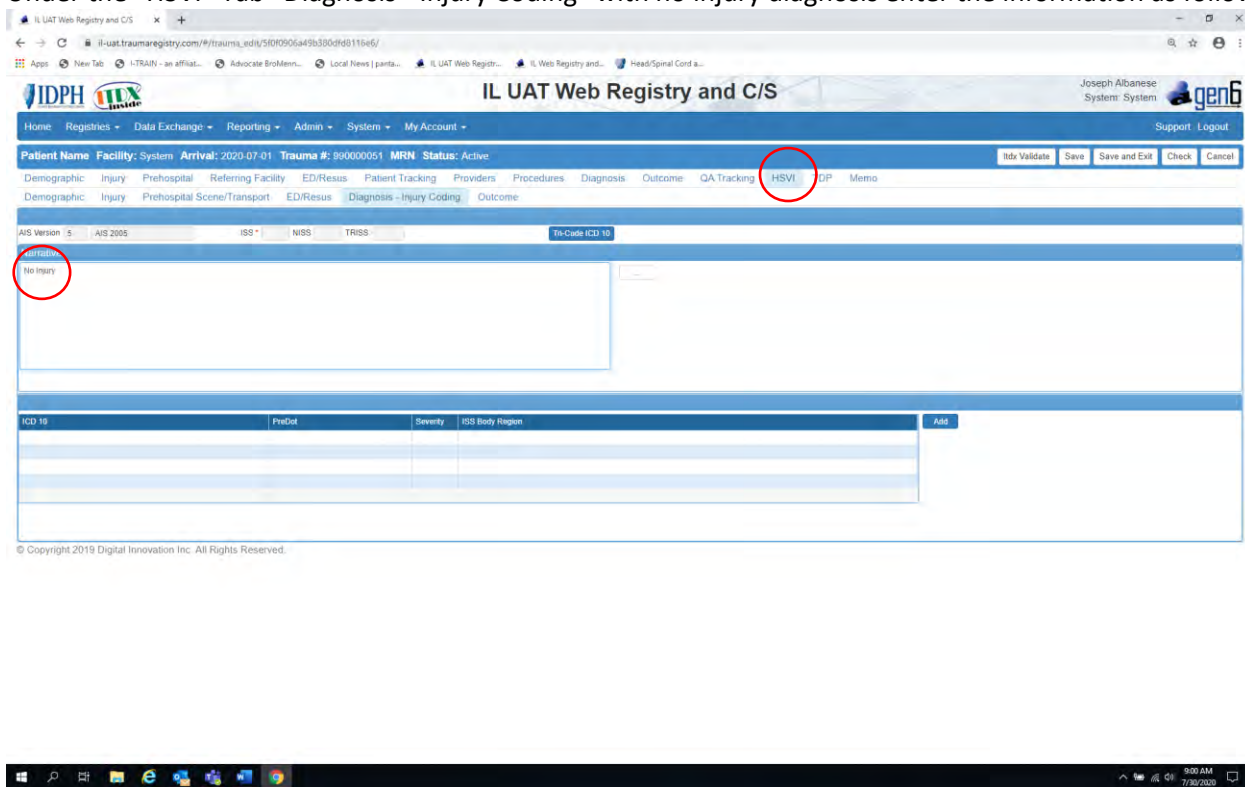
HSVI Data Entry for Sexual Assault or other non-injury ICD codes

Complete the record as usual under the “HSVI” tab. Code the “Injury” “Mechanism of Injury” coding as described in the video.



Section: HSVI/Diagnosis – Injury Coding/ICD 10 Injury Codes/Non-Trauma Diagnosis

Under the “HSVI” Tab “Diagnosis - Injury Coding” with no injury diagnosis enter the information as follows:

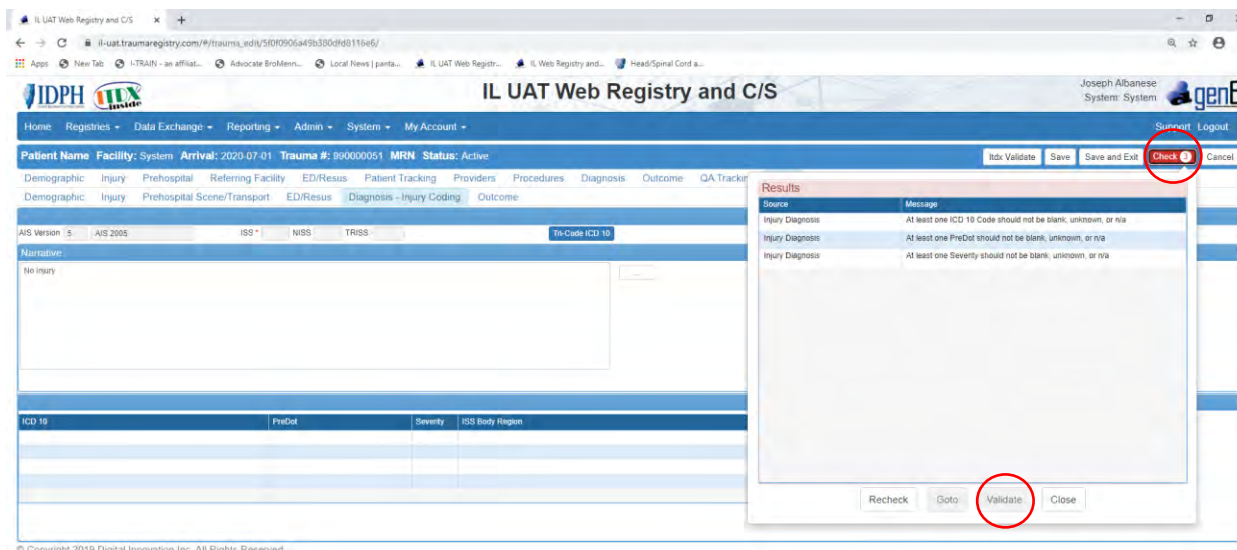


In the “Narrative” box just below the “Tri-Code ICD 10” type in “No Injury”



Section: HSVI/Diagnosis – Injury Coding/ICD 10 Injury Codes/Non-Trauma Diagnosis

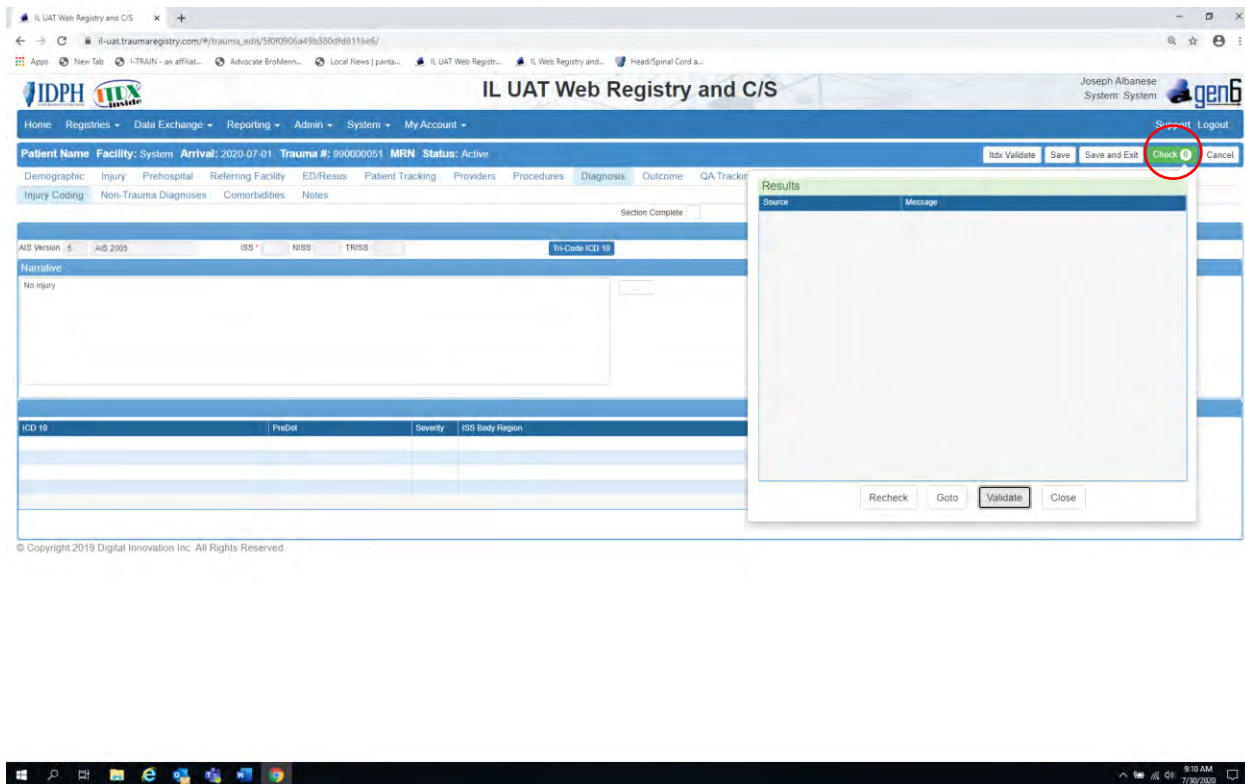
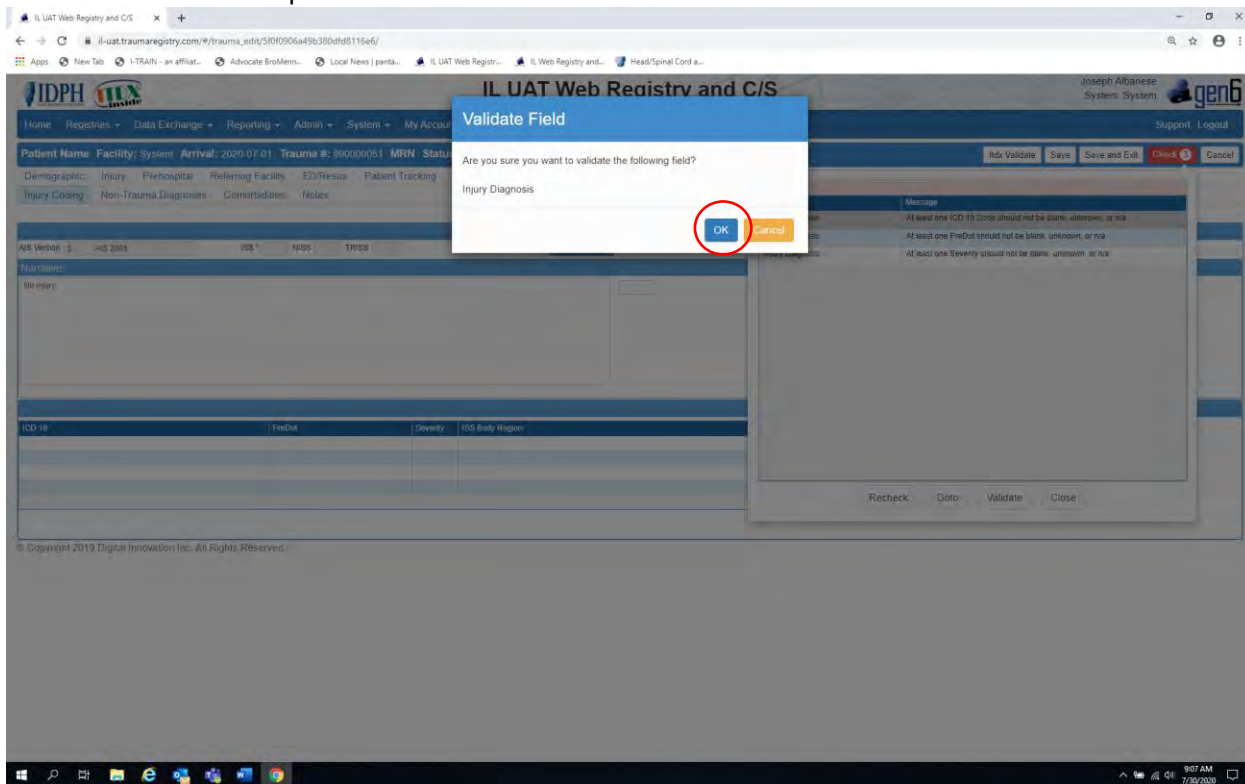
When you use the “Check” button, it will show the following errors:



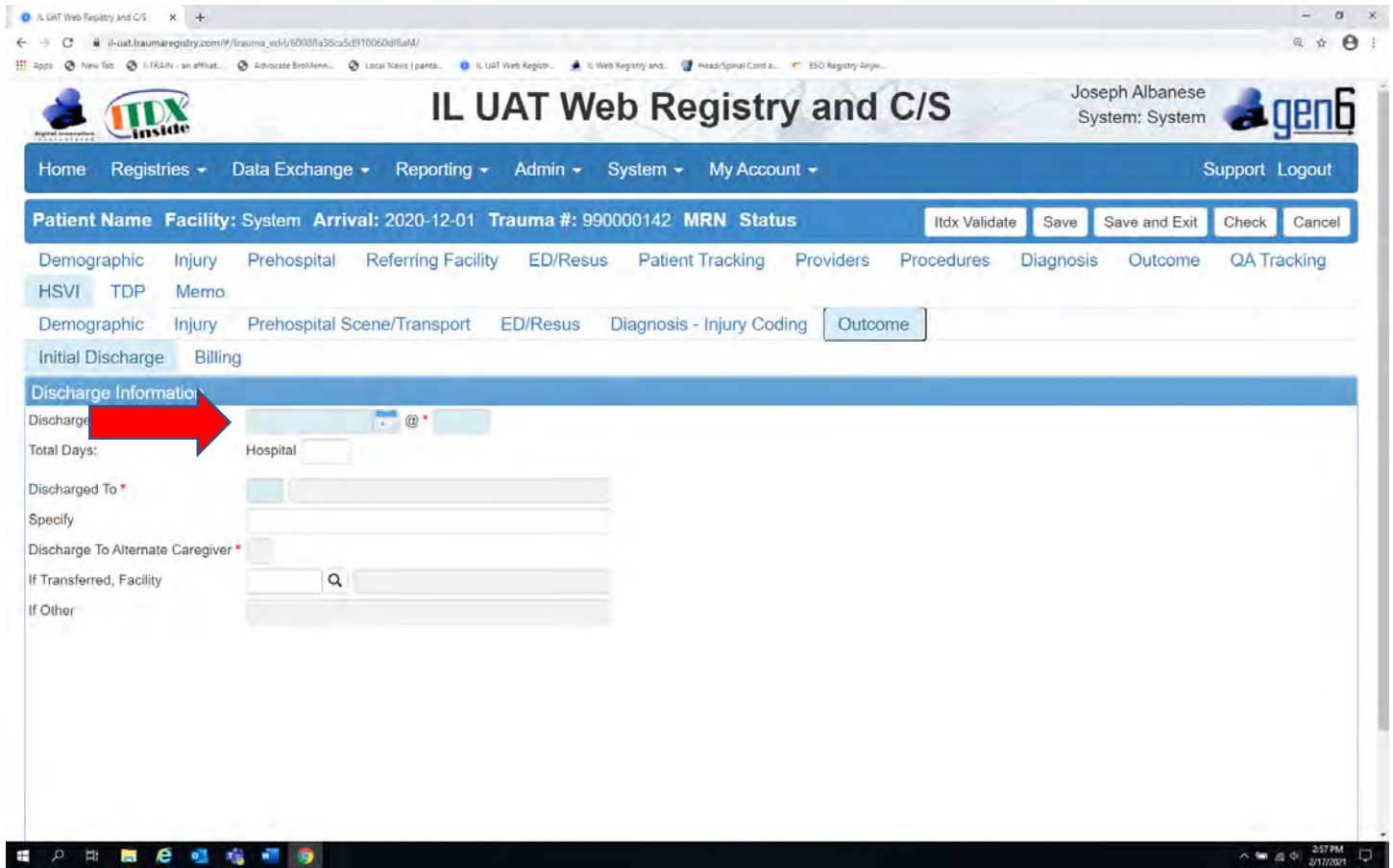
To clear the errors, select each error and click the “Validate” button in the “Check” box summary.

Section: HSVI/Diagnosis – Injury Coding/ICD 10 Injury Codes/Non-Trauma Diagnosis

When you select the “Validate” button, the system will ask if you want to validate the item, select “OK” for each error and the record will complete.



Section: HSVI/Outcome/Initial Discharge/Discharge Date



## HOSPITAL DISCHARGE DATE

### Definition

The date the order was written for the patient to be discharged from the hospital.

### Element Values

- Relevant value for data element

### Additional Information

- Reported as MM-DD-YYYY.
- The null value "Not Applicable" is reported if ED Discharge Disposition = 40, 42, 43, 44, or 73.
- If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Date is the date of death as indicated on the patient's death certificate.

### Data Source Hierarchy Guide

1. Physician Order
2. Discharge Instructions
3. Nursing Notes/Flow Sheet
4. Case Management/Social Services Notes
5. Discharge Summary

### Associated Edit Checks

#### Rule ID Level Message

- 7701 1 Date is not valid
- 7702 1 Date out of range
- 7703 2 Element cannot be blank
- 7704 3 Hospital Discharge Date is earlier than EMS Dispatch Date
- 7705 3 Hospital Discharge Date is earlier than EMS Unit Arrival on Scene Date
- 7706 3 Hospital Discharge Date is earlier than EMS Unit Scene Departure Date

*Section: HSVI/Outcome/Initial Discharge/Discharge Date*

7707 2 Hospital Discharge Date is earlier than ED/Hospital Arrival Date

7708 2 Hospital Discharge Date is earlier than ED Discharge Date

7709 2 Hospital Discharge Date is earlier than Date of Birth

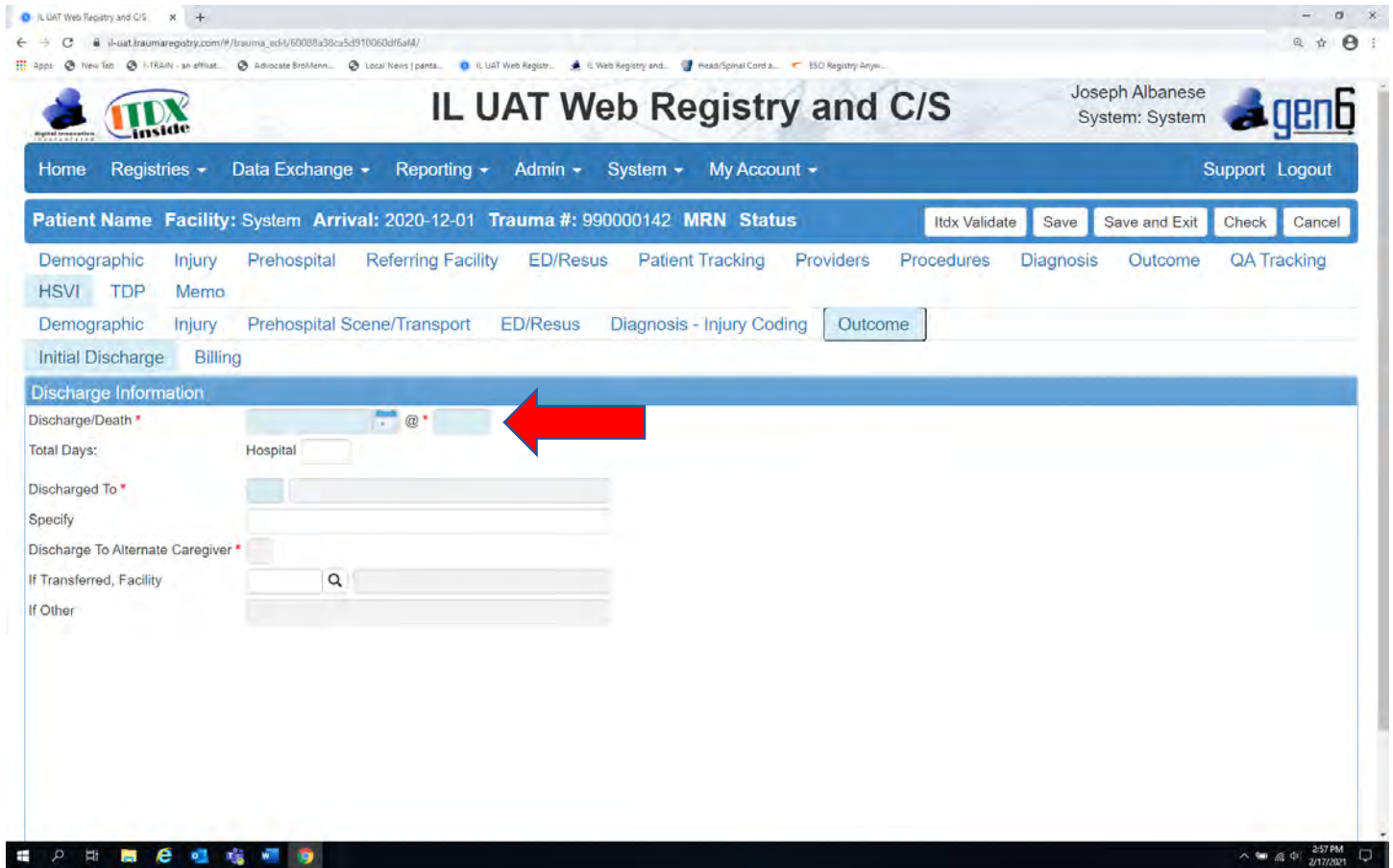
7710 3 Hospital Discharge Date minus Injury Incident Date is greater than 365 days

7711 3 Hospital Discharge Date minus ED/Hospital Arrival Date is greater than 365 days

7712 2 Element must be and can only be "Not Applicable" when ED Discharge Disposition is 40, 42, 43, 44, or 73.

7740 1 Single Entry Max exceeded

Section: HSVI/Outcome/Initial Discharge/Discharge Time



## HOSPITAL DISCHARGE TIME

### Definition

The time the order was written for the patient to be discharged from the hospital.

### Element Values

- Relevant value for data element

### Additional Information

- Reported as HH:MM military time.
- The null value "Not Applicable" is reported if ED Discharge Disposition = 40, 42, 43, 44, or 73.
- If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Time is the time of death as indicated on the patient's death certificate.

### Data Source Hierarchy Guide

1. Physician Order
2. Discharge Instructions
3. Nursing Notes/Flow Sheet
4. Case Management/Social Services Notes
5. Discharge Summary

### Associated Edit Checks

#### Rule ID Level Message

- 7801 1 Time is not valid
- 7802 1 Time out of range
- 7803 2 Element cannot be blank
- 7804 3 Hospital Discharge Time is earlier than EMS Dispatch Time
- 7805 3 Hospital Discharge Time is earlier than EMS Unit Arrival on Scene Time
- 7806 3 Hospital Discharge Time is earlier than EMS Unit Scene Departure Time
- 7807 2 Hospital Discharge Time is earlier than ED/Hospital Arrival Time

*Section: HSVI/Outcome/Initial Discharge/Discharge Time*

7808 2 Hospital Discharge Time is earlier than ED Discharge Time

7809 2 Element must be and can only be "Not Applicable" when ED Discharge Disposition is 40, 42, 43, 44, or 73.

7840 1 Single Entry Max exceeded

## Section: HSVI/Outcome/Initial Discharge/Discharged To

The screenshot shows the IL UAT Web Registry interface. The top navigation bar includes 'Home', 'Registries', 'Data Exchange', 'Reporting', 'Admin', 'System', and 'My Account'. The patient information bar shows 'Patient Name', 'Facility: System', 'Arrival: 2020-12-01', 'Trauma #: 990000142', and 'MRN Status'. Below this are tabs for 'Demographic', 'Injury', 'Prehospital', 'Referring Facility', 'ED/Resus', 'Patient Tracking', 'Providers', 'Procedures', 'Diagnosis', 'Outcome', and 'QA Tracking'. The 'Outcome' tab is selected, and the 'Initial Discharge' sub-tab is active. The 'Discharge Information' section is visible, with a dropdown menu for 'Discharged To' open, showing a list of options: 40, Home or Self Care (Routine Discharge); 41, Home with Services; 42, Left AMA; 43, Correctional Facility/Court/Law Enforcement; 44, Morgue; 45, Child Protective Agency; 70, Acute Care Facility; 71, Intermediate Care Facility; 72, Skilled Nursing Facility; 73, Rehab (Inpatient); 74, Long-Term Care. A red arrow points to the dropdown menu.

### HOSPITAL DISCHARGE DISPOSITION

The disposition of the patient when discharged from the hospital.

#### Element Values

- 40. Discharged to home or self-care (routine discharge)
- 41. Discharged/Transferred to home under care of organized home health service
- 42. Left AMA
- 43. Discharged/Transferred to court/law enforcement.
- 44. Deceased/Expired
- 45. Child Protective Agency
- 70. Discharged/Transferred to a short-term general hospital for inpatient care
- 71. Discharged/Transferred to an Intermediate Care Facility (ICF)
- 72. Discharged/Transferred to Skilled Nursing Facility (SNF)
- 73. Discharged/Transferred to inpatient rehab or designated unit
- 74. Discharged/Transferred to Long Term Care Hospital (LTCH)
- 75. Discharged/Transferred to hospice care
- 76. Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 77. Nursing Home
- 79. Discharged/Transferred to another type of institution not defined elsewhere
- 80. Burn Center
- ?. Unknown

### **Additional Information**

Element value "40. Home" refers to the patient's current place of residence (e.g., Prison, Child Protective Services etc.).

Element values based upon UB-04 disposition coding.

Disposition to any other non-medical facility should be coded as 40.

Disposition to any other medical facility should be reported as 79.

The null value "Not Applicable" is reported if ED Discharge Disposition = 40, 42, 43, 44, or 73.

Hospital Discharge Dispositions which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Hospital Discharge Dispositions.

If multiple orders were written, report the final disposition order.

### **Data Source Hierarchy Guide**

1. Physician Order
2. Discharge Instructions
3. Nursing Notes/Flow Sheet
4. Case Management/Social Services Notes
5. Discharge Summary

### **Associated Edit Checks**

#### **Rule ID Level Message**

7901 1 Value is not a valid menu option

7902 2 Element cannot be blank

7907 2 Element must be "Not Applicable" when ED Discharge Disposition is 40, 42, 43, 44, or 73.

7908 2 Element cannot be "Not Applicable" if ED Discharge Disposition is not 40, 42, 43, 44, or 73.

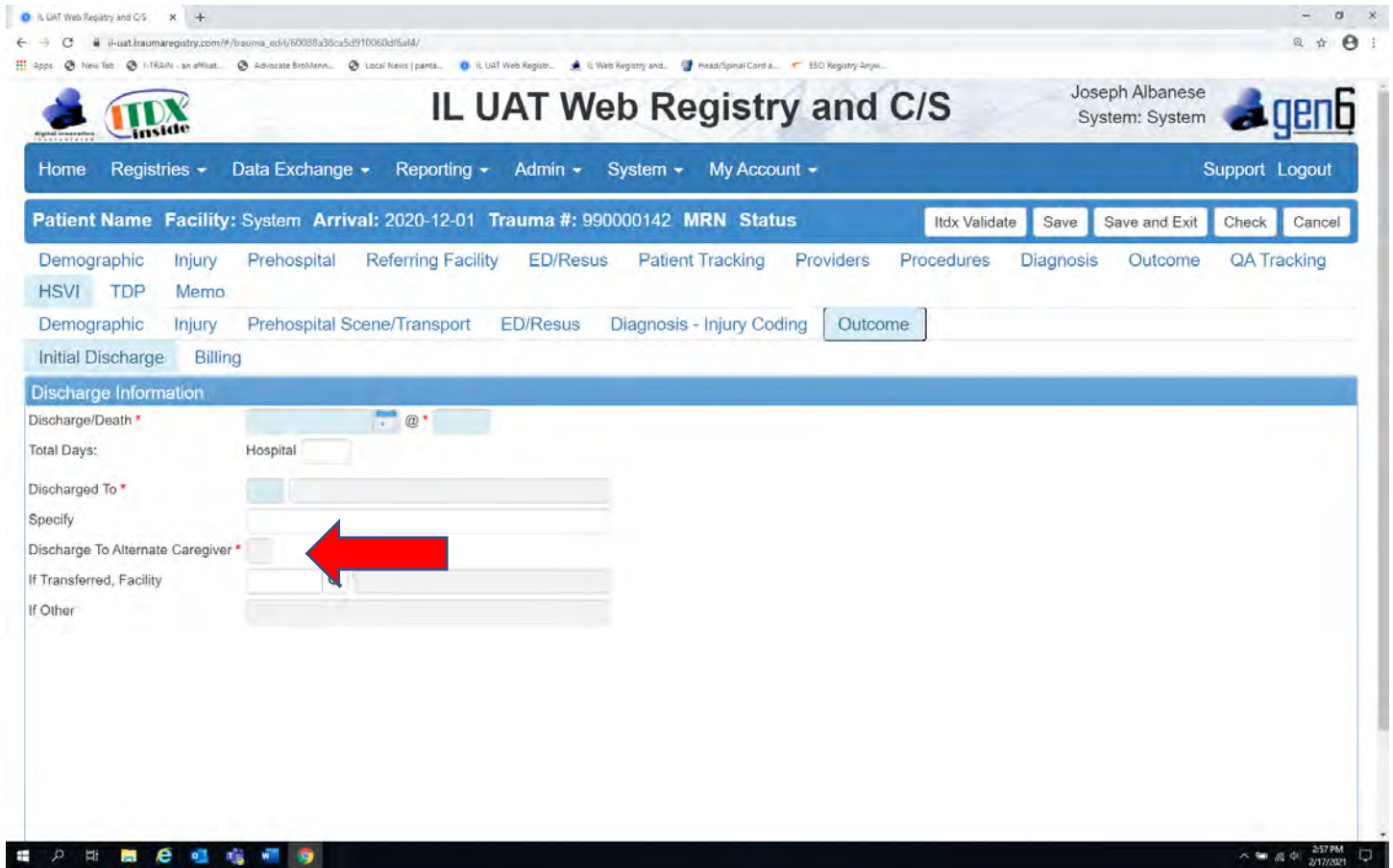
7909 2 Element cannot be "Not Known/Not Recorded" when Hospital Arrival Date and Hospital Discharge Date are not "Not Applicable" or "Not Known/Not Recorded"

7940 1 Single Entry Max exceeded

*Note: "/ - Not Applicable" is missing from the IDPH ESO Web Registry. Rule ID 7907 and 7908 indicate the correct response is "/ - Not Applicable" for certain ED Discharge Dispositions. Until this can be corrected, use the same response in the "Outcome – Discharged to" as is in the ED Discharge Disposition.*



Section: HSVI/Outcome/Initial Discharge/Discharge Alternate Caregiver



## DISCHARGE TO ALTERNATE CAREGIVER

### Definition

Was the patient discharged with a different person than the person that primarily cares for them or lives with them?

**NOTE:** Will only populate if there is a Y (yes) in the report of physical abuse in the Injury Section

### Element Values

Y = Yes

N = No

NA = Not Applicable

UNK = Unknown

### Data Source Hierarchy Guide

1. Discharge Summary
2. Child Abuse Physician Notes
3. Case Management Notes
4. Child Protective Service Notes
5. Nursing Notes

Section: HSVI/Outcome/Initial Discharge/Discharge/Transferred To Facility

The screenshot shows the 'Discharge Information' section of the IL UAT Web Registry. The 'If Transferred, Facility' field is highlighted with a red arrow, indicating the location for selecting a facility from the dropdown menu.

The 'Menu Lookup' dialog box displays a list of facilities. The table below shows the data from the dialog:

Selected	ID	Name
<input type="checkbox"/>	10578	Abraham Lincoln Memorial Hospital
<input type="checkbox"/>	10000	Acute Care Hospital - Nondesignated
<input type="checkbox"/>	20000	Acute Care Hospital - Trauma Hospital
<input type="checkbox"/>	21031	Adventist Bolingbrook Hospital
<input type="checkbox"/>	20147	Adventist Lagrange Memorial Hospital
<input type="checkbox"/>	20146	Advocate Christ Hosp and Med Ctr
<input type="checkbox"/>	20507	Advocate Condell Medical Center
<input type="checkbox"/>	20508	Advocate Good Shepherd Hospital
<input type="checkbox"/>	20160	Advocate Lutheran General Hospital
<input type="checkbox"/>	20467	Advocate Sherman Hospital
<input type="checkbox"/>	20145	Alexian Brother Medical Ctr
<input type="checkbox"/>	10653	Alton Memorial Hospital
<input type="checkbox"/>	10506	American International Hosp
<input type="checkbox"/>	10855	Anderson Hospital

**IF TRANSFERRED, FACILITY**

**Definition**

The facility that the patient was transferred to, if the patient was transferred out of your hospital.

**Element Values**

- Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. Discharge Summary
2. Case Management Notes
3. Progress Notes
4. Nursing Notes

Section: HSVI/Outcome/Billing/Charges Billed

The screenshot shows a web application interface for the IL UAT Web Registry. At the top, there is a header bar with patient information: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. Below this are several tabs: Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The 'Outcome' tab is selected, and within it, the 'Billing' sub-tab is active. The Billing section contains several input fields: Account #, Charges Billed \$ (highlighted with a red arrow), DRG, MS-DRG, and ICD 10 DRG. Below these is a 'Payor Sources' section with a table for recording payments. The table has columns for 'Primary Payor', 'Additional Payors', 'Collected', and 'Date'. There are also fields for 'Total Charges Collected \$' and 'Last Date Collected'. The footer of the page includes a copyright notice: '© Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved.' and a system tray showing the time as 2:59 PM on 2/17/2021.

**CHARGES BILLED \$**

**Definition**

The total charges billed to the patient for their hospital stay.

**Element Value**

- Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. Billing/Coding
2. Medical Records

Section: HSVI/Outcome/Billing/ICD 10 DRG

The screenshot shows a web application interface for patient billing and ICD-10 DRG selection. The top navigation bar includes fields for Patient Name, Facility, System, Arrival (2020-12-01), Trauma # (990000142), MRN, and Status. Below this are tabs for Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The 'Billing' tab is active, showing fields for Account #, Charges Billed \$, DRG, MS-DRG, and ICD 10 DRG. A red arrow points to the ICD 10 DRG field. Below the Billing section is the 'Payor Sources' section, which includes a table for Primary Payor and Additional Payors, with columns for Collected and Date. The table has three rows for Additional Payors. Below the table are fields for Total Charges Collected \$ and Last Date Collected. The footer of the application shows the copyright notice: © Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved.

**ICD-10 DRG**

**Definition**

The diagnosis related group which is how hospitalization costs are calculated through Medicare.

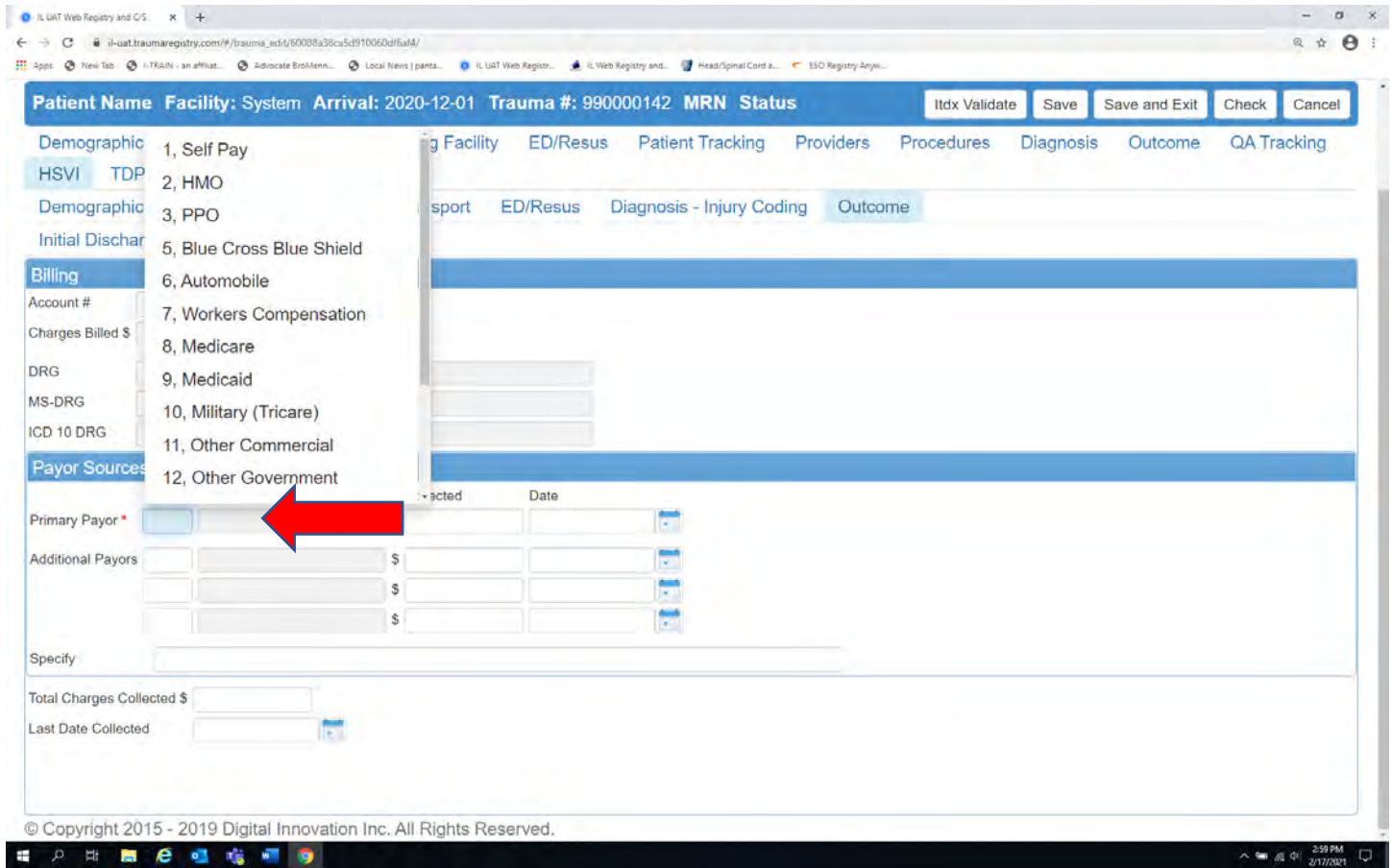
**Element Value**

- Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. Billing/Coding
2. Medical Records

Section: HSVI/Outcome/Billing/Primary Payor



**PRIMARY PAYOR**

**Definition**

The primary payor responsible for paying for the hospitalization costs.

**Note:** Organ Donor Payor: Per NDTs, Primary Payor = payor source at admission; NOT the organ procurement agency.

**Element Value**

- |   |                               |
|---|-------------------------------|
| 1. Self-Pay   | 11. Other Commercial          |
| 2. HMO  | 12. Other Government          |
| 3. PPO  | 13. Not Billed for Any Reason |
| 5. Blue Cross Blue Shield (including PPO and HMO, etc.) | 14. Charity                   |
| 6. Automobile   | 15. Other (Violence fund)     |
| 7. Worker’s Compensation                                | 16. Charity Pending           |
| 8. Medicare   | 17. Liability                 |
| 9. Medicaid   | /. Not Applicable             |
| 10. Military (Tricare)                                  | ? Unknown                     |

**Data Source Hierarchy Guide**

1. Billing/Coding
2. Medical Records

Section: HSVI/Outcome/Billing/Primary Payor Fees Collected

The screenshot shows a web application interface for the IL UAT Web Registry. At the top, there is a header bar with patient information: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. Below this are several tabs: Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The 'Billing' tab is selected. Underneath, there are sub-tabs: Demographic, Injury, Prehospital Scene/Transport, ED/Resus, Diagnosis - Injury Coding, and Outcome. The 'Billing' sub-tab is active, showing a form with fields for Account #, Charges Billed \$, DRG, MS-DRG, and ICD 10 DRG. Below this is the 'Payor Sources' section, which contains a table with columns for Primary Payor, Additional Payors, Collected, and Date. A red arrow points to the 'Date' column for the Primary Payor row. At the bottom of the form, there are fields for Total Charges Collected \$ and Last Date Collected. The footer of the page reads '© Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved.' and the system tray shows the time as 2:59 PM on 2/17/2021.

**PRIMARY PAYOR AMOUNT \$**

**Definition**

The total amount of payment collected from the Primary Payor.

**Element Value**

- Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. Billing/Coding
2. Medical Records

Section: HSVI/Outcome/Billing/Primary Payor Date Paid

The screenshot shows the 'Billing' section of the IL UAT Web Registry. At the top, there is a header bar with patient information: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. Below this are several tabs: Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The 'Outcome' tab is selected, and within it, the 'Billing' sub-tab is active. The 'Billing' section contains several input fields: Account #, Charges Billed \$, DRG, MS-DRG, and ICD 10 DRG. Below these is the 'Payor Sources' section, which includes a table with columns for 'Primary Payor', 'Collected', and 'Date'. A red arrow points to the 'Date' column header. Below the table are fields for 'Specify', 'Total Charges Collected \$', and 'Last Date Collected'. The footer of the page reads '© Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved.' and the system clock shows 2:55 PM on 2/17/2021.

**PRIMARY PAYOR DATE**

**Definition**

The last date the primary payor made payments for the hospitalization.

**Element Value**

- Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. Billing/Coding
2. Medical Records



Section: HSVI/Outcome/Billing/Additional Payors

Patient Name Facility: System Arrival: 2020-12-01 Trauma #: 990000142 MRN Status

It dx Validate Save Save and Exit Check Cancel

Demographic Injury Prehospital Referring Facility ED/Resus Patient Tracking Providers Procedures Diagnosis Outcome QA Tracking

HSVI TDP Memo

Demographic Injury Prehospital Scene/Transport ED/Resus Diagnosis - Injury Coding Outcome

Initial Discharge Billing

**Billing**

Account #

Charges Billed \$

DRG

MS-DRG

ICD 10 DRG

**Payor Sources**

	Collected	Date
Primary Payor *	\$ <input type="text"/>	<input type="text"/>
Additional Payors	\$ <input type="text"/>	<input type="text"/>
	\$ <input type="text"/>	<input type="text"/>
	\$ <input type="text"/>	<input type="text"/>

Specify

Total Charges Collected \$

Last Date Collected

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**ADDITIONAL PAYORS**

**Definition**

Secondary payors responsible for paying some of the hospital costs after the primary payor.

**Element Value**

1. Self-Pay
2. HMO
3. PPO
5. Blue Cross Blue Shield
6. Automobile
7. Worker's Compensation
8. Medicare
9. Medicaid
10. Military (Tricare)
11. Other Commercial
12. Other Government
13. Not Billed for Any Reason
14. Charity
15. Other
16. Charity Pending
17. Liability
- / . Not Applicable
- ? Unknown

*Section: HSVI/Outcome/Billing/Additional Payors*

**Data Source Hierarchy Guide**

1. Billing/Coding
2. Medical Records

Section: HSVI/Outcome/Billing/Additional Payors Fees Collected

The screenshot shows a web application interface for the IL UAT Web Registry. At the top, there is a header bar with patient information: Patient Name, Facility: System, Arrival: 2020-12-01, Trauma #: 990000142, MRN, and Status. Below this are several tabs: Demographic, Injury, Prehospital, Referring Facility, ED/Resus, Patient Tracking, Providers, Procedures, Diagnosis, Outcome, and QA Tracking. The 'Billing' tab is selected, and within it, the 'Billing' sub-tab is active. The main content area is divided into two sections: 'Billing' and 'Payor Sources'. The 'Billing' section contains fields for Account #, Charges Billed \$, DRG, MS-DRG, and ICD 10 DRG. The 'Payor Sources' section contains a table with columns for Primary Payor, Additional Payors, Collected, and Date. A red arrow points to the 'Collected' column for one of the additional payors. Below the table are fields for Specify, Total Charges Collected \$, and Last Date Collected. The footer of the application states '© Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved.' and the system tray shows the time as 2:59 PM on 2/17/2021.

**ADDITIONAL PAYOR AMOUNT \$**

**Definition**

The total amount of payment collected from the additional payor.

**Element Value**

- Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. Billing/Coding
2. Medical Records

Section: HSVI/Outcome/Billing/Additional Payors Date Collected

The screenshot shows a web application interface for the IL UAT Web Registry and C/S. The top navigation bar includes buttons for 'Idx Validate', 'Save', 'Save and Exit', 'Check', and 'Cancel'. Below the navigation bar are tabs for 'Demographic', 'Injury', 'Prehospital', 'Referring Facility', 'ED/Resus', 'Patient Tracking', 'Providers', 'Procedures', 'Diagnosis', 'Outcome', and 'QA Tracking'. The 'Billing' tab is selected, and a sub-tab 'Billing' is also visible. The 'Billing' section contains fields for 'Account #', 'Charges Billed \$', 'DRG', 'MS-DRG', and 'ICD 10 DRG'. Below this is the 'Payor Sources' section, which contains a table with columns for 'Primary Payor', 'Additional Payors', 'Collected', and 'Date'. A red arrow points to the 'Date' column for the 'Primary Payor' row. The table has the following structure:

	Collected	Date
Primary Payor *	\$	
Additional Payors	\$	
	\$	
	\$	

Below the table are fields for 'Specify', 'Total Charges Collected \$', and 'Last Date Collected'. The footer of the page reads '© Copyright 2015 - 2019 Digital Innovation Inc. All Rights Reserved.' and the system tray shows the time as 2:59 PM on 2/17/2021.

**ADDITIONAL PAYOR DATE**

**Definition**

The last date the primary payor made payments for the hospitalization.

**Element Value**

- Relevant Value for Data Element

**Data Source Hierarchy Guide**

1. Billing/Coding
2. Medical Records