

Oregon Trauma Data Standard Patient Inclusion Criteria Effective July 1, 2017

Glossary to Flow chart:

- 1 To ensure consistent data collection across the state a trauma patient is defined as a patient suspected of sustaining a traumatic injury **AND** meeting the following criteria:
- 2 **At least one of the following injury diagnostic codes defined as follows:**
 - International Classification of Diseases, Tenth Revision (ICD-10-CM):
 - S00-S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts – initial encounter)
 - T07 (unspecified multiple injuries)
 - T14 (injury of unspecified body region)
 - T20-T28 with 7th character modifier of A ONLY (burns by specific body parts – initial encounter)
 - T30-T32 (burn by TBSA percentages)
 - T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome – initial encounter)

AND

- 3 **Excluding an isolated femoral neck fracture from a same-level fall:**
ICD-10-CM code within S72.0XXX through S72.2XXX with any one of the following --
V00.111X, V00.112X, V00.118X, V00.121X, V00.122X, V00.128X, V00.131X, V00.132X,
V00.138X, V00.141X, V00.142X, V00.148X, V00.151X, V00.152X, V00.158X, V00.181X,
V00.182X, V00.188X, V00.211X, V00.212X, V00.218X, V00.221X, V00.222X, V00.228X,
V00.281X, V00.282X, V00.288X, V00.311X, V00.312X, V00.318X, V00.321X, V00.322X,
V00.328X, V00.381X, V00.382X, V00.388X, W00.0XX, W00.9XX, W01.0XX, W03.XXX,
W18.2XX, W18.40X, W18.41X, W18.42X, W18.43X, W18.49XX

AND

- 4 **Injury severity score > 8, which is an AIS score of 3 (serious) in any one body region.**
 - To calculate an ISS, take the highest AIS severity code in each of the three most severely injured ISS body regions, square each AIS code and add the three squared numbers for an ISS (ISS = A² + B² + C² where A, B, C are the AIS scores of the three most injured ISS body regions). The ISS scores ranges from 1 to 75 (i.e. AIS scores of

5 for each category). If any of the three scores is a 6, the score is automatically set at 75.

AND

5

Must include one of the following in addition to steps 2 & 4:

- **Admission to your facility related to an injury:**
 - A patient was admitted to or had a stay of 24 hours at your facility related to any OTR ICD-10 CM injury diagnosis code (excluding those patients whose admission was for co-morbid/medical condition reasons only).
- **Re- admission (Missed Injury Diagnosis, complication, failed conservative management of iatrogenic injuries from a previous ED or hospital admission):**
 - A readmission if a patient is discharged from an emergency department or inpatient care area and is subsequently evaluated for a missed injury/diagnosis, complications from the injury, or failed conservative management of iatrogenic injuries from the same injury causing event (with any reported OTR ICD-10 CM injury diagnosis code and within 30 days discharge from the previous ED/hospital discharge date). A new trauma record would be created for the missed diagnosis, complication, or failed conservative management admission.

OR

- **Patient died/arrived dead from an injury?**
 - A patient arrived dead or died at your hospital from the suspected injury and had any OTR ICD-10 CM injury diagnosis code.

OR

- **Inter-facility injury transfer by EMS:**
 - A patient with an injury, suspected injury or any reported OTR ICD-10 CM injury diagnosis code, who is transported via EMS transport from one acute care hospital to another.

Alternately need to include in OTR:

1a

Activation Cases

ALL EMS trauma activations regardless of the ED/hospital diagnosis:

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

OR

ALL hospital trauma team activations or trauma surgeon's evaluations regardless of the ED/hospital diagnosis:

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

Oregon Trauma Registry Inclusion Criteria Effective July 1, 2017

