Trauma Registry System
FILE UPLOAD & SUBMISSION MANUAL

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- **Overview & Introduction to the EMS Trauma Registry Web Application**

  This manual will describe how to CREATE FILES which will be in a format that will permit them to be successfully uploaded into the web-based, statewide EMS Trauma Registry system.

  It will provide information about the SECURITY FORMS which must be completed by each individual who will have access to the system as well as describe the specific ROLES required to perform the functions and tasks assigned to each user.

  Finally, it will detail how to retrieve and UPLOAD these files from the user's hardrive into the EMS Trauma Registry system.

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• Purpose of the EMS Trauma Registry

The purpose of the Virginia Statewide Trauma Registry is to provide a database of patients injured in Virginia and admitted to hospitals in Virginia or surrounding states.

Trauma registries are an integral part of the operations of a trauma center. The quality of trauma registry data is of great importance to the overall success of trauma programs for performance improvement, research, injury prevention, resource utilization, and the creation of state standards and benchmarks

A key element in the performance improvement process is having accurate data portraying trauma patient injury, severity, process of care, outcome measures, type of trauma, and cause of injury. The trauma registry functions as the information resource driving this process. Thorough reporting therefore is CRITICAL. Collected information will be used to:

1. Study the epidemiology of injury in Virginia
2. Provide feedback to participating hospitals
3. Evaluate and Improve the Trauma Care delivery system in Virginia
4. Develop injury prevention programs
5. Assist health care and social service agencies which provide services to the injured.
6. Participate in regional and national injury databases
7. Assist in the development of trauma system policy and legislation

The big picture and ultimate goal is to prevent accidental injury and death and to promote better hospital outcomes.

COMPLETE AND ACCURATE REPORTING OF DATA IS REQUIRED FOR THE INFORMATION TO BE USEFUL.

Hospitals that have been approved and given access to the "Upload" function on the VSTR web site, should submit on a quarterly basis at a minimum. The time between discharge from the hospital until entry into the VSTR shall NOT be longer than six months. An example of the reporting schedule is shown below in Table 1.

Hospitals that use the VSTR Upload feature or – submit using flat file transfer – to submit to the Trauma Registry are typically designated trauma centers that use commercial, trauma performance improvement-specific software that is cable of transferring data directly to the VSTR. Hospitals designated as trauma centers by the Virginia Department of Health - Office of Emergency Medical Services are required to submit to the VSTR quarterly to maintain designation.

Table 1

Calendar Year Quarter		Submission Deadline
January – March 2006		September 30, 2006
April - June 2006		December 31, 2006
July - September 2006		March 31, 2007
October - December 2006		June 30, 2007

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- **About UPLOADING Files: File Formats – Create the Uploadable Files**

This next section of the manual will describe how to CREATE FILES which will be in a format that will permit them to be successfully uploaded into the web-based, statewide EMS Trauma Registry system.

Automated Data Load – File Layout Specification

The Hospitals should submit five files to EMS. All files will have the Hospital Code and Date ranges appended to the file name. These files are summarized below with detailed file layouts following.

FILES TO BE SENT FROM HOSPITALS TO EMS	
ADM_<*Hosp_Code*>_<*From_Date*>_<*To_Date*>.CSV	This file is used to provide the Admission details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.
CON_<*Hosp_Code*>_<*From_Date*>_<*To_Date*>.CSV	This file is used to provide the Patient Contact Details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.
DIA_<*Hosp_Code*>_<*From_Date*>_<*To_Date*>.CSV	This file is used to provide the Diagnosis Details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.
ORG_<*Hosp_Code*>_<*From_Date*>_<*To_Date*>.CSV	This file is used to provide the Organ Donor Details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.
SAF_<*Hosp_Code*>_<*From_Date*>_<*To_Date*>.CSV	This file is used to provide the Safety Devices Details. Each record will have Hospital Code, Medical Record Number, Arrival Date and Arrival Time.

Hosp_Code : Hospital Code of the submitting hospital.
From_Date : Starting date of the Year/ Quarter/ Month (MMDDYYYY).
To_Date : Ending date of the Year/ Quarter/ Month (MMDDYYYY).
CSV : User can upload only Comma Delimited Files (CSV Files).
Date Ranges : From Date must be less than To Date.

The dictionary format for each data element is as follows:

Field order in the flat file

Name of Data Element:	Name
Priority:	Mandatory
Definition:	Short definition of data element
Code:	Coded description of the data element values or attributes
Length:	Maximum length of the data element values or attributes
Data Items: Defined data elements - alternative descriptions of the data element values or attributes	

Content: Detailed discussion of definition and content.

Validations: Validations associated with this data element.

Admission File

[ADM_<*Hosp_Code*>_<*From_Date*>_<*To_Date*>.CSV]

Note: Please ensure that the sequence of the columns in CSV file follow the below listed order

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See Appendix A for a complete list of facility/hospital numbers

Validation:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:

1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:

1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	TRANSP_S
Priority:	Conditionally Mandatory
Definition:	Scene Primary Transport
Code:	Numeric Entry
Length:	2
Data Items:	
1 Ambulance	5 Private Vehicle
2 Helicopter	6 Walk In
3 Police	7 Other
4 Public Safety	

Content: Indicates type of transportation used to bring trauma patient to hospital.

Validations:

1. Transport Mode is Mandatory for the patients being transferred from other hospitals.

6

Name of Data Element:	TRANSP_R
Priority:	Optional
Definition:	Referring Facility Transport
Code:	Numeric Entry
Length:	2
Data Items:	
0 Not Transferred	3 Police
1 Ambulance	4 Public Safety
2 Helicopter	5 Other, Inappropriate, Unknown

Content: Mode of first transport from referring hospital.

7

Name of Data Element:	AMB_REP_S
Priority:	Optional
Definition:	Scene Primary Transport – Report ID Number
Code:	Numeric Entry
Length:	15

Content: Number on the form used by the EMS AGENCY bringing the patient to the hospital

8

Name of Data Element:	MED_UNIT_S
Priority:	Optional
Definition:	Scene Primary Transport – Service Number
Code:	Numeric Entry
Length:	8

Content: Indicates the code assigned to the EMS agency that transported the trauma patient to the hospital.

Validations:
1. Transporting agency should be valid and active.
2. OEMS Agency should exist that corresponds to the Pre-hospital Transporting Agency.

9

Name of Data Element:	REF_HOSP
Priority:	Optional
Definition:	Referring Hospital
Code:	Numeric Entry
Length:	6

Content: Indicates the HOSPITAL CODE assigned to the acute care hospital FROM which the patient has been transferred to the current hospital.

Validations:
1. Transferring hospital should not be the same as the current hospital.
2. OEMS hospital should exist that corresponds to the transferring hospital.

10

Name of Data Element:	TRANS_TO_H
Priority:	Conditionally Mandatory
Definition:	Transferred to Hospital
Code:	Numeric Entry
Length:	6

Content: Indicates the HOSPITAL CODE assigned to the acute care hospital TO which the patient has been transferred. This field is required only when TRANSFER TO ANOTHER ACUTE CARE FACILITY appears in the OUTCOME field.

Validations:

1. Transferred to hospital is Mandatory for Transferred patients.
2. Transferred to hospital should not be the same as the current hospital.
3. Transferred to hospital should be a valid receiving hospital.
4. OEMS hospital should exist that corresponds to the receiving hospital.

11

Name of Data Element:	GCS_A
Priority:	Optional
Definition:	Glasgow Coma Score
Code:	Numeric Entry
Length:	4

Content: Indicates Glasgow Coma Score.

Validations:

GCS value should be between 3 and 15. If supplied value is less than 3 then system will convert the value to 3, if supplied value is greater than 15 then system will convert the value to 15.

12

Name of Data Element:	SYS_BP_A
Priority:	Optional
Definition:	Systolic Blood Pressure
Code:	Numeric Entry
Length:	3

Content: Patient's Systolic Blood Pressure at the time of admission.

Validations:
Systolic Blood Pressure value should be between 0 and 300 (mmHG). If supplied value is less than 0 then system will convert the value to 0, if supplied value is greater than 300 then system will convert the value to 300.

13

Name of Data Element:	RESP_RAT_A
Priority:	Optional
Definition:	Respiratory Rate
Code:	Numeric Entry
Length:	3

Content: Respiratory Rate of Patient at time of admission.

Validations:
Respiratory rate should be between 0 and 90. If supplied value is less than 0 then system will convert the value to 0, if supplied value is greater than 90 then system will convert the value to 90.

14

Name of Data Element:	RTS_A
Priority:	Optional
Definition:	Revised Trauma Score
Code:	Numeric Entry
Length:	6

Content: Revised Trauma Score on Admission.

15

Name of Data Element:	ICU_DAYS
Priority:	Conditionally Mandatory
Definition:	ICU Days
Code:	Numeric Entry
Length:	5

Content: Indicates the number of days the patient remained in the ICU (Intensive Care Unit) after admission for this injury

Validations:

1. If the patient has an admission status of ICU, then ICU days must be at least one day.

16

Name of Data Element:	HOSP_DAYS
Priority:	Conditionally Mandatory
Definition:	Hospital Days
Code:	Numeric Entry
Length:	5

Content: Total number of DAYS patient has been or was in this facility for this injury.

Validations:

1. Patients dying prior to admission must have length of stay of zero.
2. Patients transferring prior to admission must have length of stay of one.
3. Patients seen in ER only must have length of stay of zero.

17

Name of Data Element:	DISCHG_TO
Priority:	Mandatory
Definition:	Discharge To
Code:	Numeric Entry
Length:	3

Data Items:

0	Home, No Assistance	6	Acute Care Hospital
1	Home, Health Care	7	Morgue
2	Home, Rehab Outpatient	8	Other
3	Skilled Nursing Facility	9	Jail/Prison
4	Independant Care Facility	10	Left AMA
5	Rehabilitation Facility	11	Burn Center

Content: Indicates trauma Patient's status after they were discharged from the hospital.

Validations:

1. If Patient is transferred to another hospital then receiving hospital, Transport Mode and Discharge TIme are Mandatory.
2. If Patient's outcome is MORGUE then Discharge Time is Mandatory.
3. Patient's outcome must be MORGUE if admission status is MORGUE.

18

Name of Data Element:	DATE_DEATH_DSCHG
Priority:	Mandatory
Definition:	Date of Death or Discharge
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Indicates the date in MM/DD/YYYY format which corresponds to the OUTCOME information.

Validations:

1. Discharge Date must be greater than or equal to Patients Date of Birth, Arrival Date and Injury Date.
2. Discharge Date must be less than or equal to Today's Date.

19

Name of Data Element:	TIME_DEATH_DSCHG
Priority:	Conditionally Mandatory
Definition:	Time of Death or Discharge
Code:	Time format should be HH:MI
Length:	5

Content: Indicates the time in HH:MI format which corresponds to the OUTCOME information. This field is required only when Outcome is TRANSFER TO ACUTE CARE FACILITY or EXPIRED.

Validations:

1. Discharge Time is Mandatory for Transferred/Expired patients.
2. Discharge Date-Time must be greater than or equal to Arrival Date-Time and Injury Date-Time.
3. Discharge Date-Time must be less than or equal to Today's Date-Time.

20

Name of Data Element:	EDD_DATE
Priority:	Optional
Definition:	ED Discharge Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Indicates the Discharge Date from Emergency Department.

Validations:

1. ED Discharge Date must be greater than or equal to Patients Date of Birth, Arrival Date and Injury Date.
2. ED Discharge Date must be less than or equal to Today's Date.

21

Name of Data Element:	EDD_TIME
Priority:	Optional
Definition:	ED Discharge Time
Code:	Time format should be HH:MI
Length:	5

Content: Indicates the Discharge Time from Emergency Department.

Validations:

1. ED Discharge Date-Time must be greater than or equal to Arrival Date-Time and Injury Date-Time.
2. ED Discharge Date-Time must be less than or equal to Today's Date-Time.

22

Name of Data Element:	POST_ED_D
Priority:	Mandatory
Definition:	Admission Status
Code:	Numeric Entry
Length:	3
Data Items:	
0 Transfer	6 Operating Room
1 ICU	7 Morgue
2 PCU	8 Other
3 Floor	9 Telemetry
4 Pediatrics	10 Observation
5 PICU	11 Home

Content: Indicates hospital ward or floor to which trauma patient was admitted.

Validations:

1. If Admission status is TRANSFERRED FROM OTHER HOSPITAL, then Transferring Hospital, Transport Mode and Agency Code are Mandatory.
2. If Admission status is MORGUE then outcome must be MORGUE.

23

Name of Data Element:	PAYOR_1
Priority:	Optional
Definition:	Payor Source
Code:	Numeric Entry
Length:	3
Data Items:	
1 None	7 Blue Cross
2 Medicare	8 Car Insurance
3 Medicaid	9 Self Pay
4 Workers Comp	10 Ward of Federal Govt
5 HMO	11 Tri-Care
6 Other Insurance	12 Aetna
	13 Other PPO

Content: Indicates the code of the individual or organization responsible for payment of the bill.

Validations:

1. Invalid Payor source will not be accepted.

24

Name of Data Element:	PAYOR_2
Priority:	Optional
Definition:	Payor Source
Code:	Numeric Entry
Length:	3

Content: Indicates the code of the individual or organization responsible for payment of the bill.

Validations:

1. Invalid Payor source will not be accepted.

25

Name of Data Element:	PAYOR_3
Priority:	Optional
Definition:	Payor Source
Code:	Numeric Entry
Length:	3

Content: Indicates the code of the individual or organization responsible for payment of the bill.

Validations:

1. Invalid Payor source will not be accepted.

26

Name of Data Element:	PAYOR_4
Priority:	Optional
Definition:	Payor Source
Code:	Numeric Entry
Length:	3

Content: Indicates the code of the individual or organization responsible for payment of the bill.

Validations:

1. Invalid Payor source will not be accepted.

27

Name of Data Element:	ISS
Priority:	Optional
Definition:	Injury Severity Score
Code:	Numeric Entry
Length:	3

Content: Indicates the Injury Severity Score of patient.

28

Name of Data Element:	WORK_RELAT
Priority:	Optional
Definition:	Work Related
Code:	Numeric Entry
Length:	1
Data Items: 1 Yes 2 No	

Content: Indicates whether the Patient's Injury was work related or Not.

29

Name of Data Element:	DOB_TEXT
Priority:	Conditionally Mandatory
Definition:	Patient's Date Of Birth
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Indicates the Date of Birth of patient.

Validations:

1. Date of Birth is Mandatory if patient's age is not supplied.
2. Date of Birth must be less than Injury Date, Arrival Date and Discharge Date.
3. Date of Birth must be less than or equal to Today's Date.
4. Year of Birth must be between 1850 and Current Year.

30

Name of Data Element:	SEX
Priority:	Mandatory
Definition:	SEX
Code:	Numeric Entry
Length:	1
Data Items: 1 Male 2 Female 3 Unknown	

Content: Indicates the Gender of Patient

31

Name of Data Element:	RACE
Priority:	Mandatory
Definition:	RACE
Code:	Numeric Entry
Length:	1
Data Items: 1 White 4 American Indian 2 Black 5 Asian 3 Hispanic 6 Other	

Content: Indicates the Patient's racial Identity.

32

Name of Data Element:	PAT_ADR_CI
Priority:	Optional
Definition:	Patient Address City
Code:	Alphabetic Entry
Length:	30

Content: The name of the CITY where the individual resides/or is based.

33

Name of Data Element:	PAT_ADR_ST
Priority:	Optional
Definition:	State Name
Code:	Alphabetic Entry
Length:	2

Content: Indicates the two letter abbreviation of the Commonwealth/State where the individual resides/or is based.

34

Name of Data Element:	INJDATE
Priority:	Optional
Definition:	Injury Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date of injury in MM/DD/YYYY format.

Validations:

1. Injury Date must be greater than Patient's Date of Birth.
2. Injury Date must be less than or equal to Arrival Date, Discharge Date and Today's Date.
3. If Injury Date is not supplied then Arrival Date will be considered as Injury Date.

35

Name of Data Element:	INJTIME
Priority:	Optional
Definition:	Injury Time
Code:	Time format should be HH:MI
Length:	5

Content: Time of injury in MM/DD/YYYY format.

Validations:

1. Injury Date-Time must be less than Arrival Date-Time, Discharge Date-Time and Today's Date-Time.

36

Name of Data Element:	LOC_CITY
Priority:	Optional
Definition:	Location City
Code:	Alphabetic Entry
Length:	30

Content: Indicates the location city of the patient.

37

Name of Data Element:	LOC_STATE
Priority:	Optional
Definition:	Location State
Code:	Alphabetic Entry
Length:	2

Content: Indicates the location state of the patient.

38

Name of Data Element:	LOC_CNTY
Priority:	Optional
Definition:	Location County
Code:	Numeric Entry
Length:	5

Content: Indicates the county where patient was injured. This field must be coded using the FIPS system, wherein each locality is encoded with a unique number. In Virginia, each FIPS number begins with ‘51' (i.e., Prince William County is coded as '51153'.) City, town or county FIPS codes are only unique within a state.

Validations:

1. Invalid FIPS code will not be allowed.

39

Name of Data Element:	E849_X
Priority:	Optional
Definition:	Place of Injury
Code:	Alphabetic-Numeric Entry
Length:	5 (including decimal point)

Content: ICD9 or other unique alpha-numeric code assigned to a full text description that best describes the place where incident occurred.
See Appendix B for a complete list of E Code Places.

Validations:

1. Invalid E Code Place will not be allowed.

40

Name of Data Element:	E_CODE
Priority:	Mandatory
Definition:	Cause of Injury
Code:	Alphabetic-Numeric Entry
Length:	10

Content: ICD9 or other unique alpha-numeric code assigned to a full text description that best describes the external mechanism of injury

Validations:

1. Invalid E Code will not be allowed.

41

Name of Data Element:	ETOH_BAC_A
Priority:	Optional
Definition:	Ethyl Alcohol Level
Code:	Numeric Entry
Length:	4

Content: Indicates Patient's alcohol level at the time of admission.

42

Name of Data Element:	AGE
Priority:	Conditionally Mandatory
Definition:	Patient Age
Code:	Numeric Entry
Length:	3

Content: Indicates the Patient's Age in years as of the injury/arrival date.

Validations:

1. Age is Mandatory if Patient's Date of Birth is not supplied.

43

Name of Data Element:	PAT_ADR_CO
Priority:	Optional
Definition:	Residence FIPS ID
Code:	Numeric Entry
Length:	5

Content: Indicates the name of the City/County/FIPS where the individual residence is based.

Validations:

1. Invalid FIPS code will not be allowed.

44

Name of Data Element:	SSN
Priority:	Optional
Definition:	Social Security Number
Code:	Numeric Entry
Length:	9

Content: Patient's unique government issued Social Security Number.

Validations:

1. Social Security Number must be unique for EACH patient.

45

Name of Data Element:	PAT_NAME
Priority:	Mandatory
Definition:	Patient Name
Code:	Alphabetic Entry
Length:	50
Data Items: Name should be in "**LASTNAME, FIRSTNAME MIDDLENAME SUFFIX**" Format	

Content: Indicates the name of patient.

46

Name of Data Element:	H_PHONE
Priority:	Optional
Definition:	Phone Number
Code:	Numeric Entry
Length:	20

Content: Indicates the telephone number of the Patient.

47

Name of Data Element:	PAT_ADR_S
Priority:	Optional
Definition:	Patient Address Street
Code:	Numeric / Alphabetic Entry
Length:	60

Content: Indicates the physical street address of the patient.

48

Name of Data Element:	PAT_ADR_Z
Priority:	Optional
Definition:	Postal Zip Code
Code:	Numeric Entry
Length:	10

Content: Indicates the zip code assigned to the residence or physical street address.

49

Name of Data Element:	PAT_ADR_CY
Priority:	Optional
Definition:	Patient's County Code
Code:	Numeric Entry
Length:	3

Content: Indicates the county code of the patient.

50

Name of Data Element:	PAT_APT
Priority:	Optional
Definition:	Patient's Apartment Number
Code:	Numeric / Alphabetic Entry
Length:	60

Content: Indicates the apartment number of the patient.

Contact Details File

[CON_<*Hosp_Code*>_<*From_Date*>_<*To_Date*>.CSV]

Note: Please ensure that the sequence of the columns in CSV file should follow the below listed order

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See Appendix A for a complete list of facility/hospital numbers.

Validations:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:
1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:
1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	REL_NAME
Priority:	Optional
Definition:	Patient's Relative's Name
Code:	Alphabetic Entry
Length:	30
Data Items: Name should be in "**LASTNAME, FIRSTNAME MIDDLENAME SUFFIX**" Format	

Content: Indicates the name of the patient's relative.

6

Name of Data Element:	REL_PHONE
Priority:	Optional
Definition:	Patient's Relative's Phone Number
Code:	Numeric Entry
Length:	20

Content: Indicates the phone number of the patient's relative.

7

Name of Data Element:	REL_ADR_S
Priority:	Optional
Definition:	Patient's Relative's Address Street
Code:	Alphabetic Entry
Length:	30

Content: Indicates the physical street address of the patient's relative.

8

Name of Data Element:	REL_ADR_CI
Priority:	Optional
Definition:	Patient's Relative's Address City
Code:	Alphabetic Entry
Length:	30

Content: Indicates the city name of the patient's relative.

9

Name of Data Element:	REL_ADR_ST
Priority:	Optional
Definition:	Patient Relative State
Code:	Alphabetic Entry
Length:	2

Content: Indicates the state name of the patient's relative.

10

Name of Data Element:	REL_ADR_Z
Priority:	Optional
Definition:	Patient's Relative's Zip Code
Code:	Numeric Entry
Length:	10

Content: Indicates the postal zip code of the patient's relative.

11

Name of Data Element:	REL_ADR_CO
Priority:	Optional
Definition:	Patient's Relative's County
Code:	Numeric Entry
Length:	5

Content: Indicates the county of the patient's relative.

Validations:

1. Invalid FIPS code will not be allowed.

Diagnosis Details File

[DIA_<*Hosp_Code*>_<*From_Date*>_<*To_Date*>.CSV]

Notes:

(1) Please ensure that the sequence of the columns in CSV file should follow the below listed order.

(2) Every PATIENT ADMISSION RECORD must have at least ONE DIAGNOSIS CODE record; otherwise, the entire patient admission record will be REJECTED!

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See Appendix A for a complete list of facility/hospital numbers

Validations:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:

1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:

1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	ICD9_01
Priority:	Mandatory
Definition:	Diagnosis Code
Code:	Numeric entry
Length:	10

Content: ICD9-CM codes of 348.1, 800.0 - 959.9, 994.0 and 994.1, excluding 905-909 (late effect injuries), 910-924 (blisters, contusions, abrasions and insect bites), 930-939 (foreign bodies) and 427.5 (cardiac arrest).

Validations:
1. Invalid Diagnosis code will not be allowed.
2. Diagnosis codes exist for LOC [Loss of Consciousness] either Yes or No.

6

Name of Data Element:	ICD9_02
Priority:	Optional
Definition:	Diagnosis Code
Code:	Numeric entry
Length:	10

Content: ICD9-CM codes of 348.1, 800.0 - 959.9, 994.0 and 994.1, excluding 905-909 (late effect injuries), 910-924 (blisters, contusions, abrasions and insect bites), 930-939 (foreign bodies) and 427.5 (cardiac arrest).

Validations:
1. Invalid Diagnosis code will not be allowed.
2. Diagnosis codes exist for LOC [Loss of Consciousness] either Yes or No.

(Change in numbers is NOT a gap: Includes "Data Elements ICD9_03 → ICD9_26.)

31

Name of Data Element:	ICD9_27
Priority:	Optional
Definition:	Diagnosis Code
Code:	Numeric entry
Length:	10

Content: ICD9-CM codes of 348.1, 800.0 - 959.9, 994.0 and 994.1, excluding 905-909 (late effect injuries), 910-924 (blisters, contusions, abrasions and insect bites), 930-939 (foreign bodies) and 427.5 (cardiac arrest).

Validations:
1. Invalid Diagnosis code will not be allowed.
2. Diagnosis codes exist for LOC [Loss of Consciousness] either Yes or No.

Organ Donors File

[ORG_<*Hosp_Code*>_<*From_Date*>_<*To_Date*>.CSV]

Note: Please ensure that the sequence of the columns in CSV file should follow the below listed order.

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See Appendix A for a complete list of facility/hospital numbers

Validations:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:

1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:

1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	ORG_DNR_1
Priority:	Optional
Definition:	Organ Code
Code:	Numeric Entry
Length:	11

Data Items:

00 Not Asked	07 Cornea	15 Lungs
01 None	09 Dura mater	16 Nerves
02 All / Multiple nfs	10 Heart	17 Pancreas
03 Adrenal glands	11 Heart and Lungs	18 Skin
04 Bone	12 Heart and Valves	19 Tendons
05 Bone marrow	13 Kidneys	
06 Cartilage	14 Liver	

Content: Indicates organs which may have been selected for donation.

Validations:
1. Invalid Organ codes will not be allowed.
2. Organ Donor Data accepted only for Expired patients.

6

Name of Data Element:	ORG_DNR_2
Priority:	Optional
Definition:	Organ Code
Code:	Numeric Entry
Length:	11

Data Items:

00 Not Asked	07 Cornea	15 Lungs
01 None	09 Dura mater	16 Nerves
02 All / Multiple nfs	10 Heart	17 Pancreas
03 Adrenal glands	11 Heart and Lungs	18 Skin
04 Bone	12 Heart and Valves	19 Tendons
05 Bone marrow	13 Kidneys	
06 Cartilage	14 Liver	

Content: Indicates organs which may have been selected for donation.

Validations:
1. Invalid Organ codes will not be allowed.
2. Organ Donor Data accepted only for Expired patients.

7

Name of Data Element:	ORG_DNR_3
Priority:	Optional
Definition:	Organ Code
Code:	Numeric Entry
Length:	11

Data Items:

00 Not Asked	07 Cornea	15 Lungs
01 None	09 Dura mater	16 Nerves
02 All / Multiple nfs	10 Heart	17 Pancreas
03 Adrenal glands	11 Heart and Lungs	18 Skin
04 Bone	12 Heart and Valves	19 Tendons
05 Bone marrow	13 Kidneys	
06 Cartilage	14 Liver	

Content: Indicates organs which may have been selected for donation.

Validations:
1. Invalid Organ codes will not be allowed.
2. Organ Donor Data accepted only for Expired patients.

8

Name of Data Element:	ORG_DNR_4
Priority:	Optional
Definition:	Organ Code
Code:	Numeric Entry
Length:	11

Data Items:

00 Not Asked	07 Cornea	15 Lungs
01 None	09 Dura mater	16 Nerves
02 All / Multiple nfs	10 Heart	17 Pancreas
03 Adrenal glands	11 Heart and Lungs	18 Skin
04 Bone	12 Heart and Valves	19 Tendons
05 Bone marrow	13 Kidneys	
06 Cartilage	14 Liver	

Content: Indicates organs which may have been selected for donation.

Validations:
1. Invalid Organ codes will not be allowed.
2. Organ Donor Data accepted only for Expired patients

Safety Devices File

[SAF_*<Hosp_Code>*_*<From_Date>*_*<To_Date>*.CSV]

Note: Please ensure that the sequence of the columns in CSV file should follow the below listed order

1

Name of Data Element:	INST_NUM
Priority:	Mandatory
Definition:	Institution Number
Code:	Numeric Entry
Length:	5

Content: Indicates the code assigned to the hospital entering information about the patient. See Appendix A for a complete list of facility/hospital numbers

Validations:

1. OEMS hospital should exist that corresponds to this hospital.

2

Name of Data Element:	MED_REC
Priority:	Mandatory
Definition:	Medical Record Number
Code:	Numeric Entry
Length:	10

Content: Indicates the unique Medical Record Number associated with the injury sustained by the patient.

Validations:

1. Medical Record Number should be same for a patient in a hospital for multiple admissions.
2. Two different patients should not have the same medical record number in a hospital.
3. Duplicate Medical Records i.e., Medical Records with same INST_NUM, MED_REC, EDA_DATE, EDA_TIME will not be allowed.

3

Name of Data Element:	EDA_DATE
Priority:	Mandatory
Definition:	ED Arrival Date
Code:	Date format should be MM/DD/YYYY
Length:	10

Content: Date Patient arrived at the hospital from the accident scene.

Validations:

1. Arrival Date must be greater than or equal to Patient's Date of Birth and Injury Date.
2. Arrival Date must be less than or equal to Today's Date and Discharge Date.

4

Name of Data Element:	EDA_TIME
Priority:	Mandatory
Definition:	ED Arrival Time
Code:	Time format should be HH:MI
Length:	5

Content: Time Patient arrived at the hospital. HH ranges from 00 to 23. MI ranges from 00 to 59

Validations:

1. Arrival Date-Time must be greater than or equal to Injury Date-Time.
2. Arrival Date-Time must be less than or equal to Today's Date-Time and Discharge Date-Time.

5

Name of Data Element:	PROT_DEV_1
Priority:	Optional
Definition:	Safety Device Code
Code:	Numeric Entry
Length:	12
Data Items:	
1 None	4 Airbag
2 Seatbelt	5 Helmet
3 Child Seat	6 Other

Content: Indicates the type of safety device that may be available to the patient at the time the injury occurred.

Validations:
1. Invalid Safety devices will not be allowed.
2. Safety Device Information is not allowed unless cause code is MVA related.

6

Name of Data Element:	PROT_DEV_2
Priority:	Optional
Definition:	Safety Device Code
Code:	Numeric Entry
Length:	12
Data Items:	
1 None	4 Airbag
2 Seatbelt	5 Helmet
3 Child Seat	6 Other

Content: Indicates the type of safety device that may be available to the patient at the time the injury occurred.

Validations:
1. Invalid Safety devices will not be allowed.
2. Safety Device Information is not allowed unless cause code is MVA related.

Appendix A
Hospital/Facilities Numbers

HOSPITAL CODE	HOSPITAL NAME	HOSPITAL CODE	HOSPITAL NAME
000	UNK VIRGINIA HOSPITAL	068	CARILION ROANOKE MEMORIAL HOSPITAL
001	INOVA ALEXANDRIA HOSPITAL	074	SMYTH COUNTY COMMUNITY HOSPITAL
004	BATH COUNTY COMMUNITY HOSPITAL	079	TAZEWELL COMMUNITY HOSPITAL
005	BEDFORD MEMORIAL HOSPITAL	089	WINCHESTER MEDICAL CENTER
007	BUCHANAN GENERAL HOSPITAL	002	ALLEGHANY REGIONAL HOSPITAL
009	CJW MEDICAL CENTER, CHIPPENHAM CAMPUS	006	WELLMONT BRISTOL REGIONAL MEDICAL CENTER
010	DICKENSON COUNTY MEDICAL CENTER	014	CULPEPER REGIONAL HOSPITAL
012	CARILION ROANOKE COMMUNITY HOSPITAL	018	FRANKLIN MEMORIAL HOSPITAL
013	COMMUNITY MEMORIAL HEALTHCENTER	033	SENTARA LEIGH HOSPITAL
016	FAIRFAX HOSPITAL	037	OBICI HOSPITAL
017	FAUQUIER HOSPITAL	040	MARY IMMACULATE HOSPITAL
019	GILES MEMORIAL HOSPITAL	044	DANVILLE REGIONAL MEDICAL CENTER
021	HALIFAX REGIONAL HOSPITAL	049	NEWPORT NEWS GENERAL HOSPITAL
022	SENTARA HAMPTON GENERAL HOSPITAL	053	VENCOR HOSPITAL OF ARLINGTON
024	SENTARA BAYSIDE HOSPITAL	057	PORTSMOUTH GENERAL HOSPITAL
025	CLINCH VALLEY MEDICAL CENTER	064	RETREAT HOSPITAL
026	HEALTHSOUTH MEDICAL CENTER	069	ROCKINGHAM MEMORIAL HOSPITAL
029	JOHNSTON MEMORIAL HOSPITAL	073	SHENANDOAH MEMORIAL HOSPITAL
030	CJW MEDICAL CENTER, JW CAMPUS	080	RIVERSIDE TAPPAHANNOCK HOSPITAL
031	KING'S DAUGHTERS HOSPITAL	085	RIVERSIDE WALTER REED HOSPITAL
032	LEE COUNTY COMMUNITY HOSPITAL	091	WYTHE COUNTY COMMUNITY HOSPITAL
035	WELLMONT LONESOME PINE HOSPITAL	059	PRINCE WILLIAM HOSPITAL
036	LOUDOUN HOSPITAL CENTER	065	RICHMOND MEMORIAL HOSPITAL

HOSPITAL CODE	HOSPITAL NAME	HOSPITAL CODE	HOSPITAL NAME
038	LYNCHBURG GENERAL HOSPITAL	071	ST. MARY'S HOSPITAL - NORTON
039	MARTHA JEFFERSON HOSPITAL	077	STONEWALL JACKSON HOSPITAL
041	MARY WASHINGTON HOSPITAL	082	UNIVERSITY OF VIRGINIA MEDICAL CENTER
042	MARYVIEW MEDICAL CENTER	090	WISE APPALACHIAN REGIONAL HOSPITAL
045	MEMORIAL HOSPITAL OF MARTINSVILLE & HENRY COUNTY	103	MILITARY HOSPITAL
046	COLUMBIA MONTGOMERY REGIONAL HOSPITAL	105	RESIDENTIAL FACILITY
047	INOVA MOUNT VERNON HOSPITAL	108	OUTPATIENT REHAB
048	NATIONAL HOSPITAL MEDICAL CENTER	111	SPINAL CORD CENTER
050	NORFOLK COMMUNITY HOSPITAL	061	R. J. REYNOLDS-PATRICK COUNTY MEMORIAL HOSPITAL
052	NORTHAMPTON-ACCOMACK MEMORIAL HOSPITAL	095	RESTON HOSPITAL CENTER
054	NORTON COMMUNITY HOSPITAL	011	FAIR OAKS HOSPITAL
055	PAGE MEMORIAL HOSPITAL	023	HENRICO DOCTORS' HOSPITAL - FOREST
056	SOUTHSIDE REGIONAL MEDICAL CENTER	008	CHESAPEAKE GENERAL HOSPITAL
060	COLUMBIA PULASKI COMMUNITY HOSPITAL	015	DEPAUL HOSPITAL
063	RAPPAHANNOCK GENERAL HOSPITAL	020	GREENSVILLE MEMORIAL HOSPITAL
066	METROPOLITAN HOSPITAL, LP	027	JEFFERSON MEMORIAL HOSPITAL
067	RIVERSIDE REGIONAL MEDICAL CENTER	034	COLUMBIA LEWIS-GALE MEDICAL CENTER
070	RUSSELL COUNTY MEDICAL CENTER	043	MEDICAL COLLEGE OF VIRGINIA HOSPITALS
072	ST. MARY'S HOSPITAL - RICHMOND	051	SENTARA NORFOLK GENERAL HOSPITAL
075	SOUTHAMPTON MEMORIAL HOSPITAL	062	CARILION RADFORD COMMUNITY HOSPITAL
078	STUART CIRCLE HOSPITAL	076	SOUTHSIDE COMMUNITY HOSPITAL
081	TWIN COUNTY REGIONAL HOSPITAL	087	WAYNESBORO COMMUNITY HOSPITAL
083	VIRGINIA BAPTIST HOSPITAL	003	VIRGINIA HOSPITAL CENTER-ARLINGTON
086	WARREN MEMORIAL HOSPITAL	106	PSYCHIATRIC FACILITY
088	WILLIAMSBURG COMMUNITY HOSPITAL	058	POTOMAC HOSPITAL

HOSPITAL CODE	HOSPITAL NAME	HOSPITAL CODE	HOSPITAL NAME
092	AUGUSTA MEDICAL CENTER	084	VIRGINIA BEACH GENERAL HOSPITAL
094	CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS	028	JOHN RANDOLPH MEDICAL CENTER
098	WASHINGTON HOSPITAL CENTER - MEDSTAR	777	EMERGENCY MEDICAL SERVICES
099	PORTSMOUTH NAVAL HOSPITAL	096	RICHMOND COMMUNITY HOSPITAL
102	OUT OF STATE HOSPITAL	097	MEMORIAL REGIONAL MEDICAL CENTER
101	NURSING HOME FACILITY	100	CHILDREN'S NATIONAL MEDICAL CENTER, WASHINGTON D.C.
104	REHABILITATION HOSP	112	DIKENSON COMMUNITY HOSPITAL
107	VA HOSPITAL	113	MINOR CARE CENTER
109	BURN FACILITY	114	ST. FRANCIS MEDICAL CENTER
110	PEDIATRIC HOSPITAL		
999	OTHER & NA		

Appendix B
E Code Places

E Code Place	Description
849.0	Place of occurrence, Home
849.1	Place of occurrence, Farm
849.2	Place of occurrence, Mine And Quarry
849.3	Place of occurrence, Industrial Places And Premises
849.4	Place of occurrence, Place For Recreation And Sport
849.5	Place of occurrence, Street And Highway
849.6	Place of occurrence, Public Building
849.7	Place of occurrence, Residential Institution
849.8	Other specified place of occurrence
849.9	Unspecified place of occurrence

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Conversion Error Reports

The CONVERSION process loads the data in two stages.

Stage1: Conversion process loads the data from CSV files into the Staging Area, which is a temporary storage area, that supports the loading of clean data into the Trauma database. At this stage, conversion process rejects the records if:

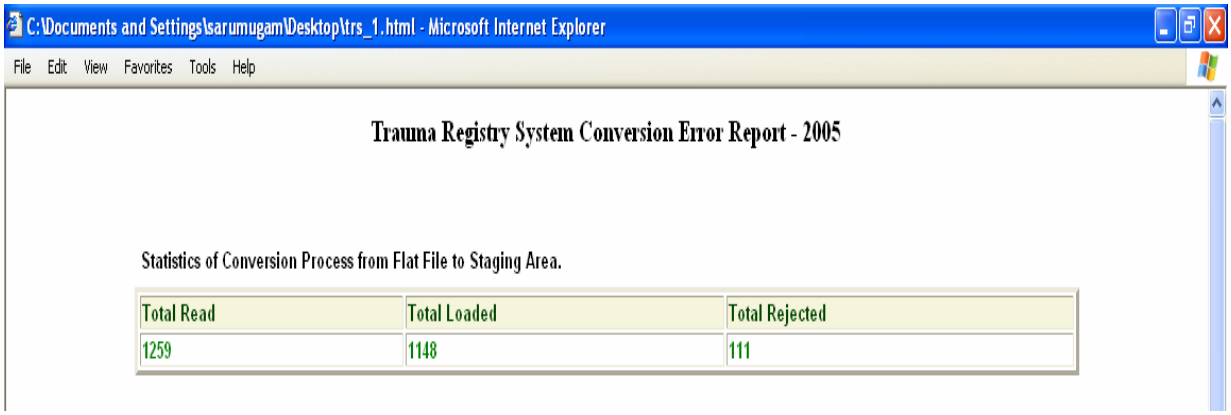
- The field values exceed the maximum length of the column.
- Institution Number [INST_NUM] or
  Medical Record Number [MED_REC] or
  Arrival Date [EDA_DATE] or
  Arrival Time [EDA_TIME] is blank.

Stage2: Conversion process loads the data from the Staging Area into the Final Area, i.e. Trauma database.

"Staging Area" Errors:

Statistics of Conversion Process from Flat File to Staging Area

This report lists all of the records rejected at the Staging Area.



Total Read	Total Loaded	Total Rejected
1259	1148	111

Total Read Indicates the number of records submitted in CSV file.
Total Loaded Indicates the number of records loaded into the Staging Area from CSV files.
Total Rejected Indicates the number of records rejected at the Staging Area.

Errors During Conversion Process from Flat File to Staging Area.

Errors during Conversion Process from Flat File to Staging Area

Line No	Error Record(s) INST_NUM, MED_REC, EDA_DATE, EDA_TIME	Error
File Name : adm_123_01012005_12312005.csv		Count : 111
17	123,123456,2/23/2005,,,,,,,,,,	*No EDA_TIME*
61	123,123457,2/25/2005,,1,1,,,5,1	*No EDA_TIME*
213	123,123458,1/18/2005,,,,,,83,,	*No EDA_TIME*
355	123,123459,7/31/2005,,,,,,,,,,	*No EDA_TIME*
364	123,123460,8/10/2005,,,,,,,,,,	*No EDA_TIME*
623	123,123469,9/15/2005,,,,,,BEDFO	*No EDA_TIME**REF_HOSP*BEDFORD MEMORIAL
963	123,123470,2/2/2005,,,1,,,Bedfo	*No EDA_TIME**REF_HOSP*Bedford Hospital
1022	123,123471,1/24/2005,,1,,200543	*No EDA_TIME**REF_HOSP*Bedford Hospital
1093	123,123472,9/10/2005,,1,,,,,VA	*No EDA_TIME**TRANS_TO_H*VA HOSPITAL
1193	123,123473,8/12/2005,,1,,,,,VBH	*No EDA_TIME**TRANS_TO_H*VBH ACUTE REHAB

Line No	Indicates the line numbers in CSV file.
Error Record(s)	Indicates the first 30 characters of the error record in CSV file.
Error	Indicates the type of Error. *No EDA_TIME* - indicates that the arrival time is blank. *REF_HOSP*BEDFORD MEDMORIAL – Indicates that the Referring hospital value is too long.
File Name	Indicates the CSV file name.
Count	Indicates the total number of records rejected in CSV file.

Conversion Error Report

Statistics of Conversion Process from Staging Area to Final Area

Statistics of Conversion Process from Staging Area to Final Area.

Total Read	Total Good	Total Bad
1148	1016	132

NOTE :
2 Duplicate Medical Record(s) were Removed.
98 Medical Record(s) were Discarded, because of invalid dignosis details or no diagnosis details. Please Click here to view the discarded medical records.

Total Read	Indicates the number of records present in the Staging Area.
Total Good	Indicates the number of records loaded into the Final Area.
Total Bad	Indicates the number of rejected records at the Final Area. This count

	includes the discarded medical records due to NO diagnosis details or invalid diagnosis details.
NOTE	Indicates: 1. The number of duplicate records, with same Institution Number, Medical Record, Arrival Date and Arrival time, were removed during conversion process. 2. Discarded medical records, because of invalid diagnosis details or no diagnosis details.

Discarded Medical Records, because of invalid diagnosis details or no diagnosis details.

C:\Documents and Settings\sarumugam\Desktop\trs_3.html - Microsoft Internet Explorer

File Edit View Favorites Tools Help

List of Discarded Medical Records - 2005

Discarded Medical Records, because of invalid diagnosis details or no diagnosis details.

Medical Record Number	Arrival Date	Arrival Time	Reason for Rejection
123147	01/16/2005	16:25	No diagnosis details
123167	05/03/2005	11:55	No diagnosis details
123189	03/24/2005	12:55	No diagnosis details
123234	12/21/2005	15:30	No diagnosis details
123247	10/31/2005	07:56	Invalid diagnosis details - 922.10,920.00,923.00
123276	11/17/2005	19:10	Invalid diagnosis details - 923.03,924.00
123345	12/05/2005	20:08	Invalid diagnosis details - 920.00
123365	12/08/2005	07:40	Invalid diagnosis details - 924.01
123385	02/17/2005	23:40	Invalid diagnosis details - 920.00,924.00

This report lists the discarded medical records and the reason for the rejection.

Statistics of Invalid Diagnosis Codes

Statistics of Invalid Diagnosis Codes.

Diagnosis Code	Total Rejected
Cardiac arrest (427.5)	0
Complications of surgical and medical care (996 - 999.99)	0
Effects of foreign body entering through orifice (930 - 939.99)	0
Late effects of injuries (905 - 909.99)	1
Superficial injury and contusion (910 - 924.99)	503

NOTE :
Conversion process discards only the invalid Diagnosis Codes present in the medical record.
Conversion process discards the entire medical record if all of the Diagnosis Codes are invalid.

This part of the report shows the statistics of Invalid (Trauma) Diagnosis Codes. Hospitals are not required to report these codes to Trauma Registry.

Conversion Error Report by Error Message.

Conversion Error Report by Error Message.

Last Name	First Name	Medical Record Number	Arrival Date	Arrival Time
Error: Duplicate Social Security Number with Client ID 1111111				*Count : 1*
LUCAS	JENNINGS	123456	10/06/2005	12:27
Error: Medical Records with same Inst_num, Med_rec, Eda_date and Eda_time. [Duplicate]				*Count : 2*
SALDANA	PATRICK	124354	01/12/2005	01:59
GRANT	ANN	127295	12/09/2005	00:50
Error: No OEMS Hospital exists that corresponds to the Receiving Hospital AVANTE				*Count : 1*
MARY	BROTHERS	123478	04/22/2005	11:18
Error: No OEMS Hospital exists that corresponds to the Receiving Hospital VBH				*Count : 1*
CALDWELL	TIFFANY	123490	01/17/2005	01:46
Error: Patients Transferring Prior to Admission Must Have Length of Stay of One				*Count : 1*
BROWN	TONYA	123493	11/16/2005	21:30
Error: The Admission Status is Required				*Count : 1*
LUPER	LULA	123589	07/17/2005	16:55
Error: This Medical Record Number is already recorded for another patient in this hospital				*Count : 2*
GIBBS	JOHN	123547	09/30/2005	11:23
WHITE	ANNE	123765	12/12/2005	12:29

This report displays all of the records rejected at the Final Area with an Error Message.

List of Error Messages due to Bad Data

Sr.#	Error Description
Admission Details	
1.	The Arrival Date is Required.
2.	The Arrival Time is Required.
3.	Arrival Date-Time Must be Greater than Injury Date-Time.
4.	Dates Indicate an Overlap in Admissions for This Client.
5.	Hospital Transferred To is Required for Transferred Patients
6.	Transport Mode to Receiving Hospital is Required for Transferred Patients.
7.	Transporting Agency is Invalid. Agency is Inactive.
8.	No OEMS Hospital exists that corresponds to the Transferring Hospital.
9.	Transferring Hospital May Not be the Same as Current Hospital.
10.	No OEMS Hospital exists that corresponds to the Receiving Hospital.
11.	Receiving Hospital may not be the same as Current Hospital.
12.	Patients Dying Prior to Admission Must Have Length of Stay of Zero.
13.	Patients Transferring Prior to Admission Must Have Length of Stay of One.
14.	Patients seen in ER Only Must Have Length of Stay of Zero.
15.	The Outcome is Required.
16.	The Outcome supplied is Unknown. Recheck Valid codes.
17.	The Discharge Date is Required.
18.	Discharge Date Must be Greater than or Equal to Arrival Date.
19.	Discharge Time Required for Dead/Transferred Patients.
20.	Discharge Date-Time Must be Greater than or Equal to Arrival Date-Time.
21.	The Admission Status is Required.
22.	The Admission Status supplied is Unknown. Recheck Valid codes.
23.	The Payor Source supplied is Unknown.
24.	Either Birth Date or Age is Required.
25.	Invalid Residential FIPS Code Scene.
26	Invalid <Injury> FIPS Code Scene.
27.	Invalid E Code Place.
28.	An E Code must be supplied.
29.	Supplied E Code is not Valid.
30.	Duplicate Social Security Number with Client ID Cause: Trauma Registry may already have another client with the same SSN (or) any one of the supplied demographic information for the patient does NOT match the existing record in the registry. Where demographic information may be: • Last Name

	• First Name • Date of Birth • Sex • Race Code
31.	Patient Last Name must be supplied.
32.	Patient First Name must be supplied.
33.	Record Exists with Prior Admission and Outcome of Deceased. Indicates that the patient has a medical record with (1) an earlier admission date/time and (2) outcome listed as "expired." System does not allow the records with admission date/time that is later than the expiry date.
34.	No OEMS Agency exists that corresponds to the Pre-hospital Transporting Agency.
35.	Injury Date should be Less than or Equal to Today's Date.
36.	Arrival Date should be Less than or Equal to Today's Date.
37.	Discharge Date should be Less than or Equal to Today's Date.
38.	Date of Birth should be Less than or Equal to Today's Date.
39.	Year of Birth should be between 1850 and Current Year.
40.	Date of Birth should be Less than Injury Date/Arrival Date/Discharge Date.
41.	Invalid Value For Receiving Hospital.
42.	Duplicate Admission Record. Indicates that the patient already has a medical record with the same Arrival Date/Time in this hospital.
43.	This Medical Record Number is already recorded for another patient in this hospital. Trauma Registry may already have another patient with the same Medical Record in this hospital (or) any one of the supplied demographic information of the patient does not match the existing record in the registry. Where demographic information may be: • Last Name • First Name • Date of Birth • Sex • Race Code
44.	Medical Records with same Inst_num, Med_rec, Eda_date, Eda_time.
Diagnosis Details	
45.	Invalid Trauma Diagnosis Code.
46.	Diagnosis Codes Exist for LOC Yes and LOC No. Cannot be both. Recheck Codes

Organ Details	
47.	Organ Code is Unknown. Recheck Valid codes.
48.	Organ Donor Data Accepted Only for Dead Patients.
Safety Device Details	
49.	Safety Device Code is Unknown. Recheck Valid codes.

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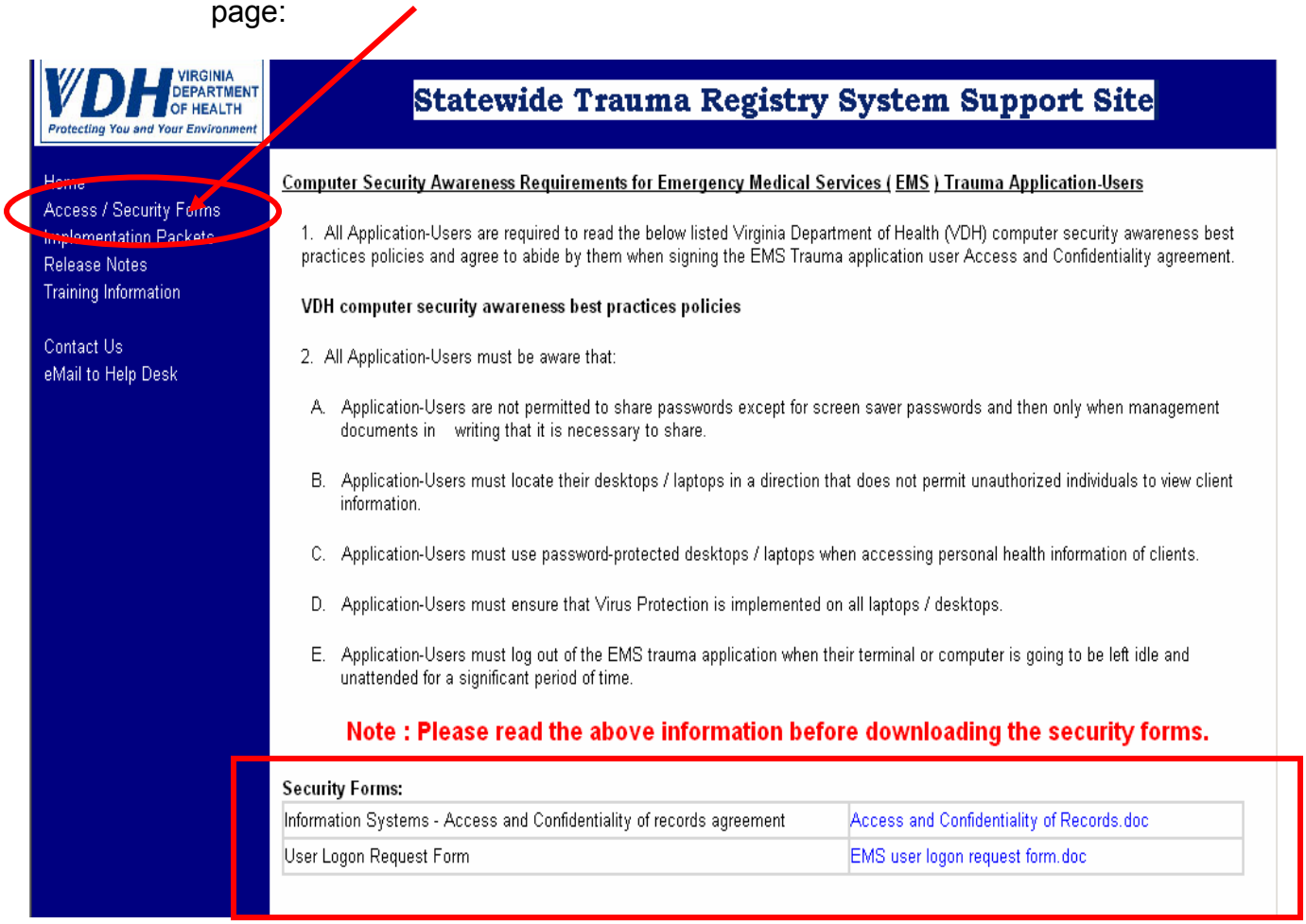
- **About UPLOADING Files: Access / Security Forms Required to Use the EMS Trauma Registry Web Application**

This section of the manual will provide information about the SECURITY FORMS which must be completed by each individual who will have access to the system to allow them to UPLOAD the files, as well as describe the specific ROLES required, to perform the functions and tasks assigned to each user.

1. Login to **STATEWIDE TRAUMA REGISTRY SYSTEM SUPPORT SITE** at **https://vdhems.vdh.virginia.gov/support/** and then click on the "**ACCESS / SECURITY FORMS" link in the blue sidebar** to retrieve the following web page:



The TWO SECURITY FORMS seen in the box above must be completed by each individual prior to their being permitted access to the system.

2. Click on each SECURITY FORM'S link to download a printable copy of each document . Samples of each document are provided in the following pages.

Commonwealth of Virginia
Department of Health
Emergency Medical Services Trauma

Information Systems Security Access Agreement

As a user of the Department of Health (VDH) Emergency Medical Services Trauma (EMS) information system, I understand and agree to abide by the VDH EMS trauma information system Security Policy and the following terms which govern my access to and use of the information and computer services of VDH.

Access has been granted to me by VDH as a necessary privilege in order to perform my authorized job functions as for VDH. Passwords and logon IDs should not be shared. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform my authorized employment functions. I agree to change passwords immediately if they are compromised. I will not incorporate passwords into any signon software.

If, due to my authorized job functions, I require access to information on VDH information systems which is not owned by my organization, I must obtain authorized access to that information from the information owner and present access documentation to the VDH Office of Information Management.

I will not disclose any confidential, restricted or sensitive data to unauthorized persons. I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so, and I will not use access mechanisms which have not been expressly assigned to me. I will not use VDH systems for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues.

Having read the information contained within the security section of the VDH EMS trauma information systems support Web site, I certify that I have received EMS Security Awareness training and understand my security responsibilities as a user of the Department of Health (VDH) EMS trauma information system.

If I observe incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the my organization's contact person for the VDH EMS trauma information system.

I give consent to the monitoring of my activities on the VDH EMS trauma information system.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to same. I further acknowledge that any infractions of this agreement will result in disciplinary action including but not limited to the termination of my access privileges.

_____	_____
System User/Consultant Name (Print)	Date of Signature
_____	_____
System User/Consultant Signature	Organization Name

VDH Emergency Medical Services Trauma Security Agreement Form
April, 22, 2004

EMS User Logon Request Form

NAME: Last _____ First _____ Middle _____

User ID: _____ **Phone#:** _____ **Email:** _____

Hospital Name: _____ _____ **Working Title**: _____ **Date**: _____

	Role Name	Description of Job Function
	EMS_Agency_Maintenance	This role is designed to Insert, Update, Delete and View the Agency Codes Table data. The intended user would be the central office user responsible for maintaining the Agency Code Table.
	EMS_Audit_Access	This role is for audit purpose on the entire system except load program screens. This role has view privileges on all the screens except data load screens.
	EMS_Code_Maintenance	This role gives the user ability to Insert, Update, Delete and View the code tables (except Agency Codes). The intended users would be the central office users responsible for maintaining the code table data.
	EMS_Data_access	This role is designed to view the data from the SQL and other applications. The intended users would be the central office users responsible for analyzing the data.
	EMS_Data_Load	This role is for Uploading, Downloading and Removing the hospital data files [Comma Delimited Files]. This role is also for Reverting the load process. The intended users would be the central office users responsible for entire uploading process of all hospitals data.
	EMS_Hospital_Access	This role gives insert, update, view and delete privileges on the entire application with exception to security and code table screens. The intended users would be the hospital users responsible for entering the data into application, users with this role can insert, update, view and delete only the data related to their assigned hospital records.
	EMS_Hospital_Load	This role is for Uploading the hospital data files [Comma Delimited Files] to table. The intended users would be the hospital users responsible for uploading the data files, users with this role can upload data files related to their assigned hospitals.
	EMS_Reports_Access	This role is designed to run various reports in the system. The intended users would be the central office users as well as Hospital Users who wants to run reports.
	EMS_Security_Admin	This role is for creating and maintaining the Users, User Roles and User Hospitals in EMS system. It also has privileges to reset user password also.
	EMS_System_Access	This role is the most powerful role and it gives insert, update, view and delete privileges on the entire application except security screens, user with this role can view the security screens. The intended users would be the central office users who will be responsible for trouble shooting the problems in the whole application.
	EMS_View_Access	This role is designed to view the data of the whole application with exception of security screens. The intended users would be the central office users responsible for auditing all hospitals data.
	EMS_View_Load	This role is for Uploading and Viewing the hospital data files [Comma Delimited Files]. The intended users would be the central office users responsible for uploading and Viewing all hospitals data.

The user agrees to keep the access information like logon-id and password to the Trauma Registry confidential. Hospitals are required to report with in one week from the termination of an employee to OIM for terminating the EMS application user account.

SIGNATURES:

Employee/Contractor: _____ Date: _____

Supervisor/Manager/Program Director (Hospital): _____ Date: _____

Office of Emergency Medical Services: _____ Date: _____

❖ **IMPORTANT NOTES Regarding ROLES (especially those highlighted in the previous view):**

- **EMS_Hospital_Load** role MUST be assigned to an individual using the EMS Trauma Registry: This role is for Uploading the hospital data files [Comma Delimited Files] to table. The intended users would be the hospital users responsible for uploading the data files, users with this role can upload data files related to their assigned hospitals.

- **EMS_Reports_Access** role is OPTIONAL for an EMS Trauma Registry user. This role is designed to run various reports in the system. The intended users would be the central office users as well as Hospital Users who wants to run reports.

- **EMS_View_Access** role is OPTIONAL for an EMS Trauma Registry user. This role is designed to view the data of the whole application with exception of security screens. The intended users would be the central office users responsible for auditing all hospitals data.

3. After completing BOTH of these SECURITY / ACCESS FORMS, they should be FAXED to the OIM_WebAppsHelp Desk at 804-864-7155.

4. Upon approval by EMS Trauma Registry officials, the individual will be provided with their LOGIN and TEMPORARY password (user will need to change their password to a unique password the first time they log-in to the system).

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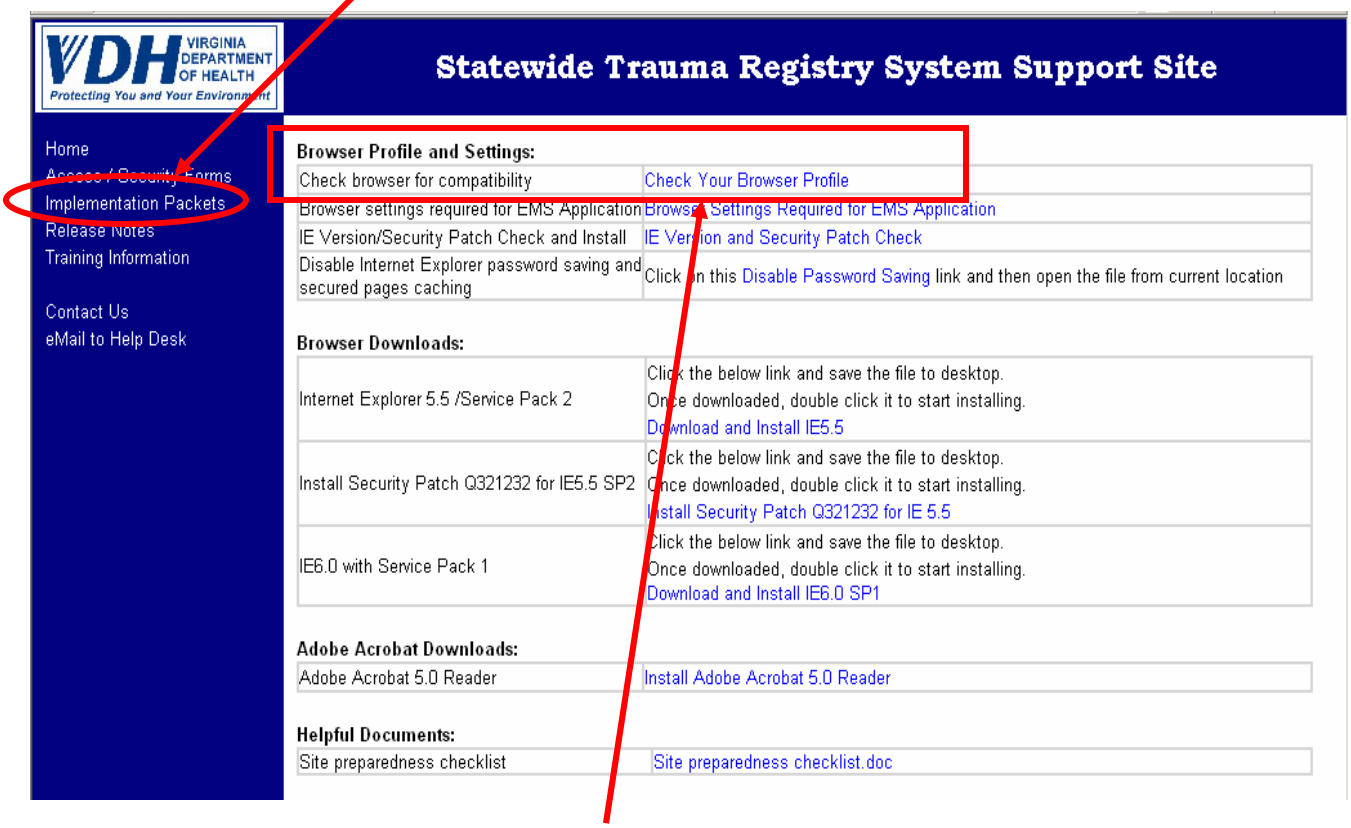
- **Upgrade the PCs used for the file submission with the required versions of Internet Explorer and Adobe Reader**

To upgrade your computer with Internet Explorer and Adobe Reader you can go to the following web site and download the current versions.

Just login to the **STATEWIDE TRAUMA REGISTRY SYSTEM SUPPORT SITE** at **https://vdhems.vdh.virginia.gov/support/** and then click on the "**IMPLEMENTATION PACKETS" link in the blue sidebar** to retrieve the following web page:



Click on the **"CHECK YOUR BROWSER PROFILE" link** to perform the upgrades.

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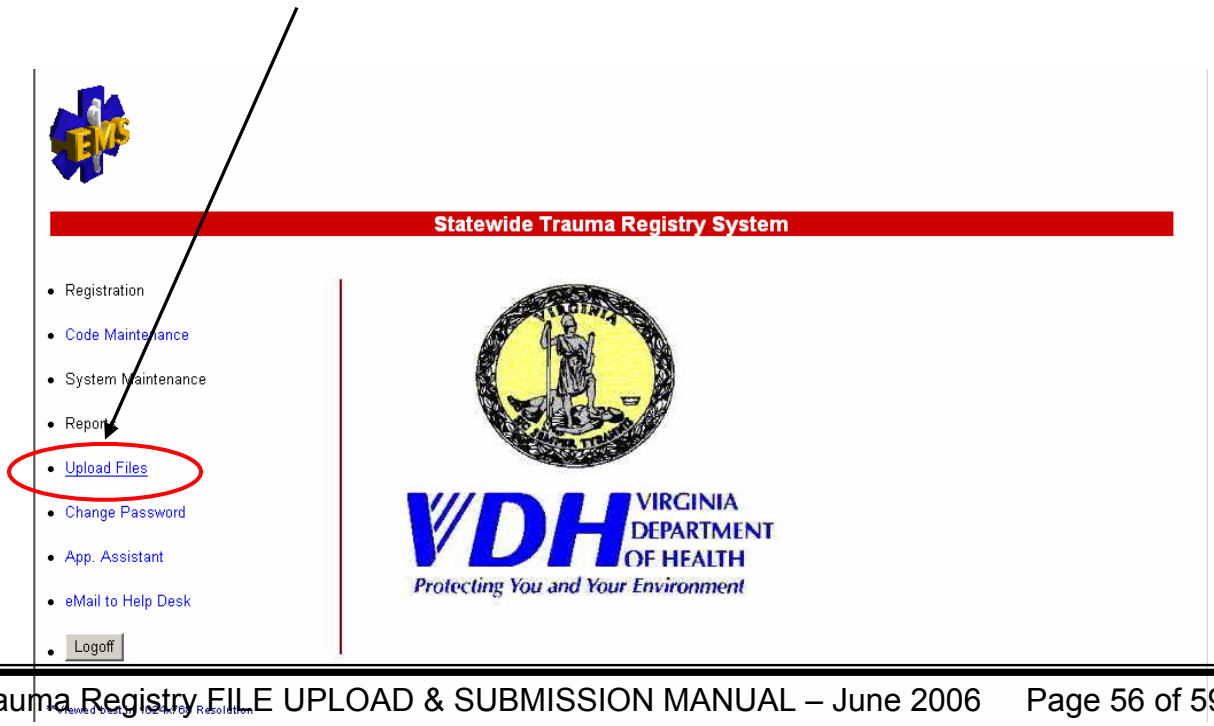
- ## How to Upload the Files

This section of the manual will detail how to retrieve and UPLOAD files from the user's hardrive into the EMS Trauma Registry system.

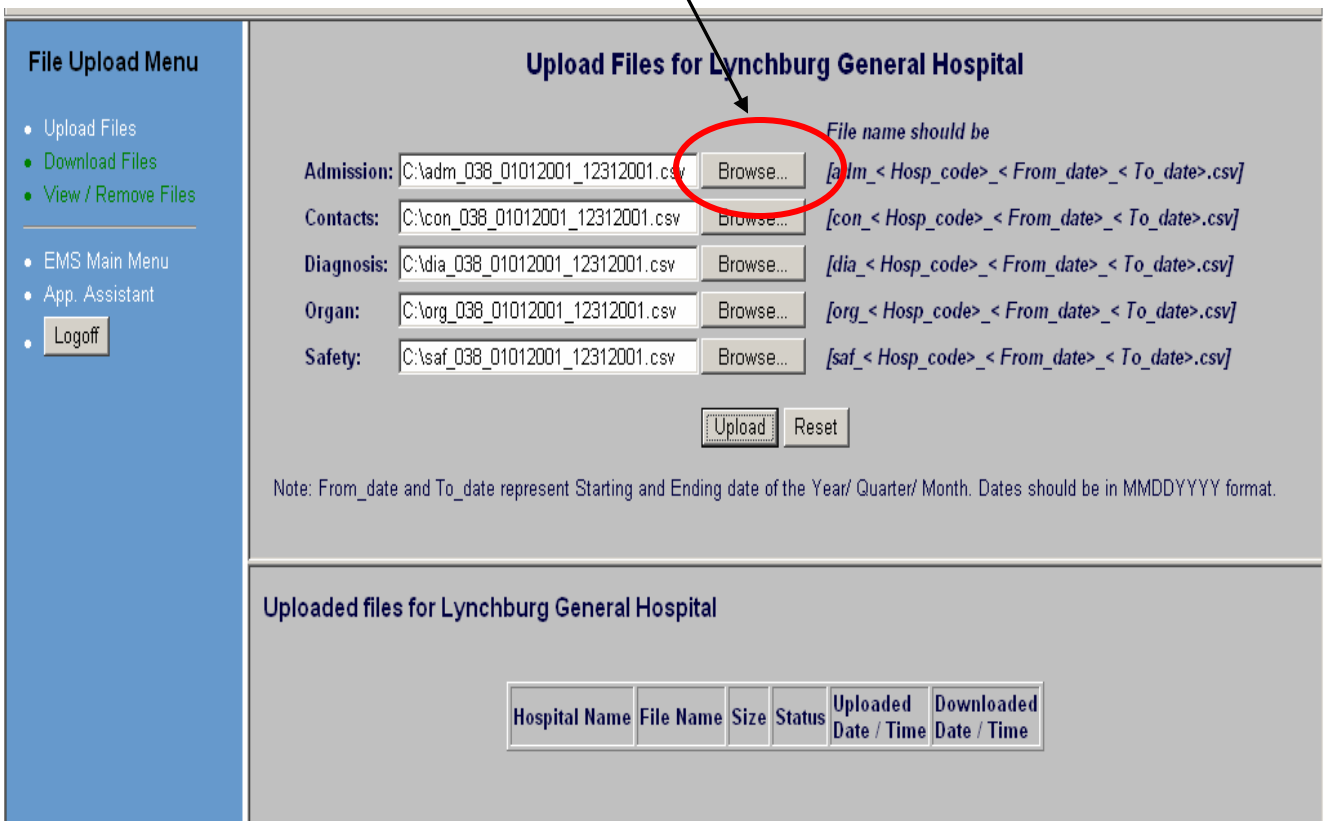
Trauma Registry Data File – Upload Process

1. Login to **EMS** application at **https://vdhems.vdh.virginia.gov**

2. Click on **[Upload Files]** link to navigate to the upload screen:



3. Input the file names or click on **[Browse]** button to select the correct files.



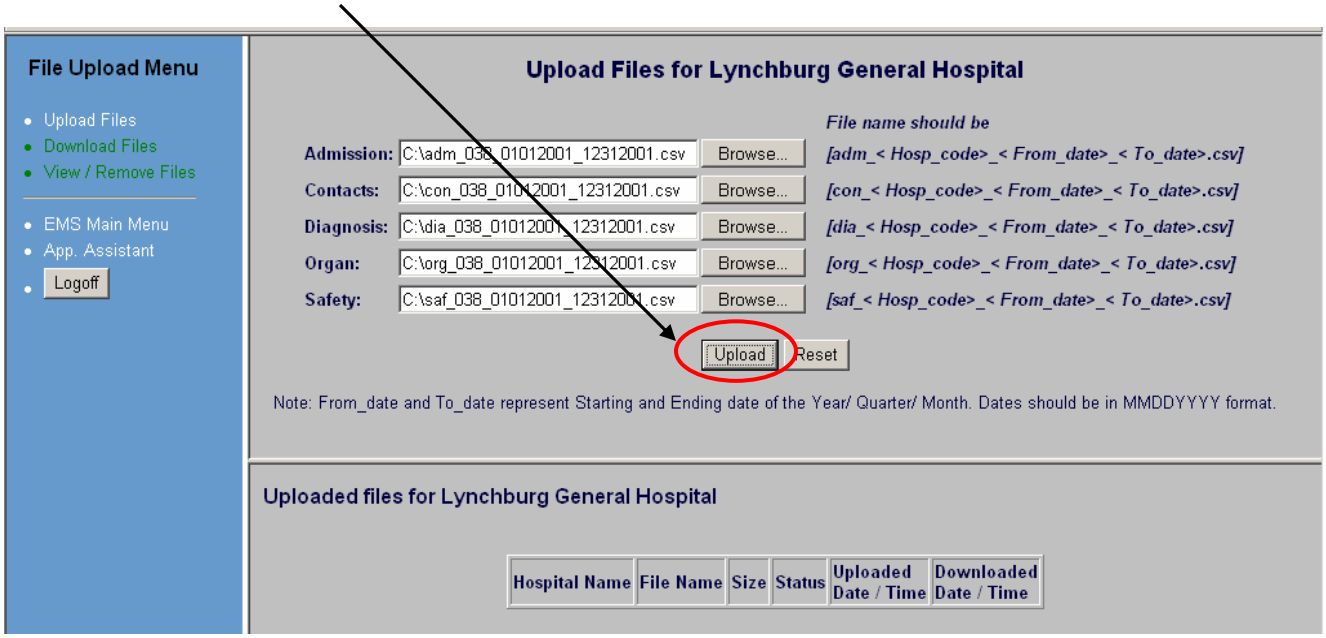
File Names should be in the following format:

Files		**Format**
Admission Details	:	<adm>_<Hospital Code>_<From Date>_<To Date>.CSV
Contact Details	:	<con>_<Hospital Code>_<From Date>_<To Date>.CSV
Diagnosis Details	:	<dia>_<Hospital Code>_<From Date>_<To Date>.CSV
Organ Details	:	<org>_<Hospital Code>_<From Date>_<To Date>.CSV
Safety Device Details	:	<saf>_<Hospital Code>_<From Date>_<To Date>.CSV

Where

Hospital Code - Hospital code, the current user belongs to.
From Date - Starting date of the Year/ Quarter/ Month [MMDDYYYY Format].
End Date - Ending date of the Year/ Quarter/ Month [MMDDYYYY Format].
CSV - User can upload only Comma Delimited Files [CSV Files].

4. Click on **[Upload]** button to submit the files.



5. When the upload is successful, the system will show the uploaded files' information at bottom of the screen:

If you encounter any problems with/or during this uploading process and submission of files, please contact the OIM_WebAppsHelp Desk by sending an e-mail to:

OIM_WebAppsHelp@vdh.virginia.gov

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