

Please complete one survey for each TCD designation you have in your facility. There would be a maximum of three surveys completed if your facility was designated as a trauma, stroke and STEMI center. This is the TRAUMA survey.

1. Contact Information

Hospital

Name of Person
Completing Survey

Email

2. Does your facility use the state registry for trauma or a national registry?

State

National

3. If national, which one?

4. Which survey program does your facility use to get your program designated by the state?

State

National

Both

5. If your program is nationally designated, which national program do you use?

6. Which data elements are essential to have in order to evaluate quality performance? Check all that apply.

Patient's home zip/postal code

Cerebral Vascular Accident (CVA)

Patient's home country

Chronic Obstructive Pulmonary Disease (COPD)

Patient's home state

Chronic Renal Failure

Patient's home country

Cirrhosis

Patient's home city

Congenital anomalies

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| <input type="checkbox"/> Alternate home residence | <input type="checkbox"/> Congestive heart failure (CHF) |
| <input type="checkbox"/> Date of birth | <input type="checkbox"/> Current smoker |
| <input type="checkbox"/> Age | <input type="checkbox"/> Currently receiving chemotherapy for cancer |
| <input type="checkbox"/> Age Units | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Race | <input type="checkbox"/> Diabetes mellitus |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Disseminated cancer |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Functionally dependent health status |
| <input type="checkbox"/> Injury incident date | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Injury incident time | <input type="checkbox"/> Mental/personality disorders |
| <input type="checkbox"/> Work-related | <input type="checkbox"/> Myocardial Infarction (MI) |
| <input type="checkbox"/> Patient's occupational industry | <input type="checkbox"/> Peripheral Arterial Disease (PAD) |
| <input type="checkbox"/> Patient's occupation | <input type="checkbox"/> Prematurity |
| <input type="checkbox"/> ICD-10 primary external cause code | <input type="checkbox"/> Steroid use |
| <input type="checkbox"/> ICD-10 place of occurrence external cause code | <input type="checkbox"/> Substance abuse disorder |
| <input type="checkbox"/> ICD-10 additional external cause code | <input type="checkbox"/> ICD-10 injury diagnoses |
| <input type="checkbox"/> Incident location zip/postal code | <input type="checkbox"/> AIS predot code |
| <input type="checkbox"/> Incident country | <input type="checkbox"/> AIS severity |
| <input type="checkbox"/> Incident state | <input type="checkbox"/> AIS version |
| <input type="checkbox"/> Incident county | <input type="checkbox"/> Acute kidney injury (AKI) |
| <input type="checkbox"/> Incident City | <input type="checkbox"/> Acute respiratory distress syndrome (ARDS) |
| <input type="checkbox"/> Protective devices | <input type="checkbox"/> Alcohol withdrawal syndrome |
| <input type="checkbox"/> Child specific restraint | <input type="checkbox"/> Cardiac arrest with CPR |
| <input type="checkbox"/> Airbag deployment | <input type="checkbox"/> Catheter-Associated urinary tract infection (CAUTI) |
| <input type="checkbox"/> Report of physical abuse | <input type="checkbox"/> Central line-associated blood stream infection (CLABSI) |
| <input type="checkbox"/> Investigation of physical abuse | <input type="checkbox"/> Deep surgical site infection |
| <input type="checkbox"/> Caregiver at discharge | <input type="checkbox"/> Deep vein thrombosis |
| <input type="checkbox"/> EMS dispatch date | <input type="checkbox"/> Extremity compartment syndrome |
| <input type="checkbox"/> EMS dispatch time | <input type="checkbox"/> Myocardial infarction (MI) |
| <input type="checkbox"/> EMS unit arrival date at scene or transferring facility | <input type="checkbox"/> Organ/space surgical site infection |
| <input type="checkbox"/> EMS unit arrival time at scene or transferring facility | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> EMS unit departure date from scene or transferring facility | <input type="checkbox"/> Pulmonary embolism (PE) |

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| <input type="checkbox"/> EMS unit departure time from scene or transferring facility | <input type="checkbox"/> Pressure ulcer |
| <input type="checkbox"/> Transport mode | <input type="checkbox"/> Severe sepsis |
| <input type="checkbox"/> Other transport mode | <input type="checkbox"/> Stroke/CVA |
| <input type="checkbox"/> Initial field systolic blood pressure | <input type="checkbox"/> Superficial incisional surgical site infection |
| <input type="checkbox"/> Initial field pulse rate | <input type="checkbox"/> Unplanned admission to ICU |
| <input type="checkbox"/> Initial field respiratory rate | <input type="checkbox"/> Unplanned intubation |
| <input type="checkbox"/> Initial field oxygen saturation | <input type="checkbox"/> Unplanned return to the operating room |
| <input type="checkbox"/> Initial field GCS - eye | <input type="checkbox"/> Ventilator-associated pneumonia (VAP) |
| <input type="checkbox"/> Initial field GCS - verbal | <input type="checkbox"/> Total ICU length of stay |
| <input type="checkbox"/> Initial field GCS - motor | <input type="checkbox"/> Total ventilator days |
| <input type="checkbox"/> Initial field GCS - total | <input type="checkbox"/> Hospital discharge date |
| <input type="checkbox"/> Initial field GCS 40 - eye | <input type="checkbox"/> Hospital discharge time |
| <input type="checkbox"/> Initial field GCS 40 - verbal | <input type="checkbox"/> Hospital discharge disposition |
| <input type="checkbox"/> Initial field GCS 40 - motor | <input type="checkbox"/> Primary method of payment |
| <input type="checkbox"/> Inter-facility transfer | <input type="checkbox"/> Highest GCS total |
| <input type="checkbox"/> Trauma center criteria | <input type="checkbox"/> Highest GCS motor |
| <input type="checkbox"/> Vehicular, pedestrian, other risk injury | <input type="checkbox"/> GCS assessment qualifier component of highest GCS total |
| <input type="checkbox"/> Pre-hospital cardiac arrest | <input type="checkbox"/> Highest GCS 40 - motor |
| <input type="checkbox"/> ED/hospital arrival date | <input type="checkbox"/> Initial ED/hospital pupillary response |
| <input type="checkbox"/> ED/hospital arrival time | <input type="checkbox"/> Midline shift |
| <input type="checkbox"/> Initial ED/hospital systolic blood pressure | <input type="checkbox"/> Cerebral monitor |
| <input type="checkbox"/> Initial ED/hospital pulse rate | <input type="checkbox"/> Cerebral monitor date |
| <input type="checkbox"/> Initial ED/hospital temperature | <input type="checkbox"/> Cerebral monitor time |
| <input type="checkbox"/> Initial ED/hospital respiratory rate | <input type="checkbox"/> Venous thromboembolism prophylaxis type |
| <input type="checkbox"/> Initial ED/hospital respiratory assistance | <input type="checkbox"/> Venous thromboembolism prophylaxis date |
| <input type="checkbox"/> Initial ED/hospital oxygen saturation | <input type="checkbox"/> Venous thromboembolism prophylaxis time |
| <input type="checkbox"/> Initial ED/hospital supplemental oxygen | <input type="checkbox"/> Transfusion blood (4 hours) |
| <input type="checkbox"/> Initial ED/hospital GCS - eye | <input type="checkbox"/> Transfusion blood measurement |
| <input type="checkbox"/> Initial ED/hospital GCS - verbal | <input type="checkbox"/> Transfusion blood conversion |
| <input type="checkbox"/> Initial ED/hospital GCS - motor | <input type="checkbox"/> Transfusion plasma (4 hours) |
| <input type="checkbox"/> Initial ED/hospital GCS - total | <input type="checkbox"/> Transfusion plasma measurement |

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| <input type="checkbox"/> Initial ED/hospital GCS assessment qualifiers | <input type="checkbox"/> Transfusion plasma conversion |
| <input type="checkbox"/> Initial ED/hospital GCS 40 - eye | <input type="checkbox"/> Transfusion platelets (4 hours) |
| <input type="checkbox"/> Initial ED/hospital GCS 40 - verbal | <input type="checkbox"/> Transfusion platelets measurement |
| <input type="checkbox"/> Initial ED/hospital GCS 40 - motor | <input type="checkbox"/> Transfusion platelets conversion |
| <input type="checkbox"/> Initial ED/hospital height | <input type="checkbox"/> Cryoprecipitate (4 hours) |
| <input type="checkbox"/> Initial ED/hospital weight | <input type="checkbox"/> Cryoprecipitate Measurement |
| <input type="checkbox"/> Drug screen | <input type="checkbox"/> Cryoprecipitate conversion |
| <input type="checkbox"/> Alcohol screen | <input type="checkbox"/> Lowest ED/hospital systolic blood pressure |
| <input type="checkbox"/> Alcohol screen results | <input type="checkbox"/> Angiography |
| <input type="checkbox"/> ED discharge disposition | <input type="checkbox"/> Embolization site |
| <input type="checkbox"/> Signs of life | <input type="checkbox"/> Angiography date |
| <input type="checkbox"/> ED discharge date | <input type="checkbox"/> Angiography time |
| <input type="checkbox"/> ED discharge time | <input type="checkbox"/> Surgery for hemorrhage control type |
| <input type="checkbox"/> ICD-10 hospital procedures | <input type="checkbox"/> Surgery for hemorrhage control date |
| <input type="checkbox"/> Hospital procedure start date | <input type="checkbox"/> Surgery for hemorrhage control time |
| <input type="checkbox"/> Hospital procedure start time | <input type="checkbox"/> Withdrawal of life supporting treatment |
| <input type="checkbox"/> Advanced directive limiting care | <input type="checkbox"/> Withdrawal of life supporting treatment date |
| <input type="checkbox"/> Alcohol use disorder | <input type="checkbox"/> Withdrawal of life supporting treatment time |
| <input type="checkbox"/> Angina pectoris | <input type="checkbox"/> Antibiotic therapy |
| <input type="checkbox"/> Anticoagulant therapy | <input type="checkbox"/> Antibiotic therapy date |
| <input type="checkbox"/> Attention deficit disorder/attention deficit hyperactivity disorder | <input type="checkbox"/> Antibiotic therapy time |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> National provider identification (optional) |

7. How do you currently loop other stakeholders into data outcomes to make quality changes?

- Quality meetings
- Routine reports
- Third Party (i.e. ESO)

8. If third party, which one?

9. Comments