

Hospital: Mandatory Fields to Report to the New Trauma Registry

1. TRAUMA REGISTRY NUMBER

Data Field Number: 1
Data Field Name: TRNO
Required/Optional: **Required**
Max. Length of Field: 7
Type of Field: Numerical
Value Range: 1 - 9999999

DEFN	Sequential unique number assigned by the registry software program or registrar.
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2. FACILITY NUMBER

Data Field Number: 6
Data Field Name: FACILNO
Required/Optional: **Required**
Max. Length of Field: 7
Type of Field: Numeric
Value Range: 0010001 - 2559999

DEFN	The seven digit numeric code assigned to YOUR hospital.
Values	Facility numbers are assigned by the Texas Department of Health. The list of facility numbers can be found in Appendix A.

3. PATIENT'S LAST NAME

Data Field Number: 2
Data Field Name: LNAME
Required/Optional: **Required**
Max. Length of Field: 20
Type of Field: Character
Value Range: None

DEFN	The patient's legal last name.
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4. PATIENT'S FIRST NAME

Data Field Number: 3
Data Field Name: FNAME
Required/Optional: **Required**
Max. Length of Field: 20
Type of Field: Character
Value Range: None

DEFN	The patient's legal first name.
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5. SEX

Data Field Number: 9
Data Field Name: SEX
Required/Optional: **Required**
Max. Length of Field: 1
Type of Field: Numeric
Value Range: 1-2

DEFN	The patient's gender at injury date. If patient is in middle of gender change, use original gender.
Values	1 = Male 2 = Female

6. DATE OF BIRTH

Data Field Number: 10, 11, 12
Data Field Name: MMOB, DDOB, YYOB
Required/Optional: **Required**
Max. Length of Field: 2, 2, 4
Type of Field: Numeric
Value Range: [01-12], [0-31], [1880 – present year]

DEFN	The patient's date of birth. Estimate, if necessary.
Values	Month of Birth (MMOB) 01 = January 07 = July 02 = February 08 = August 03 = March 09 = September 04 = April 10 = October 05 = May 11 = November 06 = June 12 = December Day of Birth (DDOB) 0 – 31 Year of Birth (YYOB) Use four-digit year of birth. For example, if the patient was born in 1980, the value would be 1980.

7. COUNTY OF RESIDENCE

Data Field Number: 20
Data Field Name: RESCNTY
Required/Optional: **Required**
Max. Length of Field: 3
Type of Field: Numeric
Value Range: 1-254, 801-858, 899, 999

DEFN	The county in which the patient resides.
Values	Each county in Texas is assigned a number 1 through 254. A county code is also assigned for each state and some countries. Use 999 for unknown county. See Appendix C for county code list. See Appendix D for Texas city-county list.

8. DATE OF ARRIVAL

Data Field Number: 22, 23, 24
 Data Field Name: MMARHOSP, DDARHOSP, YYARHOSP
 Required/Optional: **Required**
 Max. Length of Field: 2, 2, 4
 Type of Field: Numeric
 Value Range: [01-12], [01-31], [2000 – present year]

DEFN	The date in which the injured patient arrived at your hospital. Report information even if patient was a direct admission.												
Values	<p>Month of Arrival (MMARHOSP)</p> <table> <tr> <td>01 = January</td> <td>07 = July</td> </tr> <tr> <td>02 = February</td> <td>08 = August</td> </tr> <tr> <td>03 = March</td> <td>09 = September</td> </tr> <tr> <td>04 = April</td> <td>10 = October</td> </tr> <tr> <td>05 = May</td> <td>11 = November</td> </tr> <tr> <td>06 = June</td> <td>12 = December</td> </tr> </table> <p>Day of Arrival (DDARHOSP) 0 – 31</p> <p>Year of Arrival (YYARHOSP) Use four-digit year of arrival. For example, if the patient arrived at your hospital in 2000, the value would be 2000.</p>	01 = January	07 = July	02 = February	08 = August	03 = March	09 = September	04 = April	10 = October	05 = May	11 = November	06 = June	12 = December
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9. PATIENT DISCHARGED TO

Data Field Number: 41
 Data Field Name: DISTIN
 Required/Optional: **Required**
 Max. Length of Field: 1
 Type of Field: Numeric
 Value Range: 1-9

DEFN	The place to which the patient was released when discharged from YOUR hospital.
Values	<p>1 = Home Patient's own home or significant other's home. Can include apartment, boarding house, farm house, home premises, house (residential), non-institutional place of residence, or retirement community.</p> <p>2 = Acute care facility</p> <p>3 = Rehabilitation facility Transferred to a licensed rehabilitation facility</p> <p>4 = Nursing home / SNF / ICF Skilled nursing facility or intermediate care facility. (Includes transfer to a SNF for rehabilitation purposes).</p> <p>5 = Residential facility children's home, dormitory, hospice, jail, old people's home, orphanage, prison, reform school, shelter, protective services, psychiatric hospital, foster care</p> <p>6 = Left AMA/ Eloped (Left prior to medical discharge)</p> <p>7 = Other</p> <p>8 = Morgue/funeral home</p> <p>9 = Unknown destination</p>

10. PATIENT DISCHARGED TO FACILITY NUMBER

(If DISTIN = 2 or DISTIN = 3)

Data Field Number: 48
 Data Field Name: DISFAC
 Required/Optional: **Required – Conditional***
 Max. Length of Field: 7
 Type of Field: Numeric
 Value Range: 0010001-2549999, 8010000-8990000, 9999999

DEFN	The seven digit numeric code assigned to the facility to which your hospital transferred the patient.
Values	<p>Facility numbers are assigned by the Texas Department of Health. The list of facility numbers can be found in Appendix A.</p> <p>*This field is conditional. Complete only if patient was discharged to another acute care facility or a rehabilitation facility (i.e., if field #41 Patient Discharged To is equal to 2 – acute care facility or 3 – rehabilitation facility). Leave blank if patient was not discharged to another acute care facility or rehabilitation facility. Note: Some rehabilitation facilities do not have an assigned facility number at this time.</p>

11. IS THIS A TRANSFER?

Data Field Number: 106
 Data Field Name: TRANSF
 Required/Optional: **Required**
 Max. Length of Field: 1
 Type of Field: Numeric
 Value Range: 1-2

DEFN	Hospital transfer applies to patients who are transferred from an initial acute care facility to your facility. A patient sent to your facility from a private doctor’s office, clinic, or stand-alone ambulatory surgery center is not a transfer.
Values	1 = Yes 2 = No

12. FIRST HOSPITAL NUMBER (If TRANSF =1)

Data Field Number: 107
 Data Field Name: HOSP1
 Required/Optional: **Required – Conditional***
 Max. Length of Field: 7
 Type of Field: Numeric
 Value Range: 0010001-2549999, 8010000-8990000, 9999999

DEFN	The seven digit numeric code assigned to the facility, which transferred the patient to your hospital.
Values	<p>Facility numbers are assigned by the Texas Department of Health. The list of facility numbers can be found in Appendix A .</p> <p>*This field is conditional. Complete only if the patient was transferred from another hospital to your hospital (i.e., if field #106 Is this a Transfer? is equal to 1- Yes). Leave blank if patient was not transferred from another hospital to your hospital.</p>