



Northwest Ohio Regional Trauma Registry
Data Request Form

Requestor's Name: Requestor's Workplace:

Requestor's Phone Number (include area code and extension where applicable) Date Required:

Work #: Pager #:

Fax #: Cell #:

E-mail address:

Specifications of Data Request:

Date Range: From through
(Earliest Available Data = January 1999)

Format for delivery of data to requestor: Excel Spreadsheet ASCII File Hard Copy (paper)

Data delivery mode: e-mail U.S. Post Fax Other Specify

Please describe your data request and how the data will be used. Use the following pages to indicate specific data elements you are requesting.

Multiple horizontal lines for describing the data request.

NOTE: There is an approval process for all requests from NORTR, and it is not a foregone conclusion that your request will be approved. The NORTR Board may approve your request as submitted, may approve you request with modifications, or may reject your request outright. You will be notified of the Board's decision and can expect fulfillment of your request within three weeks of approval.

If you include data resulting from this request in any type of publication, we request that the Northwest Ohio Regional Trauma Registry be cited as the source of the data.

Northwest Ohio Regional Trauma Registry Data Elements

Please submit the completed 3-page request form to: Susan Murphy, Program Assistant, Northwest Ohio Regional Trauma Registry, HCNO, 3231 Central Park West Dr., Suite 200, Toledo, OH 43617.

When considering data, keep in mind that other information can be provided based on computations, e.g. Scene Time could be computed based on Scene Arrival Time/Date and Scene Departure Time/Date, and E.D. Length of Stay could be computed based on the same concept. Descriptive statistics, i.e., mean, median, mode, standard deviation, etc., can be provided for any numeric data element. Additional information can be extracted from the regional registry based on existing fields, e.g., injury e-codes can be used to indicate intentionality of an injury. That being said, don't assume you are limited strictly to the data elements listed. Use the 'Other' section for requesting data that is not included in the list of data elements.

Please indicate the data you are requesting by placing an 'X' in the corresponding box.

Northwest Ohio Regional Trauma Registry Data Elements

Regional Data

- Sex
- Race
- Injury Time
- Injury Date
- Age
- Age Units
- Residence Zip Code

Diagnoses Data

- ICD-9
- Diagnoses
- AIS Code (Abbreviated Injury Score)
- Region
- AIS
- AIS Version
- Default ISS (Injury Severity Score)

Procedure Data

- Code
- Episode
- Location
- ICD-9
- Start Time
- Start Date
- Vent Days

Event Data

- Cause Code
- Type of Trauma Injury
- Cause of Injury E
- Protective Devices
- Toxicology
- Mechanism of Injury (Cause)
- Injury Location (City)
- Injury County or State
- Place of Injury E
- Work Related Injury
- Extrication on Scene
- Pre-Existing Conditions (Co-Morbidity)
- Serum Alcohol - ETOH
- Was Patient Transferred
- Mode of Transport
- Time Departing From Referring Hospital
- Date Departing From Referring Hospital
- Notify (Dispatch) Time
- Notify (Dispatch) Date
- Time Arrived At Scene
- Date Arrived At Scene
- Time Leave Scene
- Date Leave Scene
- Interventions on Scene

EMS Scene Vitals

- Pulse Rate
- Respiratory Rate
- Systolic Blood Pressure
- Glasgow Eye Opening
- Glasgow Verbal Response
- Glasgow Motor Response
- Intubated
- Paralytics

Northwest Ohio Regional Trauma Registry Data Elements

Hospital Data

- ED Patient or Direct Admit
- Admit Service
- Arrival time at *Your* Hospital
- Date arrived at *Your* Hospital
- Time entered *Your* ED
- Date entered *Your* ED
- Time Discharged from *Your* ED
- Date Discharged from *Your* ED
- Inpatient Discharge or Death Time
- Inpatient Discharge or Death Date
- ED Disposition Code
- In-Patient Disposition
- Discharge Destination
- Outcome (Alive or Dead)
 - Death Time
 - Death Date
 - Donation Status
 - Organs Donated
- Discharge Status

Other

ED Procedures

- Chest Tube
- Fluids
- CPR
- Immobilization
- MAST Pants
- Thoracentis
- ED Computerized Tomography (CAT) of the Head
- Abdominal Evaluation in ED

ED Vitals

- Pulse Rate
- Respiratory Rate
- Systolic Blood Pressure
- Glasgow Eye Opening
- Glasgow Verbal Response
- Glasgow Motor Response
- Temperature
- Weight
- Unit
- Intubated
- Paralytics
- Total Hospital Days
- ICU Days
- Step-Down Days
- Complications
- Total Billed Charges
- DRG
- Payment Sources