2020 MTQIP Data Definitions

Key

Indicator	Meaning
Yellow Highlight	Variable name highlighted = new variable/definition Text body highlighted = localized change
Blue Text	Verbiage with variability compared to NTDS
~~Strike~~	Deleted verbiage
	Vendor flag

Data Definition Updates

Change Type – Content	
Rational – NTDS update	
2019	2020
PATIENT INCLUSION CRITERIA ***AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, T20-T28, T30-T-32 and T79.A1-T79.A9):*** • Hospital admission as defined by your trauma registry inclusion criteria; OR • Patient transfer via EMS transport (including air ambulance) from one hospital to another hospital; OR • Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status)	*Excerpt from full definition of changes.* **PATIENT INCLUSION CRITERIA** ***AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, T20-T28, T30-T32 and T79.A1-T79.A9):*** • Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status); **OR** • Patient transfer from one acute care hospital* to another acute care hospital; **OR** • Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention); **OR** • Patients who were an in-patient admission and/or observed *Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition). CMS Data Navigator Glossary of Terms Patients entered into the trauma registry will then be selected for analysis using TQIP and/or MTQIP inclusion and exclusion criteria. Def. Source: NTDS, page iv-v

Change Type – Content throughout dictionary	
Rational – NTDS update	
2019	2020
HIGHEST GCS 40 - MOTOR Highest GCS 40 motor within 24 hours of ED/Hospital arrival. • Refers to highest GCS 40 motor within 24 hours of arrival to index hospital, where index hospital is the hospital abstracting the data. • The null value "Not Applicable" is reported for patients that do not meet the collection criterion. • Requires review of all data sources to obtain the highest GCS motor 40 score within 24 hours of ED/Hospital arrival. • If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. (E.g. the chart indicates: "patient opened mouth and stuck out tongue when asked" for adult patient's, a Motor GCS 40 of 6 may be recorded, IF there is no other contradicting documentation.) • Report Field Value "0. Not Testable" if unable to assess (e.g. neuromuscular blockade). • The null value "Not Known/Not Recorded" is reported if Highest GCS – Motor is reported. (1) None (2) Extension (3) Abnormal Flexion (4) Normal Flexion (5) Localizing (6) Obeys Commands (0) Not Testable Collection Criterion: Collect on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s). Exclude injuries where the code itself is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.	**HIGHEST GCS 40 - MOTOR** Highest GCS 40 motor within 24 hours of ED/Hospital arrival. • Refers to highest GCS 40 motor within 24 hours of arrival to index hospital, where index hospital is the hospital abstracting the data. • The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. • Requires review of all data sources to obtain the highest GCS motor 40 score within 24 hours of ED/Hospital arrival. • If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. (E.g. the chart indicates: "patient opened mouth and stuck out tongue when asked" for adult patient's, a Motor GCS 40 of 6 may be recorded, IF there is no other contradicting documentation.) • Report Element Value "0. Not Testable" if unable to assess (e.g. neuromuscular blockade). • The null value "Not Known/Not Recorded" is reported if Highest GCS – Motor is reported. (1) None (2) Extension (3) Abnormal Flexion (4) Normal Flexion (5) Localizing (6) Obeys Commands (0) Not Testable Reporting Criterion: Collect on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s). Exclude injuries where the code itself is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.

Change Type – Single to multiple value entry.	
Rational – NTDS update	
Vendor Flag - Vendor management confirmation needed (1:1 vs. 1:M field)	
2019	2020
ALTERNATE HOME RESIDENCE Documentation of the type of patient without a home ZIP/Postal Code. (1) Homeless (2) Undocumented Citizen (3) Migrant Worker • Only reported when ZIP/Postal code is "Not Applicable." • Homeless is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters. • Undocumented Citizen is defined as a national of another country who has entered or stayed in another country without permission. • Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country. • The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is documented. Def. Source: NTDB Data Base Column Name: PAT_ADR_ALT Type of Field: Length: Report: #1	**ALTERNATE HOME RESIDENCE** Documentation of the type of patient without a home ZIP/Postal Code. (1) Homeless (2) Undocumented Citizen (3) Migrant Worker • Only reported when ZIP/Postal code is "Not Applicable." • Homeless is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters. • Undocumented Citizen is defined as a national of another country who has entered or stayed in another country without permission. • Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country. • The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is documented. • Report all that apply. Def. Source: NTDB Data Base Column Name: PAT_ADR_ALT1, PAT_ADR_ALT2, PAT_ADR_ALT3 Type of Field: Length: Report: #1

Change Type – Retired variable	
Rational – NTDS update	
Vendor Flag – Keep in reports for data submission lag	
2019	2020
REPORT OF PHYSICAL ABUSE A report of suspected physical abuse was made to law enforcement and/or protective services. • This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse as defined by state/local authorities. (1) Yes (2) No Def. Source: NTDB Data Base Column Name: INJ_ABUSE_RP_YN Type of Field: Length: Report: #1	

Change Type – Retired variable	
Rational – NTDS update	
Vendor Flag – Keep in reports for data submission lag	
2019	2020
INVESTIGATION OF PHYSICAL ABUSE An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse. • This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse as defined by state/local authorities. • Only report when Report of Physical Abuse is 1. Yes. • The null value "Not Applicable" should be reported for patients where Report of Physical Abuse is 2. No (1) Yes (2) No Def. Source: NTDB Data Base Column Name: INJ_ABUSE_INVST_YN Type of Field: Length:	

Change Type – Retired variable	
Rational – NTDS update	
Vendor Flag – Keep in reports for data submission lag	
2019	2020
CAREGIVER AT DISCHARGE The patient was discharged to a caregiver different than the caregiver at admission due to suspected physical abuse. • Only report when Report of Physical Abuse is 1. Yes. • Only report for minors as determined by state/local definition, excluding emancipated minors. • The null value "Not Applicable" should be reported for patients where Report of Physical Abuse is 2. No or where older than the state/local age definition of a minor. • The null value “Not Applicable” should be reported if the patient expires prior to discharge. (1) Yes (2) No Def. Source: NTDB Data Base Column Name: DIS_TO_ALT_CGVR_YN Type of Field: Length: Report: #1	

Change Type – Content	
Rational – NTDS update, MTQIP validation feedback	
2019	2020
ED DISCHARGE DISPOSITION The disposition of the patient at the time of discharge from the ED. • The null value "Not Applicable" is reported if the patient is directly admitted to the hospital. • If ED Discharge Disposition is 4, 5, 6, 9, 10, 11, then Hospital Discharge Date, Time, and Disposition should be "Not Applicable". • For patients who require Interventional Radiology in the radiology procedure suite, report the patient's disposition location following this procedure. • Reporting should indicate the actual care being delivered to the patient. • Example 1: The ICU provides floor, step-down, and ICU care. The patient is admitted to the ICU and the documentation indicates the patient is provided floor care. Report as floor. • Example 2: Floor beds can provide telemetry if patient need exists. The documentation indicates the patient receives telemetry monitoring on the floor. Report as telemetry. (1) Floor bed (general admission, non-specialty unit bed) (2) Observation unit ~~(unit that provides < 24-hour stays)~~ (3) Telemetry/step-down unit (less acuity than ICU) (4) Home with services (5) Died/Expired (6) Other (jail, institutional care, mental health, etc.) (7) Operating Room (8) Intensive Care Unit (ICU) (9) Home without services (10) Left against medical advice (11) Transferred to another hospital Def. Source: NTDS Data Base Column Name: ED_DISP, ED_DISP_AS_TEXT Type of Field: Character Length: 15 Report: #1	**ED DISCHARGE DISPOSITION** The care disposition the order was written for the patient to be discharged to from the ED. If disposition is OR, no order is required. • The null value "Not Applicable" is reported if the patient is directly admitted to the hospital. • If ED Discharge Disposition is 4, 5, 6, 9, 10, 11, then Hospital Discharge Date, Time, and Disposition should be "Not Applicable". • For patients who require Interventional Radiology in the radiology procedure suite, report the patient's disposition location following this procedure. • If multiple orders were written, report the actual care being delivered to the patient upon disposition from ED. • Reporting should indicate the actual and highest acuity care being delivered to the patient. • Example 1: The ICU provides floor, step-down, and ICU care. The patient is admitted to the ICU and the documentation indicates the patient is provided floor care. Report as floor. • Example 2: Floor beds can provide telemetry if patient need exists. The documentation indicates the patient receives telemetry monitoring on the floor. Report as telemetry (i.e., actual and highest acuity care). • Example 3: Patient goes from ED to OR for airway management to ED to ICU. Report the first disposition of OR. (1) Floor bed (general admission, non-specialty unit bed) (2) Observation unit (3) Telemetry/step-down unit (less acuity than ICU) (4) Home with services (5) Died/Expired (6) Other (jail, institutional care, mental health, etc.) (7) Operating Room (8) Intensive Care Unit (ICU) (9) Home without services (10) Left against medical advice (11) Transferred to another hospital Def. Source: NTDS Data Base Column Name: ED_DISP, ED_DISP_AS_TEXT Type of Field: Character Length: 15 Report: #1

Change Type – Retired variable	
Rational – NTDS update	
Vendor Flag – Keep in reports for data submission lag	
2019	2020
SIGNS OF LIFE Indication of whether patient arrived at ED/Hospital with signs of life. • A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress. (1) Arrived with NO signs of life (2) Arrived with signs of life Def. Source: NTDB Data Base Column Name: Type of Field: Length: Report: #1	

Change Type – Content	
Rational – NTDS update. Retention of MTQIP definition for historical trending and model stability.	
2019	2020
MENTAL/PERSONALITY DISORDER Documentation of the presence of pre-injury depressive disorder, bipolar disorder, schizophrenia, anxiety/panic disorder, borderline or antisocial personality disorder, and/or adjustment disorder/post-traumatic stress disorder. • ICD-9 CM Code Range: 295.00-297.9, 300.0-300.09,301.0-301.7, 301.83, 309.81,311, V11.0-V11.2, V11.4-V11.8 • ICD-10 CM Code Range: F20.0 – F29 (Schizophrenia and non-mood psychotic disorders) F30.0 – F39 (Mood [affective] disorders) F44.0 – F44.9 (Dissociative and conversion disorders) F60.0 (Paranoid personality disorder) F60.1 (Schizoid personality disorder) F60.2 (Anti-social personality disorder) F60.3 (Borderline personality disorder) F60.4 (Histrionic personality disorder) F60.5 (Obsessive-compulsive disorder) F60.7 (Dependent personality disorder) F43.10 – F43.12 (PTSD) Z86.51(PH of combat and operational stress reaction) Z86.59 (PH of other mental & behavioral disorders) Mental/Personality Disorder (NTDS 33) Def. Source: NTDS	**MENTAL/PERSONALITY DISORDER** Documentation of the presence of pre-injury depressive disorder, bipolar disorder, schizophrenia, anxiety/panic disorder, borderline or antisocial personality disorder, and/or adjustment disorder/post-traumatic stress disorder. The word “disorder” is not required to be present for capture. Example, if a provider documents that the patient has a history of “bipolar”, “anxiety”, or “depression” please capture as Mental/Personality Disorder. • ICD-9 CM Code Range: 295.00-297.9, 300.0-300.09,301.0-301.7, 301.83, 309.81,311, V11.0-V11.2, V11.4-V11.8 • ICD-10 CM Code Range: F20.0 – F29 (Schizophrenia and non-mood psychotic disorders) F30.0 – F39 (Mood [affective] disorders) F44.0 – F44.9 (Dissociative and conversion disorders) F60.0 (Paranoid personality disorder) F60.1 (Schizoid personality disorder) F60.2 (Anti-social personality disorder) F60.3 (Borderline personality disorder) F60.4 (Histrionic personality disorder) F60.5 (Obsessive-compulsive disorder) F60.7 (Dependent personality disorder) F43.10 – F43.12 (PTSD) Z86.51(PH of combat and operational stress reaction) Z86.59 (PH of other mental & behavioral disorders) Mental/Personality Disorder (NTDS 33) Def. Source: NTDS

Change Type – New variable and definition	
Rational – NTDS update	
Vendor Flag – New variable	
2019	2020
	PREGNANCY Pregnancy confirmed by lab, ultrasound, or other diagnostic tool OR diagnosis of pregnancy documented in the patient's medical record. Present prior to arrival at your center. Pregnancy (NTDS 38) Def. Source: NTDS

Change Type – Updated variable name and content	
Rational – NTDS update	
2019	2020
SUBSTANCE ABUSE DISORDER With particular attention to opioid, sedative, amphetamine, cocaine, diazepam, alprazolam, or lorazepam dependence. Include patients who have a positive drug screen for non-prescribed drug. Present prior to injury. Exclude prescribed medication use. Exclude medical marijuana as reported by patient or surrogate. ~~Exclude Tobacco Use Disorder and Alcohol Use Disorder.~~ Substance Abuse Disorder (NTDS 36) Def. Source: MTQIP	**SUBSTANCE USE DISORDER** Descriptors documented in the patient's medical record consistent with the diagnostic criteria of substance use disorders specifically cannabis, hallucinogens, inhalants, opioids, sedative/hypnotics, and stimulants (e.g., patient has a history of drug use; patient has a history of opioid use) OR diagnosis of any of the following documented in the patient's medical record. Present prior to arrival at your center. Include patients who have a positive drug screen for a non-prescribed drug. The word "disorder" is not required to be present for capture. • Cannabis Use Disorder; Other Cannabis-Induced Disorder; Unspecified Cannabis-Related Disorder • Phencyclidine Use Disorder; Other Hallucinogen Use Disorder; Hallucinogen Persisting Perception Disorder; Other Phencyclidine-Induced Disorder; Other Hallucinogen-Induced Disorder; Unspecified Phencyclidine-Related Disorder; Unspecified Hallucinogen-Related Disorder • Inhalant Use Disorder; Other Inhalant-Induced Disorder; Unspecified Inhalant-Related Disorder • Opioid Use Disorder; Other Opioid-Induced Disorder; Unspecified Opioid-Related Disorder Sedative, Hypnotic, or Anxiolytic Use Disorder; Other Sedative, Hypnotic, or Anxiolytic-Induced Disorder; Unspecified Sedative, Hypnotic, or Anxiolytic-Related Disorder • Stimulant Use Disorder; Other Stimulant-Induced Disorder; Unspecified Stimulant-Related Disorder Substance Abuse Disorder (NTDS 36) Def. Source: MTQIP

Change Type – Content	
Rational – NTDS update	
2019	2020
CARDIAC ARREST WITH CPR Cardiac arrest is the sudden cessation of cardiac activity after hospital arrival. The patient becomes unresponsive with no normal breathing and no signs of circulation. If corrective measures are not taken rapidly, this condition progresses to sudden death. Enter date and location of CPR or similar advanced measures e.g. open cardiac massage in the procedures section. EXCLUDE patients who are receiving CPR on arrival to your hospital. INCLUDE patients who have had an episode of cardiac arrest evaluated by hospital personnel and received compressions or defibrillation or cardioversion or cardiac pacing to restore circulation. Def. Source: NSQIP, NTDS Cardiac Arrest with CPR (NTDS 8)	**CARDIAC ARREST WITH CPR** Cardiac arrest is the sudden cessation of cardiac activity after hospital arrival. The patient becomes unresponsive with no normal breathing and no signs of circulation. If corrective measures are not taken rapidly, this condition progresses to sudden death. Enter date and location of CPR or similar advanced measures (e.g., open cardiac massage in the procedures section). • Must have occurred during the patient's initial stay at your hospital. • Cardiac arrest must be documented in the patient's medical record. • EXCLUDE patients whose ONLY episode of cardiac arrest with CPR was on arrival to your hospital. • INCLUDE patients who, after arrival at your hospital, had an episode of cardiac arrest evaluated by hospital personnel and received compressions or defibrillation or cardioversion or cardiac pacing to restore circulation. Def. Source: NTDS Cardiac Arrest with CPR (NTDS 8)

Change Type – New variable	
Rational – NTDS update	
Vendor Flag – New variable	
2019	2020
	DELIRIUM Acute onset of behaviors characterized by restlessness, delusions, and incoherence of thought and speech. Delirium can often be traced to one or more contributing factors, such as a severe or chronic medical illness, changes in your metabolic balance (e.g., low sodium), medication, infection, surgery, or drug withdrawal. OR Patient tests positive after using an objective screening tool like the Confusion Assessment Method (CAM) or the Intensive Care Delirium Screening Checklist (ICDSC). OR A diagnosis of delirium documented in the patient's medical record. • Must have occurred during the patient's initial stay at your hospital. • EXCLUDE patients whose delirium is due to alcohol withdrawal. Def. Source: NTDS Cardiac Arrest with Delirium (NTDS 39)

Change Type – Content	
Rational – NTDS update	
2019	2020
MYOCARDIAL INFARCTION An acute myocardial infarction (including NSTEMI type II) must be noted with documentation of any of the following: Documentation of ECG changes indicative of acute MI (one or more of the following three): 1. ST elevation >1 mm in two or more contiguous leads 2. New left bundle branch block 3. New q-wave in two or more contiguous leads OR New elevation in troponin greater than three times upper level of the reference range in the setting of suspected myocardial ischemia OR Physician diagnosis of myocardial infarction Def. Source: NSQIP, NTDS Myocardial Infarction (NTDS 18)	**MYOCARDIAL INFARCTION** An acute myocardial infarction (including NSTEMI type II) must be noted with documentation of an acute MI AND New elevation in troponin greater than three times the upper level of the reference range in the setting of suspected myocardial ischemia AND Physician diagnosis of an acute myocardial infarction that occurred subsequent to arrival at your center. Def. Source: NSQIP, NTDS Myocardial Infarction (NTDS 18)

Change Type – Updated variable name and content	
Rational – NTDS update	
Vendor Flag – Update variable name. Confirm NTDS code with vendors.	
2019	2020
UNPLANNED RETURN TO OR Unplanned return to the operating room after initial operation management for a similar or related previous procedure. Def. Source: NTDS Unplanned Return to OR (NTDS 30)	**UNPLANNED VISIT TO THE OPERATING ROOM** Patients with an unplanned operative procedure OR patients returned to the operating room after initial operation management of a related previous procedure. • Must have occurred during the patient's initial stay at your hospital. • EXCLUDE pre-planned, staged and/or procedures for incidental findings. • EXCLUDE operative management related to a procedure that was initially performed prior to arrival at your center. Def. Source: NTDS Unplanned Visit to OR (NTDS 40)

Change Type – Content	
Rational – NTDS update	
2019	2020
VENOUS THROMBOEMBOLISM PROPHYLAXIS DATE Date of administration to patient of first prophylactic dose of heparin or other anticoagulants at your hospital. • Collected as YYYY-MM-DD. • Refers to date upon which patient first received the prophylactic agent indicated in VTE Prophylaxis Type field. • The null value "Not Applicable" is reported if VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE = "5 None". Collection Criterion: Collect on all patients Def. Source: TQIP Data Base Column Name: MTQIP_VTE_PROP_DT Type of Field: Custom, Date Length: 8 Report: #1	**VENOUS THROMBOEMBOLISM PROPHYLAXIS DATE** Date of administration of first dose of VTE prophylaxis or treatment administered to patient at your hospital. • Collected as YYYY-MM-DD. • Refers to date upon which patient first received the prophylactic agent indicated in VTE Prophylaxis Type field. • The null value "Not Applicable" is reported if VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE = "5 None". Reporting Criterion: Collect on all patients Def. Source: TQIP Data Base Column Name: MTQIP_VTE_PROP_DT Type of Field: Custom, Date Length: 8 Report: #1

Change Type – Content	
Rational – NTDS update	
2019	2020
VENOUS THROMBOEMBOLISM PROPHYLAXIS TIME Time of administration to patient of first prophylactic dose of heparin or other anticoagulants at your hospital. • Collected as HH:MM military time. • Refers to time at which patient first received the prophylactic agent indicated in VTE TYPE field. • The null value "Not Applicable" is reported if VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE = "5 None". Collection Criterion: Collect on all patients Def. Source: TQIP Data Base Column Name: MTQIP_VTE_PROP_TM Type of Field: Custom, Character (Time Format) Length: 5 Report: #1	**VENOUS THROMBOEMBOLISM PROPHYLAXIS TIME** Time of administration of first dose of VTE prophylaxis or treatment administered to patient at your hospital. • Collected as HH:MM military time. • Refers to time at which patient first received the prophylactic agent indicated in VTE TYPE field. • The null value "Not Applicable" is reported if VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE = "5 None". Reporting Criterion: Collect on all patients Def. Source: TQIP Data Base Column Name: MTQIP_VTE_PROP_TM Type of Field: Custom, Character (Time Format) Length: 5 Report: #1

Change Type – Updated variable name and content	
Rational – NTDS update	
Vendor Flag – Update variable name	
2019	2020
TRANSFUSION BLOOD UNITS (0-4 HOURS) Enter the total number of units of packed red blood cells administered within first 4 hours after ED/hospital arrival. • Refers to amount of transfused packed red blood cells within first 4 hours after arrival to index hospital, where index hospital is the hospital abstracting the data. • 1 unit PRBC = 350 mL • Count all units spiked, hung and initiated, even if not completely given. ~~• For Cell Saver blood, every 500mL of blood re-infused into the patient will equal 1 unit of packed cells. If less than 250mL of Cell Saver blood is re-infused, enter 0.~~ ~~• For autotransfuser blood, add the total volume administered during the variable time period and divide in half. For autotransfuser, every 350 mL of blood re-infused into the patient will equal 1 unit of packed cells the other half should be accounted for in plasma volume. If less than 175 mL of autotransfuser blood is re-infused, enter 0.~~ • If no blood was given, then units reported should be 0 (zero). • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • If packed red blood cells are transfusing upon patient arrival, report as 1 unit. Collection Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_PR_BC_4 Type of Field: Custom, Numeric Length: 2 Report: #1	**PACKED RED BLOOD CELLS UNITS (0-4 HOURS)** Enter the total number of units of packed red blood cells administered within first 4 hours after ED/hospital arrival. • Refers to amount of transfused packed red blood cells within first 4 hours after arrival to your hospital. • 1 unit PRBC = 350 ml • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no packed red blood cells were given, then the units should be 0 (zero). • EXCLUDE packed red blood cells transfusing upon patient arrival. Reporting Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_PR_BC_4 Type of Field: Custom, Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – New variable	
Rational – NTDS update	
Vendor Flag – New variable	
2019	2020
	WHOLE BLOOD UNITS (0-4 HOURS) Enter the total number of units of whole blood administered within first 4 hours after ED/hospital arrival. • Refers to amount of transfused whole blood within first 4 hours after arrival to your hospital. • 1 unit whole blood = 450 – 525 ml • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not the aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no whole blood was given, then the units should be 0 (zero). • EXCLUDE whole blood transfusing upon patient arrival. • For Cell Saver or autotransfuser blood, every 500 ml of blood re-infused into the patient will equal 1 unit of whole blood. If less than 250 ml of Cell Saver blood is re-infused, enter 0. Reporting Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_WHOLE_BL_4 Type of Field: Custom, Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – Updated variable name and content	
Rational – NTDS update	
Vendor Flag – Update variable name	
2019	2020
TRANSFUSION PLASMA UNITS (0-4 HOURS) Enter the total number units of fresh-frozen plasma transfused within first 4 hours after ED/hospital arrival. • Refers to amount of transfused fresh frozen or thawed plasma in units within first 4 hours after arrival to index hospital, where index hospital is the hospital abstracting the data. • 1 unit FFP = 150-400 mL. (Provided for reference purposes only. Count by units.) • Count all units spiked, hung and initiated, even if not completely given. • If no plasma was given, then the units should be 0 (zero). ~~• For autotransfuser blood, add the total volume administered during the variable time period and divide in half. For autotransfuser, every 200 mL of blood re-infused into the patient will equal 1 unit of plasma the other half should be accounted for in red blood cell volume. If less than 100 mL of autotransfuser blood is re-infused, enter 0.~~ • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • If plasma is transfusing upon patient arrival, report as 1 unit. Collection Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_FFP_4 Type of Field: Custom, Numeric Length: 2 Report: #1	**PLASMA UNITS (0-4 HOURS)** Enter the total number units of plasma transfused within first 4 hours after ED/hospital arrival. • Refers to amount of transfused fresh frozen, thawed, or never frozen plasma in units within first 4 hours after arrival to your hospital. • 1 unit FFP = 150-400 ml • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no plasma was given, then the units should be 0 (zero). • EXCLUDE plasma transfusing upon patient arrival. Reporting Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_FFP_4 Type of Field: Custom, Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – Updated variable name and content	
Rational – NTDS update	
Vendor Flag – Update variable name	
2019	2020
TRANSFUSION PLATELETS UNITS (0-4 HOURS) Enter the total number of packs of platelets administered within first 4 hours after ED/hospital arrival. • Refers to amount of transfused platelets in units within first 4 hours after arrival to index hospital where index hospital is the hospital abstracting the data. • 1 pack PLT = 50 mL. • Count all units spiked, hung and initiated, even if not completely given. • If no platelets were given, then the units should be 0 (zero). • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • If platelets are transfusing upon patient arrival, report as 1 unit. Collection Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_PLT_4 Type of Field: Custom, Numeric Length: 2 Report: #1	**PLATELETS UNITS (0-4 HOURS)** Enter the total number of individual packs (i.e., individual units within the pool) of platelets administered within first 4 hours after ED/hospital arrival. • Refers to amount of transfused platelets in units within first 4 hours after arrival to your hospital. • 1 pack PLT = 50 ml • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no platelets were given, then the units should be 0 (zero). • EXCLUDE platelets transfusing upon patient arrival. Reporting Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_PLT_4 Type of Field: Custom, Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – Content	
Rational – NTDS update	
2019	2020
CRYOPRECIPITATE UNITS (0-4 HOURS) Solution enriched with clotting factors (units). Enter the total number of units administered within first 4 hours after ED/hospital arrival. Refers to amount of transfused cryoprecipitate in units within first 4 hours after arrival to index hospital, where index hospital is the hospital abstracting the data. • 1 unit = 10ml. • Count all units spiked, hung and initiated, even if not completely given. • This blood product can be pooled (grouped in batch with multiple single units). • Report each unit when a pooled unit is listed. • If no cryoprecipitate was given, then the units should be 0 (zero). • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • If cryoprecipitate is transfusing upon patient arrival, report as 1 unit. Collection Criterion: All patients. Def. Source: TQIP Data Base Column Name: MTQIP_CRYO_4 Type of Field: Numeric Length: 2 Report: #1	**CRYOPRECIPITATE UNITS (0-4 HOURS)** Units of solution enriched with clotting factors transfused within first 4 hours after ED/hospital arrival. • Refers to the amount of transfused cryoprecipitate within first 4 hours after arrival to your hospital. • 1 unit = 10ml • This blood product can be pooled (grouped in batch with multiple single units). • Report each individual unit when a pooled unit is listed. • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no cryoprecipitate was given, then the units should be 0 (zero). • EXCLUDE cryoprecipitate transfusing upon patient arrival. Reporting Criterion: All patients. Def. Source: TQIP Data Base Column Name: MTQIP_CRYO_4 Type of Field: Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – Updated variable name and content	
Rational – Consistency with 0-4 hour blood products	
Vendor Flag – Update variable name	
2019	2020
TRANSFUSION BLOOD UNITS (0-24 HOURS) Enter the total number of units of packed red blood cells administered within first 24 hours after ED/hospital arrival. • Refers to amount of transfused packed red blood cells in units within first 24 hours after arrival to index hospital, where index hospital is the hospital abstracting the data. Total for 24 hours includes packed red blood cells given during the first 4 hours. • 1 unit PRBC = 350 mL. • Count all units spiked, hung and initiated, even if not completely given. ~~• For Cell Saver blood, every 500mL of blood re-infused into the patient will equal 1 unit of packed cells. If less than 250mL of Cell Saver blood is re-infused, enter 0.~~ ~~• For autotransfuser blood, add the total volume administered during the variable time period and divide in half. For autotransfuser, every 350 mL of blood re-infused into the patient will equal 1 unit of packed cells the other half should be accounted for in plasma volume. If less than 175 mL of autotransfuser blood is re-infused, enter 0.~~ • If no blood was given, then units should be 0 (zero). • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • If packed red blood cells are transfusing upon patient arrival, report as 1 unit. Collection Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_PR_BC_24 Type of Field: Custom, Numeric Length: 2 Report: #1	**PACKED RED BLOOD CELLS UNITS (0-24 HOURS)** Enter the total number of units of packed red blood cells administered within first 24 hours after ED/hospital arrival. • Refers to amount of transfused packed red blood cells within first 24 hours after arrival to your hospital. • 1 unit PRBC = 350 ml • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no packed red blood cells were given, then the units should be 0 (zero). • EXCLUDE packed red blood cells transfusing upon patient arrival. Reporting Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_PR_BC_24 Type of Field: Custom, Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – New variable	
Rational – Consistency with 0-4 hour blood products	
Vendor Flag – New variable	
2019	2020
	WHOLE BLOOD UNITS (0-24 HOURS) Enter the total number of units of whole blood administered within first 24 hours after ED/hospital arrival. • Refers to amount of transfused whole blood within first 24 hours after arrival to your hospital. • 1 unit whole blood = 450 – 525 ml • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not the aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no whole blood was given, then the units should be 0 (zero). • EXCLUDE whole blood transfusing upon patient arrival. • For Cell Saver or autotransfuser blood, every 500 ml of blood re-infused into the patient will equal 1 unit of whole blood. If less than 250 ml of Cell Saver blood is re-infused, enter 0. Reporting Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_WHOLE_BL_24 Type of Field: Custom, Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – Updated variable name and content	
Rational – Consistency with 0-4 hour blood products	
Vendor Flag – Update variable name	
2019	2020
TRANSFUSION PLASMA UNITS (0-24 HOURS) Enter the total number units of fresh-frozen plasma administered within first 24 hours after ED/hospital arrival. • Refers to amount of transfused fresh frozen or thawed plasma in units within first 24 hours after arrival to index hospital, where index hospital is the hospital abstracting the data. Total for 24 hours includes plasma given during the first 4 hours. • 1 unit FFP = 150-400 mL. (Provided for reference purposes only. Count by units.) • Count all units spiked, hung and initiated, even if not completely given. • If no plasma was given, then the units should be 0 (zero). • For autotransfuser blood, add the total volume administered during the variable time period and divide in half. For autotransfuser, every 200 mL of blood re-infused into the patient will equal 1 unit of plasma the other half should be accounted for in red blood cell volume. If less than 100 mL of autotransfuser blood is re-infused, enter 0. • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • If plasma is transfusing upon patient arrival, report as 1 unit. Collection Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_FFP_24 Type of Field: Custom, Numeric Length: 2 Report: #1	**PLASMA UNITS (0-24 HOURS)** Enter the total number units of plasma transfused within first 24 hours after ED/hospital arrival. • Refers to amount of transfused fresh frozen, thawed, or never frozen plasma in units within first 24 hours after arrival to your hospital. • 1 unit FFP = 150-400 ml • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no plasma was given, then the units should be 0 (zero). • EXCLUDE plasma transfusing upon patient arrival. Reporting Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_FFP_24 Type of Field: Custom, Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – Updated variable name and content	
Rational – Consistency with 0-4 hour blood products	
Vendor Flag – Update variable name	
2019	2020
TRANSFUSION PLATELETS UNITS (0-24 HOURS) Enter the total number of packs of platelets administered within first 24 hours after ED/hospital arrival. • Refers to amount of transfused platelets in milliliters (ml) within first 24 hours after arrival to index hospital, where index hospital is the hospital abstracting the data. Total for 24 hours includes platelets given during the first 4 hours. • 1 pack PLT = 50 mL. • Count all units spiked, hung and initiated, even if not completely given. • If no platelets were given, then the units should be 0 (zero). • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • If platelets are transfusing upon patient arrival, report as 1 unit. Collection Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_PLT_24 Type of Field: Custom, Numeric Length: 2 Report: #1	**PLATELETS UNITS (0-24 HOURS)** Enter the total number of individual packs (i.e., individual units within the pool) of platelets administered within first 24 hours after ED/hospital arrival. • Refers to amount of transfused platelets in units within first 24 hours after arrival to your hospital. • 1 pack PLT = 50 ml • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no platelets were given, then the units should be 0 (zero). • EXCLUDE platelets transfusing upon patient arrival. Reporting Criterion: All patients. Def. Source: MTQIP Data Base Column Name: MTQIP_PLT_24 Type of Field: Custom, Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – Updated variable name and content	
Rational – Consistency with 0-4 hour blood products	
2019	2020
CRYOPRECIPITATE UNITS (0-24 HOURS) Solution enriched with clotting factors (units). Enter the total number of units administered within first 24 hours after ED/hospital arrival. Refers to amount of transfused cryoprecipitate in units within first 24 hours after arrival to index hospital, where index hospital is the hospital abstracting the data. Total for 24 hours includes cryoprecipitate given during the first 4 hours. • 1 unit = 10ml. • Count all units spiked, hung and initiated, even if not completely given. • This blood product can be pooled (grouped in batch with multiple single units). • Report each unit when a pooled unit is listed. • If no cryoprecipitate was given, then the units should be 0 (zero). • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • If cryoprecipitate is transfusing upon patient arrival, report as 1 unit. Collection Criterion: All patients. Def. Source: TQIP Data Base Column Name: MTQIP_CRYO_24 Type of Field: Numeric Length: 2 Report: #1	**CRYOPRECIPITATE UNITS (0-24 HOURS)** Units of solution enriched with clotting factors transfused within first 24 hours after ED/hospital arrival. • Refers to the amount of transfused cryoprecipitate within first 24 hours after arrival to your hospital. • 1 unit = 10ml • This blood product can be pooled (grouped in batch with multiple single units). • Report each individual unit when a pooled unit is listed. • Unit conversion provided for reference purposes only. Count by units if available. • If converting a volume to a unit, the individual amounts should be used not aggregated sums of all product given to avoid marginal bias. • Count all units spiked, hung and initiated, even if not completely given. • If no cryoprecipitate was given, then the units should be 0 (zero). • EXCLUDE cryoprecipitate transfusing upon patient arrival. Reporting Criterion: All patients. Def. Source: TQIP Data Base Column Name: MTQIP_CRYO_24 Type of Field: Numeric Vendor Mapping: Conversion logic for NTDS reporting PRBC 1 unit = 350 ml Whole Blood 1 unit = 500 ml Plasma 1 unit = 200 ml Platelets 1 unit = 50 ml Cryoprecipitate 1 unit = 10 ml Length: 2 Report: #1

Change Type – Content	
Rational – NTDS update. MTQIP clarification.	
2019	2020
LOWEST ED SBP Lowest systolic blood pressure measured within the first hour of ED/hospital arrival. ~~• Refers to lowest SBP in the ED/hospital of the index hospital where index hospital is the hospital abstracting the data.~~ • The null value "Not Applicable" is reported for patients that do not meet the collection criterion. Collection Criterion: Collect on all patients transfused with packed red blood cells within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_L_ED_SBP Type of Field: Numeric Length: 3 Report: #1	**LOWEST ED SBP** Lowest systolic blood pressure measured within the first hour of ED/hospital arrival. • The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. • If the patient has a cardiopulmonary arrest within 1 hour of arrival, then report BP as 0. Reporting Criterion: Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_L_ED_SBP Type of Field: Numeric Length: 3 Report: #1

Change Type – Content	
Rational – NTDS update	
2019	2020
ANGIOGRAPHY First interventional angiogram ~~with or without embolization~~ within first 24 hours of ED/Hospital Arrival. • Limit collection of angiography data to first 24 hours following ED/hospital arrival. • The null value "Not Applicable" is reported for patients that do not meet the collection criterion. • Excludes CTA. • Only report Field Value "4. Angiogram with stenting" if stenting was performed specifically for hemorrhage control. (1) None (2) Angiogram only (3) Angiogram with embolization (4) Angiogram with stenting (5) Angiogram with embolization and stent graft Collection Criterion: Collect on all patients with transfused with packed red blood cells within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_ANGIO Type of Field: Custom, Numeric Vendor Mapping: Value (5) Angiogram with embolization maps (3) Angiogram with embolization for NTDS Submission Length: 2 Report: #1	**ANGIOGRAPHY** First interventional angiogram for hemorrhage control within first 24 hours of ED/Hospital Arrival. • Limit reporting of angiography data to first 24 hours following ED/hospital arrival. • The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. • Excludes CTA. • Only report Element Value "4. Angiogram with stenting" if stenting was performed specifically for hemorrhage control. (1) None (2) Angiogram only (3) Angiogram with embolization (4) Angiogram with stenting (5) Angiogram with embolization and stent graft Reporting Criterion: Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_ANGIO Type of Field: Custom, Numeric Vendor Mapping: Value (5) Angiogram with embolization maps (3) Angiogram with embolization for NTDS Submission Length: 2 Report: #1

Change Type – Content	
Rational – NTDS update	
Vendor Flag – Retention of NTDS retired pick list choice	
2019	2020
EMBOLIZATION SITE Organ / site of embolization for hemorrhage control. • The null value "Not Applicable" is reported if the data field ANGIOGRAPHY = "1 None" or "2 Angiogram Only". • The null value "Not Applicable" is reported for patients that do not meet the collection criterion. • Report all that apply. (1) Liver (2) Spleen (3) Kidneys (4) Pelvic (iliac, gluteal, obturator) (5) Retroperitoneum (lumbar, sacral) (6) Peripheral vascular (neck, extremities) (7) Aorta (thoracic or abdominal) (8) Other Collection Criterion: Collect on all patients with transfused packed red blood cells within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_EMB_SITE_L, MTQIP_EMB_SITE_S, MTQIP_EMB_SITE_K, MTQIP_EMB_SITE_P, MTQIP_EMB_SITE_R, MTQIP_EMB_SITE_NE, MTQIP_EMB_SITE_A Type of Field: Custom, Logic for each region Length: 2 Report: #1	**EMBOLIZATION SITE** Organ / site of embolization for hemorrhage control. • The null value "Not Applicable" is reported if the data field ANGIOGRAPHY = "1 None" or "2 Angiogram Only". • The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. • Report all that apply. (1) Liver (2) Spleen (3) Kidneys (4) Pelvic (iliac, gluteal, obturator) (5) Retroperitoneum (lumbar, sacral) (6) Peripheral vascular (neck, extremities) (7) Aorta (thoracic or abdominal) (8) Other Reporting Criterion: Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_EMB_SITE_L, MTQIP_EMB_SITE_S, MTQIP_EMB_SITE_K, MTQIP_EMB_SITE_P, MTQIP_EMB_SITE_R, MTQIP_EMB_SITE_NE Type of Field: Custom, Logic for each region Length: 2 Report: #1

Change Type – Content	
Rational – NTDS update	
2019	2020
ANGIOGRAPHY DATE Date the first angiogram with or without embolization was performed. • Collected as YYYY-MM-DD. • The null value "Not Applicable" is reported if the data field ANGIOGRAPHY = "1 None". • The null value "Not Applicable" is reported for patients that do not meet the collection criterion. • Procedure start date is the date of needle insertion in the groin. Collection Criterion: Collect on all patients with transfused packed red blood cells within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_ANGIO_DT Type of Field: Custom, Date Length: 8 Report: #1	**ANGIOGRAPHY DATE** Date the first angiogram with or without embolization was performed. • Collected as YYYY-MM-DD. • The null value "Not Applicable" is reported if the data field ANGIOGRAPHY = "1 None". • The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. • Procedure start date is the date of needle insertion in the groin. Reporting Criterion: Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_ANGIO_DT Type of Field: Custom, Date Length: 8 Report: #1

Change Type – Content	
Rational – NTDS update	
2019	2020
ANGIOGRAPHY TIME Time the first angiogram with or without embolization was performed. • Collected as HH:MM military time. • The null value "Not Applicable" is reported if the data field ANGIOGRAPHY = "1 None". • The null value "Not Applicable" is reported for patients that do not meet the collection criterion. • Procedure start time is the time of needle insertion in the groin. Collection Criterion: Collect on all patients with transfused packed red blood cells within first 4 hours after ED/hospital arrival Def. Source: TQIP Data Base Column Name: MTQIP_ANGIO_TM Type of Field: Custom, Time Length: 5 Validation Range: +/- 1 hour Report: #1	**ANGIOGRAPHY TIME** Time the first angiogram with or without embolization was performed. • Collected as HH:MM military time. • The null value "Not Applicable" is reported if the data field ANGIOGRAPHY = "1 None". • The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. • Procedure start time is the time of needle insertion in the groin. Reporting Criterion: Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival Def. Source: TQIP Data Base Column Name: MTQIP_ANGIO_TM Type of Field: Custom, Time Length: 5 Validation Range: +/- 1 hour Report: #1

Change Type – Content	
Rational – NTDS update	
2019	2020
SURGERY FOR HEMORRHAGE CONTROL TYPE First type of surgery for hemorrhage control within the first 24 hours of ED/hospital arrival. • If unclear if surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon. • The null value "Not Applicable" is reported for patients that do not meet the collection criterion. • Field Value “1. None” is reported if Surgery for Hemorrhage Control Type is not a listed Field Value option. (1) None (2) Laparotomy (3) Thoracotomy (4) Sternotomy (5) Extremity (6) Neck (7) Mangled extremity/traumatic amputation (8) Other skin/soft tissue (9) Extraperitoneal Pelvic Packing Collection Criterion: Collect on all patients with transfused packed red blood cells within first 4 hours after ED/hospital arrival. Def. Source: TQIP	**SURGERY FOR HEMORRHAGE CONTROL TYPE** First type of surgery for hemorrhage control within the first 24 hours of ED/hospital arrival. • If unclear if surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon. • The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. • Element Value “1. None” is reported if Surgery for Hemorrhage Control Type is not a listed Element Value option. (1) None (2) Laparotomy (3) Thoracotomy (4) Sternotomy (5) Extremity (6) Neck (7) Mangled extremity/traumatic amputation (8) Other skin/soft tissue (9) Extraperitoneal Pelvic Packing Reporting Criterion: Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival. Def. Source: TQIP

Change Type – Content	
Rational – NTDS update	
2019	2020
SURGERY FOR HEMORRHAGE CONTROL DATE Date of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival. • Collected as YYYY-MM-DD. • If unclear if surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon. • The null value "Not Applicable" is reported if the data field SURGERY FOR HEMORRHAGE CONTROL TYPE = "1 None". • The null value "Not Applicable" is reported for patients that do not meet the collection criteria. Collection Criterion: Collect on all patients with transfused packed red blood cells within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_SURG_DT Type of Field: Custom, Date Length: 8 Report: #1	**SURGERY FOR HEMORRHAGE CONTROL DATE** Date of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival. • Collected as YYYY-MM-DD. • If unclear if surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon. • The null value "Not Applicable" is reported if the data field SURGERY FOR HEMORRHAGE CONTROL TYPE = "1 None". • The null value "Not Applicable" is reported for patients that do not meet the reporting criteria. • Procedure start date is defined as the date the incision was made (or the procedure started). Reporting Criterion: Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_SURG_DT Type of Field: Custom, Date Length: 8 Report: #1

Change Type – Content	
Rational – NTDS update	
2019	2020
SURGERY FOR HEMORRHAGE CONTROL TIME Time of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival. • Collected as HH:MM military time. • If unclear if surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon. • The null value "Not Applicable" is reported if the data field SURGERY FOR HEMORRHAGE CONTROL TYPE = "1 None". • The null value "Not Applicable" is reported for patients that do not meet the collection criteria. Collection Criterion: Collect on all patients with transfused packed red blood cells within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_SURG_TM Type of Field: Custom, Time Length: 5 Report: #1	**SURGERY FOR HEMORRHAGE CONTROL TIME** Time of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival. • Collected as HH:MM military time. • If unclear if surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon. • The null value "Not Applicable" is reported if the data field SURGERY FOR HEMORRHAGE CONTROL TYPE = "1 None". • The null value "Not Applicable" is reported for patients that do not meet the reporting criteria. • Procedure start time is defined as the date the incision was made (or the procedure started). Reporting Criterion: Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival. Def. Source: TQIP Data Base Column Name: MTQIP_SURG_TM Type of Field: Custom, Time Length: 5 Report: #1

Change Type – New variable	
Rational – MTQIP QI	
Vendor Flag – New variable	
2019	2020
	PATIENT'S FIRST NAME The first name of the patient. Def. Source: MTQIP Data Base Column Name: PAT_NAME_F Type of Field: Length: Report: #1

Change Type – New variable	
Rational – MTQIP QI	
Vendor Flag – New variable	
2019	2020
	PATIENT'S LAST NAME The last name of the patient. Def. Source: MTQIP Data Base Column Name: PAT_NAME_L Type of Field: Length: Report: #1

Change Type – New variable	
Rational – MTQIP QI	
Vendor Flag – New variable	
2019	2020
	PATIENT'S MIDDLE INITIAL The middle name first of the patient. Def. Source: MTQIP Data Base Column Name: PAT_NAME_MI Type of Field: Length: Report: #1

Change Type – New variable	
Rational – MTQIP QI	
Vendor Flag – New variable	
2019	2020
	PATIENT'S HOME STREET 1 The house number and street of the patient. Def. Source: MTQIP Data Base Column Name: PAT_ADR_S01 Type of Field: Length: Report: #1

Change Type – New variable	
Rational – MTQIP QI	
Vendor Flag – New variable	
2019	2020
	PATIENT'S HOME STREET 2 The house number and street of the patient if additional information is necessary to find the patient's home destination. Def. Source: MTQIP Data Base Column Name: PAT_ADR_SO2 Type of Field: Length: Report: #1

Change Type – New variable	
Rational – MTQIP QI	
Vendor Flag – New variable	
2019	2020
	PATIENT'S EMAIL ADDRESS The email address of the patient. • If the patient does not have an email address, a proxy email used by the patient or surrogate may be entered. Def. Source: MTQIP Data Base Column Name: EMAIL_ADDRES Type of Field: Length: Report: #1

Change Type – New variable	
Rational – MTQIP QI	
Vendor Flag – New variable	
2019	2020
	PATIENT'S MEDICAL RECORD NUMBER The medical record number of the patient at your hospital. • This number should be the unique identifier to the patient at your hospital. • This identifier should be able to identify the patient across all their care visits at your center and should not be unique for a single encounter. Def. Source: MTQIP Data Base Column Name: PAT_REC_NUM Type of Field: Length: Report: #1

Change Type – Content	
Rational – MTQIP member request (Dear)	
2019	2020
OPERATION Surgical procedure performed in the operating room. Also answer "YES" if the patient had a procedure performed elsewhere that is normally performed in the OR (e.g. bedside tracheostomy or IR PEG placement). Abstractors may use presence of an operative note as guide to determine if the case was an operation for cases performed outside of OR. Do not include simple laceration repairs, closed reductions performed under GETA, or cath lab procedures. (1) Yes (2) No Def. Source: MTQIP Data Base Column Name: MTQIP_OPERATE Custom Type of Field: Yes/No Length: 1 Report: #1	**OPERATION** Surgical procedure performed in the operating room after arrival to your hospital. Also answer "YES" if the patient had a procedure performed elsewhere that is normally performed in the OR (e.g. bedside tracheostomy or IR PEG placement). Abstractors may use presence of an operative note as guide to determine if the case was an operation for cases performed outside of OR. Do not include simple laceration repairs, closed reductions performed under GETA, or cath lab procedures. (1) Yes (2) No Def. Source: MTQIP Data Base Column Name: MTQIP_OPERATE Custom Type of Field: Yes/No Length: 1 Report: #1

Change Type – Content	
Rational – MTQIP member request (Dear)	
2019	2020
EMERGENCY OPERATION An emergency case is commonly performed as soon as possible after the patient sustained an injury. This is identified as emergent by the American Society of Anesthesiologists (ASA) Class. The presence of an "E" after ASA Class indicates an emergent operation. Answer "YES" if the surgeon and/or anesthesiologist report the case as emergent (1) Yes (2) No Def. Source: MTQIP Data Base Column Name: MTQIP_E_OPERATE Custom Type of Field: Yes/No Length: 1 Report: #1	**EMERGENCY OPERATION** An emergency case is commonly performed as soon as possible after the patient sustained an injury. This is identified as emergent by the American Society of Anesthesiologists (ASA) Class. The presence of an "E" after ASA Class indicates an emergent operation. Answer "YES" if the surgeon and/or anesthesiologist report the case as emergent after arrival to your hospital. (1) Yes (2) No Def. Source: MTQIP Data Base Column Name: MTQIP_E_OPERATE Custom Type of Field: Yes/No Length: 1 Report: #1

Change Type – Validation range	
Rational – MTQIP member request (Huehl)	
2019	2020
TOTAL DAYS IN HOSPITAL Total number of days spent in hospital (calculate from admit and discharge date). Def. Source: Data Base Column Name: HOSPDAYS Type of Field: Numeric Length: 4 Report: #1	**TOTAL DAYS IN HOSPITAL** Total number of days spent in hospital (calculate from admit and discharge date). Def. Source: Data Base Column Name: HOSPDAYS Type of Field: Numeric Length: 4 Validation Range: +/- 1 day Report: #1

Change Type – Content	
Rational – Definition clarification with addition of resource link	
2019	2020
HOSPITAL DISCHARGE DISPOSITION The disposition of the patient when discharged from the hospital. • Field value = 6, "home" refers to the patient's current place of residence (e.g., prison, Child Protective Services etc.) • Field values based upon UB-04 disposition coding. • Disposition to any other non-medical facility should be coded as 6. • Disposition to any other medical facility should be coded as 14. • The null value "Not Applicable" is reported if ED Discharge Disposition = 5 (Deceased/expired). • The null value "Not Applicable" is reported if ED Discharge Disposition = 4,6,9,10, or 11. • Hospital Discharge Dispositions which were retired greater than 2 years before the current NTDS version are no longer listed under Field Values above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Hospital Discharge Dispositions. (1) Discharged/Transferred to a short-term general hospital for inpatient care (2) Discharged/Transferred to an Intermediate Care Facility (ICF) (3) Discharged/Transferred to home under care of organized home health service (4) Left against medical advice or discontinued care (5) Deceased/Expired (6) Discharged home with no home services (routine discharge) (7) Discharged/Transferred to Skilled Nursing Facility (SNF) (8) Discharged/Transferred to hospice care (home hospice or hospice facility) (10) Discharged/Transferred to court/law enforcement (11) Discharged/Transferred to inpatient rehab or designated unit (acute rehabilitation or subacute rehabilitation) (12) Discharged/Transferred to Long Term Care Hospital (LTCH, LTAC or Select Specialty) (13) Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (14) Discharged/Transferred to another type of institution not defined elsewhere Def. Source: NTDS Data Base Column Name: HOSPDISP, HOSPDISP_AS_TEXT Type of Field: Numeric, Character Length: 30	**HOSPITAL DISCHARGE DISPOSITION** The disposition of the patient when discharged from the hospital. • Element value = 6, "home" refers to the patient's current place of residence (e.g., prison, Child Protective Services etc.) • Element values based upon UB-04 disposition coding. • Disposition to any other non-medical facility should be coded as 6. • Disposition to any other medical facility should be coded as 14. • The null value "Not Applicable" is reported if ED Discharge Disposition = 5 (Deceased/expired). • The null value "Not Applicable" is reported if ED Discharge Disposition = 4,6,9,10, or 11. • Hospital Discharge Dispositions which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Hospital Discharge Dispositions. • Actual disposition of the patient as arranged and documented by discharge planning or case management. If no discharge planning or case management provided, report the final disposition order. (1) Discharged/Transferred to a short-term general hospital for inpatient care (2) Discharged/Transferred to an Intermediate Care Facility (ICF) (3) Discharged/Transferred to home under care of organized home health service (4) Left against medical advice or discontinued care (5) Deceased/Expired (6) Discharged home with no home services (routine discharge) (7) Discharged/Transferred to Skilled Nursing Facility (SNF) (8) Discharged/Transferred to hospice care (home hospice or hospice facility) (10) Discharged/Transferred to court/law enforcement (11) Discharged/Transferred to inpatient rehab or designated unit (acute rehabilitation or subacute rehabilitation) (12) Discharged/Transferred to Long Term Care Hospital (LTCH, LTAC or Select Specialty) (13) Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (14) Discharged/Transferred to another type of institution not defined elsewhere Def. Source: NTDS, CMS UB-04

Validation Range: Option 7 or 14 will be accepted for ECF disposition Report: #1	Data Base Column Name: HOSPDISP, HOSPDISP_AS_TEXT Type of Field: Numeric, Character Length: 30 Validation Range: Option 7 or 14 will be accepted for ECF disposition Report: #1

Change Type – Content	
Rational – Definition clarification with addition of resource link (Moyer)	
2019	2020
PNEUMONIA Patients with evidence of pneumonia that develops during hospitalization. Patients with pneumonia must meet at least one of the following three criteria: **Criterion 1:** Rales or dullness to percussion on physical examination of chest **AND** any of the following: a. New onset of purulent sputum or change in character of sputum b. Organism isolated from blood culture c. Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy **OR** **Criterion 2:** Chest radiographic examination shows new or progressive infiltrate, consolidation, cavitation, or pleural effusion **AND** any of the following: a. New onset of purulent sputum or change in character of sputum b. Organism isolated from blood culture c. Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy d. Isolation of virus or detection of viral antigen in respiratory secretions e. Diagnostic single antibody titer (IgM) or fourfold increase in paired serum samples (IgG) for pathogen f. Histopathologic evidence of pneumonia **Criterion 3:** Patient meets criteria for Ventilator-Associated Pneumonia (report under both VAP and Pneumonia). Def. Source: ~~NSQIP~~, ~~NTDS~~	**PNEUMONIA** Patients with evidence of pneumonia that develops during hospitalization. Patients with pneumonia must meet at least one of the following three criteria: **Criterion 1:** Rales or dullness to percussion on physical examination of chest **AND** any of the following: a. New onset of purulent sputum or change in character of sputum b. Organism isolated from blood culture c. Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy **OR** **Criterion 2:** Chest radiographic examination shows new or progressive infiltrate, consolidation, cavitation, or pleural effusion **AND** any of the following: a. New onset of purulent sputum or change in character of sputum b. Organism isolated from blood culture c. Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy d. Isolation of virus or detection of viral antigen in respiratory secretions e. Diagnostic single antibody titer (IgM) or fourfold increase in paired serum samples (IgG) for pathogen f. Histopathologic evidence of pneumonia **Criterion 3:** Patient meets criteria for Ventilator-Associated Pneumonia (report under both VAP and Pneumonia). Def. Source: MTQIP, CDC

Change Type – Variable name change	
Rational – MTQIP member request (Hunt)	
Vendor Flag – Update variable name	
2019	2020
PLAVIX Enter "YES" for patients who report use of Plavix (clopidogrel) within a 10-day time frame prior to injury. Include any similar antiplatelet subclass agent with the mechanism of action via irreversibly binding to the P2Y12 adenosine diphosphate receptors, reducing platelet activation and aggregation, such as Effient (prasugrel), Pletal (cilostazol) or Brilinta (ticagrelor). D.06 Plavix Def. Source: MTQIP	**ANTIPLATELET** Enter "YES" for patients who report use of an antiplatelet agent within a 10-day time frame prior to injury. Include any antiplatelet subclass agent with the mechanism of action via irreversibly binding to the P2Y12 adenosine diphosphate receptors, reducing platelet activation and aggregation, such as Plavix, (clopidogrel), Effient (prasugrel), Pletal (cilostazol) or Brilinta (ticagrelor). Do not capture aspirin under this variable. D.06 Antiplatelet Def. Source: MTQIP

Change Type – Content	
Rational – Validation clarification	
Vendor Flag – Need logic to account for up-grades/down-grades.	
2019	2020
ED TRAUMA RESPONSE Enter the level of response being provided to the patient in the Emergency Department (ED) by trauma. For example, trauma is called by the ED to see a patient in the ED and a provider from the service sees the patient, report as consult. (1) Full activation (2) Partial activation (3) Trauma consult (4) None Def. Source: Data Base Column Name: ED_TTA_TYPE, ED_TTA_TYPE_AS_TEXT Type of Field: Length: 8 Report: #1	**ED TRAUMA RESPONSE** Enter the final level of response being provided to the patient in the Emergency Department (ED) by trauma. Examples • Trauma is called by the ED to see a patient in the ED and a provider from the service sees the patient, submit as consult. • Patient arrives as a full activation, but is downgraded to a partial activation, submit as a partial activation. • Patient arrives as partial activation, but is upgraded to a full activation, submit as a full activation. (1) Full activation (2) Partial activation (3) Trauma consult (4) None Def. Source: Data Base Column Name: ED_TTA_TYPE, ED_TTA_TYPE_AS_TEXT Type of Field: Length: 8 Report: #1

Change Type – Content	
Rational – TQIP Oct quiz clarification	
2019	2020
UNPLANNED ADMISSION TO ICU INCLUDE: • Patients admitted to the ICU after initial transfer to the floor. • Patients with an unplanned return to the ICU after initial ICU discharge. EXCLUDE: • Patients in which ICU care was required for postoperative care of a planned surgical procedure.	**UNPLANNED ADMISSION TO ICU** INCLUDE: • Patients admitted to the ICU after initial transfer to the floor. • Patients with an unplanned return to the ICU after initial ICU discharge. • Patients who deteriorate in the post-anesthesia care unit (PACU) or intra-operatively with new resultant requirement for ICU admission. EXCLUDE: • Patients in which ICU care was required for postoperative care of a planned surgical procedure.

Change Type – Content	
Rational – MTQIP member request (Wolfgang)	
2019	2020
INTUBATION STATUS The location of first intubation. LMA, King, Combitube and Hi-Lo airways count as an intubation. (1) Never (2) Field/Scene/En route (3) ED (4) OR (5) ICU (6) Other (Floor, Radiology, etc.) Def. Source: MTQIP Data Base Column Name: MTQIP_INT_STAT Type of Field: Custom, Character Length: 20 Report: #1	**INTUBATION STATUS** The location of first intubation. LMA, King, Combitube, Hi-Lo airways, and tracheostomy count as an intubation. (1) Never (2) Field/Scene/En route (3) ED (4) OR (5) ICU (6) Other (Floor, Radiology, etc.) Def. Source: MTQIP Data Base Column Name: MTQIP_INT_STAT Type of Field: Custom, Character Length: 20 Report: #1

Change Type – Content, vendor mapping	
Rational – MTQIP member request (Farrell, Burns, Dinu, Offman)	
Vendor Flag – See mapping request at bottom	
2019	2020
ANTIBIOTIC 1 TYPE • Report the first antibiotic class administered to patient at your hospital. • Must be given, not just ordered. • Antibiotic reference available at www.mtqip.org > Resources > Education > Antibiotic Reference 0. None 1. Penicillin 2. Monobactam 3. Carbapenem 4. Macrolide 5. Lincosamide 6. Aminoglycoside 7. Quinolone 8. Sulfonamide 9. Tetracycline 10. Cephalosporin 11. Other Collection Criterion: Collect on all patients with open fractures. Def. Source: Orange Book Data Base Column Name: MTQIP_ABX_TYPE1 Type of Field: Custom, Character (Numeric Output) Vendor Mapping: Values 1-11 map to NTDS field value (1) Yes for Antibiotic Therapy for NTDS data submission if within 24 hours of arrival. Length: 2 Report: #1	**ANTIBIOTIC 1 TYPE** • Report the first IV antibiotic class administered to the patient within 24 hours of arrival at your hospital. • Must be given, not just ordered. • Antibiotic reference available at www.mtqip.org > Resources > Education > Antibiotic Reference 0. None 1. Penicillin 2. Monobactam 3. Carbapenem 4. Macrolide 5. Lincosamide 6. Aminoglycoside 7. Quinolone 8. Sulfonamide 9. Tetracycline 10. Cephalosporin 11. Other Reporting Criterion: Collect on all patients with open fractures. Def. Source: Orange Book Data Base Column Name: MTQIP_ABX_TYPE1 Type of Field: Custom, Character (Numeric Output) Vendor Mapping: Values 1-11 map to NTDS element value (1) Yes for Antibiotic Therapy for NTDS data submission if within 24 hours of arrival and open fracture AIS code present. Length: 2 Report: #1

Change Type – Content	
Rational – MTQIP member request (Farrell), validation clarification	
2019	2020
ANTIBIOTIC 2 TYPE • Report the second antibiotic class administered to patient at your hospital for patient's receiving combination therapy. • Must be given, not just ordered. • Antibiotic reference available at www.mtqip.org > Resources > Education > Antibiotic Reference 0. None 1. Penicillin 2. Monobactam 3. Carbapenem 4. Macrolide 5. Lincosamide 6. Aminoglycoside 7. Quinolone 8. Sulfonamide 9. Tetracycline 10. Cephalosporin 11. Other Collection Criterion: Collect on all patients with open fractures. Def. Source: Orange Book Data Base Column Name: MTQIP_ABX_TYPE2 Type of Field: Custom, Character (Numeric Output) Length: 2 Report: #1	**ANTIBIOTIC 2 TYPE** • Report the second IV antibiotic class administered to patient within 24 hours of arrival at your hospital for patient's receiving combination therapy. • Combination therapy is defined as the addition of an antibiotic that provides coverage against a wider spectrum of bacteria. • Must be given, not just ordered. • Resource - Antibiotic classes: click here • Resource - Antibiotic combination therapy: click here 0. None 1. Penicillin 2. Monobactam 3. Carbapenem 4. Macrolide 5. Lincosamide 6. Aminoglycoside 7. Quinolone 8. Sulfonamide 9. Tetracycline 10. Cephalosporin 11. Other Reporting Criterion: Collect on all patients with open fractures. Def. Source: Orange Book Data Base Column Name: MTQIP_ABX_TYPE2 Type of Field: Custom, Character (Numeric Output) Length: 2 Report: #1

Change Type – Content, vendor mapping	
Rational – MTQIP member request (Farrell, Burns)	
Vendor Flag – See mapping request at bottom	
2019	2020
ANTIBIOTIC DATE • Report the date of administration to patient of first dose of antibiotic administered to patient at your hospital. • Collected as MM/DD/YYYY. Collection Criterion: Collect on all patients with open fractures. Def. Source: Orange Book Data Base Column Name: MTQIP_ABX_DATE Type of Field: Date Vendor Mapping: Field maps to Antibiotic Therapy Date for NTDS data submission if within 24 hours of arrival. Length: Report: #1	**ANTIBIOTIC DATE** • Report the date of administration to patient of first IV dose of antibiotic administered to patient within 24 hours of arrival at your hospital. • Collected as MM/DD/YYYY. Reporting Criterion: Collect on all patients with open fractures. Def. Source: Orange Book Data Base Column Name: MTQIP_ABX_DATE Type of Field: Date Vendor Mapping: Field maps to Antibiotic Therapy Date for NTDS data submission if within 24 hours of arrival and open fracture AIS code present. Length: Report: #1

Change Type – Content, vendor mapping	
Rational – MTQIP member request (Farrell, Burns)	
Vendor Flag – See mapping request at bottom	
2019	2020
ANTIBIOTIC TIME • Report the time of administration to patient of first dose of antibiotic administered to patient at your hospital. • Collected as HH:MM. • HH:MM should be collected as military time. Collection Criterion: Collect on all patients with open fractures. Def. Source: Orange Book Data Base Column Name: MTQIP_ABX_TIME Type of Field: Time Vendor Mapping: Field maps to Antibiotic Therapy Time for NTDS data submission if within 24 hours of arrival. Length: 5 Report: #1	**ANTIBIOTIC TIME** • Report the time of administration to patient of first IV dose of antibiotic administered to patient within 24 hours of arrival at your hospital. • Collected as HH:MM. • HH:MM should be collected as military time. Reporting Criterion: Collect on all patients with open fractures. Def. Source: Orange Book Data Base Column Name: MTQIP_ABX_TIME Type of Field: Time Vendor Mapping: Field maps to Antibiotic Therapy Time for NTDS data submission if within 24 hours of arrival and open fracture AIS code present. Length: 5 Report: #1

Change Type – Content	
Rational – MTQIP member request (Levinson)	
2019	2020
HYPERTENSION History of a persistent elevated blood pressure requiring medical therapy with medication. Present prior to injury. A diagnosis of Hypertension must be documented in the patient's medical record. Hypertension (NTDS 19) Def. Source: NSQIP, NTDS	**HYPERTENSION** History of a persistent elevated blood pressure requiring medical therapy with medication. Present prior to injury. A diagnosis of Hypertension must be documented in the patient's medical record. Do not include if documentation reports medication noncompliance. Do not include hypertension controlled only with diet or exercise. Hypertension (NTDS 19) Def. Source: NSQIP, NTDS

Change Type – Vendor mapping	
Rational – MTQIP member request (Burns)	
Vendor Flag – See mapping request at bottom	
2019	2020
VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE Type of first dose of VTE prophylaxis or treatment administered to patient at your hospital. • Must be given, not just ordered. • Report heparin, LMWH, direct thrombin inhibitor and Xa inhibitor class agents regardless of the indication when it is administered first. • Report Coumadin and 'other' agents when the indication of VTE prevention is identified in the medical record documentation. • Do not include non-prophylactic dosing of agents, such as heparin administered for line clearance purposes. • Please see drug reference for agents and dosing outside these parameters to determine class and/or indicated use. • Venous Thromboembolism Prophylaxis Types which were retired greater than 2 years before the current NTDS version are no longer listed under Field Values above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Venous Thromboembolism Prophylaxis Types. • Exclude sequential compression devices (1) ~~Heparin~~ (6) LMWH (Dalteparin, Enoxaparin, etc.) (7) Direct Thrombin Inhibitor (Dabigatran, etc.) (8) Xa Inhibitor (Rivaroxaban, etc.) (9) Coumadin (10) Other (11) Unfractionated Heparin (UH) (5) None Collection Criterion: Collect on all patients. Def. Source: TQIP, MTQIP Data Base Column Name: MTQIP_VTE_PROP_TYPE Type of Field: Custom, Character (Numeric Output) Vendor Mapping: (9) Coumadin maps to (10) Other for NTDS submission Length: 1	**VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE** Type of first dose of VTE prophylaxis or treatment administered to patient at your hospital. • Must be given, not just ordered. • Report heparin, LMWH, direct thrombin inhibitor and Xa inhibitor class agents regardless of the indication when it is administered first. • Report Coumadin and 'other' agents when the indication of VTE prevention is identified in the medical record documentation. • Do not include non-prophylactic dosing of agents, such as heparin administered for line clearance purposes. • Please see drug reference for agents and dosing outside these parameters to determine class and/or indicated use. • Venous Thromboembolism Prophylaxis Types which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Venous Thromboembolism Prophylaxis Types. • Exclude sequential compression devices (1) ~~Heparin~~ (6) LMWH (Dalteparin, Enoxaparin, etc.) (7) Direct Thrombin Inhibitor (Dabigatran, etc.) (8) Xa Inhibitor (Rivaroxaban, etc.) (9) Coumadin (10) Other (11) Unfractionated Heparin (UH) (5) None Reporting Criterion: Collect on all patients. Def. Source: TQIP, MTQIP Data Base Column Name: MTQIP_VTE_PROP_TYPE Type of Field: Custom, Character (Numeric Output) Vendor Mapping: (9) Coumadin maps to (10) Other for NTDS submission. If Hospital Discharge Date and Time Order is prior to VTE Prophylaxis Date and Time, convert VTE Prophylaxis Type to "5. None" for NTDS submission. Length: 1

Change Type – Vendor mapping	
Rational – MTQIP member request (Burns)	
Vendor Flag – See mapping request at bottom	
2019	2020
VENOUS THROMBOEMBOLISM PROPHYLAXIS DATE Date of administration to patient of first prophylactic dose of heparin or other anticoagulants at your hospital. • Collected as YYYY-MM-DD. • Refers to date upon which patient first received the prophylactic agent indicated in VTE Prophylaxis Type field. • The null value "Not Applicable" is reported if VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE = "5 None". Collection Criterion: Collect on all patients Def. Source: TQIP Data Base Column Name: MTQIP_VTE_PROP_DT Type of Field: Custom, Date Length: 8 Report: #1	**VENOUS THROMBOEMBOLISM PROPHYLAXIS DATE** Date of administration to patient of first prophylactic dose of heparin or other anticoagulants at your hospital. • Collected as YYYY-MM-DD. • Refers to date upon which patient first received the prophylactic agent indicated in VTE Prophylaxis Type field. • The null value "Not Applicable" is reported if VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE = "5 None". Reporting Criterion: Collect on all patients Def. Source: TQIP Data Base Column Name: MTQIP_VTE_PROP_DT Type of Field: Custom, Date Vendor Mapping: If Hospital Discharge Date and Time Order is prior to VTE Prophylaxis Date and Time, convert VTE Prophylaxis Date to “Not Applicable” for NTDS submission. Length: 8 Report: #1

Change Type – Vendor mapping	
Rational – MTQIP member request (Burns)	
Vendor Flag – See mapping request at bottom	
2019	2020
VENOUS THROMBOEMBOLISM PROPHYLAXIS TIME Time of administration to patient of first prophylactic dose of heparin or other anticoagulants at your hospital. • Collected as HH:MM military time. • Refers to time at which patient first received the prophylactic agent indicated in VTE TYPE field. • The null value "Not Applicable" is reported if VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE = "5 None". Collection Criterion: Collect on all patients Def. Source: TQIP Data Base Column Name: MTQIP_VTE_PROP_TM Type of Field: Custom, Character (Time Format) Length: 5 Report: #1	**VENOUS THROMBOEMBOLISM PROPHYLAXIS TIME** Time of administration to patient of first prophylactic dose of heparin or other anticoagulants at your hospital. • Collected as HH:MM military time. • Refers to time at which patient first received the prophylactic agent indicated in VTE TYPE field. • The null value "Not Applicable" is reported if VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE = "5 None". Reporting Criterion: Collect on all patients Def. Source: TQIP Data Base Column Name: MTQIP_VTE_PROP_TM Type of Field: Custom, Character (Time Format) Vendor Mapping: If Hospital Discharge Date and Time Order is prior to VTE Prophylaxis Date and Time, convert VTE Prophylaxis Time to “Not Applicable” for NTDS submission. Length: 5 Report: #1

Change Type – Content	
Rational – MTQIP clarification (Di Pasquo)	
2019	2020
INITIAL ED/HOSPITAL PUPILLARY RESPONSE Physiological response of the pupil size within 30 minutes or less of ED/hospital arrival. • Please note that the first recorded hospital vitals do not need to be from the same assessment. • If a patient does not have a listed field value recorded, but there is documentation related to their pupillary response such as PERRL "Pupils Equal Round Reactive to Light" submit field value 1. Both reactive IF there is no other contradicting documentation. • The null value "Not Known/Not Recorded" should be reported if this information is not documented or if assessment is unable to be obtained due to facial trauma and/or foreign object in the eye. • Field value 2. One reactive should be reported for patients who have a prosthetic eye. • The null value "Not Applicable" is reported for patients who do not meet the collection criterion. (1) Both reactive (2) One reactive (3) Neither reactive Collection Criterion: Collect on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s). Exclude injuries where the code itself is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries. Def. Source: TQIP Data Base Column Name: PUPILLARY_RESPONSE Custom Type of Field: Numeric Length: 2 Report: #1	**INITIAL ED/HOSPITAL PUPILLARY RESPONSE** Physiological response of the pupil size within 30 minutes or less of ED/hospital arrival. • Please note that the first recorded hospital vitals do not need to be from the same assessment. • If a patient does not have a listed element value recorded, but there is documentation related to their pupillary response such as PERRL "Pupils Equal Round Reactive to Light", both cranial nerves II & III intact, or no cranial nerve deficit submit element value 1. Both reactive IF there is no other contradicting documentation. • The null value "Not Known/Not Recorded" should be reported if this information is not documented or if assessment is unable to be obtained due to facial trauma and/or foreign object in the eye. • Element value 2. One reactive should be reported for patients who have a prosthetic eye. • The null value "Not Applicable" is reported for patients who do not meet the reporting criterion. (1) Both reactive (2) One reactive (3) Neither reactive Reporting Criterion: Collect on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s). Exclude injuries where the code itself is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries. Def. Source: TQIP Data Base Column Name: PUPILLARY_RESPONSE Custom Type of Field: Numeric Length: 2 Report: #1

Change Type – Content	
Rational – MTQIP clarification (Loney)	
2019	2020
ICD-10 HOSPITAL PROCEDURES **Diagnostic & Therapeutic Imaging** Computerized tomographic Head *, ** ** Required collection of first head/brain CT procedure code, date, and time on all patients who are on anticoagulant therapy or aspirin with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).	**ICD-10 HOSPITAL PROCEDURES** **Diagnostic & Therapeutic Imaging** Computerized tomographic Head *, ** Computerized tomographic Brain *, ** ** Required reporting of first head/brain CT procedure code, date, and time on all patients who are on anticoagulant therapy or aspirin with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Change Type – Content	
Rational – MTQIP member request (Burrington)	
2019	2020
TRAUMA CENTER A two-letter code that identifies each trauma center. Assigned by the data coordinating center. BO = Ascension Borgess Hospital JO = Ascension St. John Hospital SM = Ascension St. Mary's Hospital OW = Beaumont Hospital - Dearborn BF = Beaumont Hospital - Farmington Hills WB = Beaumont Hospital - Royal Oak OS = Beaumont Hospital – Trenton TB = Beaumont Hospital – Troy BM = Bronson Methodist Hospital CO = Covenant HealthCare DR = Detroit Receiving Hospital GH = Genesys Health System AL = Henry Ford Allegiance HF = Henry Ford Hospital HM = Henry Ford Macomb Hospital HU = Hurley Medical Center MC = McLaren Macomb (Mount Clemens) ML = McLaren Lapeer Regional Medical Center PO = McLaren Oakland (Pontiac) MK = Mercy Health Muskegon MM = Mercy Health Saint Mary's MH = Metro Health MI = MidMichigan Medical Center - Midland MU = Munson Medical Center VH = Providence Hospital – Southfield PN = Providence Novi SG = Sinai-Grace Hospital SP = Sparrow Hospital SH = Spectrum Health SJ = St. Joseph Mercy Hospital Ann Arbor SO = St. Joseph Mercy Oakland LM = St. Mary Mercy Livonia Hospital MG = UP Health System Marquette UM = University of Michigan Health System MN = University of Minnesota Def. Source: MTQIP Report: 1,2,3,4,5,6,7,8	**TRAUMA CENTER** A two-letter code that identifies each trauma center. Assigned by the data coordinating center. BO = Ascension Borgess Hospital PN = Ascension Providence Hospital Novi VH = Ascension Providence Hospital Southfield JO = Ascension St. John Hospital SM = Ascension St. Mary's Hospital OW = Beaumont Hospital - Dearborn BF = Beaumont Hospital - Farmington Hills WB = Beaumont Hospital - Royal Oak OS = Beaumont Hospital – Trenton TB = Beaumont Hospital – Troy BM = Bronson Methodist Hospital CO = Covenant HealthCare DR = Detroit Receiving Hospital GH = Genesys Health System AL = Henry Ford Allegiance HF = Henry Ford Hospital HM = Henry Ford Macomb Hospital HU = Hurley Medical Center MC = McLaren Macomb (Mount Clemens) ML = McLaren Lapeer Regional Medical Center PO = McLaren Oakland (Pontiac) MK = Mercy Health Muskegon MM = Mercy Health Saint Mary's MH = Metro Health MI = MidMichigan Medical Center - Midland MU = Munson Medical Center SG = Sinai-Grace Hospital SP = Sparrow Hospital SH = Spectrum Health SJ = St. Joseph Mercy Hospital Ann Arbor SO = St. Joseph Mercy Oakland LM = St. Mary Mercy Livonia Hospital MG = UP Health System Marquette UM = University of Michigan Health System MN = University of Minnesota Def. Source: MTQIP Report: 1,2,3,4,5,6,7,8

Change Type – Content	
Rational – MTQIP clarification (Yaworski)	
2019	2020
BETA BLOCKER TREATMENT Enter "YES" for patients who receive scheduled administration of parenteral or oral beta blocker medication within 48 hours of admission time to the MTQIP institution. Do not include patients who receive prn or intermittent administration of beta blocker treatment.	**BETA BLOCKER TREATMENT** Enter "YES" for patients who receive scheduled administration of parenteral or oral beta blocker medication within 48 hours of admission time to your hospital. • Do not include patients who receive prn or intermittent administration of beta blocker treatment. • Example: Patient has one or intermittent orders for metoprolol 5 mg IV Q 15 min x 3, then report as "NO".

Change Type – Range	
Rational – MTQIP clarification (Burns)	
Vendor Flag – Request to increase maximum field values	
2019	2020
FIRST ED/HOSPITAL INR	**FIRST ED/HOSPITAL INR** Increase maximum element value allowed to 20.0.