



2023 Definition Updates

M·TQIP



Key





Indicator	Meaning
Yellow Highlight	New change
Red Text	Variability compared to NTDS
Strike	Deleted verbiage
	Vendor flag
	Analyst flag

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ALL ELEMENTS	Notes in the Additional Information section to "INCLUDE" and/or "EXCLUDE" certain values have been moved to the Description.
Rational – NTDS update	
2022	2023
<p>HIGHEST ACTIVATION</p> <p>Description Patient received the highest level of trauma activation at your hospital.</p> <p>Element Values</p> <ol style="list-style-type: none"> Yes No <p>Additional Information</p> <ul style="list-style-type: none"> Highest level of activation is defined by your hospital's criteria. Include patients who received the highest level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital. Include patients who received the highest level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital and were downgraded after arrival to your center. Include patients who received a lower level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital and were upgraded to the highest level of trauma activation. Exclude patients who received the highest level of trauma activation after emergency department (ED) discharge. <p>Resources</p>	<p>HIGHEST ACTIVATION</p> <p>Description Patient received the highest level of trauma activation at your hospital.</p> <p>INCLUDE:</p> <ul style="list-style-type: none"> Patients who received the highest level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital. Patients who received the highest level of trauma activation initiated by EMS or by ED personnel at your hospital and were downgraded after arrival to your center. Patients who received a lower level of trauma activation initiated by EMS or by ED personnel at your hospital and were upgraded to the highest level of trauma activation. <p>EXCLUDE:</p> <ul style="list-style-type: none"> Exclude patients who received the highest level of trauma activation after emergency department (ED) discharge. <p>Element Values</p> <ol style="list-style-type: none"> Yes No <p>Additional Information</p> <ul style="list-style-type: none"> Highest level of activation is defined by your hospital's criteria. <p>Resources</p>



EMS PATIENT CARE REPORT UNIQUE IDENTIFIER (UUID) Clarified reporting on versions lower than 3.5.0 as "Not Known/Not Recorded."
Condensed verbiage.

Rational – NTDS update

2022

2023

EMS PATIENT CARE REPORT UNIQUE IDENTIFIER (UUID)

Description
The patient's universally unique identifier (UUID) as assigned by the emergency medical service (EMS) agency transporting the patient from the scene of injury to your hospital.

Element Values

- Relevant value for data element.
- Must be represented in canonical form, matching the following regular expression: [a-fA-F0-9]{8}-[a-fA-F0-9]{4}-[1-5][a-fA-F0-9]{3}-[89abAB][a-fA-F0-9]{3}-[a-fA-F0-9]{12}

Additional Information

- A sample UUID is: e48cd734-01cc-4da4-ae6a-915b0b1290f6
- Automated abstraction technology provided by registry product providers/vendors must be used for this data element. In the absence of automated technology, report the null value "Not Known/Not Recorded."
- Consistent with NEMESIS v3.5.0.
- The null value "Not Known/Not Recorded" must be reported if the UUID is not documented on the EMS Run Report. The UUID will not be documented on EMS Run Reports until NEMESIS version 3.5.0 is released. In collaboration with NEMESIS, the ACS will communicate when NEMESIS 3.5.0 is released.
- Assigned by the transporting EMS agency in accordance with the IETF RFC 4122 standard.
- The null value "Not Applicable" must be reported for all patients where Interfacility Transfer is Element Value "1. Yes".
- The null value "Not Applicable" must be reported for all patients where Transport Mode is Element Values "4. Private/Public Vehicle/Walk-in", "5. Police", "6. Other."
- For patients with multiple modes of transport from the scene of injury, report the UUID assigned by the EMS agency that delivered the patient to your hospital.
- If Transport Mode is Element Value "1. Ground Ambulance", "2. Helicopter Ambulance" or "3. Fixed Wing Ambulance" but the patient was not transported from the scene of injury, report the null value "Not Known/Not Recorded."

EMS PATIENT CARE REPORT UNIQUE IDENTIFIER (UUID)

Description
The universally unique identifier (UUID) of the patient care report (PCR) of each emergency medical service (EMS) unit treating the patient from the time of injury to arrival at your ED/hospital.

Element Values

- Relevant value for data element.
- Must be represented in canonical form, matching the following regular expression: [a-fA-F0-9]{8}-[a-fA-F0-9]{4}-[1-5][a-fA-F0-9]{3}-[89abAB][a-fA-F0-9]{3}-[a-fA-F0-9]{12}

Additional Information

- Report all that apply (maximum 20).
- A sample UUID is: e48cd734-01cc-4da4-ae6a-915b0b1290f6
- Automated abstraction technology provided by registry product providers/vendors must be used for this data element. In the absence of automated technology, report the null value "Not Known/Not Recorded."
- Consistent with NEMESIS v3.5.0.
- The null value "Not Known/Not Recorded" must be reported if the UUID is not documented on the EMS Run Report. The UUID will not be documented on EMS Run Reports in NEMESIS versions lower than 3.5.0. In collaboration with NEMESIS, the ACS will communicate when NEMESIS 3.5.0 is widely implemented.
- The null value "Not Applicable" must be reported if the patient was never transported via EMS prior to arrival at your hospital.
- Assigned by any applicable transporting EMS agency in accordance with the IETF RFC 4122 standard.



INITIAL ED/HOSPITAL HEIGHT REMOVED: Within 24 hours of ED/hospital arrival. Clarified reporting as "Not Known/Not Recorded" if height was not measured prior to discharge.

Rational – NTDS update

2022

2023

INITIAL ED/HOSPITAL HEIGHT

Description

First recorded height **within 24 hours or less** of ED/hospital arrival.

Element Values

- Relevant value for data element.

Additional Information

- Recorded in centimeters.
- May be based on family or self-report.
- Please note ~~that~~ the first recorded/hospital vitals do not need to be from the same assessment.
- ~~The~~ null value "Not Known/Not Recorded" ~~is reported~~ if the patient's Initial ED/Hospital Height **was not measured within 24 hours or less of ED/hospital arrival.**

Resources

INITIAL ED/HOSPITAL HEIGHT

Description

First recorded height **after** ED/hospital arrival.

Element Values

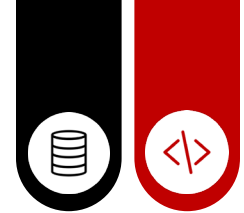
- Relevant value for data element.

Additional Information

- Recorded in centimeters.
- May be based on family or self-report.
- Report the null value "Not Known/Not Recorded" if the patient's Initial ED/Hospital Height **was not measured prior to discharge.**
- Please note ~~the~~ first recorded/hospital vitals do not need to be from the same assessment.

Resources





PRIMARY TRAUMA SERVICE TYPE	NEW variable.
Rational – NTDS update	
2022	2023
	<p>PRIMARY TRAUMA SERVICE TYPE</p> <p>Description The primary service type responsible for the care of this patient.</p> <p>Element Values</p> <ol style="list-style-type: none">1. Adult2. Pediatric <p>Additional Information</p> <ul style="list-style-type: none">• The primary service type responsible for trauma evaluation and care of the patient.• This element will be used to determine which eligible Trauma Quality Programs report [adult or pediatric] the patient will appear; report age criteria will still apply.• Adult trauma centers that do not have a separate pediatric service must report Element Value "1. Adult."• Pediatric trauma centers that do not have a separate adult service must report Element Value "2. Pediatric." <p>Resources</p> <p>Codebook Source: NTDS Data Base Column Name: PRIMARYSERVICETYPE Type of Element: Numeric Length: Report: # 1</p>

ALCOHOL USE DISORDER	ADDED: Only report on patients ≥15 years-of-age. ADDED: The null value "Not Applicable" must be reported for patients <15 years-of-age. CHANGED: The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients ≥15 years-of-age. Deleted exclusion isolated elevated blood alcohol level as this is not consistent with Description and a separate variable is available for reporting of blood alcohol.
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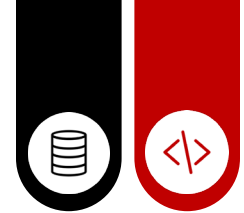
Rational – NTDS update. MTQIP Member request.

2022	2023
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<p>ALCOHOL USE DISORDER</p> <p>Description Evidence of chronic use, such as withdrawal episodes or the patient admits to drinking > 2 ounces of hard liquor or > two 12 oz. cans of beer or > two 6 oz. glasses of wine per day in the two weeks prior to admission.</p> <p>Element Values</p> <ul style="list-style-type: none"> Alcohol Use Disorder (NTDS 2) <p>Additional Information</p> <ul style="list-style-type: none"> If the patient is a binge drinker, divide out the numbers of drinks during the binge by seven days, then apply the Description. Include evidence of chronic use, such as withdrawal episodes. May determine inclusion based on the brief screening tool used at your institution. Include patients who meet criteria for Alcohol Withdrawal Syndrome during the same stay. Exclude isolated elevated blood alcohol level in absence of history of abuse. <p>Resources</p>
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<p>ALCOHOL USE DISORDER</p> <p>Description Evidence of chronic use, such as withdrawal episodes or the patient admits to drinking > 2 ounces of hard liquor or > two 12 oz. cans of beer or > two 6 oz. glasses of wine per day in the two weeks prior to admission.</p> <p>Element Values</p> <ul style="list-style-type: none"> Alcohol Use Disorder (NTDS 2) <p>Additional Information</p> <ul style="list-style-type: none"> Only report on patients ≥ 15 years-of-age. The null values "Not Applicable" must be reported for patients < 15 years-of-age. If the patient is a binge drinker, divide out the numbers of drinks during the binge by seven days, then apply the Description. Include evidence of chronic use, such as withdrawal episodes. May determine inclusion based on the brief screening tool used at your institution. Include patients who meet criteria for Alcohol Withdrawal Syndrome during the same stay. <p>Resources</p>





ANGINA PECTORIS	RETIRED variable.
Rational – NTDS update	
2022	2023
<p>ANGINA PECTORIS</p> <p>Description</p> <p>Chest pain or discomfort due to coronary heart disease. Usually causes uncomfortable pressure, fullness, squeezing or pain in the center of the chest. Patient may also feel the discomfort in the neck, jaw, shoulder, back or arm. Symptoms may be different in women than men.</p> <p>Element Values</p> <ul style="list-style-type: none">Angina Pectoris (NTDS 32) <p>Additional Information</p> <ul style="list-style-type: none">Present prior to injury.A diagnosis of angina including microvascular angina, Prinzmetal's angina, stable angina, unstable angina, and variant angina must be documented in the patient's medical record. <p>Resources</p>	

ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD/ADHD) CHANGED: Present prior to injury.

Rational – NTDS update

2022

2023

ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD/ADHD)

Description

A disorder involving inattention, hyperactivity, or impulsivity requiring medication for treatment, present prior to ED/Hospital arrival.

Element Values

- Attention deficit disorder/attention deficit hyperactivity disorder (NTDS 30)

Additional Information

Resources

ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD/ADHD)

Description

A disorder involving inattention, hyperactivity, or impulsivity requiring medication for treatment.

Element Values

- Attention deficit disorder/attention deficit hyperactivity disorder (NTDS 30)

Additional Information

- Present prior to injury.

Resources





CHRONIC OBSTRUCTIVE PULMONARY DISEASE	CHANGED verbiage precision. ADDED: Only report on patients ≥15 years-of-age. ADDED: The null value "Not Applicable" must be reported for patients <15 years-of-age. CHANGED: The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients ≥15 years-of-age.
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Rational – NTDS update

2022	2023
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<p>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</p> <p>Description</p> <p>Chronic obstructive pulmonary disease is a lung disease that is characterized by a persistent blockage of airflow that interferes with normal breathing and is not fully reversible. The more familiar terms "chronic bronchitis" and "emphysema" are no longer used but are now included within the COPD diagnosis.</p> <p>Element Values</p> <ul style="list-style-type: none"> Chronic Obstructive Pulmonary Disease (NTDS 23) <p>Additional Information</p> <ul style="list-style-type: none"> Reporting criteria (1 or more required) <ul style="list-style-type: none"> Functional disability from COPD (e.g., dyspnea, inability to perform activities of daily living [ADLs]) Hospitalization in the past for treatment of COPD Requires chronic scheduled or prn bronchodilator therapy with oral or inhaled agents A Forced Expiratory Volume in 1 second (FEV1) of <75% of predicted on pulmonary function testing Present prior to injury. Exclude patients whose only pulmonary disease is acute asthma, chronic asthma, diffuse interstitial fibrosis or sarcoidosis. <p>Resources</p>	<p>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</p> <p>Description</p> <p>Chronic obstructive pulmonary disease (COPD) is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms "chronic bronchitis" and "emphysema" are no longer used but are now included within the COPD diagnosis.</p> <p>EXCLUDE:</p> <ul style="list-style-type: none"> Patients whose only pulmonary disease is asthma. Patients with diffuse interstitial fibrosis or sarcoidosis. <p>Element Values</p> <ul style="list-style-type: none"> Chronic Obstructive Pulmonary Disease (NTDS 23) <p>Additional Information</p> <ul style="list-style-type: none"> Reporting criteria (1 or more required) <ul style="list-style-type: none"> Functional disability from COPD (e.g., dyspnea, inability to perform activities of daily living [ADLs]) Hospitalization in the past for treatment of COPD Requires chronic scheduled or prn bronchodilator therapy with oral or inhaled agents A Forced Expiratory Volume in 1 second (FEV1) of <75% of predicted on pulmonary function testing Present prior to injury. Only report on patients ≥ 15 years-of-age. The null value "Not Applicable" must be reported for patients < 15 years-of-age. The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients ≥ 15 years-of-age. <p>Resources</p>
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CIRRHOSIS	<p>CHANGED: Cirrhosis is the replacement of normal liver tissue with non-living scar tissue related to other liver diseases. Must have documentation in the medical record of cirrhosis, which might also be referred to as end-stage liver disease.</p> <p>RETIRED: If there is documentation of prior or present esophageal or gastric varices, portal hypertension, previous hepatic encephalopathy, or ascites with notation of liver disease, then cirrhosis should be considered present. ADDED: Documentation in the medical record may include CHILD or MELD scores that support evidence of cirrhosis. ADDED: Not Known/Not Recorded reporting for no available past medical history.</p>
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Rational – NTDS update

2022	2023
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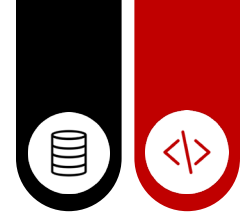
<p>CIRRHOSIS</p> <p>Description</p> <p>Documentation in the medical record of cirrhosis, which might also be referred to as end stage liver disease.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Cirrhosis (NTDS 25) <p>Additional Information</p> <ul style="list-style-type: none"> • Present prior to injury. • If there is documentation of prior or present esophageal or gastric varices, portal hypertension, previous hepatic encephalopathy, or ascites with notation of liver disease, then cirrhosis should be considered present. • Cirrhosis should also be considered present if documented by diagnostic imaging studies or at laparotomy/laparoscopy. <p>Resources</p>	<p>CIRRHOSIS</p> <p>Description</p> <p>Cirrhosis is the replacement of normal liver tissue with non-living scar tissue related to other liver diseases. Must have documentation in the medical record of cirrhosis, which might also be referred to as end-stage liver disease.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Cirrhosis (NTDS 25) <p>Additional Information</p> <ul style="list-style-type: none"> • Present prior to injury. • A diagnosis of cirrhosis, or documentation of cirrhosis by diagnostic imaging studies or a laparotomy/laparoscopy, must be in the patient's medical record. • Documentation in the medical record may include CHILD or MELD scores that support evidence of cirrhosis. • The null value "Not Known/Not Recorded" is only reported if no past medical history is available. <p>Resources</p>
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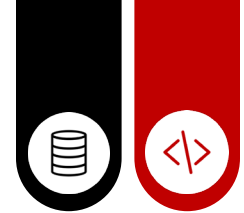


<p>DEMENTIA</p>	<p>CHANGED: A diagnosis of dementia including Alzheimer's Lewy Body Dementia, frontotemporal dementia (Pick's Disease) and vascular dementia must be documented in the patient's medical record. ADDED: Consistent with the National Institute on Aging December 2017. ADDED: minimum documentation for reporting.</p>
<p>Rational – NTDS update</p>	
<p>2022</p>	<p>2023</p>
<p>DEMENTIA</p> <p>Description Documentation in the patient's medical record of dementia including senile or vascular dementia (e.g., Alzheimer's).</p> <p>Element Values</p> <ul style="list-style-type: none"> Dementia (NTDS 26) <p>Additional Information</p> <ul style="list-style-type: none"> Present prior to injury. <p>Resources</p>	<p>DEMENTIA</p> <p>Description Documentation in the patient's medical record of dementia including senile or vascular dementia (e.g., Alzheimer's).</p> <p>Element Values</p> <ul style="list-style-type: none"> Dementia (NTDS 26) <p>Additional Information</p> <ul style="list-style-type: none"> Present prior to injury. A diagnosis of dementia including Alzheimer's, Lewy Body Dementia, frontotemporal dementia (Pick's Disease) and vascular dementia must be documented in the patient's medical record. The null value "Not Known/Not Recorded" is only reported if no past medical history is available. Consistent with the National Institute on Aging December 2017. The minimum required written documentation to report is "dementia" or equivalent. <p>Resources</p>

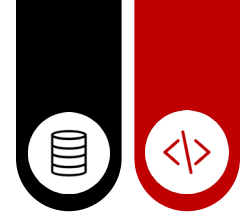




MAJOR DEPRESSIVE DISORDER	NEW variable.
Rational – NTDS update	
2022	2023
	<p>MAJOR DEPRESSIVE DISORDER</p> <p>Description A major depressive disorder diagnosis documented in the medical record.</p> <p>Element Values</p> <ul style="list-style-type: none">• Major Depressive Disorder (NTDS 40) <p>Additional Information</p> <ul style="list-style-type: none">• Present prior to injury.• Only report on patients \geq 15 years-of-age.• The null value "Not Applicable" must be reported for patients < 15 years-of-age.• The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients \geq 15 years-of-age.• The minimum required written documentation to report is "depression" or equivalent. <p>Resources</p> <p>Codebook Source: NTDS Data Base Column Name: A_COMORCODE Type of Element: String Length: Report: #4</p>

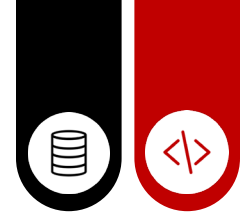


MENTAL/PERSONALITY DISORDERS	RETIRED variable.
Rational – NTDS update	
2022	2023
<p>MENTAL/PERSONALITY DISORDER</p> <p>Description Documentation of the presence of pre-injury depressive disorder, bipolar disorder, schizophrenia, anxiety/panic disorder, borderline, or antisocial personality disorder, and/or adjustment disorder/post-traumatic stress disorder.</p> <p>Element Values</p> <ul style="list-style-type: none">• Mental/Personality Disorder (NTDS 33) <p>Additional Information</p> <ul style="list-style-type: none">• The word "disorder" is not required to be present for capture, e.g., if a provider documents that the patient has a history of "bipolar", "anxiety", or "depression" report as Mental/Personality Disorder.• ICD-10 CM Code Range:<ul style="list-style-type: none">○ 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). <p>Resources</p>	

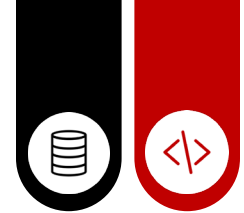


PERIPHERAL ARTERIAL DISEASE	ADDED: Only report on patients ≥15 years-of-age. ADDED: The null value "Not Applicable" must be reported for patients <15 years-of-age. CHANGED: The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients ≥15 years-of-age. ADDED: CDC source sheet reference.
Rational – NTDS update	
2022	2023
<p>PERIPHERAL ARTERIAL DISEASE (PAD)</p> <p>Description The narrowing or blockage of the vessels that carry blood from the heart to the legs, present prior to injury. It is primarily caused by the buildup of fatty plaque in the arteries, which is called atherosclerosis.</p> <p>Element Values</p> <ul style="list-style-type: none"> Peripheral Arterial Disease (NTDS 35) <p>Additional Information</p> <ul style="list-style-type: none"> PAD can occur in any blood vessel, but it is more common in the legs than the arms. Include peripheral vascular disease (PVD) which is used interchangeably with PAD unless vein-only disease is specified. Exclude disease processes not caused by atherosclerosis such as Raynaud's and Buerger's disease. Exclude disease processes not in the peripheral vasculature such as coronary artery disease. <p>Resources</p>	<p>PERIPHERAL ARTERIAL DISEASE (PAD)</p> <p>Description The narrowing or blockage of the vessels that carry blood from the heart to the legs. It is primarily caused by the buildup of fatty plaque in the arteries, which is called atherosclerosis. PAD can occur in any blood vessel, but it is more common in the legs than the arms.</p> <p>Element Values</p> <ul style="list-style-type: none"> Peripheral Arterial Disease (NTDS 35) <p>Additional Information</p> <ul style="list-style-type: none"> Present prior to injury. Only report on patients ≥ 15 years-of-age. The null value "Not Applicable" must be reported for patients < 15 years-of-age. The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients ≥ 15 years-of-age. Consistent with Centers for Disease Control, 2014 Fact Sheet. Include peripheral vascular disease (PVD) which is used interchangeably with PAD unless vein-only disease is specified. Exclude disease processes not caused by atherosclerosis such as Raynaud's and Buerger's disease. Exclude disease processes not in the peripheral vasculature such as coronary artery disease. <p>Resources</p>

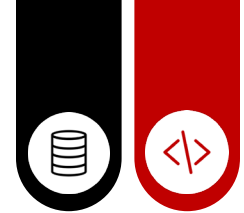




POST-TRAUMATIC STRESS DISORDER	NEW variable.
Rational – NTDS update	
2022	2023
	<p>POST-TRAUMATIC STRESS DISORDER</p> <p>Description A post-traumatic stress disorder diagnosis documented in the medical record.</p> <p>Element Values</p> <ul style="list-style-type: none">• Post-Traumatic Stress Disorder (NTDS 42) <p>Additional Information</p> <ul style="list-style-type: none">• Present prior to injury.• Only report on patients \geq 15 years-of-age.• The null value "Not Applicable" must be reported for patients < 15 years-of-age.• The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients \geq 15 years-of-age.• The minimum required written documentation to report is "PTSD" or equivalent. <p>Resources</p> <p>Codebook Source: NTDS Data Base Column Name: A_COMORCODE Type of Element: String Length: Report: #4</p>



SCHIZOAFFECTIVE DISORDER	NEW variable.
Rational – NTDS update	
2022	2023
	<p>SCHIZOAFFECTIVE DISORDER</p> <p>Description A schizoaffective disorder diagnosis documented in the medical record.</p> <p>Element Values</p> <ul style="list-style-type: none">Schizoaffective Disorder (NTDS 43) <p>Additional Information</p> <ul style="list-style-type: none">Present prior to injury.Only report on patients \geq 15 years-of-age.The null value "Not Applicable" must be reported for patients < 15 years-of-age.The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients \geq 15 years-of-age.The minimum required written documentation to report is "schizoaffective" or equivalent. <p>Resources</p> <p>Codebook Source: NSQIP, NTDS Data Base Column Name: A_COMORCODE Type of Element: String Length: Report: #4</p>



SCHIZOPHRENIA	NEW variable.
Rational – NTDS update	
2022	2023
	<p>SCHIZOPHRENIA</p> <p>Description A schizophrenia diagnosis documented in the medical record.</p> <p>Element Values</p> <ul style="list-style-type: none">Schizophrenia (NTDS 44) <p>Additional Information</p> <ul style="list-style-type: none">Present prior to injury.Only report on patients ≥ 15 years-of-age.The null value "Not Applicable" must be reported for patients < 15 years-of-age.The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients ≥ 15 years-of-age. <p>Resources</p> <p>Codebook Source: NSQIP, NTDS Data Base Column Name: A_COMORCODE Type of Element: String Length: Report: #4</p>



PREMATURITY	RETIRED from MTQIP.
Rational – NTDS update only reported for children now.	
2022	2023
<p>PREMATURITY</p> <p>Description Babies born before 37 weeks of pregnancy are completed.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Prematurity (NTDS 21) <p>Additional Information</p> <p>Resources</p>	

SUBSTANCE USE DISORDER	ADDED: Only report on patients ≥15 years-of-age. ADDED: The null value "Not Applicable" must be reported for patients <15 years-of-age. CHANGED TO: The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients ≥15 years-of-age. CHANGED: Present prior to injury. ADDED: diagnosis list.
Rational – NTDS update	
2022	2023
<p>SUBSTANCE USE DISORDER</p> <p>Description</p> <p>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.</p> <p>Element Values</p> <ul style="list-style-type: none"> Substance Abuse Disorder (NTDS 36) <p>Additional Information</p> <ul style="list-style-type: none"> Present prior to arrival. The word "disorder" is not required to be present for capture. Include patients who have a positive drug screen for a non-prescribed drug. <p>Resources</p>	<p>SUBSTANCE USE DISORDER</p> <p>Description</p> <p>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.</p> <ul style="list-style-type: none"> 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 <p>Element Values</p> <ul style="list-style-type: none"> Substance Abuse Disorder (NTDS 36) <p>Additional Information</p> <ul style="list-style-type: none"> Present prior to arrival. Only report on patients ≥ 15 years-of-age. The null value "Not Applicable" must be reported for patients < 15 years-of-age. The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients ≥ 15 years-of-age. The word "disorder" is not required to be present for capture. Include patients who have a positive drug screen for a non-prescribed drug.





ANTIBIOTIC THERAPY DATE

NO CHANGE. Vendor reminder to confirm no edit check issues with NTDS for all open fracture antibiotic variables both interval of administration and open fracture codes.

Rational – NTDS update

MTQIP

TQIP

ANTIBIOTIC DATE

Reporting Criterion

Report on all patients with open fractures.

Description

The date of administration to patient of first IV dose of antibiotic administered to patient during EMS transfer from scene through 24 hours of arrival at your hospital.

Element Values

- Relevant value for data element.

Additional Information

- Reported as MM/DD/YYYY.
- If administered during EMS transfer, report as index hospital ED/hospital arrival date to prevent negative calculations.

Resources

Codebook

Source: MTQIP, Orange Book

Data Base Column Name: MTQIP_ABX_DATE

Type of Element: Date (MM/DD/YYYY Format)

Length:

Report: #1

Vendor Edit Check: Element date cannot be before ED/hospital arrival date/time.

ANTIBIOTIC THERAPY DATE

REPORTING CRITERION:

Report on all patients with any open fracture(s).

DESCRIPTION

The date of first recorded intravenous antibiotic therapy administered to the patient within 24 hours after injury.

ELEMENT VALUES

Relevant value for data element

ADDITIONAL INFORMATION

- Reported as YYYY-MM-DD
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.
- The null value "Not Applicable" is reported if Antibiotic Therapy is Element Value "2. No."
- Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines and includes all AIS code descriptors that contain "open" and all AIS extremity/limb codes descriptors that contain "amputation."

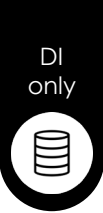


PATIENT'S FIRST NAME	ADDED: Reporting for patients when no legal name is documented.
Rational – MTQIP Member request	
2022	2023
<p>PATIENT'S FIRST NAME</p> <p>Description The first name of the patient.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> • Report the legal name provided by the patient. <p>Resources</p> <ul style="list-style-type: none"> • Orientation 	<p>PATIENT'S FIRST NAME</p> <p>Description The first name of the patient.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> • Report the legal name provided by the patient. • Report "Unknown" if the legal name is never documented. <p>Resources</p> <ul style="list-style-type: none"> • Orientation



PATIENT'S LAST NAME	ADDED: Reporting for patients when no legal name is documented.
Rational – MTQIP Member request	
2022	2023
<p>PATIENT'S LAST NAME</p> <p>Description The last name of the patient.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> • Report the legal name provided by the patient including suffix if applicable. <p>Resources</p> <ul style="list-style-type: none"> • Orientation 	<p>PATIENT'S LAST NAME</p> <p>Description The last name of the patient.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> • Report the legal name provided by the patient including suffix if applicable. • Report "Unknown" if the legal name is never documented. <p>Resources</p> <ul style="list-style-type: none"> • Orientation





ANTIPLATELET	NO CHANGE. Vendor request to rename "Plavix" label on secondary submenu in DI registry to "Antiplatelet" to make consistent with the dictionary.
Rational – MTQIP Member request	
2022	2023
<p>ANTIPLATELET</p> <p>Description Patients who report use of an antiplatelet agent within a 10-day time frame prior to injury.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Antiplatelet (D.06) <p>Additional Information</p> <ul style="list-style-type: none"> • Include any antiplatelet subclass agent with the mechanism of action via irreversibly binding to the P2Y12 adenosine diphosphate receptors or suppression of cAMP degradation, or augmentation of cGMP production, reducing platelet aggregation. • Common agents include Plavix, (clopidogrel), Effient (prasugrel), Pletal (cilostazol) Brilinta (ticagrelor), and dipyridamole. • Do not capture aspirin under this variable. <p>Resources</p> <ul style="list-style-type: none"> • Drug search <p>Codebook Source: MTQIP Data Base Column Name: A_COMORCODE Type of Element: String Length: Report: #4</p>	<p>ANTIPLATELET</p> <p>Description Patients who report use of an antiplatelet agent within a 10-day time frame prior to injury.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Antiplatelet (D.06) <p>Additional Information</p> <ul style="list-style-type: none"> • Include any antiplatelet subclass agent with the mechanism of action via irreversibly binding to the P2Y12 adenosine diphosphate receptors or suppression of cAMP degradation, or augmentation of cGMP production, reducing platelet aggregation. • Common agents include Plavix, (clopidogrel), Effient (prasugrel), Pletal (cilostazol) Brilinta (ticagrelor), and dipyridamole. • Do not capture aspirin under this variable. <p>Resources</p> <ul style="list-style-type: none"> • Drug search <p>Codebook Source: MTQIP Data Base Column Name: A_COMORCODE Type of Element: String Length: Report: #4</p>

CONGESTIVE HEART FAILURE	ADDED: Reporting to include history pregnancy-induced congestive heart failure.
Rational – MTQIP Member request. Clarification from NTDS.	
2022	2023
<p>CONGESTIVE HEART FAILURE</p> <p>Description The inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body or can do so only at an increased ventricular filling pressure.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Congestive Heart Failure (NTDS 7) <p>Additional Information</p> <ul style="list-style-type: none"> • To be included, this condition must be noted in the medical record as CHF, congestive heart failure, or pulmonary edema with onset or increasing symptoms 30 days prior to injury. The 30-day interval criterion applies only to pulmonary edema. • Common manifestations are: <ul style="list-style-type: none"> ○ Abnormal limitation in exercise tolerance due to dyspnea or fatigue ○ Orthopnea (dyspnea on lying supine) ○ Paroxysmal nocturnal dyspnea (awakening from sleep with dyspnea) ○ Increased jugular venous pressure ○ Pulmonary rales on physical examination ○ Cardiomegaly ○ Pulmonary vascular engorgement <p>Resources</p>	<p>CONGESTIVE HEART FAILURE</p> <p>Description The inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body or can do so only at an increased ventricular filling pressure.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Congestive Heart Failure (NTDS 7) <p>Additional Information</p> <ul style="list-style-type: none"> • To be included, this condition must be noted in the medical record as CHF, congestive heart failure, pregnancy-induced congestive heart failure or pulmonary edema with onset or increasing symptoms 30 days prior to injury. The 30-day interval criterion applies only to pulmonary edema. • Common manifestations are: <ul style="list-style-type: none"> ○ Abnormal limitation in exercise tolerance due to dyspnea or fatigue ○ Orthopnea (dyspnea on lying supine) ○ Paroxysmal nocturnal dyspnea (awakening from sleep with dyspnea) ○ Increased jugular venous pressure ○ Pulmonary rales on physical examination ○ Cardiomegaly ○ Pulmonary vascular engorgement <p>Resources</p>



FUNCTIONALLY DEPENDENT HEALTH STATUS	ADDED: Reporting to exclude implanted devices used for physiologic limitation.
Rational – MTQIP Member request. Clarification from NTDS.	
2022	2023
<p>FUNCTIONALLY DEPENDENT HEALTH STATUS</p> <p>Description Pre-injury functional status may be represented by the ability of the patient to complete age-appropriate activities of daily living (ADL). Present prior to injury. Activities of daily living include bathing, feeding, dressing, toileting, and walking. Include patients whom prior to injury, and as a result of cognitive or physical limitations relating to a pre-existing medical condition, was partially dependent or completely dependent upon equipment, devices or another person to complete some or all activities of daily living.</p> <p>Element Values</p> <ul style="list-style-type: none"> Functionally Dependent Health Status (NTDS 15) <p>Additional Information</p> <ul style="list-style-type: none"> Include chronic home oxygen use at all times (device = oxygen, ADL = walking). Include cane use (device = cane, ADL = walking). Exclude glasses, hearing aids, dentures, or prosthetic limbs as these devices or tools are used, but not necessarily ADL dependent. <p>Resources</p>	<p>FUNCTIONALLY DEPENDENT HEALTH STATUS</p> <p>Description Pre-injury functional status may be represented by the ability of the patient to complete age-appropriate activities of daily living (ADL).</p> <p>Element Values</p> <ul style="list-style-type: none"> Functionally Dependent Health Status (NTDS 15) <p>Additional Information</p> <ul style="list-style-type: none"> Present prior to injury. Activities of daily living include bathing, feeding, dressing, toileting, and walking. Include patients whom prior to injury, and as a result of cognitive or physical limitations relating to a pre-existing medical condition, was partially dependent or completely dependent upon equipment, devices or another person to complete some or all activities of daily living. Include chronic home oxygen use at all times (device = oxygen, ADL = walking). Include cane use (device = cane, ADL = walking). Exclude dentures, glasses, hearing aids, or prosthetic limbs as these devices or tools are used, but not necessarily ADL dependent. Exclude LVADs, intrathecal pain pumps, pacemakers and equivalent implanted devices used for physiologic limitations. <p>Resources</p>



PRESSURE ULCER	ADDED: Reporting to include unstageable injury. Reporting to exclude Stage 1 present on arrival that progresses during stay to Stage > 1. Reporting to exclude mucosal membrane pressure injury.
Rational – MTQIP Member request	
2022	2023
<p>PRESSURE ULCER</p> <p>Description</p> <p>A localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated. Equivalent to NPUAP Stages II-IV, Unstageable/Unclassified, and Suspected Deep Tissue Injury.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Pressure Ulcer (NTDS 37) <p>Additional Information</p> <ul style="list-style-type: none"> • Excludes intact skin with non-blanching redness (NPUAP Stage I), which is considered reversible tissue injury. <p>Resources</p> <ul style="list-style-type: none"> • NPUAP Pressure Injury Stages 	<p>PRESSURE ULCER</p> <p>Description</p> <p>A localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated. Equivalent to NPUAP Stages II-IV, Unstageable/Unclassified, and Suspected Deep Tissue Injury.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Pressure Ulcer (NTDS 37) <p>Additional Information</p> <ul style="list-style-type: none"> • Includes obscured full-thickness skin and tissues loss (NPUAP Unstageable). • Excludes intact skin with non-blanching redness (NPUAP Stage I), which is considered reversible tissue injury. • Excludes intact skin with non-blanching redness (NPUAP Stage I), present on arrival that progresses during hospital stay to NPUAP Stage > 1. • Excludes medical device-related mucosal membrane pressure injury. <p>Resources</p> <ul style="list-style-type: none"> • NPUAP Pressure Injury Stages



SEPSIS	ADDED: Clarification for documented infection as culture-confirmed infection.
Rational – MTQIP Member request	
2022	2023
<p>SEPSIS</p> <p>Description Sepsis is life-threatening organ dysfunction due to a dysregulated host response to infection. Septic shock is defined as a subset of sepsis in which particularly profound circulatory, cellular, and metabolic abnormalities substantially increase mortality. The baseline SOFA score should be assumed to be zero unless the patient is known to have preexisting (acute or chronic) organ dysfunction before the onset of infection.</p> <p>Presence of infection 1. Documented infection</p> <p>AND</p> <p>Sepsis Quick Sequential Organ Failure Criteria (qSOFA) – 2 or more of the following are required: 1. Altered mentation (GCS < 15) 2. Systolic blood pressure ≤ 100 mmHg 3. Respiratory rate ≥ 22 breaths/min</p> <p>OR</p> <p>Septic Shock - all required 1. Persistent hypotension requiring vasopressors to maintain MAP ≥65 mmHg 2. Serum lactate level >2 mmol/L (18 mg/dL) despite adequate volume resuscitation</p> <p>Element Values</p> <ul style="list-style-type: none"> Sepsis (NTDS 32) <p>Additional Information</p> <p>Resources</p> <ul style="list-style-type: none"> SCCM Sepsis 3 	<p>SEPSIS</p> <p>Description Sepsis is life-threatening organ dysfunction due to a dysregulated host response to infection. Septic shock is defined as a subset of sepsis in which particularly profound circulatory, cellular, and metabolic abnormalities substantially increase mortality. The baseline SOFA score should be assumed to be zero unless the patient is known to have preexisting (acute or chronic) organ dysfunction before the onset of infection.</p> <p>Presence of infection 1. Culture-confirmed infection</p> <p>AND</p> <p>Sepsis Quick Sequential Organ Failure Criteria (qSOFA) – 2 or more of the following are required: 1. Altered mentation (GCS < 15) 2. Systolic blood pressure ≤ 100 mmHg 3. Respiratory rate ≥ 22 breaths/min</p> <p>OR</p> <p>Septic Shock - all required 1. Persistent hypotension requiring vasopressors to maintain MAP ≥65 mmHg 2. Serum lactate level >2 mmol/L (18 mg/dL) despite adequate volume resuscitation</p> <p>Element Values</p> <ul style="list-style-type: none"> Sepsis (NTDS 32) <p>Additional Information</p> <p>Resources</p> <ul style="list-style-type: none"> SCCM Sepsis 3



HIGHEST GCS TOTAL

CHANGED: Updated reporting interval to calendar day after ED/hospital arrival consistent with NTDS.

Rational – MTQIP Member request to resolve edit check issues.

2022

2023

HIGHEST GCS TOTAL

Reporting Criterion

Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.

HIGHEST GCS TOTAL

Reporting Criterion

Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.

Description

Highest total GCS within 24 hours of ED/hospital arrival.

Description

Highest total GCS on calendar day after ED/hospital arrival.

Element Values

- Relevant value for data element.

Element Values

- Relevant value for data element.

Additional Information

- Refers to highest total GCS within 24 hours after ED Hospital/Arrival to index hospital, where index hospital is the hospital abstracting the data.
- Requires review of all data sources to obtain the highest GCS total. In many cases, the highest GCS may occur after ED discharge.
- The provider evaluation time, staff arrived time, and similar assessment time should be used when the specified provider's note documents this assessment.
- If patient is intubated, then the GCS Verbal score is equal to 1.
- Best obtained when sedatives or paralytics are withheld as part of sedation holiday.
- If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3," "awake alert and oriented," or "patient with normal mental status," interpret this as GCS of 15 IF there is no other contradicting documentation.
- The null value "Not Applicable" is reported for patients that do not meet reporting criteria.
- The null value "Not Known/Not Recorded" is reported if reporting Highest GCS Motor 40.

Additional Information

- Refers to highest total GCS on calendar day after ED Hospital/Arrival to index hospital, where index hospital is the hospital abstracting the data.
- Requires review of all data sources to obtain the highest GCS total on the calendar day after ED/hospital arrival.
- The provider evaluation time, staff arrived time, and similar assessment time should be used when the specified provider's note documents this assessment.
- If patient is intubated, then the GCS Verbal score is equal to 1.
- Best obtained when sedatives or paralytics are withheld as part of sedation holiday.
- If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3," "awake alert and oriented," or "patient with normal mental status," interpret this as GCS of 15 IF there is no other contradicting documentation.
- The null value "Not Applicable" is reported for patients that do not meet reporting criteria.
- The null value "Not Known/Not Recorded" is reported if reporting Highest GCS Motor 40.
- If reporting Highest GCS Total, the null value "Not Applicable" is reported if the patient is discharged from your hospital prior to the next calendar day.

Resources

Resources



HIGHEST GCS MOTOR	CHANGED: Updated variable name. Updated reporting interval to calendar day after ED/hospital arrival consistent with NTDS.
Rational – MTQIP Member request to resolve edit check issues.	
2022	2023
<p>GCS MOTOR COMPONENT OF HIGHEST GCS TOTAL</p> <p>Reporting Criterion Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.</p> <p>Description Highest motor GCS within 24 hours of ED/hospital arrival.</p> <p>Element Values</p> <ol style="list-style-type: none"> No motor response Extension to pain Flexion to pain Withdrawal from pain Localizing pain Obeys commands <p>Additional Information</p> <ul style="list-style-type: none"> Refers to highest GCS motor score within 24 hours after 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 score. In many cases, the highest GCS motor score might occur after ED discharge. The provider evaluation time, staff arrived time, and similar assessment time should be used when the specified provider's note documents this assessment. Best obtained when sedatives or paralytics are withheld as part of sedation holiday. If a patient does not have a numeric GCS 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 withdraws from a painful stimulus," a Motor GCS of 4 may be reported, IF there is no other contradicting documentation. The null value "Not Known/Not Recorded" is reported if reporting Highest GCS Motor 40. 	<p>HIGHEST GCS MOTOR</p> <p>Reporting Criterion Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.</p> <p>Description Highest motor GCS on calendar day after ED/hospital arrival.</p> <p>Element Values</p> <ol style="list-style-type: none"> No motor response Extension to pain Flexion to pain Withdrawal from pain Localizing pain Obeys commands <p>Additional Information</p> <ul style="list-style-type: none"> Refers to highest GCS motor on calendar day after 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 on calendar day after ED/hospital arrival. The provider evaluation time, staff arrived time, and similar assessment time should be used when the specified provider's note documents this assessment. Best obtained when sedatives or paralytics are withheld as part of sedation holiday. If a patient does not have a numeric GCS 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. For example, the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be reported, IF there is no other contradicting documentation. The null value "Not Known/Not Recorded" is reported if reporting Highest GCS Motor 40. If reporting Highest GCS Motor, the null value "Not Applicable" is reported if the patient is discharged from your hospital prior to the next calendar day.



CHANGED: Updated reporting interval to calendar day after ED/hospital arrival consistent with NTDS.

GCS ASSESSMENT QUALIFIER COMPONENT OF HIGHEST GCS TOTAL

Rational – MTQIP Member request to resolve edit check issues.

2022

GCS ASSESSMENT QUALIFIER COMPONENT OF HIGHEST GCS TOTAL

Description

Documentation of factors potentially affecting the highest GCS **within 24 hours of** ED/hospital arrival.

Element Values

- Legitimate without intervention (L)
- Obstruction to eye (E)
- Chemically sedated (S)
- Intubated (T)
- Intubated and chemically paralyzed (TP)
- Not applicable (/)

Additional Information

- Refers to highest GCS assessment qualifier score after arrival to index hospital, where index hospital is the hospital abstracting the data.
- **The provider evaluation time, staff arrived time, and similar assessment time should be used when the specified provider's note documents this assessment.**
- 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 score which might occur after the ED phase of care.
- Identifies medical treatments given to the patient that may affect the best assessment of GCS. This element does not apply to self-medication the patient may have administered (i.e., ETOH, prescriptions, etc.).
- Must be the assessment qualifier for the Highest GCS Total.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected.
- Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center, so it can be identified in the medical record.
- Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10minutes.
- The null value "Not Known/Not Recorded" is reported if reporting Highest GCS Motor 40.

2023

GCS ASSESSMENT QUALIFIER COMPONENT OF HIGHEST GCS TOTAL

Description

Documentation of factors potentially affecting the highest GCS **on calendar day after** ED/hospital arrival.

Element Values

- Legitimate without intervention (L)
- Obstruction to eye (E)
- Chemically sedated (S)
- Intubated (T)
- Intubated and chemically paralyzed (TP)
- Not applicable (/)

Additional Information

- Refers to highest GCS assessment qualifier score **on calendar day** after arrival to index hospital, where index hospital is the hospital abstracting the data.
- **The provider evaluation time, staff arrived time, and similar assessment time should be used when the specified provider's note documents this assessment.**
- 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 score **on calendar day after ED/hospital arrival,** which might occur after the ED phase of care.
- Identifies medical treatments given to the patient that may affect the best assessment of GCS. This element does not apply to self-medication the patient may have administered (i.e., ETOH, prescriptions, etc.).
- Must be the assessment qualifier for the Highest GCS Total **on calendar day after ED/hospital arrival.**
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected.
- Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center, so it can be identified in the medical record.
- Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10minutes.
- The null value "Not Known/Not Recorded" is reported if reporting Highest GCS Motor 40.
- **If reporting GCS Assessment Qualifier Component of Highest GCS Total, the null value "Not Applicable " is reported if the patient is discharged from your hospital the next calendar day.**



HIGHEST GCS-40 MOTOR

CHANGED: Updated reporting interval to calendar day after ED/hospital arrival consistent with NTDS.

Rational – MTQIP Member request to resolve edit check issues.

2022

2023

HIGHEST GCS 40 – MOTOR

Reporting Criterion

Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.**

Description

Highest GCS 40 motor **within 24 hours of** ED/Hospital arrival.

Element Values

1. Not Testable
2. None
3. Extension
4. Abnormal Flexion
5. Normal Flexion
6. Localizing
7. Obeys Commands

Additional Information

- Refers to highest GCS 40 motor **within 24 hours of** arrival to index hospital, where index hospital is the hospital abstracting the data.
- **The provider evaluation time, staff arrived time, and similar assessment time should be used when the specified provider's note documents this assessment.**
- 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.

HIGHEST GCS 40 – MOTOR

Reporting Criterion

Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.**

Description

Highest GCS 40 motor **on calendar day after** ED/Hospital arrival.

Element Values

1. Not Testable
2. None
3. Extension
4. Abnormal Flexion
5. Normal Flexion
6. Localizing
7. Obeys Commands

Additional Information

- Refers to highest GCS 40 motor **on calendar day after** arrival to index hospital, where index hospital is the hospital abstracting the data.
- **The provider evaluation time, staff arrived time, and similar assessment time should be used when the specified provider's note documents this assessment.**
- Requires review of all data sources to obtain the highest GCS motor 40 score **on the calendar day** after 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.)
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.
- 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.
- **If reporting Highest GCS-40 Motor, the null value "Not Applicable" is reported if the patient is discharged from your hospital prior to the next calendar day.**



CEREBRAL MONITOR	ADDED: Clarification for reporting of single monitors with multi-use functionality.
Rational – MTQIP Member request	
2022	2023
<p>CEREBRAL MONITOR</p> <p>Reporting Criterion Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.</p> <p>Description Indicate the first (TBIMON1), and if applicable second (TBIMON2), and third (TBIMON3) cerebral monitors that were placed.</p> <p>Element Values</p> <ol style="list-style-type: none"> Intraventricular monitor/catheter (e.g., ventriculostomy, external ventricular drain) Intraparenchymal pressure monitor (e.g., Camino bolt, subarachnoid bolt, intraparenchymal catheter) Parenchymal oxygen monitor (e.g., Licox monitor) Jugular venous bulb None <p>Additional Information</p> <ul style="list-style-type: none"> Refers to insertion of an intracranial pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI. Cerebral monitor placed at a referring facility would be acceptable if such a monitor was used by receiving facility to monitor the patient. Must also document under procedures if ICD 10 code available. The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. <p>Resources</p>	<p>CEREBRAL MONITOR</p> <p>Reporting Criterion Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.</p> <p>Description Indicate the first (TBIMON1), and if applicable second (TBIMON2), and third (TBIMON3) cerebral monitors that were placed.</p> <p>Element Values</p> <ol style="list-style-type: none"> Intraventricular monitor/catheter (e.g., ventriculostomy, external ventricular drain) Intraparenchymal pressure monitor (e.g., Camino bolt, subarachnoid bolt, intraparenchymal catheter) Parenchymal oxygen monitor (e.g., Licox monitor) Jugular venous bulb None <p>Additional Information</p> <ul style="list-style-type: none"> Report single cerebral monitors with multi-value uses as separate monitors. For example, if a single brain tissue oxygen monitor is placed and used as both an ICP monitor and oxygen monitor, report value 2 and 3. Refers to insertion of an intracranial pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI. Cerebral monitor placed at a referring facility would be acceptable if such a monitor was used by receiving facility to monitor the patient. Must also document under procedures if ICD 10 code available. The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. <p>Resources</p>



CEREBRAL MONITOR DATE	ADDED: Clarification for reporting of single monitors with multi-use functionality.
Rational – MTQIP Member request	
2022	2023
<p>CEREBRAL MONITOR DATE</p> <p>Reporting Criterion Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.</p> <p>Description Date of first (MON1DATE), and if applicable, second (MON2DATE) and third (MON3DATE) cerebral monitor placement.</p> <p>Element Values</p> <ul style="list-style-type: none"> Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> Reported as YYYY-MM-DD. The null value "Not Applicable" is reported if the data element Cerebral Monitor is "5. None". The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. If the cerebral monitor was placed at the referring facility, cerebral monitor date must be the date of insertion at the referring facility. <p>Resources</p>	<p>CEREBRAL MONITOR DATE</p> <p>Reporting Criterion Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.</p> <p>Description Date of first (MON1DATE), and if applicable, second (MON2DATE) and third (MON3DATE) cerebral monitor placement.</p> <p>Element Values</p> <ul style="list-style-type: none"> Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> Reported as YYYY-MM-DD. Report single cerebral monitors with multi-value uses as separate monitors with the same placement date. The null value "Not Applicable" is reported if the data element Cerebral Monitor is "5. None". The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. If the cerebral monitor was placed at the referring facility, cerebral monitor date must be the date of insertion at the referring facility. <p>Resources</p>



CEREBRAL MONITOR	ADDED: Clarification for reporting of single monitors with multi-use functionality.
Rational – MTQIP Member request	
2022	2023
<p>CEREBRAL MONITOR TIME</p> <p>Reporting Criterion Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.</p> <p>Description Time of first (MON1TIME), and if applicable, second (MON2TIME) and third (MON3TIME) cerebral monitor was placed.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> • Reported as HH:MM military time. • The null value "Not Applicable" is reported if the data element Cerebral Monitor is "5. None." • The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. • If the cerebral monitor was placed at the referring facility, cerebral monitor time must be the time of insertion at the referring facility. <p>Resources</p>	<p>CEREBRAL MONITOR TIME</p> <p>Reporting Criterion Report 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 is not included in the AIS head region of the AAAM book such as isolated asphyxiation/suffocation injuries.</p> <p>Description Time of first (MON1TIME), and if applicable, second (MON2TIME) and third (MON3TIME) cerebral monitor was placed.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> • Reported as HH:MM military time. • Report single cerebral monitors with multi-value uses as separate monitors with the same placement time. • The null value "Not Applicable" is reported if the data element Cerebral Monitor is "5. None." • The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. • If the cerebral monitor was placed at the referring facility, cerebral monitor time must be the time of insertion at the referring facility. <p>Resources</p>



ANTIBIOTIC DAYS	ADDED: Clarification of reporting for doses that start on one calendar day but finish on a subsequent day as 1 day.
Rational – MTQIP Member request	
2022	2023
<p>ANTIBIOTIC DAYS</p> <p>Reporting Criterion Report on all patients.</p> <p>Description The cumulative number of days the patient received antibiotics administered intravenously at the index hospital.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> • Each partial or full day of drug or multiple drugs should be measured as one calendar day. • Reported in full days' increments with any partial day listed as a full day regardless of purpose of administration. • Do not include antifungal, antiviral or antiparasitic agents. <p>Resources</p> <ul style="list-style-type: none"> • Drug search 	<p>ANTIBIOTIC DAYS</p> <p>Reporting Criterion Report on all patients.</p> <p>Description The cumulative number of days the patient received antibiotics administered intravenously at the index hospital.</p> <p>Element Values</p> <ul style="list-style-type: none"> • Relevant value for data element. <p>Additional Information</p> <ul style="list-style-type: none"> • Calendar day is assigned to the date the administered dose was started. Do not count a dose that continues onto the next calendar day as two days. • Each partial or full day of drug or multiple drugs should be measured as one calendar day. • Reported in full days' increments with any partial day listed as a full day regardless of purpose of administration. • Do not include antifungal, antiviral or antiparasitic agents. <p>Resources</p> <ul style="list-style-type: none"> • Drug search





PRIOR OPIOID USE	RETIRED: Variable and definition.
Rational – MTQIP Member request	
2022	2023
<p>OPIOID USE</p> <p>Reporting Criterion Report on all patients.</p> <p>Description Descriptors documented in the patient's medical record consistent with opioid use within a 5-day-timeframe prior to admission at the index hospital.</p> <p>Element Values</p> <ol style="list-style-type: none"> 1. None 2. Prescribed 3. Recreational 4. Both 5. Unknown indication <p>Additional Information</p> <ul style="list-style-type: none"> • All routes of opioid administration are included. • Exclude opioid administration provided as part of care for traumatic injuries. <p>Resources</p> <ul style="list-style-type: none"> • Drug search <p>Codebook Source: MTQIP Data Base Column Name: MTQIP_OPIOID_USE Type of Element: String Length: Report: #1 Default: 0. None Validation Range: Reporting starting 7/1/22</p>	



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