



Data Dictionary

Version 1

Last Update 5.23.2022



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Patient Demographics

Essential characteristics of the patient that may be found in the registration section of the chart

Patient age	First choose years or months for unit of age , then enter the number associated with the age unit. (i.e.: 11 months, or 11 years). Enter the age of the patient in MONTHS if less than a year and as YEARS if one year or greater.
Patient gender	Male, Female, Nonbinary
Patient race	American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, UTO (unable to obtain)
Patient's ethnicity	Hispanic or Latino, Not Hispanic or Latino, UTO
What is the patient's payor category?	Medicare, Medicaid, Private Insurance, Self Pay, Uninsured, Other/Missing. This may be located in another section of the medical record (i.e.. Insurance, patient demographic page)
What is the patient's state of residence?	Drop down of 2 letter state abbreviations

Clinical Bundles

Indicate which quality bundle is appropriate for the patient based on their presenting complaint. All patients will be included in cross-cutting bundles of assessment and interfacility transfer.

Did the patient have any of these clinical conditions?	Check as many options as appropriate for complaints associated with the patient visit
Blunt head trauma	Yes or No
Seizure	Yes or No
Respiratory symptoms	Yes or No
Episode(s) of vomiting	Yes or No
Behavioral health concern	Yes or No
Did the patient have an additional clinical condition to consider?	Enter free text for complaint.

Triage

The patient's first evaluation by staff

What was the date of triage?

Use the Calendar interface that appears when you hover over date.
Choose YEAR, MONTH, then DATE of ED visit

What was the time of triage?

Use the CLOCK interface that appears when you hover over the TIME.
Choose HOUR, MINUTE, and can choose ZERO for the second.

What type of chief complaint did the patient have in triage?

1-Medical, 2-Injury, 3-Behavioral Health, 4-Other (free text another category).

What was the ESI (Emergency Severity Index) Triage level?

Numeric Value (1-5) or ESI not used

How was the patient's weight recorded in the medical record?

1 - Kilograms Only, 2 - Pounds Only, 3 - Both, 4 - Not Recorded or obtained

What was the patient's mode of arrival to the Emergency Department?

1-EMS, 2-Transfer, 3-Private vehicle or walk-in, 4-Other or Unknown

Where any medications administered to the patient prior to their arrival in the ED? **Only asked if patient arrived by EMS**

1-Yes, 2-No, 3-Unknown

What type or class of medication was given?

1-Analgesics (Pain/Sedation), 2-Anticonvulsants (Seizures), 3-Antiemetics(Vomiting), 4-Antihistamines (Allergies), 5-Antimicrobials (infections), 6-Antipsychotics (Psychiatric), 7-Antipyretics (Fever), 8-Fluids, 9-Bronchodilators (Respiratory), 10-Intubation Medications, 11-Resuscitation, 12- Steroids, 13- Vaccine, 14-Others (Free text)

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Initial Vitals

The first set of vitals obtained on the patient whether in triage or exam room

Where any vitals excluding weight obtained on the patient?	1 - Yes , 2-No If No is answered, you will not see the questions below
Heart rate	1 - Yes , 2-No
Respiratory rate	1 - Yes , 2-No
Was a temperature obtained?	1 - Yes , 2-No
Was there a fever?	1 - Yes , 2-No
Type of fever?	1-Low Grade 100° - 102° F (37.8° - 39° C); 2-Average Fever 102° - 104° F (39 - 40° C); 3-High Fever Over 104° F (40° C)
Blood Pressure	1 - Yes , 2-No
Pulse oximetry	1 - Yes , 2-No
Was mental status assessed?	1 - Yes , 2-No
What tool was used?	1 - GCS, 2 - AVPU, 3 - Other
What was the score?	3-15 (Only see if GCS used)
Was pain assessed?	1 - Yes , 2-No
What was the level of pain?	1-None (0); 2-Mild (1-3); 3-Moderate (4-6); 4-Severe (7-10)

Vital Sign Reassessment

Any vital sign that is obtained more than once is considered a reassessment. If any vital sign was retaken, enter them in the following section. If vital signs were repeated multiple times use the first re-assessment.

Where any vitals excluding weight reassessed on the patient?	1 - Yes , 2-No
Check all vitals that were reassessed	Only see these questions if YES was answered above
Heart Rate Reassessed	1 - Yes , 2-No
Respiratory Rate Reassessed	1 - Yes , 2-No
Temperature Reassessed	1 - Yes , 2-No
Blood Pressure Reassessed	1 - Yes , 2-No
Pulse Oximetry Reassessed	1 - Yes , 2-No
Mental Status Reassessed	1 - Yes , 2-No
Was GCS used	1 - Yes , 2-No
What was the lowest GCS value recorded?	3-15
Pain Reassessed	1 - Yes , 2-No
What was the level of pain?	1-None (0); 2-Mild (1-3); 3-Moderate (4-6); 4-Severe (7-10)

Discharge Diagnosis

This is the final assessment by a provider and can be different from the presenting complaint. An ICD-10 code is listed as a letter followed by numbers. For example, asthma would be J45. Provide up to three discharge diagnoses ICD-10 codes.

Primary discharge diagnosis (required)

Letter and 2-digit number
(i.e., J04)

Secondary discharge diagnosis (optional)

Letter and 2-digit number (i.e., J45)

Tertiary discharge diagnosis (optional)

Letter and 2-digit number (i.e., F01)

Disposition

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This section indicates what happened to the patient at the end of their ED stay

What was the date of disposition?	Use the calendar interface that appears when you hover over DATE. Choose YEAR, MONTH then DATE of ED visit
What was the time of the disposition?	Use the CLOCK interface that appears when you hover over the TIME. Choose HOUR, MINUTE, and can choose ZERO for the second.
From the following options, choose which was the final disposition of the patient?	1 - Admitted to Floor, 2 - Admitted to ICU, 3 - Discharge Home, 4 - Left Against Medical Advice, 5 - Observation Unit, 6 - Operating Room, 7 - Rehab, 8 - Step Down Unit, 9 - Transferred to Another Facility, 10 - Died
If a patient was transferred, which of the following best describes the receiving facility?	1-Psychiatric, 2-Trauma, 3-Medical, 4-Other

Screenings

Screenings can assess behavioral health risks or exposure to violence or harm. This section assesses the type of screenings that might have been used during the visit.

Where any type of screenings performed during the patient's emergency department stay? These could include screenings for behavioral health or violence or neglect.	1-yes, 2-no
Was the patient screened for suicide risk?	1-yes, 2-no
Did patient meet high-risk criteria?	1-yes, 2-no
Did patient have a structured suicide assessment? This may have been performed by mental health provider so information may be in a different part of the chart.	1-yes, 2-no
Was the patient screened for harm or violence? This can include child abuse, domestic violence, intimate partner violence or human trafficking	1-yes, 2-no
Based on the screening, was social services or law enforcement involved?	1-yes, 2-no

ED Medications

For any medication given, you will need to provide the type or class of medication, medication name, route, date and time it was given. Multiple (up to 10) medications can be entered for the patient.

Were any medications given to the patient while they were in the emergency department?	1 - Yes, 2 - No
What <u>type or class</u> of medication was given? Select from the list provided.	1-Analgesics (Pain/Sedation), 2-Anticonvulsants (Seizures), 3-Antiemetics(Vomiting), 4-Antihistamines (Allergies), 5-Antimicrobials (infections), 6-Antipsychotics (Psychiatric), 7-Antipyretics (Fever), 8-Fluids, 9-Bronchodilators (Respiratory), 10-Intubation Medications, 11-Resuscitation, 12- Steroids, 13- Vaccine, 14-Others (free text)
What was the <u>name</u> of the medication given? Select from the list provided.	(see appendix for list of individual medications)
What was the <u>route</u> the medication was given?	1- IV/IO, 2 - IM, 3 - IN, 4 - PO/Sublingual, 5 - Nebulized, 6 - Inhaled, 7 - pNG/OG tube, 8 - pGT, 9 -Rectal, 10 - Topical (skin, eye, ear)
What was the <u>date</u> of the medication administration?	Use the calendar interface that appears when you hover over DATE. Choose YEAR, MONTH then DATE of ED visit
What was the <u>time</u> of the medication administration?	Use the CLOCK interface that appears when you hover over the TIME. Choose HOUR, MINUTE, and can choose ZERO for the second.
Additional Medication given in ED?	1-Yes, 2-No. User can enter up to TEN medications

Airway Interventions

This section focuses on whether the patient was administered oxygen in any form. This information may be documented in vitals, medications, or within the medical note.

Did the patient receive any oxygen during their emergency department stay?	1-Yes, 2-No
What was the date of the initial oxygen support?	Use the calendar interface that appears when you hover over DATE. Choose YEAR, MONTH then DATE of ED visit
What was the time of the initial oxygen support?	Use the CLOCK interface that appears when you hover over the TIME. Choose HOUR, MINUTE, and can choose ZERO for the second.
What mode of delivery was used for the initial delivery of oxygen?	nasal canula, face mask, CPAP, high flow, bag mask ventilation, LMA, ET, NT, other

Imaging Studies

This section addresses the use of ultrasounds, x-rays, CTs and MRIs performed during the emergency department stay. Information may be located in the order section of the record or a separate report section.

Were any radiologic studies performed while the patient was in the emergency department?	1-Yes, 2-No
Were any x-ray studies performed?	1-Yes, 2-No
Select the type of study obtained.	1-Chest,2- Abdomen,3 -Neck,4-Skull,5- Extremity, 6-Skeletal Survey,7-Other
Were any ultrasound studies performed?	1-Yes, 2-No
Select the type of study obtained.	1-Abdominal Complete, 2-Abdominal RLQ, 3-Abdominal RUQ, 4-Abdomen Intussusception, 5-Pelvic, 6-Renal, 7-Echocardiogram, 8-Neck, 9-Other
Were any CT studies performed?	1-Yes, 2-No
Select the type of study obtained.	1-Head , 2-Neck or C-spine, 3-Chest, 4-Abdomen, 5-Pelvis, 6-Extremity, 7-Other
Clinical reason for obtaining Head CT?	1-Trauma less than 2 yrs. old, 2-Trauma greater than 2 yrs. of age , 3- Medical
Were any of the following clinical findings present? (Trauma less than 2 years old)	Does Not Apply; GCS<14, palpable skull fx, AMS (altered mental status), Scalp Hematoma (occipital, parietal or temporal) scalp; history of LOC ≥5 sec; not acting normally per parent or severe mechanism of injury
Were any of the following clinical findings present? (Trauma greater than 2 years old)	Does Not Apply; GCS < 14, Basilar Skull Fx, AMS (altered mental status), LOC > 5 sec, Vomiting, Severe HA, Severe Mechanism Injury,
Was an MRI obtained?	1-Yes, 2-No
Select the type of study obtained.	Head, Neck or C-spine, Chest, Abdomen, Pelvis, Extremity, Other

Laboratory Studies

This section focuses on any type of laboratory studies that may have been performed during the patient's stay in the emergency department. This includes point of care (rapid) tests. Information may be in the order section or results section of the chart.

Were any laboratory tests performed while the patient was in the emergency department?

1-Yes, 2-No (SKIP PATTERN)

Please check all that apply of the following Laboratory Tests Performed

Which rapid or point of care test(s) were performed? Check all that apply.

1-Strep, 2-Flu,3-COVID, 4-FLU/Covid Combo, 5-RSV, 6-Dip Urine analysis,7-Pregnancy, 8-Dextrose Stick, 9-Blood Gas, 10-Other, Not Performed

Were any type of cultures obtained? Check all that apply.

1-Not Performed, 2-Blood, 3-Urine, 4-CSF, 5-skin, 6-Stool,7-Respiratory, 8-Other

What type of blood tests were performed? Check all that apply

1-Not Performed, 2- Chemistry Panel, 3-CBC, 4-Drug Screen, 5-Other

What type of urine tests were performed? Check all that apply.

1-Not Performed, 2-Drug Screen, 3-Urine Analysis, 4-Other

Consultations

This section focuses on any consultations sought during the patient's ED stay. A consult may be a provider with a specialist (pediatric, infectious disease, etc.). The consult can occur via different modalities (phone call, tele-health, in-person). This information could be found in the order section, nursing notes, provider assessment notes.

Were any consultations obtained during the patient's emergency department stay?	1-Yes, 2-No
What type of specialist was consulted?- (Select all that apply)	Emergency Medicine, Pediatrics, Surgery (SKIP LOGIC), Subspecialist, Behavioral Health (SKIP LOGIC)
If Surgery, what specialization?	1-General, 2-Pediatric, 3-Trauma, 4-Neurosurgon, 5-Orthopedic, 6-Urologist, 7-ENT, 8-Optomologist, 9-Anesthesiologist, 10-OB/GYN, 11-Other
If Behavioral Health, what type of provider?	1-Psychiatrist, 2-Licensed Clinical Social Worker (LCSW), 3-Psychologist, 4-Psychiatric Advanced Level Provider (NP or PA), 5-Other
Was Telehealth used for the consultation?	1-Yes, 2-No, 3-Unknown

Behavioral Health

This section is for patients presenting with a behavioral health chief complaint, had a positive behavioral health screening, or a behavioral health diagnosis. Questions focus on safety of the patient during the stay and at discharge. This information may be found in nursing notes, orders, discharge instructions or the mental health section of a chart.

Were physical restraints required during the patient's stay?

1-Yes, 2-No , 3-UTO

If the patient was discharged home, was the patient provided a safety plan at the time of discharge?

1-Yes, 2-No , 3-Unable to Obtain

If the patient was discharged from the ED, what type of outpatient follow up was provided?

1-Primary Care, 2-Specialty Care, 3-Behavioral Health, 4-Other, 5-None

Transfers

This section is for patients that were transferred to another facility. Some of this information may need to be collected from the receiving facility, when possible.

<p>What was the primary reason the patient was transferred to another facility?</p>	<p>1 - Age, 2 - Specific Specialty Consultation, 3 - Emergency Intervention/Procedure , 4 - Critical Care, 5 - Mental Health, 6 - Disaster, 7 - Inpatient Management , 8 - Trauma, 9 - Other</p>
<p>Did the patient meet your facility's criteria for transfer? This could include specialized care or assessment, bed availability, need for a procedure.</p>	<p>1-Yes, 2-No, 3-Unknown/NA</p>
<p>What was the <u>mode of transportation</u> used to transfer the patient to another facility?</p>	<p>1 - Air pediatric-specific transport team, 2 - Ground pediatric-specific team, 3 - Air general critical care, 4 - Ground general critical care, 5 - Ground ALS, 6 - Ground BLS, 7 - Law enforcement, 8 - Private vehicle, 9 - Other</p>
<p>Do you have <u>any follow up or outcome data</u> from the receiving facility?</p>	<p>1-Yes, 2-No</p>
<p>Provide up to three discharge diagnoses ICD-10 codes from receiving facility (Optional)</p>	<p>Letter and 2-digit Number (i.e. J04). Up to THREE discharge diagnoses from the transfer facility can be entered. This is an optional question.</p>
<p>Were any procedures performed at the receiving facility?</p>	<p>1 - Diagnostic Imaging, 2 - Diagnostic Procedures, 3 - Surgical Procedures, 4 - Sedation, 5 - None, 6 - Other</p>
<p>What was the disposition of the patient from the receiving facility?</p>	<p>1 - Discharged from ED, 2 - Transferred to another facility, 3 - Transferred to a mental health facility, 4 - Admit to ICU, 5 - Admit to Floor, 6 - Transfer to OR, 7 - Died, 8 - Other</p>