



Data Collection Reference

Version 2.0

Last Update 02/23/2023



Patient Demographics: Age

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

Patient age

Before you enter age, please first select the Unit (Months vs Years).

- Select MONTHS if age is less than 1 year
- Select YEARS if age is 1 year or greater

Enter the age of the patient in MONTHS if less than a year and as YEARS if one year or greater. *

11

months ▼

When entering age in years, please round down to the nearest year.

For example:

9 years 11 months → enter “9 years”

Patient Demographics

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

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, Unable to Obtain
Patient's ethnicity	Hispanic or Latino, Not Hispanic or Latino, Unable to Obtain
What is the patient's payor category?	Medicare, Medicaid, Private Insurance, Self Pay, Uninsured, Other/Missing. <i>Note: This may be located in another section of the medical record (i.e.. Insurance, patient demographic page)</i>
What is the patient's state of residence?	Drop down of 2 letter state abbreviations

Clinical Inclusion Bundles

Use this section to assign patients to a quality bundle based on chief complaint. You may select more than one option (e.g. head trauma and vomiting and seizure).

Did the patient have any of these clinical conditions?	Check as many options as appropriate for complaints associated with the patient visit
Head trauma	Yes or No
Seizure	Yes or No
Respiratory symptoms	Yes or No
Vomiting	Yes or No
Behavioral health concern	Yes or No
Other (please select this if the patient had a clinical condition other than the ones listed above)	Enter free text to describe chief complaint or diagnosis.

Note: All patients will be included in the core process of care measures (weight, assessment of vital signs, transfer). The remainder of the questions in the form will be geared towards the clinical conditions you select here.

Triage

This represents the patient's first evaluation by ED staff. You may find this information in the initial nursing note or in the intake vitals section of the chart.

What was the patient's mode of arrival to the ED?

EMS, Transfer, Private Vehicle or Walk-in, Other or UNK (unknown)

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.

1. Choose **HOURL**, and **MINUTE**.
2. Choose **AM** or **PM**

Note: No "SECONDS" value is needed. You may leave the "seconds" value as is.

Note: Please convert all times to 12-hour format.

Example: use 02:30 PM instead of 14:30

Triage

This represents the patient's first evaluation by ED staff. You may find this information in the initial nursing note or in the intake assessment section of the chart.

	<i>Please describe what is documented as the chief complaint in the triage documentation.</i>
What type of chief complaint did the patient have in triage?	<u>Medical</u> : e.g. vomiting, seizure, difficulty breathing, abdominal pain <u>Injury</u> : e.g. fall, motor vehicle accident, <u>Behavioral Health</u> : e.g. suicidal, aggressive behavior, violent behavior <u>Other</u> : enter free text
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?	Kilograms Only, Pounds Only, Both, Not Recorded or obtained

Triage: Pre-Hospital Medications

You will see these questions ONLY if the patient arrived by EMS. You may find this information in the EMS run sheet, transfer paperwork, triage notes, or medication reconciliation section of the chart.

Were any medications administered to the patient prior to their arrival in the ED?

Yes, No, Unknown

Note: *Fluids are included as a medication*

What type or class of medication was given?

Note: *Fluids are included as a medication*

SELECT ALL THAT APPLY

Analgesics (Pain/Sedation)

Anticonvulsants (Seizures)

Antiemetics(Vomiting)

Antihistamines (Allergies)

Antimicrobials (infections)

Antipsychotics (Psychiatric)

Antipyretics (Fever)

Fluids

Bronchodilators (Respiratory)

Intubation Medications

Resuscitation

Steroids

Vaccine

Others (Free text)

Initial Vitals

This describes the *first set of vitals* obtained on the patient. You may find this information in the vitals or flowsheets section of the chart.

Were any vitals excluding weight obtained on the patient?	Yes , No <i>If No is answered, you will not see the questions below</i>
Heart rate	Yes , No
Respiratory rate	Yes , No
Was a temperature obtained?	Yes , No
Was there a fever?	Yes , No Note: <i>Fever is a temperature ≥ 100 F or 37.8 C</i>
What was the temperature value during the fever?	Low Grade 100° - 102° F (37.8° - 39° C) Average Fever 102° - 104° F (39 - 40° C) High Fever Over 104° F (40° C)
Blood Pressure	Yes, No
Pulse oximetry	Yes, No

Initial Vitals

This describes the *first set of vitals* obtained on the patient. You may find this information in the vitals or flowsheets section of the chart.

Was mental status assessed?	Yes, No
What tool was used?	Glasgow Coma Scale (GCS) Alert, Verbal, Pain, Unresponsive (AVPU) Other
What was the GCS score?	3-15 (select a numeric value) <i>Note: this question will only display if GCS was selected</i>
Was pain assessed?	Yes, No
What was the level of pain?	None (0) Mild (1-3) Moderate (4-6) Severe (7-10) <i>Note: this question will only display if pain was assessed</i>

Vital Sign Reassessment

Any vital sign that is obtained more than once is considered a reassessment. You may find this information in the flowsheets section of the chart.

Were any vitals excluding weight reassessed on the patient?	Yes, No Note: You will only see the below questions if YES was answered
Check all vitals that were reassessed	
Heart Rate Reassessed	Yes, No
Respiratory Rate Reassessed	Yes, No
Temperature Reassessed	Yes, No
Blood Pressure Reassessed	Yes, No
Pulse Oximetry Reassessed	Yes, No

Vital Sign Reassessment

Any vital sign that is obtained more than once is considered a reassessment. You may find this information in the flowsheets section of the chart.

Mental Status Reassessed	Yes, No
Was Glasgow Coma Scale (GCS) used	Yes , No <i>Note: this question will only display if mental status was assessed</i>
What was the lowest GCS value recorded?	3-15 <i>Note: this question will only display if GCS was selected</i> <i>Note: Look at all mental status reassessments and record the lowest GCS score</i>
Pain Reassessed	Yes , No
What was the level of pain?	None (0) Mild (1-3) Moderate (4-6) Severe (7-10) <i>Note: this question will only display if pain was assessed</i> <i>Note: Please use the first reassessment of pain</i>

Discharge Diagnosis: ICD Codes

This is the final diagnosis assigned by a provider and can be different from the presenting complaint. We will only collect the first THREE CHARACTERS of the ICD Code.

Primary discharge diagnosis (required)

***Note:** this is the first code entered in the medical record and reflects the patient's primary reason for visit.*

Letter and 2-digit number

***Note:** If the ICD code is J45.01 → Enter "J45"*

Secondary discharge diagnosis (can be left blank)

Letter and 2-digit number

***Note:** If the ICD code is J45.01 → Enter "J45"*

Tertiary discharge diagnosis (can be left blank)

Letter and 2-digit number

***Note:** If the ICD code is J45.01 → Enter "J45"*

***Note:** If you are unable to find the ICD codes in the medical record, please refer to our **ICD-10 Reference Guide**. Your administrators or IT department should have access to ICD-10 codes for each patient encounter.*

Disposition: Date and Time

This section indicates what happened to the patient at the end of their ED stay. We would like to obtain the date and time that the patient physically leaves the ED.

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.

1. Choose HOUR and MINUTE.

2. Choose AM or PM

Note: No “SECONDS” value is needed. You may leave the “seconds” value as is.

Note: Please convert all times to 12-hour format.

Example: use 02:30 PM instead of 14:30

Disposition

This section indicates what happened to the patient at the end of their ED stay. You may find this in the nursing or clinician documentation.

<p>From the following options, choose which was the final disposition of the patient?</p>	<p>Admitted to Floor Admitted to ICU Discharge Home Left Against Medical Advice Observation Unit Operating Room Rehab Step Down Unit Transferred to Another Facility Died</p>
<p>If a patient was transferred, which of the following best describes the receiving facility?</p> <p><i>Note: This question only displays if "Transferred to Another Facility" was selected above</i></p>	<p>Psychiatric Trauma Medical Other (enter free text)</p>

Safety Screenings

Safety screenings can assess behavioral health risks or exposure to violence or harm. You may find this information in the flowsheets or in the documentation from nurses or clinicians.

Were any type of safety screenings performed during the patient's emergency department stay?

Yes, No

Please check all the screenings that apply

Suicide Screen
Violence Screen

Was the patient screened for suicide risk?

Yes, No

Did patient meet high-risk criteria?

Yes, No

Did patient have a structured suicide assessment?

Note: This may have been performed by mental health provider so information may be in a different part of the chart.

Yes, No

Was the patient screened for harm or violence?

Note: This can include child abuse, domestic violence, intimate partner violence or human trafficking

Yes, No

Based on the screening, was social services or law enforcement involved?

Yes, No

ED Fluids and Medications

For any fluid or medication given, you will need to provide the type or class of medication, medication name, route, date and time it was given.

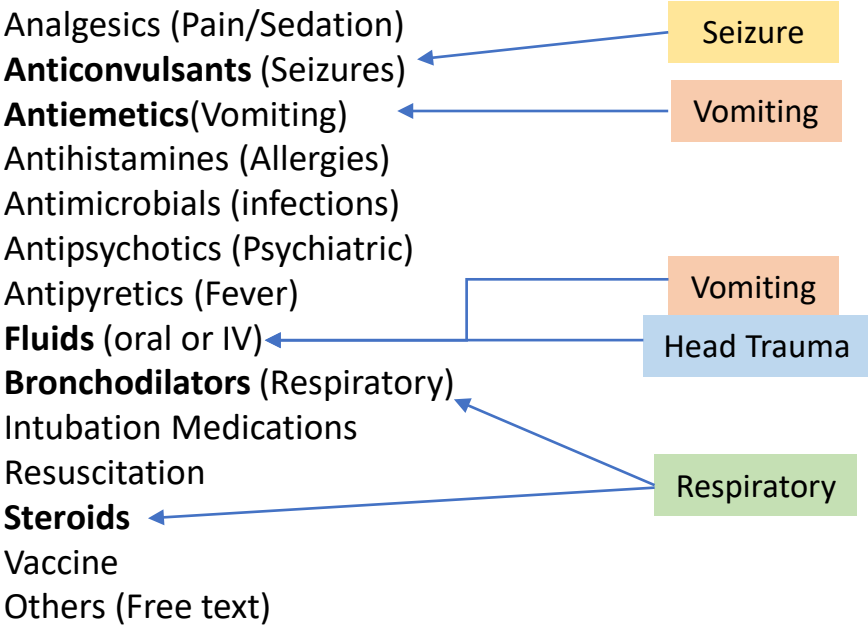
Were any medications given to the patient while they were in the emergency department?

Yes, No

*Note: Answer YES if **oral or intravenous fluids** were given*

What type or class of medication was given?

***Note:** The first entry should be the **FIRST medication the patient received.**
We will use this information to calculate the “time to first intervention” measure.*



What was the name of the medication given?

Select medication from the list provided under each class

ED Fluids and 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. Up to 10 medications or fluids can be entered for the patient.

What was the <u>route</u> the medication was given?	IV/IO (Intravenous/intraosseous) IM (Intramuscular) IN (Intranasal) PO (Per oral)/Sublingual Nebulized	Inhaled pNG/OG (nasogastric/orogastric) tube pGT (gastric tube) Rectal 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. 1. Choose HOUR and MINUTE. 2. Choose AM or PM <i>Note: No “SECONDS” value is needed. You may leave the “seconds” value as is.</i> <i>Note: Please convert all times to 12-hour format.</i> <i>Example: use 02:30 PM instead of 14:30</i>	
Additional Medications given in ED?	User can enter <u>up to TEN</u> medications <ol style="list-style-type: none">Please ensure that the first medication entered is the first medication given.Please prioritize medications that are required to calculate measures for your patient’s clinical bundle.	

Airway Interventions

This section focuses on whether the patient was administered oxygen or other types of ventilation. This information may be documented in vitals, medications, or within the medical note.

Did the patient receive any airway support or oxygen?	Yes, No <i>Note: this includes any ventilation (eg CPAP, bag mask, intubation) as well as oxygen delivery</i>	
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 leave SECONDS as is. Then select AM/PM <i>Note: Please convert all times to 12-hour format.</i> <i>Example: use 02:30 PM instead of 14:30</i>	
What mode of delivery was used for the initial delivery of oxygen?	Nasal canula Face mask CPAP (continuous positive airway pressure) high flow Bag mask ventilation	LMA (laryngeal mask airway) ET (Endotracheal tube) NT (Nasal Trumpet) 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 orders section of the record or a separate report section.

Were any imaging studies performed while the patient was in the emergency department?	Yes, No	
Were any x-ray studies performed?	Yes, No	
Select the type of study obtained. <i>(Select all that apply)</i>	Chest Abdomen Neck Skull	Extremity Skeletal Survey Other
Were any ultrasound studies performed?	Yes, 2-No	
Select the type of study obtained. <i>(Select all that apply)</i>	Abdominal Complete Abdominal RLQ Abdominal RUQ Abdomen Intussusception Pelvic	Renal Echocardiogram Neck Other
Was an MRI obtained?	1-Yes, 2-No	
Select the type of study obtained. <i>(Select all that apply)</i>	Head Neck or C-spine Chest Abdomen	Pelvis Extremity 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 orders section of the record or a separate report section.

Were any CT studies performed?	Yes, No	
Select the type of study obtained.	Head Neck or C-spine Chest Abdomen	Pelvis Extremity Other
Clinical reason for obtaining Head CT? (Select all that apply)	Trauma less than 2 yrs. old Trauma greater than 2 yrs. of age Medical	
Were any of the following clinical findings present? (Select all that apply) For Trauma less than 2 years old	GCS<14 Palpable skull fx (fracture) AMS (altered mental status) Scalp Hematoma (occipital, parietal, temporal)	History of LOC ≥5 sec Not acting normally per parent Severe mechanism of injury Does not apply
Were any of the following clinical findings present? (Select all that apply) For Trauma greater than 2 years old	GCS < 14 Basilar Skull Fx (fracture) AMS (altered mental status) LOC (loss of consciousness) > 5 sec	Vomiting Severe HA (headache) Severe Mechanism of Injury Does not apply

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?

Yes, No

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

- Rapid Strep

Flu

COVID

Flu/Covid Combo

RSV (Respiratory Syncytial Virus)

Dip Urine analysis
- Urine Pregnancy

Dextrose Stick (Glucose)

Blood Gas

Other

Not Performed

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

- Not Performed

Blood

Urine

CSF
- Skin

Stool

Respiratory

Other

What type of blood tests were performed?
Select all that apply.

- Not Performed

Chemistry Panel

CBC (Complete Blood Count)
- Drug Screen

Other

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

- Not Performed

Drug Screen

Urine Analysis

Other

Consultations

This section focuses on any consultations sought during the patient's ED stay. 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?	Yes, No	
What type of specialist was consulted? <i>(Select all that apply)</i>	Emergency Medicine Pediatrics Surgery	Subspecialist, Behavioral Health
If Surgery, what specialization? <i>(Select all that apply)</i>	General Surgery Pediatric Surgery Trauma Surgery Neurosurgery Orthopedic Surgery	Urologist, ENT (Otolaryngology) Ophthalmologist Anesthesiologist OB/GYN Other
If Behavioral Health, what type of provider? <i>(Select all that apply)</i>	Psychiatrist Licensed Clinical Social Worker (LCSW) Psychologist	Psychiatric Advanced Level Provider (NP/PA) Other
Was Telehealth used for the consultation?	Yes, No, 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.
This 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?

Yes, No , Unable To Obtain

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

Yes, No , Unable to Obtain

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

Primary Care
Specialty Care
Behavioral Health
Other
None

Transfers

This section is for patients that were transferred to another facility. You may find this information in the nursing or clinician notes, or flowsheet section of the chart. **Please contact your site administrator to obtain information on your site’s transfer criteria or guidelines**

What was the primary reason the patient was transferred to another facility? <i>Select only one of the following choices</i>	Age Specific Specialty Consultation Emergency Intervention/Procedure Critical Care Mental Health	Disaster Inpatient Management Trauma Other
Did the patient meet your facility's criteria for transfer? <i>Note: If your site has not developed transfer criteria or guidelines, select unknown.</i>	Yes No Unknown/NA	
What was the <u>mode of transportation</u> used to transfer the patient to another facility?	Air pediatric-specific transport team Ground pediatric-specific team Air general critical care Ground general critical care Ground ALS Ground BLS Law enforcement Private vehicle Other	

Transfers

This section is for patients that were transferred to another facility. **Please contact your administrator to access data from the receiving facility if your site collects this information**, as this may not be available in the patient's medical record.

Do you have any follow up or outcome data from the receiving facility?

Yes
No

Provide up to three discharge diagnoses ICD-10 codes from receiving facility *(Optional)*

Letter and 2-digit Number (i.e. J04).
Up to THREE discharge diagnoses from the receiving facility can be entered.

Were any procedures performed at the receiving facility?
Select all that apply

Diagnostic Imaging
Diagnostic Procedures
Surgical Procedures
Sedation
None
Other

What was the disposition of the patient from the receiving facility?

Discharged from ED
Transferred to another facility
Transferred to a mental health facility
Admit to ICU
Admit to Floor
Transfer to OR
Died
Other