2022 MNTrauma Data Dictionary

Combined Data Dictionary

- Trauma System Registry
- Traumatic Brain Injury Registry
- Spinal Cord Injury Registry

Version 2

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MINNESOTA
STATEWIDE TRAUMA SYSTEM

To obtain this information in a different format, call 651-201-4147. Printed on recycled paper.

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What's New in 2022?

1. The following hospital names have changed. The IDs remain the unchanged.

Old Name	New Name	ID	State
Grand View Hospital	Aspirus Ironwood Hospital	231333	MI

2. The following EMS Agencies have been added.

Name	ID	State
Avera Careflight	7000018	SD
Guardian Flight	221009	MI
Flambeau Hospital Ambulance	6000989	WI
Menomonie Fire Department	6001364	WI
Paulo Alto County Ambulance	2740100	IA

3. The following data sections have been added:

Data Element	Data Section
Decision to Transfer from ED Date	TR17.41
Decision to Transfer from ED Time	TR17.42
Transfer Delay	TR17.45
Reasons for Transfer Delay	TR17.44
Other Reason for Transfer Delay	TR17.43

4. The following mappings have changed:

Value Name	Old Mapping	New Mapping
Not Activated	1	0
Tier 1	2	1
Tier 2	3	2
Not Known/Not Recorded	-45	-45

5. The following notes have been modified:

Data Element	Old Value	New Value
Date Arrived In ED (TR18.55)	If the patient was brought to the emergency department, enter date patient arrived at emergency department. If patient was directly admitted to the hospital, leave this field blank.	If the patient was brought to the emergency department, enter date patient arrived at emergency department. If patient was directly admitted to the hospital, leave this field blank and record the arrival date in the *Hospital Admission Date* (TR 25.33) field.
Time Arrived (TR18.56)	If the patient was brought to the emergency department, enter date patient arrived at	If the patient was brought to the emergency department, enter time the patient arrived

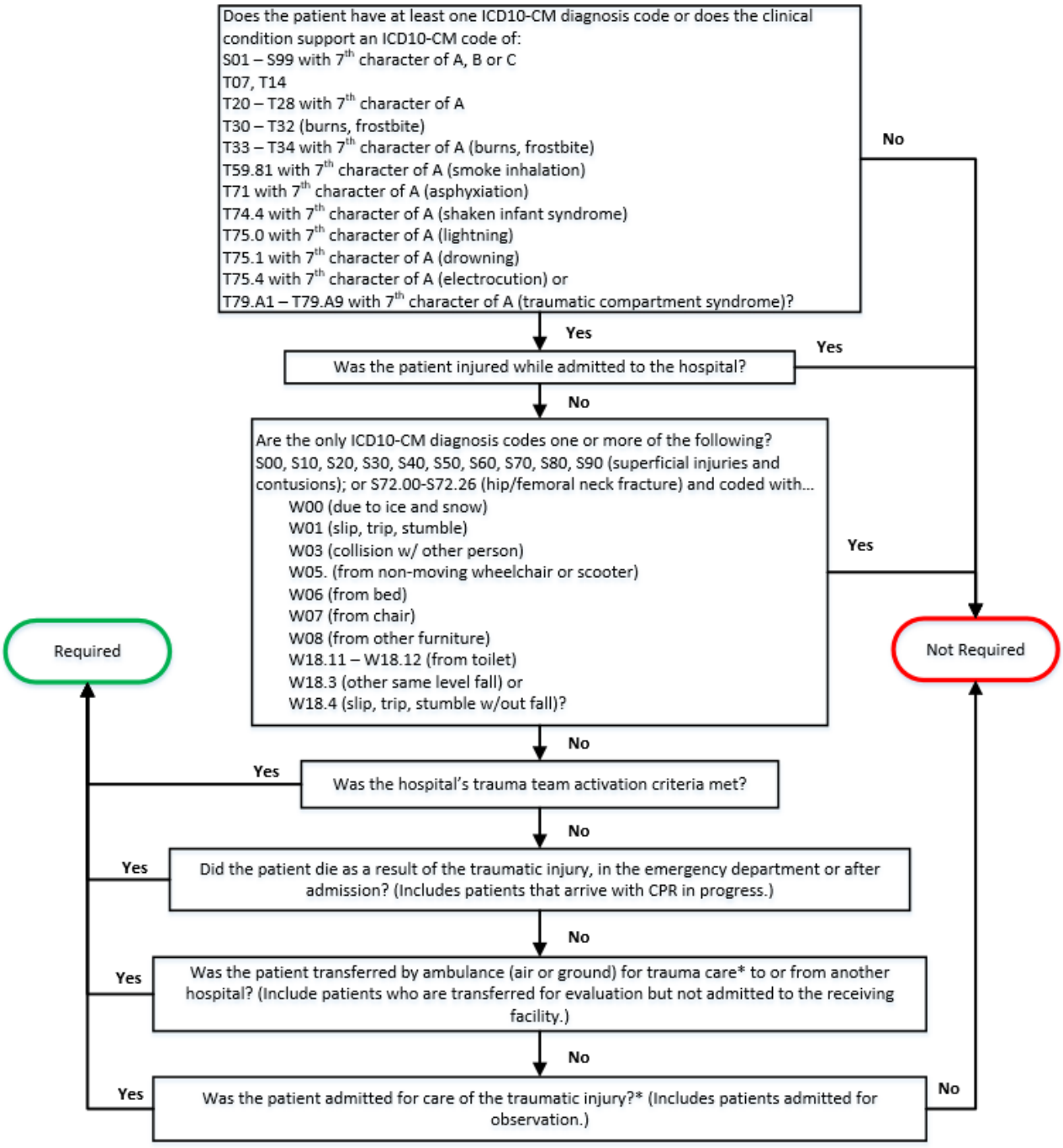
	emergency department. If patient was directly admitted to the hospital, leave this field blank.	at emergency department. If patient was directly admitted to the hospital, leave this field blank and record the arrival time in the *Hospital Admission Time* (TR 25.47) field. If the patient waited in the lobby before being roomed, record the *Time Arrived* as the time the patient checked-in at the emergency department, rather than the time they were roomed.

Notes

- When importing data, review the *System Validation Messages* in the report generated upon completion of the import. It will indicate missing required fields and can be used to ensure that the required data elements are being collected and reported.
- The inclusion criteria on the following pages define the *minimum* reportable cases. However, MNTrauma will accept any record reported. Registrars need not be certain that a case satisfies the inclusion criteria before reporting it, nor must registrars filter cases before importing files. Any case may be reported.
- Trauma registry, traumatic brain injury (TBI) and spinal cord injury (SCI) cases that satisfy the inclusion criteria must be reported within 60 days of patients' discharge. This is particularly important in the case of TBI and SCI cases because the information reported is used to connect patients with resources in their communities to prevent or address sequelae of their injuries such as mental illness and chemical dependency.
- When importing data from other sources, such as TraumaBase, ensure that the import file does not contain these characters within a text field:
  - Less than symbols: (<)
  - Ampersand: (&)

  These characters are used to define specific functions in a data file. When they appear in a text field within an XML document, the system mistakes them for part of that function command.

Minnesota Trauma Registry Inclusion Criteria



*Admitted or transferred for trauma care excludes patients who are admitted or transferred:

- For the care of a medical or mental health condition
- For palliative care
- For pain control
- For in-patient physical or occupational therapy
- While awaiting evaluation and placement for a living situation

Traumatic Brain/Spinal Cord Injury Registry Inclusion Criteria

Cases of traumatic brain injury and spinal cord injury must be reported to the Minnesota Department of Health if the patient receives one of the following ICD-10-CM codes either as a **principal or secondary** diagnosis, for an initial encounter **ONLY** (7th digit=A, B or C):

TBI F07.81 - post concussion syndrome

G93.1 - anoxic brain damage (when T75.1, T71.1*xx*, T71.2*xx* or T71.9 **also** coded)

S02.0 – fracture of vault of skull

S02.1*xx* - fracture of base of skull

S02.91 – unspecified fracture of skull

S04.0*xx* - injury to optic nerve and pathways

S06.*xxx* – Intracranial Injury

S07.1 – crushing injury of skull

T74.4 - shaken infant syndrome

SCI S14.0 – S14.1*xx* – Injuries of cervical spinal cord

S24.0 – S24.1*xx* – Injuries of thoracic spinal cord

S34.0 – S34.1*xx* – Injuries of lumbar/sacral spinal cord

AND

the injury occurred to a Minnesota resident, **or**

the injury occurred within Minnesota

AND

the patient: was admitted as an inpatient to an acute care hospital, **or**

died (or declared DOA) in the emergency department prior to admission, **or**

was transferred from the emergency department to an out-of-state hospital.

Do **not** report patients:

- seen **only** in the emergency room and then discharged; or
- admitted **only** as outpatients for observation, and then discharged; or

admitted **directly** to long-term-care or rehabilitation facilities.

REGISTRY NUMBER

The number that is unique to the trauma registry record.

Notes: The Registry Number is automatically assigned when the record is created in MNTrauma. If records are imported, the number is assigned at the time of import.

Values

Field ID: TR5.12

Category: CASE DESCRIPTION

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

ICD 10 LOCATION

The ICD-10-CM Place of Occurrence external cause code used to describe the place/site/location of the injury event

Notes: Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, the reported external cause code will be selected based on the following hierarchy:

1. External cause codes for child and adult abuse take priority over all other external cause codes.

2. External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.

3. External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.

4. External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.

5. The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.

Values

Field ID: TR200.5

Category: CASE DESCRIPTION

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

INCIDENT LOCATION POSTAL CODE

The USPS ZIP Code for the location in which the injury occurred

Notes: If the exact USPS Zip Code of the location is not documented, extrapolate it using known information, such as the city or county of occurrence.

Values

Field ID: TR5.6

Category: CASE DESCRCRIPTION

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

INCIDENT COUNTRY

The country where the patient was found or to which the unit responded (or best approximation)

Notes:

Values

Field ID: TR5.11

Category: CASE DESCRCRIPTION

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

INCIDENT COUNTY

County where the patient's injury occurred

Notes:

Values

Field ID: TR5.9

Category: CASE DESCRCRIPTION

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

INCIDENT STATE

Alpha indicator for the official US Postal Service (USPS) abbreviation for the state in which the patient's injury occurred. Report one only.

Notes:

Values

Field ID: TR5.7

Category: CASE DESCRCRIPTION

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ICD 10 INJURY

ICD-10-CM external cause codes used to describe the mechanisms (or external factors) that caused the injury event

Notes: List the code used to describe the principal cause first. Additional codes used to describe the incident should be listed beneath the code used to describe the principal cause.

Ensure that TBI/SCI cases also include a Y99 (External Cause Status) code.

Values

Field ID: TR200.3

Category: CASE DESCRIPTION

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

INJURY DESCRIPTION

A brief written description of the injury causes to provide additional clarity or to provide information when the cause codes are not known to the abstractor.

Notes:

Values

Field ID: TR20.12

Category: CASE DESCRIPTION

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ICD 10 ACTIVITY

ICD 10-CM Activity external cause code describing the activity that the patient was engaged in when the injury occurred

Notes:

Values

Field ID: TR200.12

Category: CASE DESCRIPTION

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ICD 10 DIAGNOSIS

The complete 7-character ICD-10 diagnosis code(s) related to all identified injuries. Report all injury-related diagnosis codes.

Notes: The registrar may alter the codes provided by the billing coder to better reflect the patient's clinical presentation.

Values

Field ID: TR200.1

Category: CASE DESCRIPTION

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

AIS CODE

The full Abbreviated Injury Scale (AIS) Code (6-digit pre-dot and 1-digit post-dot (severity)) associated with the ICD 10 Code entered

Notes: The Abbreviated Injury Scale (AIS) Code is associated with the ICD-10 diagnosis code.

For Level 3 and 4 trauma hospitals, only required for cases in which the patient was not transferred from the emergency department.

Values

Field ID: TR200.14.1

Category: CASE DESCRIPTION

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

ISS CALCULATED

The automatically calculated value of the Injury Severity Score.

Notes: The field is automatically calculated when the top three ICD-10 diagnoses include their associated AIS codes.

Values

Field ID: TR21.8

Category: CASE DESCRIPTION

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

PROTECTIVE DEVICES

Indicates which protective devices were in use at the time of the injury.

Notes: Report all that apply.

A protective device that was not properly fastened at the time of injury is not considered to have been in use.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	None	
8	Airbag Present	A functional airbag was present in the area of a vehicle occupied by the patient prior to the crash.
2	Lap Belt	Patient was wearing a properly fastened lap and/or shoulder belt at the time of injury.
6	Child Restraint	Child restraint (booster seat or child car seat) was in use by patient at the time of the injury, was properly fastened and did not become dislodged.
7	Helmet	Patient was wearing a properly fastened helmet (e.g., bicycle, skiing, motorcycle) at the time of injury.
50	Hard Hat	Patient was wearing a properly fastened hard hat at the time of injury.
5	Eye Protection	Patient was not wearing properly fastened eye protection at the time of injury, or the eye protection was not properly fastened or became dislodged.
3	Personal Flotation Device	Patient was wearing a properly fastened personal flotation device at the time of injury.
9	Protective Clothing	Patient was wearing properly fastened protective clothing (e.g., padded leather pants) at the time of injury.
4	Protective Non-Clothing Gear	Patient was using another type of properly fastened, non-clothing protective gear (e.g., shin guard) at the time of injury.
51	Safety Belt	Patient was wearing a properly fastened safety belt at the time of injury.
11	Other	Patient was using another type of protective equipment not elsewhere specified at the time of injury.
-45	Not Known/Not Recorded	

Field ID: TR29.24

Category: INJURY

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

AIRBAG DEPLOYMENT

Indication of whether or not the airbag deployed during a motor vehicle crash and, if so, which airbag deployed.

Notes: Report Airbag Deployment if "Airbag Present" was indicated under Protective Devices.

Evidence of the use of airbag deployment may be reported or observed.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Airbag Not Deployed	The airbag did not deploy.
2	Airbag Deployed Front	The patient's front airbag deployed.
3	Airbag Deployed Side	The patient's side airbag deployed.
4	Airbag Deployed Other	Another airbag (knee, airbelt, curtain, etc.) intended to protect the patient deployed.
-45	Not Known/Not Recorded	

Field ID: TR29.32

Category: INJURY

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

PROTECTIVE DEVICE DESCRIPTION

Description of Other protective device

Notes: Report Protective Device Description if “Other” was indicated under Protective Devices.

Values

Field ID: TR29.10

Category: INJURY

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

INCIDENT DATE

The date the injury occurred.

Notes: If the exact date of injury is not documented, estimate it from the available data using the ambulance run sheet, statements from the patient, witnesses, or family members, or other reliable sources.

When the date of injury cannot be determined or estimated, report the date of injury as (in the following order):

1. The date of first access to medical care; or

2. The first date of treatment

Values

Field ID: TR5.1

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

INCIDENT TIME

The time the injury occurred.

Notes: If the exact time of injury is not documented, estimate it from the available data using the ambulance run sheet, statements from the patient, witnesses, or family members, or other reliable sources.

When the time of injury cannot be determined or estimated, report the time of injury as (in the following order):

1. The time of first access to medical care; or

2. The time of first treatment

Values

Field ID: TR5.18

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

MEDICAL RECORD NUMBER

Patient's medical record number recorded exactly as reported by medical records/billing department

Notes:

Values

Field ID: TR1.2

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ACCOUNT NUMBER

Patient's account number recorded exactly as reported by medical records/billing department

Notes:

Values

Field ID: TR1.27

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

LAST NAME

The patient's last name.

Notes:

Values

Field ID: TR1.9

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

FIRST NAME

The patient's first name.

Notes:

Values

Field ID: TR1.8

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

MIDDLE INITIAL

The first initial of the patient's middle name (if there are two middle names, use the first initial of the first middle name).

Notes: If no middle name, leave field blank.

Values

Field ID: TR1.10

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

SOCIAL SECURITY NUMBER

The patient's full social security number (numbers only, no dashes)

Notes: If the full social security number is not know, leave field blank. Do not enter 999999999 or valueless placeholders.

Values

Field ID: TR1.11

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

SSN NOT AVAILABLE

Indicates that the Social Security Number is not known or otherwise not available.

Notes:

Values

Field ID: TR1.11.1

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

DATE OF BIRTH

The patient's date of birth at the time of injury

Notes: If the patient's DOB is not known, leave field blank and estimate patient's age in the Age field.

Values

Field ID: TR1.7

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

AGE

Patient's age at the time of injury

Notes: This field is automatically calculated if the Date of Birth and Incident Date are both entered. If no birthdate is documented, provide the best approximation of the patient's age at the time of injury.

Values

Field ID: TR1.12

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

AGE UNITS

The units used to document the patient's age (Minutes, Hours, Days, Months, Years).

Notes: For infants, report Age Units in days, weeks, or months; otherwise, report Age Units in years. (This field is auto-populated if the Date of Birth and Incident Date are both entered.)

Values

MAPPED CODE	VALUE NAME
1	Hours
2	Days
3	Months
4	Years
5	Minutes
6	Weeks
-45	Not Known/Not Recorded

Field ID: TR1.14

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

RACE

The patient's race.

Notes: Use race reported on the patients enrollment file or patient self-report. Report up to two.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
6	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
5	Black or African American	A person having origins in any of the black racial groups of Africa.
1	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
4	American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
3	Other Race	Please specify the indicated race if using the "Other Race" category.
-45	Not Known/Not Recorded	

Field ID: TR1.16

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

OTHER RACE

If patient's race was not present, please indicate here.

Notes:

Values

Field ID: TR1.28

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ETHNICITY

The patient's ethnicity

Notes: Use ethnicity reported on the patients enrollment file or patient self-report.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Hispanic or Latino	A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race.
2	Not Hispanic or Latino	Anyone with a known ethnicity not fitting the definition of Hispanic.
-45	Not Known/Not Recorded	

Field ID: TR1.17

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

GENDER

The patient's biological gender

Notes: Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using the current assignment.

Values

MAPPED CODE	VALUE NAME
1	Male
2	Female
-45	Not Known/Not Recorded

Field ID: TR1.15

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ADDRESS

Street address of the patient's permanent home mailing address

Notes:

Values

Field ID: TR1.18

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

POSTAL CODE

The USPS ZIP Code for the patient’s permanent home mailing address

Notes: If the patient has multimple home addresses, report the postal code of the patient's primary residence.

Values

Field ID: TR1.20

Category: PATIENT

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

COUNTRY

The patient's country of residence.

Notes:

Values

Field ID: TR1.19

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

CITY

The patient's city (or township, or village) of residence

Notes: Avoid the use of abbreviations.

Values

Field ID: TR1.21

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

COUNTY

The patient's county (or parish) of residence

Notes:

Values

Field ID: TR1.22

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

STATE

The state of the patient's permanent home mailing address.

Notes:

Values

Field ID: TR1.23

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

PHONE NUMBER

The patient's primary phone number (can be home, work, or cell), including area code, at which the patient can be reached

Notes:

Values

Field ID: TR1.34

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

RELATIVE LAST NAME

The last name of the patient's parent or guardian/contact. Leave this field blank if patient is responsible for him/herself.

Notes:

Values

Field ID: TR2.15

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

RELATIVE FIRST NAME

The first name of the patient's parent or guardian. Leave this field blank if patient is responsible for him/herself.

Notes:

Values

Field ID: TR2.16

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

RELATIVE MIDDLE INITIAL

The first letter of the patient’s parent or guardian's middle name. Leave this field blank if patient is responsible for him/herself or if the patient has no middle name.

Notes:

Values

Field ID: TR2.17

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

RELATIONSHIP TO PATIENT

The relationship of the relative or guardian to the patient. Leave this field blank if patient is responsible for him/herself.

Notes:

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Parent/Guardian	A biological or adoptive parent or legal guardian of an unemancipated patient.
2	Other	Not the parent or legal guardian of the patient.
-45	Not Known/Not Recorded	
-25	Not Applicable	

Field ID: TR2.26

Category: PATIENT

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ARRIVED FROM

Location from where the patient arrived

Notes: If the patient arrived in transfer from another hospital, indicate "referring hospital;" otherwise, indicate "scene."

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Scene	Patient was not transferred from a referring hospital.
2	Referring Hospital	Patient was transferred from a referring hospital, either by ambulance or private vehicle.
-45	Not Known/Not Recorded	

Field ID: TR16.22

Category: PRE-HOSPITAL

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

TRANSPORTED TO YOUR FACILITY BY

The mode of transport delivering the patient to your hospital

Notes: If the patient was tranported by an aeromedical service that landed at a local airport and then was shuttled to the hospital by ambulance, choose appropriate aeromedical mode.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Ground Ambulance	Transported to the hospital by ground ambulance.
2	Helicopter Ambulance	Transported to the hospital by helicopter ambulance. Includes patients who were transported to the local airport by helicopter ambulance and then shuttled to the hospital by ground ambulance.
3	Fixed-wing Ambulance	Transported to the local area by fixed-wing ambulance (and then shuttled to the hospital by ground or other means).
4	Private/Public Vehicle/Walk-In	Walked in or was transported to the hospital by a private vehicle, taxi or non-EMS medical transportation.
5	Police	Transported to the hospital by a law enforcement agency.
6	Other	Transported by other means not otherwise listed.
-45	Not Known/Not Recorded	

Field ID: TR8.8

Category: PRE-HOSPITAL

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

OTHER TRANSPORT MODE

Description of transport mode if "means of transport" is listed as "other".

Notes:

Values

Field ID: TR8.9

Category: PRE-HOSPITAL

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

REFERRING HOSPITAL NAME

The name of the acute care hospital that transferred the patient to the receiving (your) hospital.

Notes: Required when the patient is received by transferred.

Values

Field ID: TR33.1

Category: PRE-HOSPITAL

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

EMS RUN NUMBER

The number assigned to the incident by the EMS agency transporting the patient to your facility.

Notes: Typically found on the EMS run sheet and referred to as the Incident Number.

Values

Field ID: TR7.1

Category: PRE-HOSPITAL

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

EMS SERVICE

The name of the ambulance service or aeromedical flight company

Notes:

Values

Field ID: TR7.3

Category: PRE-HOSPITAL

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

EMS GCS MANUAL

The lowest Glasgow Coma Scale score at the scene of the injury or en route to the hospital before intubation, sedation or paralyzation.

Notes: Typically obtained from the ambulance run sheet.

Values

Field ID: TR18.64

Category: PRE-HOSPITAL

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

EMS AVPU

The lowest AVPU score recorded in by EMS before intubation, sedation or paralyzation.

Notes: If the AVPU is not explicitly 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 "A" if there is no other contradicting documentation.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Alert	Patient is awake and alert.
2	Verbal Stimuli	Responsive to verbal stimuli: patient not awake but easy to arouse by verbal stimuli. Can obey some simple commands, speak comprehensively, although some disorientation may be present.
3	Painful Stimuli	Responsive to painful stimuli: patient difficult to arouse (e.g., requires noxious stimuli), cannot obey simple commands; speech inappropriate or incomprehensible.
4	Unresponsive	Unresponsive: patient does not open eyes, obey commands or utter words.
-45	Not Known/Not Recorded	

Field ID: TR18.107

Category: PRE-HOSPITAL

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

DATE ARRIVED IN ED

Date that the patient arrived in the emergency department

Notes: If the patient was brought to the emergency department, enter date patient arrived at emergency department. If patient was directly admitted to the hospital, leave this field blank and record the arrival date in the *Hospital Admission Date* (TR 25.33) field.

Values

Field ID: TR18.55

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

TIME ARRIVED

Time that the patient arrived in the emergency department

Notes: If the patient was brought to the emergency department, enter time patient arrived at emergency department. If patient was directly admitted to the hospital, leave this field blank and record the arrival time in the *Hospital Admission Time* (TR 25.47) field.

If the patient waited in the lobby before being roomed, record the *Time Arrived* as the time the patient checked-in at the emergency department, rather than the time they were roomed.

Values

Field ID: TR18.56

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

TRAUMA TEAM ACTIVATED

Indicates level of trauma team activation.

Notes: Report the level actually activated regardless of the patient's condition.

If the patient met activation criteria but the team was not activated, report "Not Activated."

For hospitals with a single-tier trauma activation policy (i.e., single set of activation criteria), select "Tier 1." For hospitals using a multi-tier trauma activation policy, indicate which tier was activated.

Tier-three activations need not be reported.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
0	Not Activated	The trauma team was not activated.
1	Tier 1	Trauma team activated with the highest level of resources available
2	Tier 2	Trauma team activated with less than the highest level of resources available
-45	Not Known/Not Recorded	

Field ID: TR17.21

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

SERVICE TYPE

The role the provider played in the patient's care.

Notes: Only required when the trauma team was activated.

Only the ED Provider and General Surgeon (if applicable) are required. Other roles, such as anesthesia or orthopedic surgeon, may be recorded at the hospital's discretion.

Values

MAPPED CODE	VALUE NAME
1	General Surgeon
3	Neurosurgeon
4	Orthopedic Surgeon
5	Emergency Department Provider
6	Anesthesia Provider
7	Other Provider
-45	Not Known/Not Recorded

Field ID: TR17.13

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

DATE PROVIDER CALLED

The date that the provider was called to the trauma team activation.

Notes: Only required when the trauma team was activated.

Only the ED Provider and General Surgeon (if applicable) are required.

Values

Field ID: TR17.10

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

TIME PROVIDER CALLED

The time that the provider was called to the trauma team activation.

Notes: Only required when the trauma team was activated.

Only the ED Provider and General Surgeon (if applicable) are required.

Values

Field ID: TR17.14

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

DATE PROVIDER ARRIVED

The date that the provider arrived in the ED for the trauma team activation.

Notes: Only requrired when the trauma team was activated.

Only the ED Provider and General Surgeon (if applicable) are required.

Values

Field ID: TR17.15

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

TIME PROVIDER ARRIVED

The time that the provider arrived in the ED for the trauma team activation.

Notes: Only requrired when the trauma team was activated.

Only the ED Provider and General Surgeon (if applicable) are required.

Values

Field ID: TR17.11

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

DECISION TO TRANSFER FROM ED DATE

The date the decision was made to transfer the patient from the emergency department to another hospital

Notes: Required only when *Transfer Delay (TR17.45)* is *Yes*.

Values

Field ID: TR17.41

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

DECISION TO TRANSFER FROM ED TIME

The time the decision was made to transfer the patient from the emergency department to another hospital

Notes: Required only when *Transfer Delay (TR17.45)* is *Yes*.

If the actual time the decision to transfer was made cannot be determined from the documentation, these times (listed in order of preference) can be recorded as the *Decision to Transfer from ED Time*:

6. The time the process began to obtain transportation to transfer the patient to another facility.
7. The time the process began to obtain the acceptance of another facility to receive the transferred patient.

If *Decision to Transfer from ED Time* cannot be determined, leave this field blank.

Values

Field ID: TR17.42

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

DATE DISCHARGED FROM ED

The date the patient was discharged from the emergency department.

Notes: For patients admitted, use the date the patient was transferred to the floor.

Values

Field ID: TR17.25

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

TIME DISCHARGED FROM ED

The time the patient was discharged from the emergency department.

Notes: For patients admitted, use the time the patient was transferred to the floor.

Values

Field ID: TR17.26

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ED DISPOSITION

The disposition of the patient at the time of discharge from the ED

Notes: Report observation and telemetry patients as "Floor bed."

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
11	Transferred to another hospital	Transferred to a short-term, acute care hospital for inpatient care
10	Left against medical advice	Left against medical advice, left without being seen, eloped or discontinued care.
9	Home without services	Discharged to home with no home services. Includes discharge to foster home or assisted living facility, correctional facility, detoxification center or to the custody of law enforcement. It also includes patients discharged to a skilled nursing facility if the patient was a resident of the SNF prior to the injury and is returning to the same level of care.
8	Intensive Care Unit	Admitted to the intensive care unit
7	Operating room	Patient went directly to the operating room upon discharge from the emergency department.
6	Other	Discharged from the emergency department to another venue not otherwise specified.
5	Died	Patient died in the emergency department. Includes patients who arrived with CPR in progress but excludes patients who died prehospital and for whom resuscitation was not attempted in the emergency department.
4	Home with services	Discharged to home under care of organized home health services that were not being utilized prior to the injury.
1	Floor bed	Admitted to a med/surg, observation, telemetry or step-down unit.
-45	Not Known/Not Recorded	
-25	Not Applicable	

Field ID: TR17.27

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ED HOSPITAL TRANSFERRED TO

The name of the hospital to which the patient was transferred from the emergency department.

Notes: Required when the ED Disposition is “Transferred to Another Hospital.”

Values

Field ID: TR17.61

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

ED TRANSFER MODE

The type of transportation used to transfer the patient.

Notes: Patient who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Ground Ambulance	Transferred by ground ambulance.
2	Helicopter	Transferred by helicopter ambulance, or transported to the local airport or heliport by ground and then transferred by helicopter ambulance.
3	Fixed Wing	Transported to the local airport by ground and then transferred by fixed-wing ambulance.
4	Police	Transferred by police or sheriff.
5	Private Vehicle	Transferred by means other than EMS or law enforcement.
-45	Not Known/Not Recorded	
-25	Not Applicable	

Field ID: TR17.60

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

TRANSFER DELAY

Indicates whether or not there was a delay in transferring the patient from the emergency department to another hospital when the patient required an immediate transfer.

Notes: Required only when *ED Disposition* (TR17.27) is *Transferred to another hospital*.

A patient required an 'immediate transfer' if it was reasonably likely that the patient's condition would deteriorate over the course of the next several hours if transfer was not accomplished. Some situations that suggest that an immediate transfer may have been required are:

- Transportation was ordered as "emergency," "code 3," or "lights and siren."
- The patient met physiological trauma team activation criteria.
- The patient was sent to the emergency department at the receiving hospital rather than being directly admitted.

Do not record a transfer delay if the patient was able to be transferred at the optimal time despite the presence of factors that could have caused a delay but ultimately did not.

'Optimal time' is the shortest time reasonably possible, specific to each hospital, when that hospital's resources are available and functioning as they should. Each hospital should determine its optimal time and use that benchmark as the basis for determinining if a delay occurred.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
2	Yes	The patient required an immediate transfer but was not able to be transferred at the optimal time. This is usually due to one of the reasons listed in *Reasons for Transfer Delay* (TR17.44).
1	No	A transfer delay did not occur, or a delay occurred but the patient did not require immediate transfer.
-25	Not Applicable	
-45	Not Known/Not Recorded	

Field ID: TR17.45

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

REASONS FOR TRANSFER DELAY

Indicates the factor(s) that contributed to the delay in transferring the patient to another hospital.

Notes: Required only when *Transfer Delay* (TR17.45) is *Yes*.

Select all that apply.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	EMS Related	The transfer was delayed due to issues stemming from the emergency medical services system, such as: ▪ The closest transporting agency was not immediately available or was unable to provide the needed level of service. ▪ More than one transporting agency was called before finding one capable to transferring the patient. ▪ The transferring service arrived late. ▪ Staffing dynamics or change of shift ▪ Aeromedical transport was needed but unavailable. Do not select *EMS Related* if EMS was delayed or unavailable only because of weather; instead, select *Weather Related*.
20	Sending Facility Related	The transfer was delayed due to issues stemming from the sending hospital, such as: ▪ Performing unnecessary assessments or therapies ▪ Late-responding staff (beyond expected response times) ▪ Delayed radiology reports (usually >15 min.) ▪ Busy emergency department
3	Receiving Facility Related	The transfer was delayed due to issues stemming from a receiving hospital, regardless of whether the receiving hospital eventually received/accepted the patient. A delay is often related to the receiving hospital if the receiving hospital did not immediately accept the patient.
6	Weather Related	The transfer was delayed due to issues stemming from the weather conditions at the time.
19	Patient Related	The transfer was delayed due to issues stemming from the patient or patient's family/friends, such as not being immediately agreeable to the transfer or otherwise contributing to a delay through their actions or inactions.
2	Other	The transfer was delayed due to an issue other than, or in addition to, those listed.
-25	Not Applicable	

MAPPED CODE	VALUE NAME	VALUE DEFINITION
-45	Not Known/Not Recorded	

Field ID: TR17.44

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

OTHER REASON FOR TRANSFER DELAY

An explanation of the reason for the transfer delay.

Notes: Required only when *Reason for Transfer Delay* (TR17.44) contains *Other*.

Values

Field ID: TR17.43

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL GLASGOW EYE

First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.

If no numeric GCS score is documented 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. If the chart indicates that the patient's pupils are PERRL, an Eye GCS of 4 may be recorded as long as there is no other contradictory documentation.

Values

MAPPED CODE	VALUE NAME
1	1 No eye movement when assessed
2	2 Opens eyes in response to painful stimulation
3	3 Opens eyes in response to verbal stimulation
4	4 Opens eyes spontaneously
-45	Not Known/Not Recorded

Field ID: TR18.14

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL GLASGOW VERBAL

First recorded Glasgow Coma Score (Verbal) within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.

If no numeric GCS score is documented 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. If the chart indicates that the patient is oriented to person, place and time, a Verbal GCS of 5 may be recorded, as long as there is no other contradictory documentation.

Values

MAPPED CODE	VALUE NAME	
	Adult	**Pediatric**
1	1 No verbal response	1 No vocal response
2	2 Incomprehensible sounds	2 Inconsolable, agitated
3	3 Inconsistently consolable, moaning	3 Inconsistently consolable, moaning
4	4 Confused	4 Cries but is consolable, inappropriate interactions
5	5 Oriented	5 Smiles, oriented to sounds, follows objects, interacts
-45	Not Known/Not Recorded	

Field ID: TR18.15.2

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL GLASGOW MOTOR

First recorded Glasgow Coma Score (Motor) within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.

If no numeric GCS score is documented 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. If the chart indicates that the patient withdraws from a painful stimulus, a Motor GCS of 4 may be recorded, as long as there is no other contradictory documentation.

Values

MAPPED CODE	VALUE NAME	
	Adult	**Pediatric**
1	1 No motor response	1 No motor response
2	2 Extension to pain	2 Extension to pain
3	3 Flexion to pain	3 Flexion to pain
4	4 Withdrawal from pain	4 Withdrawal from pain
5	5 Localizing pain	5 Localizing pain
6	6 Obeys commands	6 Appropriate response to stimulation
-45	Not Known/Not Recorded	

Field ID: TR18.16.2

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL GCS QUALIFIER

Documentation of factors potentially or actually affecting this record of the GCS.

Notes: Select up to three.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
4	Valid GCS	The reported GCS is reliable: The patient was not sedated, not intubated, and did not have an obstruction to the eye at the time the GCS was assessed.
1	Chemically Sedated or Paralyzed	The patient was chemically paralyzed or sedated at the time the GCS was assessed.
2	Obstruction to the Eye	There was an obstruction to one or both eyes that prevented assessment of the 'eye opening' component of the GCS at the time the GCS was assessed.
3	Intubated	The patient was intubated at the time the GCS was assessed.
-45	Not Known/Not Recorded	

Field ID: TR18.21

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL AVPU

The lowest AVPU score recorded in the emergency department before intubation, sedation or paralyzation.

Notes: If the AVPU is not explicitly 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 "A" if there is no other contradicting documentation.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Alert	Patient is awake and alert.
2	Verbal Stimuli	Responsive to verbal stimuli: patient not awake but easy to arouse by verbal stimuli. Can obey some simple commands, speak comprehensively, although some disorientation may be present.
3	Painful Stimuli	Responsive to painful stimuli: patient difficult to arouse (e.g., requires noxious stimuli), cannot obey simple commands; speech inappropriate or incomprehensible.
4	Unresponsive	Unresponsive: patient does not open eyes, obey commands or utter words.
-45	Not Known/Not Recorded	

Field ID: TR18.53

Category: ED CARE

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL TEMPERATURE

First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.

Enter in the appropriate Celcius or Fahrenheit field. The unpopulated temperature field will be automatically calculated and populated when the other is completed.

Values

Field ID: TR18.30

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL SYSTOLIC BLOOD PRESSURE

First recorded systolic blood pressure in the ED/hospital within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.

Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

Values

Field ID: TR18.11

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL DIASTOLIC BLOOD PRESSURE

First recorded diastolic blood pressure in the ED/hospital within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.

Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

Values

Field ID: TR18.13

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL PULSE RATE

First recorded pulse in the ED/hospital (palpated or auscultated) within 30 minutes of ED/hospital arrival (expressed as a number per minute)

Notes: The first recorded hospital vitals need not be from the same assessment.

Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

Values

Field ID: TR18.2

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL RESPIRATORY RATE

First recorded respiratory rate in the ED/hospital within 30 minutes of ED/hospital arrival (expressed as a number per minute).

Notes: The first recorded hospital vitals need not be from the same assessment.

Report the patient's respiratory rate as recorded in the clinical documentation. Respirations being assisted or provided by mechanical means are addressed by the "Hospital Respiratory Assistance" field.

Values

Field ID: TR18.7

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL SpO_2

First recorded oxygen saturation in the ED/hospital within 30 minutes of ED/hospital arrival (expressed as a percentage)

Notes: The first recorded hospital vitals need not be from the same assessment.

Values

Field ID: TR18.31

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL GCS CALCULATED

Glascow Coma Score automatically calculated total from the manually recorded components

Notes:

Values

Field ID:

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL GCS MANUAL

First recorded Glasgow Coma Score (total) within 30 minutes of ED/hospital arrival

Notes: The Initial ED/Hospital GCS Manual need only be reported if the Initial ED/Hospital GCS Calculated field is blank.

The first recorded hospital vitals need not be from the same assessment.

If a numeric GCS is not explicitly recorded, but there is documentation related to the patient's level of consciousness such as “AOx3,” “awake alert and oriented,” or “patient with normal mental status,” interpret this as GCS of 15 if there is no other contradicting documentation.

Values

Field ID: TR18.19

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL RESPIRATORY ASSISTANCE

Indicates whether or not the patient's respirations were assisted or provided entirely by mechanical and/or external means, such as a ventilator or bag-valve-mask.

Notes: Report supplemental oxygen administered via liter flow (through face mask or nasal cannula) as "Unassisted Respiratory Rate."

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Unassisted Respiratory Rate	The Respiratory Rate recorded reflects the patient's own respiratory effort without the assistance of mechanical means (e.g., bag-valve-mask, ventilator).
2	Assisted Respiratory Rate	Respirations were being assisted or provided by mechanical means (e.g., bag-valve-mask, ventilator).
-45	Not Known/Not Recorded	

Field ID: TR18.10

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

ALCOHOL SCREEN

A blood alcohol concentration (BAC) test was performed by the hospital.

Notes:

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Yes	A blood alcohol test was performed.
2	No	A blood alcohol test was not performed.
-45	Not known/Not Recorded	

Field ID: TR18.46

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

BLOOD ALCOHOL CONTENT

The first recorded blood alcohol concentration (BAC) results reported in g/dL.

Notes: Report if Alcohol Screen (TR18.46) is "Yes."

Values

Field ID: TR18.103

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

DRUG SCREEN

The illicit or prescription drugs used by the patient before injury as determined from a toxicological screen or patient or witness report

Notes: Select all that apply.

Report substances present in drug screens performed within 24 hours of admission.

Do not report theraputic drugs administered as part of the patient's clinical therapy after the injury.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	AMP (Amphetamine)	The drug screen was positive for an amphetamine, or the patient or reliable witness reported that the patient used an amphetamine prior to the injury.
2	BAR (Barbiturate)	The drug screen was positive for a barbiturate, or the patient or reliable witness reported that the patient used a barbiturate prior to the injury.
3	BZO (Benzodiazepines)	The drug screen was positive for a benzodiazepine, or the patient or reliable witness reported that the patient used a benzodiazepine prior to the injury.
4	COC (Cocaine)	The drug screen was positive for cocaine, or the patient or reliable witness reported that the patient used cocaine prior to the injury.
5	mAMP (Methamphetamine)	The drug screen was positive for methamphetamine, or the patient or reliable witness reported that the patient used methamphetamine prior to the injury.
6	MDMA (Ecstasy)	The drug screen was positive for methylenedioxy-methamphetamine, or the patient or reliable witness reported that the patient used methylenedioxy-methamphetamine prior to the injury.
7	MTD (Methadone)	The drug screen was positive for methadone, or the patient or reliable witness reported that the patient used methadone prior to the injury.
8	OPI (Opioid)	The drug screen was positive for an opioid, or the patient or reliable witness reported that the patient used an opioid prior to the injury.
13	Other	The drug screen was positive for another drug not otherwise specified, or the patient or reliable witness reported that the patient used another drug not otherwise specified prior to the injury.
9	OXY (Oxycodone)	The drug screen was positive for oxycodone, or the patient or reliable witness reported that the patient used oxycodone prior to the injury.
10	PCP (Phencyclidine)	The drug screen was positive for phencyclidine, or the patient or reliable witness reported that the patient used phencyclidine prior to the injury.

MAPPED CODE	VALUE NAME	VALUE DEFINITION
11	TCA (Tricyclic Antidepressant)	The drug screen was positive for a tricyclic antidepressant, or the patient or reliable witness reported that the patient used a tricyclic antidepressant prior to the injury.
12	THC (Cannabinoid)	The drug screen was positive for a cannaboid, or the patient or reliable witness reported that the patient used a cannaboid prior to the injury.
14	None	The drug screen was performed but the result was negative.
15	Not Tested	A drug screen was not performed.
-45	Not Known/Not Recorded	

Field ID: TR18.91

Category: ED CARE

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

PROCEDURE TO REPORT

Indicates whether or not any reportable procedures were performed while the patient was in the hospital. Reportable procedures are: intubation, surgical airway, chest tube, blood administration. Other procedures may be reported at the at the discretion of the hospital.

Notes:

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Yes	There are procedures to report.
2	No	No procedures to report.
-45	Not Known/Not Recorded	

Field ID: TR22.30

Category: PROCEDURES

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL TOURNIQUET

Indicates whether or not an arterial tourniquet was applied after admission.

Notes: Report only tourniquets applied as part of the resuscitation; do not report tourniquets used during surgical procedures in the operating room.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Not applied	Tourniquet was not applied or was applied pre-hospital but removed before arrival at the hospital.
2	Arrived at hospital with tourniquet in place	Patient arrived at the hospital with tourniquet in place.
3	Applied in hospital	Tourniquet was applied after patient's arrival at the hospital.
-45	Not Known/Not Recorded	

Field ID: TR18.140

Category: PROCEDURES

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

ICD 10 PROCEDURE

ICD-10 Code for the hospital procedure performed. Reportable procedures are: intubation, surgical airway, chest tube, blood administration. Other procedures may be reported at the hospital's discretion.

Notes: Report only intubations performed as part of the resuscitation; do not report intubations performed in the operating room in conjunction with the patient's anesthesia.

Values

Field ID: TR200.2

Category: PROCEDURES

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL ADMISSION DATE

Date patient was admitted to the hospital.

Notes: If the patient was admitted through the emergency department, use the date the patient arrived in the emergency department.

Values

Field ID: TR25.33

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL ADMISSION TIME

Time patient was admitted to the hospital.

Notes: If the patient was admitted through the emergency department, use the time the patient arrived in the emergency department.

Values

Field ID: TR25.47

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL DISCHARGE DATE

Date patient was discharged from the hospital.

Notes: At the facility's discretion, the date the order was written for the patient to be discharged from the hospital may be reported as the Hospital Discharge Date .

Values

Field ID: TR25.34

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL DISCHARGE TIME

Time patient was discharged from the hospital.

Notes: At the facility's discretion, the time the order was written for the patient to be discharged from the hospital may be reported as the Hospital Discharge Time .

Values

Field ID: TR25.48

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL LENGTH OF STAY

The difference between the data/time that the patient arrived at the hospital and the date/time the patient was discharged from the hospital.

Notes: This field is automatically calculated if the Hospital Admission Data/Time and Hospital Discharge Date/Time are populated.

Values

Field ID: TR25.44

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

TOTAL ICU DAYS

The cumulative amount of time spent in the ICU.

Notes: Recorded in full day increments with any partial calendar day counted as a full calendar day.

Each partial or full day should be measured as one calendar day.

If patient has multiple ICU episodes on the same calendar day, count that day as one calendar day.

At no time should the ICU LOS exceed the Hospital Length of Stay.

Values

Field ID: TR26.9

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

TOTAL VENT DAYS

The cumulative number of days spent on the ventilator.

Notes: Each partial or full day should be measured as one calendar day.

Exclude mechanical ventilation time associated with operating room procedures.

Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.

Recorded in full day increments with any partial calendar day counted as a full calendar day.

At no time should the Total Vent Days exceed the Hospital Length of Stay.

Values

Field ID: TR26.58

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

HOSPITAL DISCHARGE DISPOSITION

The disposition of the patient at the time of discharge from the hospital.

Notes: This is often determined from the discharge summary in the medical record. Discharge to any non-medical facility other than those listed should be coded as "Home with no home services". Discharge to any medical facility other than those listed should be reported as "Other."

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Acute care hospital	Transferred to a short-term, acute care hospital for inpatient care
3	Home with home health services	Discharged to home under care of organized home health services that were not being utilized prior to the injury.
4	Left AMA or discontinued care	Left against medical advice, eloped or discontinued care.
5	Died	Patient died.
6	Home with no home services	Discharged to home with no home health services. Includes discharge to foster home or assisted living facility, correctional facility, detoxification center or to the custody of law enforcement. It also includes patients discharged to a skilled nursing facility if the patient was a resident of the SNF prior to the injury and is returning to the same level of care.
7	Skilled Nursing Facility	Discharged to a skilled nursing facility when the patient was not a resident of the SNF prior to the injury, or was a resident of the SNF prior to the injury but is returning to a higher level of care.
8	Hospice care	Discharged to hospice care.
9	Rehabilitation or long-term facility	Transferred to an inpatient rehab or long-term care facility. Includes cases in which the patient is being discharged to a skilled nursing facility specifically for the rehabilitation services provided by that facility.
14	Other	Transferred to another type of institution not defined elsewhere
-45	Not Known/Not Recorded	
-25	Not Applicable	

Field ID: TR25.27

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL TRANSFERRED TO

Name of the hospital to which the patient was transferred upon discharge from a location other than the emergency department.

Notes: Required when the Hospital Discharge Disposition is "Acute Care Hospital."

Typically used to indicate the hospital to which the patient was transferred after having been admitted to an in-patient room or the operating room.

Values

Field ID: TR25.35

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

HOSPITAL DISCHARGE TRANSFER MODE

The type of transportation used to transfer the patient from the hospital at discharge.

Notes: Patient who are transferred by private vehicle are considered to have been discharged and referred.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Ground Ambulance	Transferred by ground ambulance.
2	Helicopter	Transferred by helicopter ambulance, or transported to the local airport or heliport by ground and then transferred by helicopter ambulance.
3	Fixed Wing	Transported to the local airport by ground and then transferred by fixed-wing ambulance.
4	Private Vehicle	Transferred by private vehicle, taxi, law enforcement or non-EMS medical transportation.
5	Other	Transferred by another means not otherwise specified.
-45	Not Known/Not Recorded	

Field ID: TR25.43

Category: OUTCOME

Required:

Trauma Registry: Yes

Traumatic Brain Injury/Spinal Cord Injury Registry: No

TBI OUTCOME

The functional outcome of traumatic brain injury as assessed by the Glasgow Outcome Scale at the time of discharge from the hospital. Select only one.

Notes: If the discharge summary does not clearly state the functional neurologic outcome, coding of this variable may require a review of the medical record by a person knowledgeable in clinical descriptions. If the patient died and did not have a traumatic brain injury then "Not Applicable" should be indicated.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Good Recovery	Conscious, alert, able to work, attend school, and lead a normal life. Independent with respect to activities of daily living. May have minor neurological or psychological deficits (mild dysphasia, non-incapacitating hemi-paresis, or minor cranial nerve abnormalities).
2	Mild Disability	Conscious and able to interact; minor neurological disease that is controlled and does not interfere with daily functioning (seizure disorder). Able to work or attend school in a sheltered setting.
3	Moderate Disability	Conscious Neurological disease that is not controlled and severely limits activities (hemiplegia, seizures, ataxia, dysphasia, permanent memory or mental changes). Able to work or attend school part-time in a controlled setting.
4	Severe Disability	Conscious and at least somewhat responsive, but disabled and dependent for daily support (beyond age/development appropriate care). Is in an institution or at home with exceptional family effort. At least limited cognition. Includes a wide range of cerebral abnormalities from ambulatory with severe memory disturbance or dementia precluding independent existence to paralytic and able to communicate only with eyes, as in the locked-in syndrome.
5	Persisting Coma	Unconscious and functioning involuntarily. Unaware of surroundings, no cognition. No verbal or psychological interaction with the environment.
6	Death	Certified brain dead or dead by traditional criteria.
-45	Not Known/Not Recorded	
-25	Not Applicable	Not a TBI case.

Field ID: TR25.23

Category: OUTCOME

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

SCI OUTCOME

Describes the extent of the spinal cord lesion at the time of discharge from the hospital. Select only one.

Notes: This is a modification of the American Spinal Injury Association's Impairment Scale (ASIA). If the patient died and did not have a spinal cord injury then "Not Applicable" should be indicated.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Normal	Refers to the full return of all motor, sensory, and autonomic function; minimal reflex abnormalities alone may persist (ASIA Class E) incomplete-functional: refers to a lesion that leaves functionally useful voluntary motor activity below the neurological level of injury; i.e., most key muscle groups in the affected segments have sufficient strength to perform against gravity (ASIA Class D).
2	Incomplete, Functional	Refers to a lesion that leaves any preserved sensory or voluntary motor function below the neurological level of the injury including sacral segments, and with some useful preservation of motor function below this level; i. e., most key muscle groups in the affected segments are strong enough to perform against gravity (ASIA Class C).
3	Incomplete, Nonfunctional	Refers to a lesion that leaves any preserved sensory or voluntary motor function below the neurological level of the injury including sacral segments, but without useful preservation of motor function below this level; i.e., most key muscle groups in the affected segments are too weak to perform against gravity (ASIA Class B).
4	Complete	Refers to a lesion that leaves no preserved motor or sensory function in the sacral segments S4-S5 (ASIA Class A)
5	Death	
-45	Not Known/Not Recorded	
-25	Not Applicable	Not an SCI case.

Field ID: TR25.22

Category: OUTCOME

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

OVERALL PERFORMANCE

The Glasgow-Pittsburgh overall performance categories reflect cerebral and non-cerebral status and evaluate actual overall performance. Should be at a level equal to or of more severity than the TBI or SCI outcome. Select one only.

Notes: Record Overall Performance for every ROI submission. Reference: Harsh, R.N.: Setting a Standard, JEMS 19(5):77, May 1994

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Good Recovery	Healthy, alert and capable of normal life. Good cerebral performance with no or only mild functional disability from non-cerebral organ system abnormalities.
2	Mild Disability	Mild cerebral disability alone or mild non-cerebral system dysfunction alone or both. Performs independent activities of daily life (dressing, traveling and food preparation). Able to resume work or school, but may have permanent or temporary physical or mental challenges.
3	Moderate Disability	Conscious. Moderate cerebral disability alone or moderate non-cerebral system dysfunction alone or both. Performs independent activities of daily life (dressing, traveling, and food preparation). May be able to work part-time in sheltered environment but disabled for competitive work.
4	Severe Disability	Conscious. Severe cerebral disability alone or severe disability from non-cerebral organ system dysfunction alone or both. Dependent on others for daily support.
5	Persisting Coma	Not conscious. Unaware of surroundings, no cognition. No verbal or psychological interaction with environment.
6	Death	Certified brain dead or dead by traditional criteria.
-45	Not Known/Not Recorded	
-25	Not Applicable	

Field ID: TR25.24

Category: OUTCOME

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

PRIMARY METHOD OF PAYMENT

Primary source of payment for hospital care.

Notes: If "other" selected, specify the source.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Medicaid	Medicaid was the primary guarantor.
2	Not Billed	No bill was sent for any reason.
3	Self-Pay	The patient was the primary guarantor.
4	Private/Commercial Insurance	A private insurance company was the primary guarantor.
6	Medicare	Medicare was the primary guarantor.
7	Other Government	A government payer other than Medicare or Medicaid was the primary guarantor.
10	Other	Another non-government payer was the primary guarantor.
-45	Not Known/Not Recorded	

Field ID: TR2.5

Category: OUTCOME

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

SECONDARY METHOD OF PAYMENT

Secondary source of payment for hospital care.

Notes: If "other" selected, specify the source in the associated field.

Values

MAPPED CODE	VALUE NAME	VALUE DEFINITION
1	Private/Commercial Insurance	A private insurer was the secondary guarantor.
2	Medicare	Medicare was the secondary guarantor.
3	Medicaid	Medicaid was the secondary guarantor.
4	Other Government	A government payer other than Medicare or Medicaid was the secondary guarantor.
5	Self-Pay	The patient was the secondary guarantor.
6	Other	Another non-government payer was the primary guarantor.
-45	Not Known/Not Recorded	
-25	Not Applicable	

Field ID: TR2.7

Category: OUTCOME

Required:

Trauma Registry: No

Traumatic Brain Injury/Spinal Cord Injury Registry: Yes

Appendix A: Hospital ID Codes

Facility Name	Facility ID	State
Adair County Memorial Hospital	161310	IA
Allen Hospital	160110	IA
Audubon County Memorial Hospital	161330	IA
Avera Holy Family Hospital	161351	IA
Baum Harmon Mercy Hospital	161300	IA
Boone County Hospital	161372	IA
Broadlawns Medical Center	160101	IA
Buchanan County Health Center	161335	IA
Buena Vista Regional Medical Center	161375	IA
Burgess Health Center	161359	IA
Cass County Memorial Hospital	161376	IA
Central Community Hospital	161319	IA
Central Iowa Healthcare	160001	IA
Cherokee Regional Medical Center	161362	IA
Chi Health - Mercy Corning	161304	IA
Chi Health Mercy Council Bluffs	160028	IA
Chi Health Missouri Valley	161309	IA
Clarinda Regional Health Center	161352	IA
Clarke County Hospital	161348	IA
Community Memorial Hospital - Sumner	161320	IA
Covenant Medical Center	160067	IA
Crawford County Memorial Hospital	161369	IA
Dallas County Hospital	161322	IA
Davis County Hospital	161327	IA
Decatur County Hospital	161340	IA
Finley Hospital	160117	IA
Floyd County Medical Center	161347	IA
Floyd Valley Hospital	161368	IA
Fort Madison Community Hospital	160122	IA
Franklin General Hospital	161308	IA
Genesis Medical Center-Davenport	160033	IA
Genesis Medical Center-Dewitt	161313	IA
George C Grape Community Hospital	161324	IA
Great River Medical Center	160057	IA
Greater Regional Medical Center	161365	IA
Greene County Medical Center	161325	IA
Grinnell Regional Medical Center	160147	IA
Grundy County Memorial Hospital	161303	IA

Facility Name	Facility ID	State
Guthrie County Hospital	161314	IA
Guttenberg Municipal Hospital	161312	IA
Hancock County Health System	161307	IA
Hansen Family Hospital	161380	IA
Hawarden Regional Healthcare	161311	IA
Hegg Memorial Health Center	161336	IA
Henry County Health Center	161356	IA
Horn Memorial Hospital	161354	IA
Humboldt County Memorial Hospital	161334	IA
Iowa City VA Medical Center	16004	IA
Iowa Lutheran Hospital	160024	IA
Iowa Methodist Medical Center	160082	IA
Iowa Specialty Hospital - Belmond	161301	IA
Iowa Specialty Hospital-Clarion	161302	IA
Jackson County Regional Health Center	161329	IA
Jefferson County Health Center	161364	IA
Jones Regional Medical Center	161306	IA
Keokuk Area Hospital	160008	IA
Keokuk County Health Center	161315	IA
Knoxville Hospital & Clinics	161355	IA
Kossuth Regional Health Center	161353	IA
Lakes Regional Healthcare	160124	IA
Loring Hospital	161370	IA
Lucas County Health Center	161341	IA
Madison County Memorial Hospital	161326	IA
Mahaska Health Partnership	161379	IA
Manning Regional Healthcare Center	161332	IA
Marengo Memorial Hospital	161317	IA
Mary Greeley Medical Center	160030	IA
Mercy Hospital - Iowa City	160029	IA
Mercy Hospital Of Franciscan Sisters-Oelwein	161338	IA
Mercy Medical Center - Cedar Rapids	160079	IA
Mercy Medical Center-Centerville	161377	IA
Mercy Medical Center-Clinton	160080	IA
Mercy Medical Center-Des Moines	160083	IA
Mercy Medical Center-Dubuque	160069	IA
Mercy Medical Center-Dyersville	161378	IA
Mercy Medical Center-New Hampton	161331	IA
Mercy Medical Center-North Iowa	160064	IA
Mercy Medical Center-Sioux City	160153	IA

Facility Name	Facility ID	State
Methodist Jennie Edmundson	160047	IA
Mitchell County Regional Health	161323	IA
Monroe County Hospital	161342	IA
Montgomery County Memorial Hospital	161363	IA
Myrtue Medical Center	161374	IA
Orange City Area Health System	161360	IA
Osceola Community Hospital	161345	IA
Ottumwa Regional Health Center	160089	IA
Palmer Lutheran Health Center	161316	IA
Palo Alto County Hospital	161357	IA
Pella Regional Health Center	161367	IA
Pocahontas Community Hospital	161305	IA
Regional Health Services Of Howard County	161328	IA
Regional Medical Center	161343	IA
Ringgold County Hospital	161373	IA
Sanford Rock Rapids Medical Center	161321	IA
Sanford Sheldon Medical Center	161381	IA
Sartori Memorial Hospital	160040	IA
Shenandoah Medical Center	161366	IA
Sioux Center Health	161346	IA
Skiff Medical Center	160032	IA
Spencer Municipal Hospital	160112	IA
St Anthony Regional Hospital & Nursing Home	160005	IA
St Lukes Hospital - Cedar Rapids	160045	IA
St Lukes Regional Medical Center	160146	IA
Stewart Memorial Community Hospital	161350	IA
Story County Hospital	161333	IA
Trinity Bettendorf	160104	IA
Trinity Muscatine	160013	IA
Trinity Regional Medical Center	160016	IA
University Of Iowa Hospital & Clinics	160058	IA
VA Central Iowa Healthcare System	16003	IA
Van Buren County Hospital	161337	IA
Van Diest Medical Center	161361	IA
Veterans Memorial Hospital	161318	IA
Virginia Gay Hospital	161349	IA
Washington County Hospital And Clinics	161344	IA
Waverly Health Center	161339	IA
Wayne County Hospital	161358	IA
Winneshiek Medical Center	161371	IA

Facility Name	Facility ID	State
Aspirus Ironwood Hospital	231333	MI
Abbott Northwestern Hospital	240057	MN
Abbott Northwestern WestHealth	2400572	MN
Alomere Health	240030	MN
Appleton Area Health Services	241341	MN
Avera Marshall Regional Medical Center	241359	MN
Avera Tyler	241348	MN
Bigfork Valley Hospital	241316	MN
Buffalo Hospital	240076	MN
Cambridge Medical Center	240020	MN
Caris Health - Rice Memorial Hospital	240088	MN
Carris Health - Redwood	241351	MN
Cass Lake Indian Hospital	241358	MN
CCM Health	241325	MN
CentraCare Health - Long Prairie	241326	MN
CentraCare Health - Melrose	241330	MN
CentraCare Health - Monticello	241362	MN
CentraCare Health - Paynesville	241349	MN
CentraCare Health - Sauk Centre	241368	MN
CHI St. Gabriel's Health	241370	MN
Children's Minnesota - Minneapolis	243302	MN
Children's Minnesota - St. Paul	243301	MN
Community Memorial Hospital - Cloquet	241364	MN
Cook Hospital	241312	MN
Cuyuna Regional Medical Center	241353	MN
District One Hospital	240071	MN
DVA Medical Center - Fort Snelling	24003	MN
Ely-Bloomenson Community Hospital	241318	MN
Essentia Health Ada	241313	MN
Essentia Health Deer River	241360	MN
Essentia Health Fosston	241357	MN
Essentia Health Holy Trinity Hospital	241321	MN
Essentia Health Northern Pines	241340	MN
Essentia Health Sandstone	241309	MN
Essentia Health St. Joseph's Medical Center	240075	MN
Essentia Health St. Mary's Hospital	240101	MN
Essentia Health St. Mary's Medical Center	240002	MN
Essentia Health Virginia	240084	MN
Fairview Range Medical Center	240040	MN
Fergus Falls Regional Treatment Center	244003	MN

Facility Name	Facility ID	State
Glacial Ridge Health System	241376	MN
Glencoe Regional Health Services	241355	MN
Grand Itasca Clinic & Hospital	240064	MN
Granite Falls Municipal Hospital	241343	MN
Hendricks Community Hospital	241339	MN
Hennepin Healthcare	240004	MN
Hutchinson Health	240187	MN
Johnson Memorial Health Services	241314	MN
Kittson Memorial Healthcare Center	241336	MN
Lake Region Healthcare	240052	MN
Lake View Memorial Hospital	241308	MN
Lakeside Medical Center	240211	MN
Lakeview Hospital	240066	MN
LakeWood Health Center	241301	MN
Lakewood Health Systems	241329	MN
LifeCare Medical Center	241344	MN
M Health Fairview Bethesda Hospital	242004	MN
M Health Fairview Lakes Medical Center	240050	MN
M Health Fairview Northland Medical Center	240141	MN
M Health Fairview Ridges Hospital - Burnsville	240207	MN
M Health Fairview Southdale Hospital	240078	MN
M Health Fairview St. John's Hospital	240210	MN
M Health Fairview University of Minnesota Masonic Children's Hospital	2400492	MN
M Health Fairview University of Minnesota Medical Center	240049	MN
M Health Fairview University of Minnesota Medical Center - West Bank	240080	MN
M Health Fairview Woodwinds Health Campus	240213	MN
Madelia Community Hospital	241323	MN
Madison Hospital	241372	MN
Mahnomen Health Center	241300	MN
Maple Grove Hospital	240214	MN
Mayo Clinic - Methodist Hospital	240061	MN
Mayo Clinic Health System - Albert Lea	240043	MN
Mayo Clinic Health System - Austin	240117	MN
Mayo Clinic Health System - Cannon Falls	241346	MN
Mayo Clinic Health System - Fairmont	240166	MN
Mayo Clinic Health System - Lake City	241338	MN
Mayo Clinic Health System - Mankato	240093	MN
Mayo Clinic Health System - New Prague	241361	MN
Mayo Clinic Health System - St. James	241333	MN
Mayo Clinic Health System - Waseca	241345	MN

Facility Name	Facility ID	State
Mayo Clinic Health System in Red Wing	240018	MN
Mayo Clinic Hospital - Rochester, Saint Marys Campus	240010	MN
Meeker Memorial Hospital - Litchfield	241366	MN
Mercy Hospital - Coon Rapids	240115	MN
Mercy Hospital - Moose Lake	241350	MN
Mercy Hospital - Unity Campus	240132	MN
Mille Lacs Health System	241356	MN
Murray County Medical Center	241319	MN
New Ulm Medical Center	241378	MN
North Memorial Health Hospital	240001	MN
North Shore Health	241317	MN
North Valley Health Center	241337	MN
Northfield Hospital	240014	MN
Olmsted Medical Center	240006	MN
Ortonville Area Health Services	241342	MN
Owatonna Hospital	240069	MN
Park Nicollet Methodist Hospital	240053	MN
Perham Health	241373	MN
Pipestone County Medical Center	241374	MN
Prairie Ridge Hospital	241379	MN
Rainy Lake Medical Center	241322	MN
RC Hospital & Clinics	241306	MN
Red Lake IHS Hospital	240206	MN
Regency Hospital of Minneapolis	242005	MN
Regina Medical Center	240059	MN
Regions Hospital	240106	MN
Regions Hospital/Gillette Children's Specialty Healthcare	243300	MN
Ridgeview Emergency Department at Two Twelve Medical Center	2400562	MN
Ridgeview LeSueur Medical Center	241375	MN
Ridgeview Medical Center	240056	MN
Ridgeview Sibley Medical Center	241311	MN
River's Edge Hospital	241334	MN
RiverView Health	241320	MN
Riverwood Health Care Center	241305	MN
Saint Elizabeth's Medical Center	241335	MN
Sanford Bagley Medical Center	241328	MN
Sanford Bemidji Medical Center	240100	MN
Sanford Luverne Medical Center	241371	MN
Sanford Medical Center Canby	241347	MN
Sanford Medical Center Jackson	241315	MN

Facility Name	Facility ID	State
Sanford Medical Center Thief River Falls	241381	MN
Sanford Tracy Medical Center	241303	MN
Sanford Westbrook Medical Center	241302	MN
Sanford Wheaton Medical Center	241304	MN
Sanford Worthington	240022	MN
Sleepy Eye Medical Center	241327	MN
St. Cloud Hospital	240036	MN
St. Francis Healthcare Campus	241377	MN
St. Francis Regional Medical Center	240104	MN
St. Joseph's Area Health Services	241380	MN
St. Luke's Hospital	240047	MN
Stevens Community Medical Center	241363	MN
Swift County-Benson Hospital	241365	MN
Tri-County Health Care	241354	MN
United Hospital - St. Paul	240038	MN
United Hospital District	241369	MN
VA Health Care System - St Cloud	24002	MN
Welia Health	241367	MN
Willmar Regional Treatment Center	244005	MN
Windom Area Hospital	241332	MN
Winona Health Services	240044	MN
Altru Health System	350019	ND
Ashley Medical Center	351322	ND
Carrington Health Center	351318	ND
Cavalier County Memorial Hospital	351323	ND
Community Memorial Hospital - Turtle Lake	351304	ND
Cooperstown Medical Center	351306	ND
Essentia Health-Fargo	350070	ND
Fargo VA Medical Center	35002	ND
First Care Health Center	351326	ND
Garrison Memorial Hospital	351303	ND
Heart Of America Medical Center	351332	ND
Jacobson Memorial Hospital Care Center	351314	ND
Jamestown Regional Medical Center	351335	ND
Kenmare Community Hospital	351305	ND
Linton Hospital - CAH	351328	ND
Lisbon Area Health Services	351311	ND
McKenzie County Healthcare Systems	351302	ND
Mercy Hospital Of Valley City	351324	ND
Mercy Medical Center - Williston	351334	ND

Facility Name	Facility ID	State
Mountrail County Health Center	351301	ND
Nelson County Health System	351308	ND
Northwood Deaconess Health Center	351312	ND
Oakes Community Hospital	351315	ND
P H S Indian Hospital At Belcourt-Quentin N Burdick	350063	ND
Pembina County Memorial Hospital	351319	ND
Presentation Medical Center	351316	ND
Sakakawea Medical Center - CAH	351310	ND
Sanford Hillsboro	351329	ND
Sanford Mayville	351309	ND
Sanford Medical Center Bismarck	350015	ND
Sanford Medical Center Fargo	350011	ND
Southwest Healthcare Services	351313	ND
St Alexius Medical Center	350002	ND
St Aloisius Medical Center	351327	ND
St Andrews Health Center - CAH	351307	ND
St Joseph's Hospital & Health Center	351336	ND
St Luke's Hospital - Crosby	351325	ND
Standing Rock Indian Health Service Hospital	350064	ND
The Mercy Hospital Of Devils Lake	351333	ND
Tioga Medical Center	351300	ND
Towner County Medical Center	351331	ND
Trinity Hospitals - Minot	350006	ND
Unity Medical Center - Grafton	351320	ND
West River Regional Medical Center-CAH	351330	ND
Wishek Community Hospital	351321	ND
Avera Dells Area Hospital - CAH	431331	SD
Avera Desmet Memorial Hospital - CAH	431332	SD
Avera Flandreau Hospital - CAH	431310	SD
Avera Gregory Hospital	431338	SD
Avera Hand County Memorial Hospital And Clinic	431337	SD
Avera Heart Hospital Of South Dakota	430095	SD
Avera Mckennan Hospital	430016	SD
Avera Queen Of Peace	430013	SD
Avera Sacred Heart Hospital	430012	SD
Avera St Benedict Health Center - CAH	431330	SD
Avera St Luke’s	430014	SD
Avera St Mary's Hospital	430015	SD
Avera Weskota Memorial Medical Center - CAH	431324	SD
Black Hills Surgical Hospital LLP	430091	SD

Facility Name	Facility ID	State
Bowdle Hospital - CAH	431318	SD
Brookings Health System	430008	SD
Community Memorial Hospital - Burke	431309	SD
Community Memorial Hospital - Redfield	431316	SD
Custer Regional Hospital - CAH	431323	SD
Dakota Plains Surgical Center LLP	430092	SD
Dunes Surgical Hospital	430089	SD
Eureka Community Health Services - CAH	431308	SD
Fall River Hospital - CAH	431322	SD
Huron Regional Medical Center	431335	SD
Landmann-Jungman Memorial Hospital - CAH	431317	SD
Lead - Deadwood Regional Hospital - CAH	431320	SD
Lewis And Clark Specialty Hospital	430096	SD
Madison Regional Health System	431300	SD
Marshall County Healthcare Center - CAH	431312	SD
Milbank Area Hospital/Avera Health - CAH	431326	SD
Mobridge Regional Hospital - CAH	431325	SD
PHS Indian Hospital At Eagle Butte	430083	SD
PHS Indian Hospital At Pine Ridge	430081	SD
PHS Indian Hospital At Rapid City - Sioux San	430082	SD
PHS Indian Hospital At Rosebud	430084	SD
Platte Health Center - CAH	431306	SD
Prairie Lakes Healthcare System	430005	SD
Rapid City Regional Hospital	430077	SD
Same Day Surgery Center LLC	430093	SD
Sanford Aberdeen Medical Center	430097	SD
Sanford Canton-Inwood Medical Center - CAH	431333	SD
Sanford Chamberlain Medical Center	431329	SD
Sanford Clear Lake Medical Center	431307	SD
Sanford Hospital Webster - CAH	431311	SD
Sanford Medical USD Center	430027	SD
Sanford Vermillion Hospital	431336	SD
Sioux Falls Specialty Hospital LLP	430090	SD
Sioux Falls VA Medical Center	43005	SD
Spearfish Regional Hospital	430048	SD
St Michael's Hospital - CAH	431327	SD
Sturgis Regional Hospital	431321	SD
Va Black Hills Healthcare System - Fort Meade	43002	SD
Wagner Community Memorial Hospital - CAH	431315	SD
Winner Regional Healthcare Center - CAH	431334	SD

Facility Name	Facility ID	State
Amery Regional Medical Center	521308	WI
Aspirus Langlade Hospital	521350	WI
Aspirus Medford Hospital & Clinics, Inc	521324	WI
Aspirus Riverview Hospital & Clinics Inc	520033	WI
Aspirus Wausau Hospital	520030	WI
Aurora Baycare Medical Ctr	520193	WI
Aurora Lakeland Medical Center	520102	WI
Aurora Medical Center - Grafton	520207	WI
Aurora Medical Center - Summit	520206	WI
Aurora Medical Ctr Kenosha	520189	WI
Aurora Medical Ctr Manitowoc County	520034	WI
Aurora Medical Ctr Oshkosh	520198	WI
Aurora Medical Ctr Washington County	520038	WI
Aurora Memorial Hospital Burlington	520059	WI
Aurora Sheboygan Memorial Medical Ctr	520035	WI
Aurora St Lukes Medical Center	520138	WI
Aurora West Allis Medical Center	520139	WI
Baldwin Area Medical Center	521347	WI
Bay Area Medical Center	520113	WI
Beaver Dam Community Hospital	520076	WI
Bellin Health Oconto Hospital	521356	WI
Bellin Memorial Hospital	520049	WI
Beloit Memorial Hospital	520100	WI
Black River Memorial Hospital	521333	WI
Burnett Medical Center	521331	WI
Calumet Medical Center	521317	WI
Chippewa Valley Hospital	521307	WI
Columbia Center	520195	WI
Columbia St Marys Hospital Milwaukee	520051	WI
Columbia St Marys Hospital Ozaukee	520027	WI
Columbus Community Hospital	521338	WI
Community Memorial Hospital - Menomonee Falls	520103	WI
Crossing Rivers Health Medical Center	521330	WI
Cumberland Memorial Hospital	521353	WI
Divine Savior Healthcare	520041	WI
Edgerton Hospital And Health Services	521319	WI
Flambeau Hospital	521325	WI
Fort Memorial Hospital	520071	WI
Froedtert Memorial Lutheran Hospital	520177	WI
Good Samaritan Health Center	521339	WI

Facility Name	Facility ID	State
Grant Regional Health Center	521322	WI
Gundersen Boscobel Area Hospital And Clinics	521344	WI
Gundersen Lutheran Medical Center	520087	WI
Hayward Area Mem Hospital	521336	WI
Holy Family Memorial	520107	WI
Howard Young Medical Ctr	520091	WI
Hshs St Clare Memorial Hospital	521310	WI
Hudson Hospital	521335	WI
Indianhead Medical Ctr	521342	WI
Ladd Memorial Hospital	521318	WI
Lakeview Medical Center	520011	WI
Madison VA Medical Center	52004	WI
Mayo Clinic Health System Chippewa Valley	521314	WI
Mayo Clinic Health System Northland	521315	WI
Mayo Clinic Health System Red Cedar	521340	WI
Mayo Clinic Health System Eau Claire Hospital	520070	WI
Mayo Clinic Health System Oakridge	521302	WI
Mayo Clinic Hlth System Franciscan Med Ctr	520004	WI
Mayo Clinic Hlth Systm Franciscan Hlthcare Sparta	521305	WI
Memorial Hospital Of Lafayette County	521312	WI
Memorial Medical Center - Neillsville	521323	WI
Memorial Medical Center -Ashland	521359	WI
Mercy Health System Corp	520066	WI
Mercy Medical Center Of Oshkosh	520048	WI
Mercy Walworth Hospital & Medical Center	521357	WI
Meriter Hospital	520089	WI
Midwest Orthopedic Specialty Hospital	520205	WI
Mile Bluff Medical Center	520109	WI
Milwaukee Va Medical Center	52003	WI
Ministry Door County Medical Center	521358	WI
Ministry Eagle River Memorial Hospital	521300	WI
Ministry Sacred Heart Hospital	521313	WI
Ministry Saint Joseph’s Hospital	520037	WI
Ministry Saint Marys Hospital	520019	WI
Ministry St Michaels Hospital Of Stevens Point	520002	WI
Moundview Memorial Hospital And Clinics	521309	WI
Oakleaf Surgical Hospital	520196	WI
Oconomowoc Memorial Hospital	520062	WI
Orthopaedic Hospital Of Wisconsin	520194	WI
Our Lady Of Victory Hospital	521311	WI

Facility Name	Facility ID	State
Reedsburg Area Medical Center	521351	WI
Richland Hospital	521341	WI
Ripon Medical Center	521321	WI
River Falls Area Hospital	521349	WI
Rusk County Memorial Hospital	521328	WI
Sacred Heart Hospital	520013	WI
Sauk Prairie Hospital	520095	WI
Southwest Health Center	521354	WI
Spooner Health System	521332	WI
St Agnes Hospital	520088	WI
St Clare Hospital	520057	WI
St Clares Hospital Of Weston	520202	WI
St Croix Regional Med Center	521337	WI
St Elizabeth Hospital	520009	WI
St Joseph's Community Hospital Of West Bend	520063	WI
St Joseph's Health Services	521304	WI
St Joseph's Hospital	520017	WI
St Marys Hospital - Madison	520083	WI
St Marys Hospital Medical Center - Green Bay	520097	WI
St Marys Janesville Hospital	520208	WI
St Nicholas Hospital	520044	WI
St Vincent Hospital	520075	WI
St. Mary's Hospital - Superior	521329	WI
Stoughton Hospital	521343	WI
The Monroe Clinic	520028	WI
Theda Clark Medical Center	520045	WI
Thedacare Medical Center - Berlin Inc	521355	WI
Thedacare Medical Center - Shawano Inc	521346	WI
Thedacare Medical Center - Waupaca Inc	521334	WI
Thedacare Medical Center - Wild Rose Inc	521303	WI
Thedacare Medical Center New London	521326	WI
Thedacare Regional Medical Center - Appleton Inc	520160	WI
Tomah Memorial Hospital	521320	WI
Tomah VA Medical Center	52002	WI
Tri County Memorial Hospital	521316	WI
United Hospital System - Kenosha	520021	WI
University Of WI Hospitals & Clinics Authority	520098	WI
Upland Hills Health	521352	WI
Vernon Memorial Hospital	521348	WI
Watertown Regional Medical Center	520116	WI

Facility Name	Facility ID	State
Waukesha Memorial Hospital	520008	WI
Waupun Memorial Hospital	521327	WI
Westfields Hospital And Clinic	521345	WI
Wheaton Franciscan Healthcare All Saints	520096	WI
Wheaton Franciscan Healthcare Franklin	520204	WI
Wheaton Franciscan Healthcare St Francis	520078	WI
Wheaton Franciscan St Joseph	520136	WI

Appendix B: EMS Agency ID Codes

EMS Agency	Agency ID	State
Air Evac Lifeteam 59	8560902	IA
Algona Ambulance Service	2550100	IA
Area Ambulance - Postville	2030300	IA
Bancroft Ambulance Service	2550800	IA
Buffalo Center Volunteer Ambulance Service	2950100	IA
Estherville Ambulance Service	2320100	IA
Forest City Ambulance Service	2950200	IA
Frankville FD First Responders	2966200	IA
George Emergency Medical Service (GEMS)	2600400	IA
Harpers Ferry Rescue Squad	2030100	IA
Inwood Rescue	2600300	IA
Jet Air Care	8520300	IA
Lake Mills Ambulance Service	2950400	IA
Lake Park Rescue	2300200	IA
Lakes Regional Healthcare-MICS	2300100	IA
Lakota Ambulance Service	2551000	IA
Lansing EMS	2030500	IA
LifeFlight - Des Moines	8770300	IA
Lifeguard Air Ambulance	8571040	IA
Little Rock EMS	2600200	IA
Lone Rock EMS	2551100	IA
Lyon County Ambulance	2600100	IA
Mercy Air Care - Sioux City	8970500	IA
Mercy Air Med - Mason City	8170800	IA
Mercy One - Des Moines	8770200	IA
Midwest MedAir	8050100	IA
Midwest Medical Transport Company, LLC Fixed Wing	8770500	IA
Mitchell County Emergency Services	2660100	IA
New Albin Vol Fire Dept	2030200	IA
Osceola County Ambulance Services	2720200	IA
Ossian Ambulance Service	2960200	IA
Paulo Alto County Ambulance	2740100	IA
Quad City Helicopter EMS (Medforce 2)	8291700	IA
Reg.Health Services/Howard Co.	2450300	IA
Riceville Amb Service Inc	2660300	IA
Sentral Area Ambulance	2550600	IA
Swea City Fire Dept Ambulance	2550400	IA
Terril First Responders	2300300	IA

EMS Agency	Agency ID	State
Thompson Ambulance Service	2950300	IA
Titonka Ambulance Service	2550500	IA
U of I AirCare - Iowa City	8520100	IA
Veterans Mem. Hosp. Ambulance	2031000	IA
Waterville Ambulance Service	2030800	IA
Whittemore EMS	2550900	IA
Winnebago Industries Ambulance	2950500	IA
Winneshiek Medical Center Paramedic Services	2960100	IA
Bay Ambulance	071001	MI
Guardian Flight	221009	MI
Sonco Ambulance, Inc.	661001	MI
A. L. S. Aerocare	1688	MN
Adams Area Ambulance	0002	MN
Adrian Ambulance Service	0003	MN
ALF Ambulance	0394	MN
Allina Health Emergency Medical Services	0057	MN
Altru Health System Ambulance	0094	MN
Altura Ambulance Service	0007	MN
Ambulance Service, Inc.	0034	MN
Appleton Ambulance Service	0009	MN
Arlington Ambulance Service	0011	MN
Ashby Fire Dept. Ambulance Service	0012	MN
Atwater Fire Department Ambulance	0013	MN
Babbitt Ambulance Service	0016	MN
Balaton Ambulance Service	0018	MN
Barnesville Ambulance Service	0019	MN
Belle Plaine Community Ambulance Service	0021	MN
Bemidji Ambulance Service, Inc.	0022	MN
Bertha Ambulance Service	0024	MN
Bigfork Ambulance Service Assn	0025	MN
Biwabik Fire Department Ambulance	0027	MN
Blackduck Ambulance Association, Inc.	0028	MN
Blooming Prairie Ambulance	0029	MN
Bois Forte Ambulance Service	0328	MN
Bricelyn Fire & Ambulance	0035	MN
Browerville Ambulance	0036	MN
Browns Valley Ambulance Service	0037	MN
Buffalo Lake Ambulance	0039	MN
Buhl Ambulance	0040	MN
Burnsville Fire Department	0391	MN

EMS Agency	Agency ID	State
Caledonia Ambulance Service	0041	MN
Cannon Falls Ambulance Service	0044	MN
Carlton Fire and Ambulance Service	0045	MN
CentraCare Health Long Prairie	0140	MN
CentraCare Health Monticello	0026	MN
CentraCare Health Redwood Falls	1679	MN
Chaska Ambulance	0046	MN
Chatfield Ambulance Service	0047	MN
Chippewa County Montevideo Hospital Ambulance	0164	MN
Chisholm Ambulance	0049	MN
Clara City Ambulance	0050	MN
Clarkfield Area Ambulance	0052	MN
Cloquet Fire Department Ambulance	0053	MN
Cokato Volunteer Ambulance	0346	MN
Columbia Hts Fire, Rescue & Emrg	0055	MN
Cook Area Ambulance Service	0056	MN
Cook County Ambulance	0095	MN
Cosmos Ambulance Service	0058	MN
Cottage Grove EMS	0059	MN
Cottonwood Ambulance Service	0060	MN
County Emergency Medical Services	0370	MN
Cromwell Fire & Ambulance Service	0061	MN
Crookston Area Ambulance, Inc.	0305	MN
Cuyuna Regional Medical Center Ambulance	0062	MN
Dawson Ambulance Service	0063	MN
Dodge Center Ambulance Service	0306	MN
Edgerton Volunteer Ambulance Association	0069	MN
Edina Fire Department	0070	MN
Elgin Volunteer Ambulance	0072	MN
Elk River Fire & Ambulance Service	0073	MN
Ellendale Ambulance Service	0074	MN
Ely Area Ambulance	0076	MN
Essentia Health EMS - Ada	0001	MN
Essentia Health EMS - Deer River	0064	MN
Essentia Health EMS - Fosston	0086	MN
Essentia Health EMS - Sandstone	0195	MN
Essentia Health St. Mary's EMS - DL	065	MN
Eveleth Ambulance Service	0077	MN
Eyota Volunteer Ambulance Service	0078	MN
Fairfax Ambulance	0079	MN

EMS Agency	Agency ID	State
FirstLight Health System Ambulance	0168	MN
Floodwood Ambulance Service	0083	MN
F-M Ambulance Service	0166	MN
Franklin Ambulance Service	0087	MN
Freeborn Fire Department & Ambulance Ser	0385	MN
Frost Area Ambulance	0089	MN
Fulda Community Ambulance Service	0367	MN
Gaylord Ambulance	0090	MN
Glacial Ridge Ambulance	0092	MN
Graceville Ambulance Service	0093	MN
Grand Meadow Area Ambulance	0096	MN
Grand Portage Ambulance	0321	MN
Granite Falls Area Health Services Amb	0098	MN
Gunflint Trail Volunteer Fire Department	0388	MN
Harmony Volunteer Ambulance	0100	MN
Hastings Fire Department Emergency Medical Services	0101	MN
Hayfield Community Ambulance	0313	MN
HCMC Emergency Medical Services	0156	MN
HealthEast Transportation	0389	MN
HealthPartners Medical Transportation	0401	MN
Hector Ambulance Service	0103	MN
Hendricks Community Hospital	0104	MN
Henning Ambulance Service	0105	MN
Heron Lake Emergency Medical Service	0106	MN
Hibbing Fire Department	0107	MN
Hoffman Ambulance	0387	MN
Houston Community Ambulance	0110	MN
Howard Lake Ambulance Service	0111	MN
Hoyt Lakes Fire Department Ambulance	0112	MN
International Falls Ambulance	0114	MN
Ivanhoe Ambulance	0116	MN
Jackson Ambulance Service	1732	MN
Jasper Community Ambulance Service	0118	MN
Jeffers Ambulance Service	0119	MN
Kerkhoven Ambulance	0122	MN
Kiester Ambulance	0123	MN
Kittson County Volunteer Ambulance Service	0099	MN
Lafayette Area Ambulance	0125	MN
Lake City Ambulance Service	0126	MN
Lake County Ambulance Service	0248	MN

EMS Agency	Agency ID	State
Lake Crystal Ambulance Service	0127	MN
Lake Lillian Ambulance Service	0129	MN
Lake of the Woods Ambulance	0020	MN
Lakefield Ambulance Service	0128	MN
Lakes Region EMS Inc.	0048	MN
Lakeview EMS	0242	MN
Lamberton Community Ambulance	0131	MN
Lanesboro Fire Department Ambulance Serv	0132	MN
Le Center Volunteer Ambulance	0133	MN
Le Sueur Volunteer Ambulance	0279	MN
Leech Lake Ambulance Service	0322	MN
LeRoy Area Ambulance Service	0134	MN
Lewiston Volunteer Ambulance	0135	MN
Lewisville Ambulance Service	0136	MN
Life Link III	0359	MN
Littlefork Municipal Ambulance	0139	MN
Lower St Croix Valley Fire Dept.	0324	MN
Mabel Ambulance Service	0142	MN
Madelia Community Ambulance Service	0143	MN
Madison Ambulance Service	0144	MN
Mahnomen Health Center Ambulance	0145	MN
Mahtomedi Fire Department Ambulance	0268	MN
Maple Lake Fire Department	0147	MN
Maplewood EMS	0148	MN
Marietta Ambulance Service	0149	MN
Mayo Clinic Ambulance Service	0215	MN
Mayo One / Mayo MedAir	0390	MN
McGregor Area Ambulance	0309	MN
Mdewakanton Public Safety	1950	MN
Meadowlands Ambulance Service	0152	MN
Meds-1 Ambulance Service, Inc.	0319	MN
Melrose Area Ambulance	0153	MN
Mercy Hospital Ambulance	0167	MN
Mille Lacs Ambulance Service - Onamia	0184	MN
Minnesota Lake Ambulance	0163	MN
Montgomery Ambulance	0165	MN
Morgan Ambulance Service	0169	MN
Mountain Lake Ambulance Service	0171	MN
Murray County Ambulance	0232	MN
Nashwauk Ambulance Service	0172	MN

EMS Agency	Agency ID	State
New London Ambulance Service	0173	MN
New Richland Community Ambulance	0175	MN
North Memorial Air Ambulance Service - AirCare	0392	MN
North Memorial Ambulance	0160	MN
North Valley Health Center Emergency Medical Services	0258	MN
Northfield Hospital EMS	0178	MN
Northfield Rescue Squad	0179	MN
Oakdale Fire Ambulance	0368	MN
Oklee Emergency Squad	0182	MN
Olivia Ambulance Service, Inc.	0183	MN
Orr Ambulance Service	0355	MN
Ortonville Ambulance Service	0185	MN
Parkers Prairie Community Ambulance	0188	MN
Paynesville Ambulance	0191	MN
Perham Area E.M.S.	0194	MN
Pipestone County Ambulance	0197	MN
Plainview Volunteer Ambulance	0198	MN
Prairie Ridge Hospital & Health Services	0071	MN
Preston Emergency Service	0199	MN
Raymond Ambulance Service	0325	MN
Red Lake Comprehensive Health Services	0202	MN
Red Lake Falls Volunteer Ambulance	0203	MN
Red Wing Fire Department	0204	MN
Remer Area Ambulance Service	0206	MN
Renville Ambulance Service, Inc.	0207	MN
Reservation Ambulance Service	0354	MN
Ridgeview Ambulance Service	0254	MN
Ringdahl Ambulance	0082	MN
River's Edge EMS	0224	MN
Rock County Ambulance	0141	MN
Roseau Area Hospital Ambulance	0209	MN
Rushford Community Ambulance	0212	MN
Sanford Bagley Ambulance Services	0017	MN
Sanford Canby Ambulance	0043	MN
Sanford Regional Worthington Ambulance	0276	MN
Sauk Centre Ambulance	0226	MN
Sherburn Fire Department	0228	MN
Silver Lake Ambulance Service	0231	MN
Sleepy Eye Ambulance Service	0233	MN
Spring Grove Ambulance Service	0237	MN

EMS Agency	Agency ID	State
Spring Valley Area Ambulance Service	0238	MN
Springfield Ambulance Service	0236	MN
St Charles Ambulance	0214	MN
St. Croix Valley EMS	0357	MN
St. James Volunteer Ambulance	0216	MN
St. Mary's LifeFlight	0393	MN
St. Paul Fire	0222	MN
Staples Ambulance	0239	MN
Stephen Volunteer Ambulance Service	0241	MN
Stevens County Ambulance Service	0402	MN
Sunburg Ambulance	0329	MN
Swift County - Benson Hospital Ambulance	0023	MN
Thief River Falls Area Ambulance	0243	MN
Tower Area Volunteer Ambulance Service	0244	MN
Tracy Ambulance	0245	MN
Tri-County EMS District, Inc.	0120	MN
Trimont Ambulance Service	0246	MN
Tri-State Ambulance, Inc.	0124	MN
Truman Ambulance Service	0247	MN
Tyler Ambulance Service	0249	MN
United Hospital District Ambulance	0031	MN
University of Minnesota Ambulance	0161	MN
Virginia Regional Medical Center	0250	MN
Wabasha Ambulance Service	0251	MN
Wabasso Ambulance Association	0253	MN
Walnut Grove Ambulance Service	0257	MN
Warroad Area Rescue Unit	0259	MN
Watkins Ambulance Service	0262	MN
Wells Community Ambulance Service	0263	MN
West Concord Fire & Ambulance Service	0265	MN
Westbrook Ambulance Association	0264	MN
Wheaton Ambulance Service	0266	MN
White Bear Lake Fire Department	0267	MN
Willmar Ambulance Service	0269	MN
Windom Ambulance Service	0270	MN
Winnebago Area Ambulance	0271	MN
Winona Area Ambulance Service, Inc.	0272	MN
Winthrop Ambulance Service	0274	MN
Woodbury Ambulance	0275	MN
Zumbrota Area Ambulance Association	0278	MN

EMS Agency	Agency ID	State
Altru Care Flight	5000609	ND
Casselton Ambulance Service, Inc.	5000023	ND
Cavalier Ambulance Service, Inc.	5000024	ND
Drayton Volunteer Ambulance Association Inc.	5000030	ND
Hankinson Ambulance Service	5000051	ND
Hunter Ambulance Service	5000059	ND
Kindred Area Ambulance Service	5000063	ND
Larimore Ambulance Service Inc.	5000069	ND
Lidgerwood Community Ambulance Service	5000071	ND
Northwood Ambulance Service	5000098	ND
Page Ambulance Service	5000100	ND
Park River Volunteer Ambulance Service	5000101	ND
Pembina Ambulance Service	5000103	ND
Sanford AirMed	5000602	ND
Sanford Hillsboro Ambulance Service	5000056	ND
Valley Ambulance & Rescue Serv Inc	5000047	ND
Valley Med Flight, Inc.	5000606	ND
Walhalla Ambulance Service	5000127	ND
West Traill Ambulance Service - Finley	5000037	ND
West Traill Ambulance Service - Mayville	5000077	ND
Wyndmere-Barney Rural Ambulance	5000136	ND
Avera Careflight	7000018	SD
Alcester Emergency Medical Service	7000624	SD
Beresford Community Ambulance Service	7000261	SD
Brookings Ambulance Service	7000061	SD
Canton-Inwood Ambulance Service	7000441	SD
Dell Rapids Community Ambulance Service	7000011	SD
Deuel County Ambulance Inc.	7000231	SD
Elk Point Community Ambulance Service	7000622	SD
Elkton Community Ambulance Service	7000062	SD
Estelline Ambulance Service	7000322	SD
Grant-Roberts Ambulance	7000291	SD
Hudson Ambulance Association	7000442	SD
Jefferson Ambulance Service	7000623	SD
Med-Star Paramedic Ambulance, Inc.	7001017	SD
Moody County Ambulance Service	7000521	SD
Northeast Ambulance Service	7000551	SD
Paramedics Plus	7001038	SD
White Ambulance Service	7000063	SD
Arcadia Ambulance Service	6000941	WI

EMS Agency	Agency ID	State
Ashland Fire Department	6000349	WI
Baldwin Ambulance Service	6001224	WI
Barnes Ambulance Service	6000041	WI
Bayfield Community Ambulance Service	6001021	WI
Beacon Ambulance Service	6003668	WI
Central Price County Ambulance Service	6000182	WI
City Of Superior Fire Department	6601043	WI
Clear Lake Ambulance Service	6000988	WI
Durand Ambulance Service	6000689	WI
Ellsworth Ambulance Service	6001212	WI
Elmwood Area Ambulance	6001127	WI
Flambeau Hospital Ambulance	6000989	WI
Glenwood City Ambulance Service	6000572	WI
Glidden Area Emergency Medical Service	6604954	WI
Gordon - Wascott Emergency Medical Service	6003793	WI
Great Divide Ambulance Service	6001372	WI
Howard Young Medical Center Ambulance/Oneida County EMS	6001203	WI
Hillsboro Area Ambulance Service	6001307	WI
Interstate EMS-Prairie Du Chien	6001361	WI
Iron River Ambulance	6000776	WI
La Crosse Fire Department	6050306	WI
Lafarge Area Ambulance	6001078	WI
Lancaster EMS Inc	6000396	WI
Madeline Island Ambulance	6000955	WI
Maiden Rock-Plum City-Stockholm EMS	6001242	WI
Marshfield Clinic Health System - Minocqua Interfacility	6605009	WI
Mason Area Ambulance Service	6001196	WI
Medlink Air	6001336	WI
Mellen Fire & Rescue Department	6000118	WI
Menomonie Fire Department	6001364	WI
Mercer Area Ambulance and Rescue	6001206	WI
Modovie Ambulance Service	6001087	WI
Municipal Ambulance Service - Amery	6000347	WI
New Richmond Area Ambulance & Rescue	6000131	WI
North Crawford Rescue Squad	6000994	WI
North Land Municipal Ambulance Inc	6001122	WI
Ocooch Mountain Rescue	6000149	WI
Onalaska Fire Department	6050143	WI
Ontario Emergency Medical Services	6000183	WI
Osceola Area Ambulance Service	6001058	WI

EMS Agency	Agency ID	State
Osseo Area Ambulance	6000477	WI
Pepin EMS	6001160	WI
Praire Du Chien EMS	6000428	WI
Prescott EMS	6000275	WI
Readstown Emergency Medical Service	6001327	WI
Red Cliff Tribal Ambulance	6001098	WI
River Falls Ambulance Service	6001029	WI
Scenic Valley EMS	6001172	WI
South Shore Area Ambulance Service	6001055	WI
Southwest Health Emergency Medical Service	6604953	WI
Spring Valley Area Ambulance	6001288	WI
St Croix Emergency Medical Service	6000594	WI
St Croix Valley Emergency Med Serv	6000146	WI
Unity Area Ambulance	6001325	WI
Washburn Area Ambulance Service	6000001	WI
Western Buffalo County Ambulance Service	6000998	WI
Woodville Area Ambulance Service	6000132	WI