# 2026 Trauma Data Collection
# Trauma Registry Configurations

## December 29, 2025

11:00 AM to 12:30 PM

Microsoft Teams Virtual Meeting by Invite Only

This meeting will be recorded.

# Agenda: 2026 Trauma Data Collection

| | |
|---|---|
| 1100 | Welcome and Introductions<br>*Garrett D. Hall, MS, BSN, RN, CSTR, CAISS*<br>*Acting Emergency Medical Services and Injury Prevention Systems Branch Chief & State Trauma Program Manager* |
| 1105 | ESO Announcement Regarding 2026 TQIP National Compliance<br>*Garrett D. Hall, MS, BSN, RN, CSTR, CAISS*<br>*Acting Emergency Medical Services and Injury Prevention Systems Branch Chief & State Trauma Program Manager*<br>*John Basmadjian*<br>*ESO, Chief Product and Technology Officer* |
| 1130 | Hawaii Trauma Registry Template Configurations for 2026<br>*Garrett D. Hall, MS, BSN, RN, CSTR, CAISS*<br>*Acting Emergency Medical Services and Injury Prevention Systems Branch Chief & State Trauma Program Manager* |
| 1140 | 2026 TQIP Changes<br>*Garrett D. Hall, MS, BSN, RN, CSTR, CAISS*<br>*Acting Emergency Medical Services and Injury Prevention Systems Branch Chief & State Trauma Program Manager* |
| 1210 | Discussion on Hawaii Trauma Registry Submission Configurations for 2026 |
| 1225 | Closing Remarks<br>*Garrett D. Hall, MS, BSN, RN, CSTR, CAISS*<br>*Acting Emergency Medical Services and Injury Prevention Systems Branch Chief & State Trauma Program Manager* |
| 1230 | Adjournment / Next Meeting |

# Welcome and Introductions

*John Basmadjian*
*ESO*
*Chief Product and Technology Officer*

# ESO
# Announcement Regarding
# 2026 TQIP National Compliance

# ESO Announcement Regarding 2026 TQIP National Compliance


eso

NOTICE

Hi Garrett,

As we approach the end of 2025, we want to share important updates regarding 2026 national ACS TQIP and NTDB compliance templates for ESO Patient Registry and for our legacy trauma registry products (CDM, DI, Lancet).

## ESO Patient Registry Compliance Updates

### 2026 National Status

The 2026 national compliance templates will be delivered to ESO Patient Registry users in January 2026. When the update is released, instructions for installation will be available directly in Patient Registry.

### 2026 State Status

The 2026 national updates, which set the foundation for state compliance, must be completed and deployed before we can scope and complete state updates. We anticipate rolling out many 2026 state updates for ESO Patient Registry in the first quarter of 2026 ahead of the first state submission deadlines of 2026.

## Legacy Patient Registry (CDM, DI, Lancet) Compliance Updates

### 2026 National Status

The 2026 national compliance templates for all legacy trauma registry products (CDM, DI, Lancet) are delayed. We are working diligently to ensure legacy users receive their update by the first ACS TQIP submission deadline in April 2026. We will remain in close communication with the ACS to ensure they are aware of any delays that may impact your first 2026 national submission.

### 2026 State Status

Since state compliance updates are dependent on the completion of national updates, 2026 state updates for the legacy products will also be delayed. We will not have a firm estimated delivery date for each state until the national updates are completed. ESO will work closely with state trauma leadership to ensure they are aware of the impact to state submission deadlines.

We will continue to provide updates on the delivery status of 2026 national and state compliance updates. In the meantime, if you need any assistance, please let us know by submitting a support ticket.

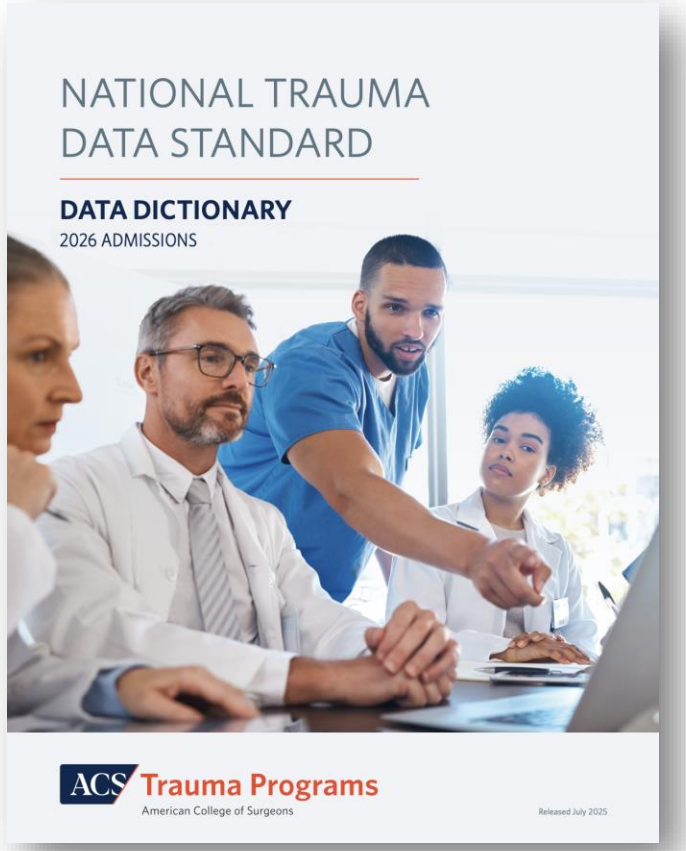
Thank you for your understanding and continued partnership.

Best,
ESO

**Right Patient, Right Place, Right Time, Right Now**

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services Modernization

# ESO Announcement Regarding 2026 TQIP National Compliance




**ESO to Release 2026 TQIP Submission Template by January 8, 2026**

- **Update: ESO released TQIP 2026 on Saturday, December 27, 2025**

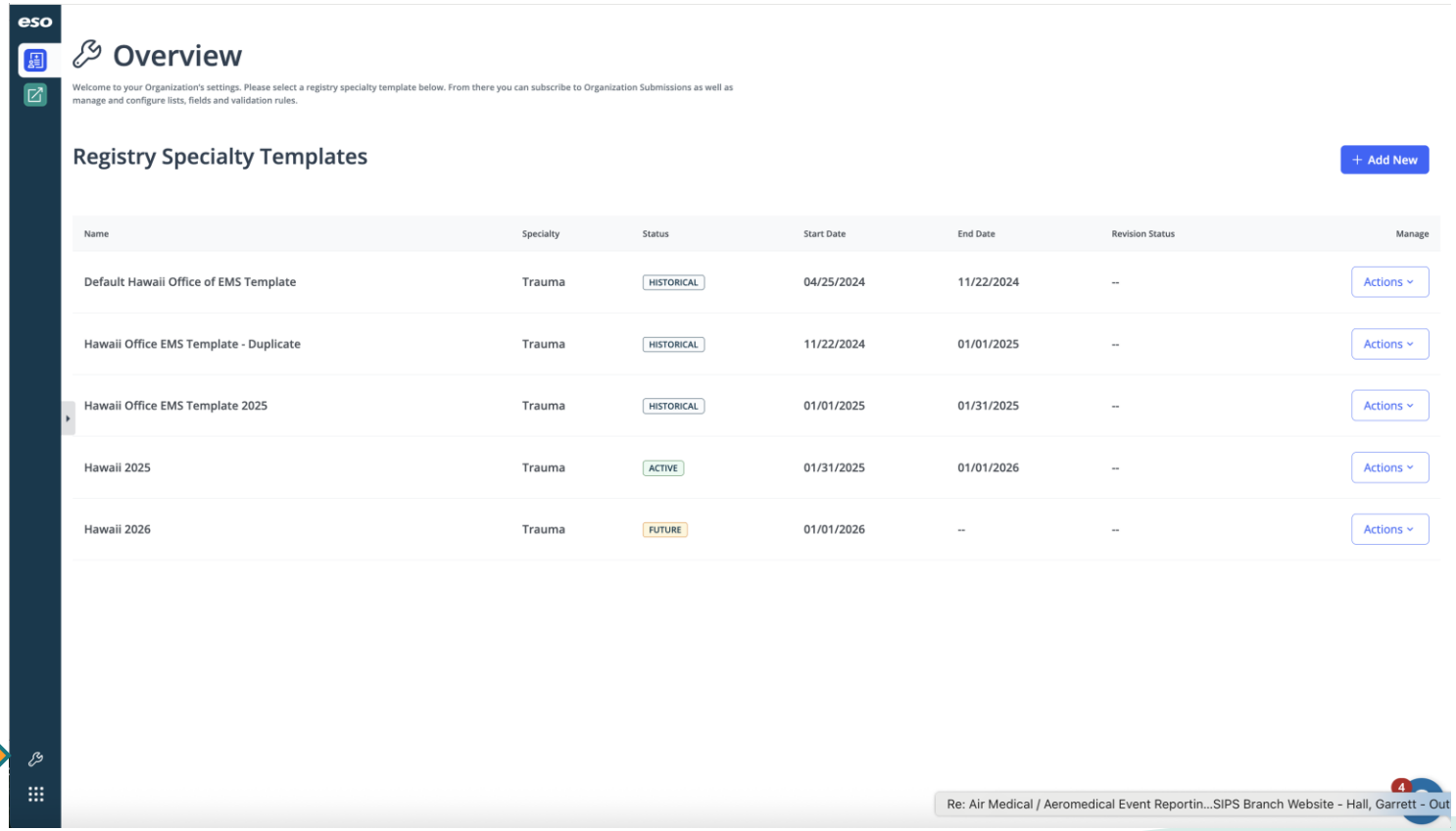
**Impacts to State of Hawaii Trauma Registry**

- Trauma Centers **will have to delay Trauma Registry data collection for 2026 Admission** (Projected Delay until January 16, 2026, DOH will keep centers informed and hold follow-up webinar)

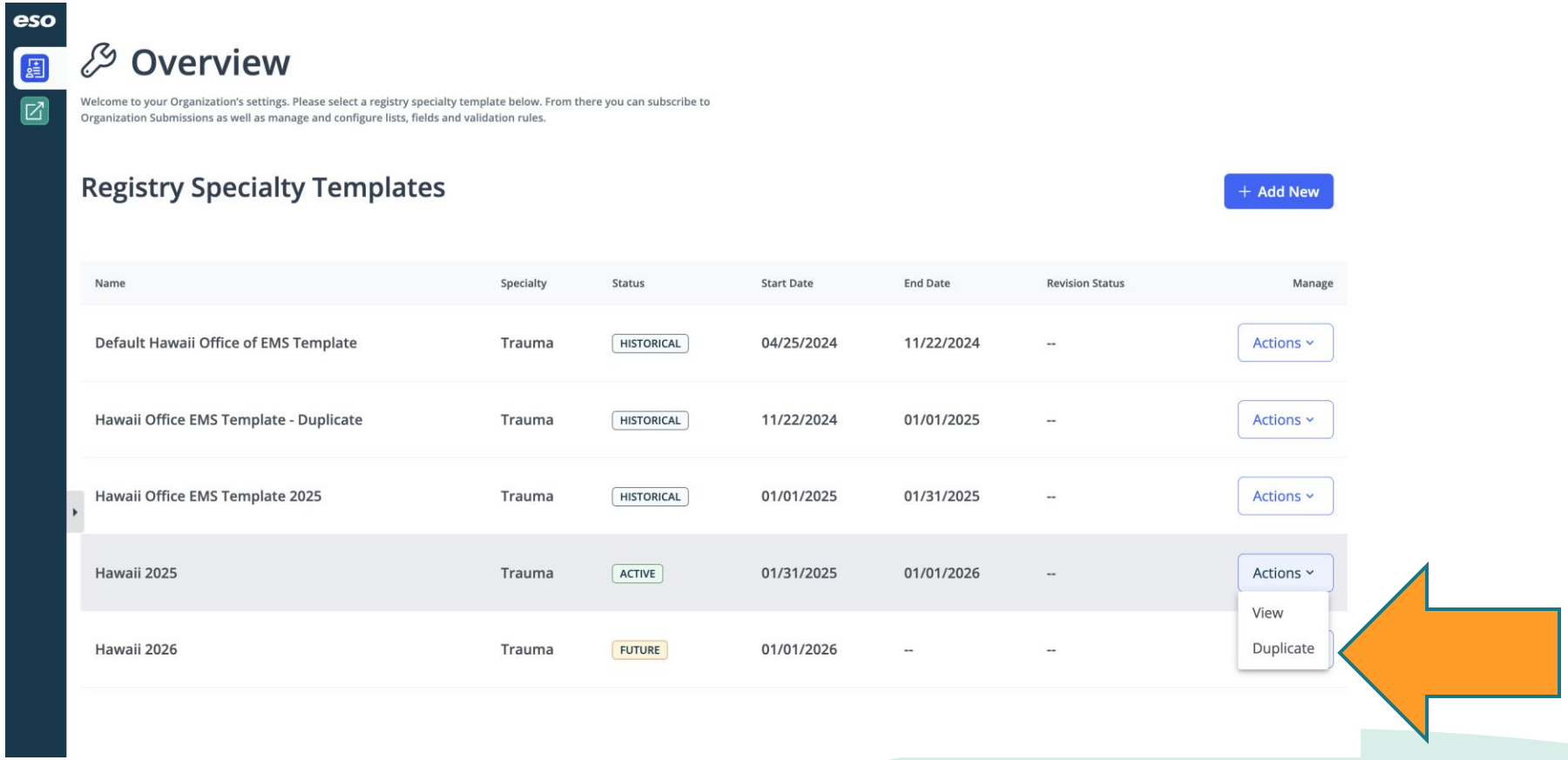
- Trauma Centers Registry Administrators must setup Registry Configuration Template before 12/31/2025 to be prepared for 2026 admissions

# Hawaii Trauma Registry Template Configurations for 2026

# Registry Template Configurations



# Registry Template Configurations



# 2026 TQIP Changes

# Objectives

**Describe the 2026 National Trauma Data Standard (NTDS) and Trauma Quality Improvement Program (TQIP), trauma data dictionary changes**

**Ensure an accurate and reliable understanding of 2026 NTDS / TQIP data dictionary changes for discussion on how this will impact Hawaii's next steps**

**Identify changes which impact may trauma registry professional data abstraction across the state of Hawaii**


Image obtained from American College of Surgeons. (2025). *2026 NTDS Data Dictionary — Access 2026.* Retrieved December 16, 2025, from https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/data-dictionary/access-2026/

# Resources for Today's Discussion

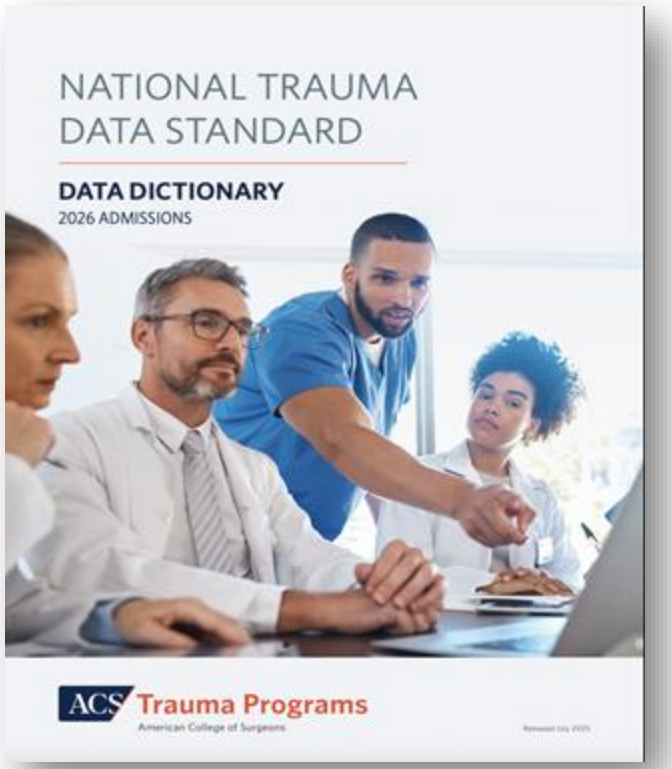
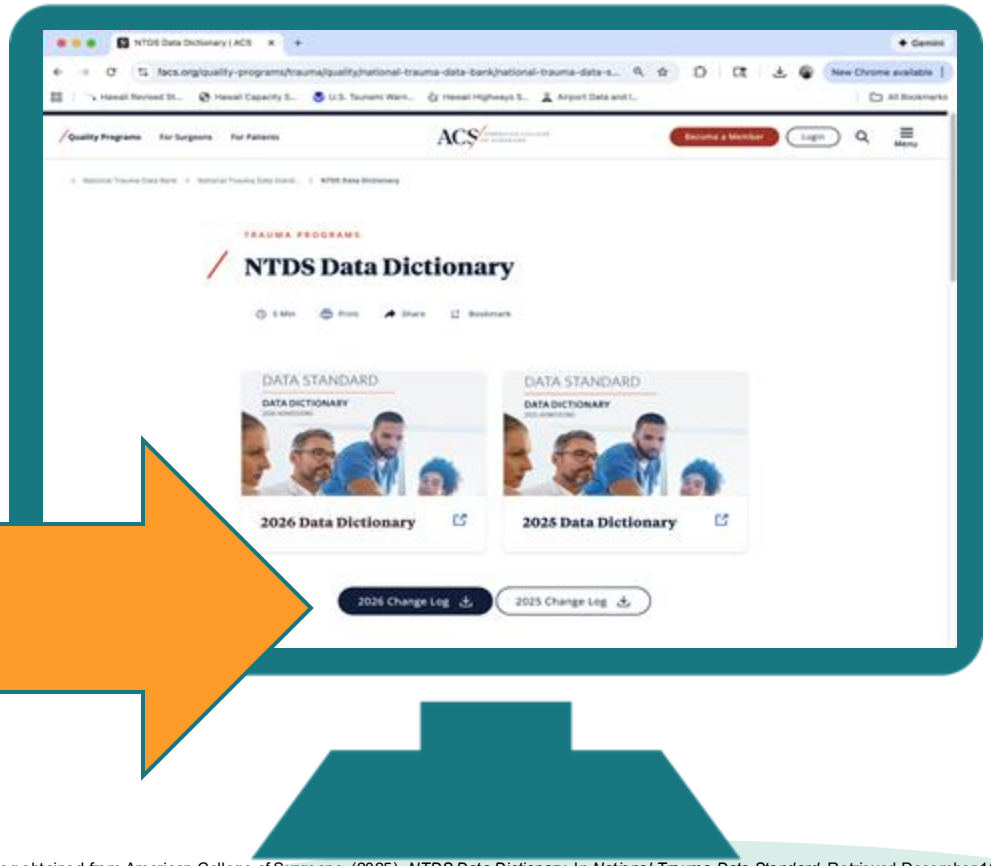



Image obtained from American College of Surgeons. (2025). *2026 NTDS Data Dictionary — Access 2026*. Retrieved December 16, 2025, from https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/data-dictionary/access-2026/

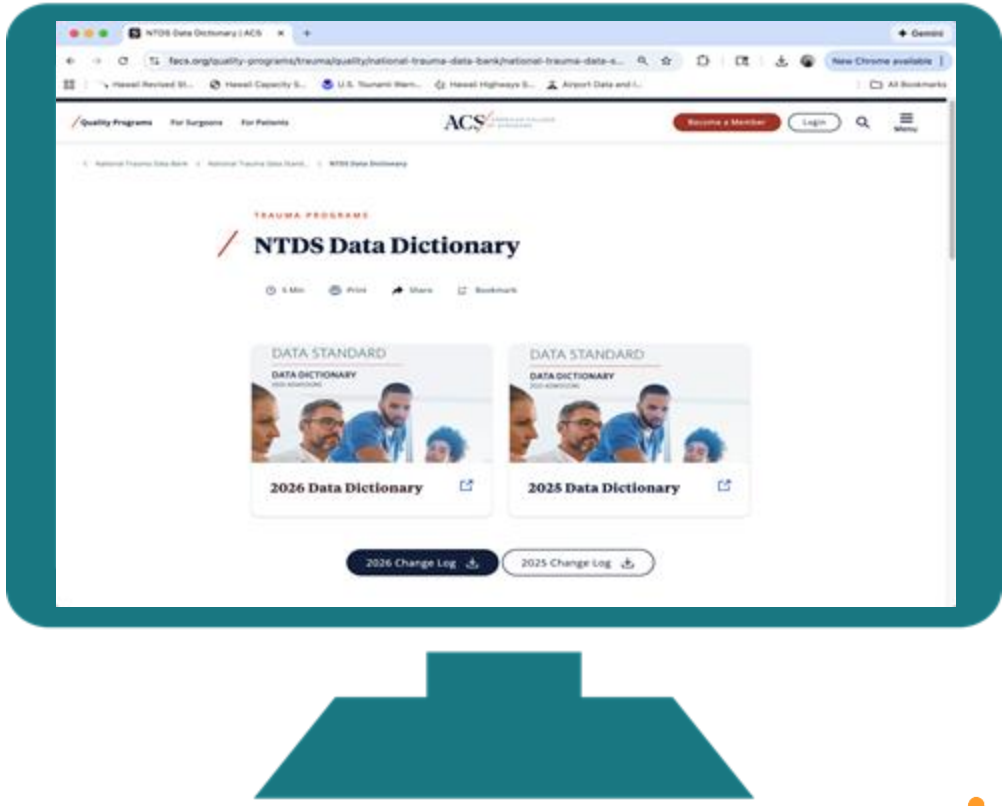



2026 Change Log obtained from American College of Surgeons. (2025). *NTDS Data Dictionary*. In *National Trauma Data Standard*. Retrieved December 16, 2025, from https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/data-dictionary/

# 2026 NTDS Changes

How many changes have been introduced in the 2026 National Trauma Data Standard Change Log?

**A. 266**
**B. 175**
**C. 89**
**D. 103**




2026 Change Log obtained from American College of Surgeons. (2025). *NTDS Data Dictionary*. In *National Trauma Data Standard*. Retrieved December 16, 2025, from https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/data-dictionary/

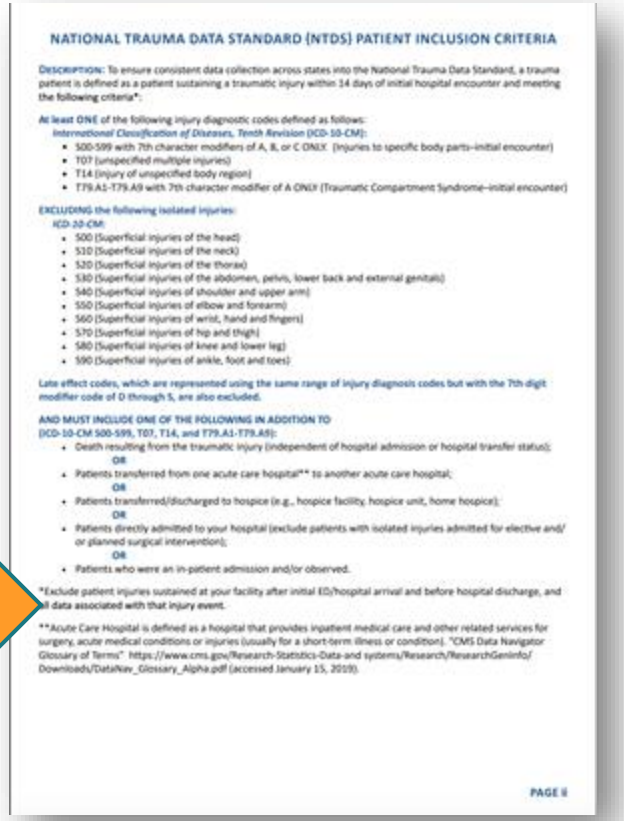
# 2026 NTDS Summary of Changes

| Inclusion Criteria | Element (Data Points) | Element Intent | Element Value | Description (Definition) | Additional Information | Associated Edit Checks | Data Source Hierarchy & Appendices |
|---|---|---|---|---|---|---|---|
| 1 Changed | 1 Retired<br>1 New | All Elements moved from Appendix 6 to each element page | 1 Changed<br>2 Added | 4 Changed<br>1 Added | 4 Changed<br>7 Added<br>1 Removed | 51 Changed<br>3 Added | Data Source Hierarchy<br>1 Changed<br>13 Added<br>1 Appendices<br>Appendix 6<br>Retired Element Intent |

# Submission Aggregate Rule Changes

| |
|---|
| REMOVED: RULE ID 9904<br>More than one AIS Version has been used in the submission file |
| REMOVED: RULE ID 9906<br>The version of AIS codes entered in the submission file have been identified as 05. However, the AIS Version(s) submitted throughout the file do NOT contain 05 Full Code |
| REMOVED: RULE ID 9909<br>Average Initial ED/Hospital Temperature ≤ $36^0$ C across all known records in submission |
| REMOVED: RULE ID 9910<br>More than 10% of patients with an unknown Initial ED/Hospital Temperature across all records in submission |
| REMOVED: RULE ID 9911<br>More than 10% of patients with an unknown Initial ED/Hospital Systolic Blood Pressure across all records in submission |
| REMOVED: RULE ID 9912<br>More than 10% of patients with an unknown Initial ED/Hospital Pulse across all records in submission |
| REMOVED: RULE ID 9913<br>More than 10% of patients with an unknown Initial ED/Hospital GCS Motor across all records in submission |
| REMOVED: RULE ID 9914<br>More than 10% of patients with an unknown Pre-Hospital Cardiac Arrest across all records in submission |
| REMOVED: RULE ID 9915<br>More than 10% of patients with an unknown Pre-Existing Condition across all records in submission |
| REMOVED: RULE ID 9916<br>More than 1% of patients with an unknown Hospital Event across all records in submission |

# Patient Inclusion Criteria



NATIONAL TRAUMA DATA STANDARD (NTDS) PATIENT INCLUSION CRITERIA

DESCRIPTION: To ensure consistent data collection across states into the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury within 14 days of initial hospital encounter and meeting the following criteria*:

At least ONE of the following injury diagnostic codes defined as follows:
International Classification of Diseases, Tenth Revision (ICD-10-CM):
- S00-S99 with 7th character modifiers of A, B, or C ONLY (Injuries to specific body parts–initial encounter)
- T07 (unspecified multiple injuries)
- T14 (injury of unspecified body region)
- T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome–initial encounter)

EXCLUDING the following isolated injuries:
ICD-10-CM:
- S00 (Superficial injuries of the head)
- S10 (Superficial injuries of the neck)
- S20 (Superficial injuries of the thorax)
- S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
- S40 (Superficial injuries of shoulder and upper arm)
- S50 (Superficial injuries of elbow and forearm)
- S60 (Superficial injuries of wrist, hand and fingers)
- S70 (Superficial injuries of hip and thigh)
- S80 (Superficial injuries of knee and lower leg)
- S90 (Superficial injuries of ankle, foot and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, and T79.A1-T79.A9):
- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status);
  OR
- Patients transferred from one acute care hospital** to another acute care hospital;
  OR
- Patients transferred/discharged to hospice (e.g., hospice facility, hospice unit, home hospice);
  OR
- Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention);
  OR
- Patients who were an in-patient admission and/or observed.

*Exclude patient injuries sustained at your facility after initial ED/hospital arrival and before hospital discharge, and all data associated with that injury event.

**Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition). "CMS Data Navigator Glossary of Terms" https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf (accessed January 15, 2019).

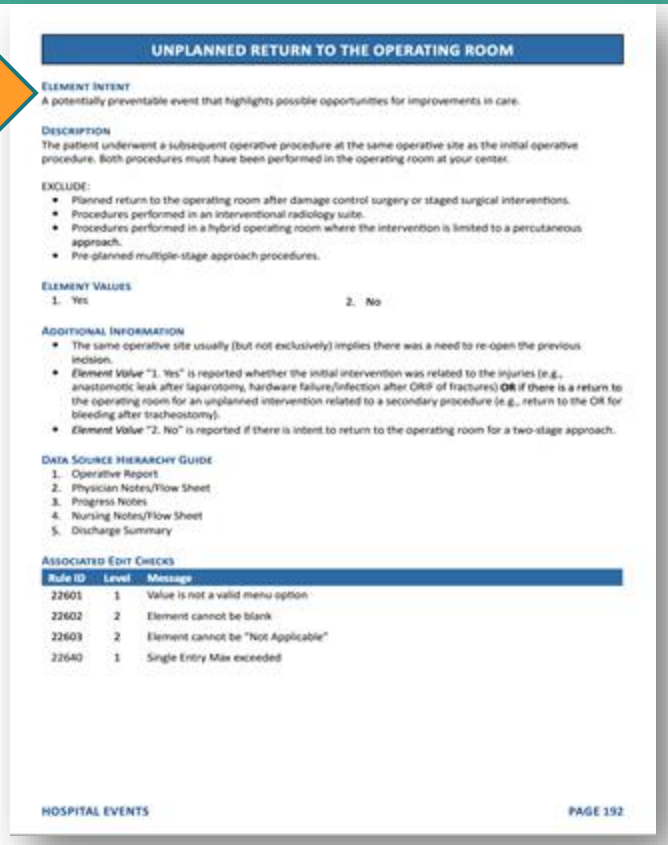
PAGE II

NTDS 2025: *In-house traumatic injuries sustained after initial ED/hospital arrival and before hospital discharge at the index hospital (the hospital reporting data), and all data associated with that injury event, are excluded.

**CHANGED:** *Exclude patient injuries sustained at your facility after initial ED/Hospital arrival and before hospital discharge, and all data associated with that injury event.


**OpenAI. (2025).** *Illustrated meme-style image depicting a hospitalized patient and clinician with humorous caption* [Image generated by ChatGPT]. https://chat.openai.com/

# Element Intent Added



**UNPLANNED RETURN TO THE OPERATING ROOM**

**ELEMENT INTENT**
A potentially preventable event that highlights possible opportunities for improvements in care.

**DESCRIPTION**
The patient underwent a subsequent operative procedure at the same operative site as the initial operative procedure. Both procedures must have been performed in the operating room at your center.

EXCLUDE:
- Planned return to the operating room after damage control surgery or staged surgical interventions.
- Procedures performed in an interventional radiology suite.
- Procedures performed in a hybrid operating room where the intervention is limited to a percutaneous approach.
- Pre-planned multiple-stage approach procedures.

**ELEMENT VALUES**
1. Yes
2. No

**ADDITIONAL INFORMATION**
- The same operative site usually (but not exclusively) implies there was a need to re-open the previous incision.
- *Element Value* "1. Yes" is reported whether the initial intervention was related to the injuries (e.g., anastomotic leak after laparotomy, hardware failure/infection after ORIF of fractures) **OR** if there is a return to the operating room for an unplanned intervention related to a secondary procedure (e.g., return to the OR for bleeding after tracheostomy).
- *Element Value* "2. No" is reported if there is intent to return to the operating room for a two-stage approach.

**DATA SOURCE HIERARCHY GUIDE**
1. Operative Report
2. Physician Notes/Flow Sheet
3. Progress Notes
4. Nursing Notes/Flow Sheet
5. Discharge Summary

**ASSOCIATED EDIT CHECKS**

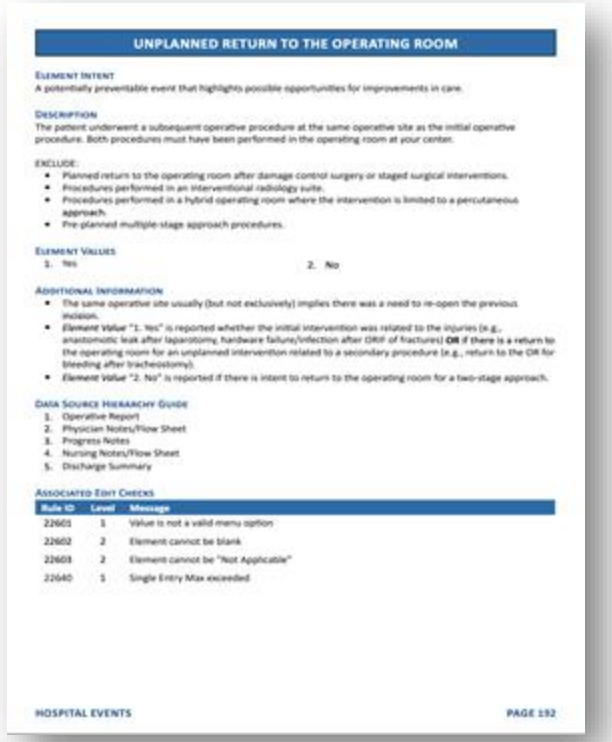
| Rule ID | Level | Message |
|---|---|---|
| 22601 | 1 | Value is not a valid menu option |
| 22602 | 2 | Element cannot be blank |
| 22603 | 2 | Element cannot be "Not Applicable" |
| 22640 | 1 | Single Entry Max exceeded |

HOSPITAL EVENTS PAGE 192

- The 2026 NTDS Data Dictionary has fewer pages than 2025.
- APPENDIX 6: ELEMENT INTENTS has been removed
- Element Intents have been added to their respective data point

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Unplanned Return to the Operating Room vs. Unplanned Visit to the Operating Room



UNPLANNED RETURN TO THE OPERATING ROOM

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A potentially preventable event that highlights possible opportunities for improvements in care.

DESCRIPTION
The patient underwent a subsequent operative procedure at the same operative site as the initial operative procedure. Both procedures must have been performed in the operating room at your center.

EXCLUDE:
- Planned return to the operating room after damage control surgery or staged surgical interventions.
- Procedures performed in an interventional radiology suite.
- Procedures performed in a hybrid operating room where the intervention is limited to a percutaneous approach.
- Pre-planned multiple-stage approach procedures.

ELEMENT VALUES
1. Yes
2. No

ADDITIONAL INFORMATION
- The same operative site usually (but not exclusively) implies there was a need to re-open the previous incision.
- *Element Value* "1. Yes" is reported whether the initial intervention was related to the injuries (e.g., anastomotic leak after laparotomy, hardware failure/infection after ORIF of fractures) **OR if there is a return to** the operating room for an unplanned intervention related to a secondary procedure (e.g., return to the OR for bleeding after tracheostomy).
- *Element Value* "2. No" is reported if there is intent to return to the operating room for a two-stage approach.

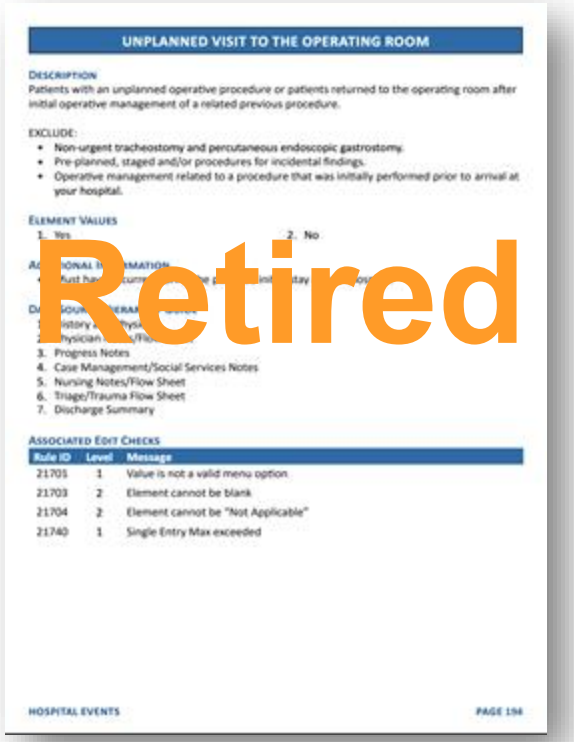
DATA SOURCE HIERARCHY GUIDE
1. Operative Report
2. Physician Notes/Flow Sheet
3. Progress Notes
4. Nursing Notes/Flow Sheet
5. Discharge Summary

ASSOCIATED EDIT CHECKS

| Rule ID | Level | Message |
|---|---|---|
| 22601 | 1 | Value is not a valid menu option |
| 22602 | 2 | Element cannot be blank |
| 22603 | 2 | Element cannot be "Not Applicable" |
| 22640 | 1 | Single Entry Max exceeded |

HOSPITAL EVENTS PAGE 192

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf



UNPLANNED VISIT TO THE OPERATING ROOM

DESCRIPTION
Patients with an unplanned operative procedure or patients returned to the operating room after initial operative management of a related previous procedure.

EXCLUDE:
- Non-urgent tracheostomy and percutaneous endoscopic gastrostomy.
- Pre-planned, staged and/or procedures for incidental findings.
- Operative management related to a procedure that was initially performed prior to arrival at your hospital.

ELEMENT VALUES
1. Yes
2. No

Retired

3. Progress Notes
4. Case Management/Social Services Notes
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary

ASSOCIATED EDIT CHECKS

| Rule ID | Level | Message |
|---|---|---|
| 21701 | 1 | Value is not a valid menu option |
| 21703 | 2 | Element cannot be blank |
| 21704 | 2 | Element cannot be "Not Applicable" |
| 21740 | 1 | Single Entry Max exceeded |

HOSPITAL EVENTS PAGE 194

**American College of Surgeons Committee on Trauma. (2025).** *National Trauma Data Standard (NTDS) data dictionary* (2025 ed.). https://www.facs.org/media/gxkpv1up/2025-ntds-data-dictionary.pdf

# Protective Devices: Element Value 6

**PROTECTIVE DEVICES**

**ELEMENT INTENT**
To analyze the prevalence and effects of safety equipment.

**DESCRIPTION**
Protective devices (safety equipment) in use or worn by the patient at the time of the injury.

**ELEMENT VALUES**

1. None
2. Lap Belt
3. Personal Floatation Device
4. Protective Non-Clothing Gear (e.g., shin guard)
5. Eye Protection
6. Child Restraint (child car seat, infant car seat, or child booster seat)
7. Helmet (e.g., bicycle, skiing, motorcycle)
8. Airbag Present
9. Protective Clothing (e.g., padded leather pants)
10. Shoulder Belt
11. Other

**ADDITIONAL INFORMATION**

- Report all that apply.
- Evidence of the use of safety equipment may be reported or observed.
- If *Element Value* "6. Child Restraint (child car seat, infant car seat, or child booster seat)" is reported, report *Child Specific Restraint*.
- If *Element Value* "8. Airbag" is reported, report *Airbag Deployment*.
- Lap Belt must be reported to include those patients that are restrained but not further specified.
- If the documentation indicates "3-point restraint," report *Element Values* "2. Lap Belt" and "10. Shoulder Belt."
- If documented that a "Child Restraint (child car seat, infant car seat, or child booster seat)" was used or worn, but not properly fastened, either on the child or in the car, report *Element Value* "1. None."

**DATA SOURCE HIERARCHY GUIDE**

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History and Physical

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 2501 | 1 | Value is not a valid menu option |
| 2502 | 2 | Element cannot be blank |
| 2507 | 2 | Element cannot be "Not Applicable" |
| 2508 | 2 | Element cannot be "Not Known/Not Recorded" or *Element Value* "1. None" along with *Element Values* 2, 3, 4, 5, 6, 7, 8, 9, 10, and/or 11 |
| 2550 | 1 | Multiple Entry Max exceeded |

INJURY INFORMATION PAGE 28

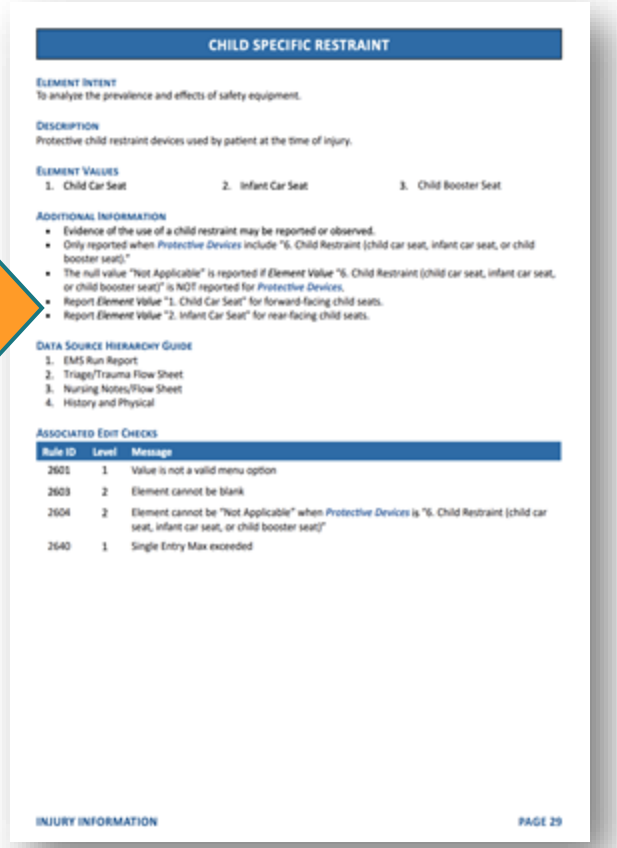
***"infant car seat"*** added to the Child Restraint protective device

***child car seat***

***child booster seat***

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Child Specific Restraint



**CHILD SPECIFIC RESTRAINT**

**ELEMENT INTENT**
To analyze the prevalence and effects of safety equipment.

**DESCRIPTION**
Protective child restraint devices used by patient at the time of injury.

**ELEMENT VALUES**
1. Child Car Seat
2. Infant Car Seat
3. Child Booster Seat

**ADDITIONAL INFORMATION**
- Evidence of the use of a child restraint may be reported or observed.
- Only reported when *Protective Devices* include "6. Child Restraint (child car seat, infant car seat, or child booster seat)."
- The null value "Not Applicable" is reported if *Element Value* "6. Child Restraint (child car seat, infant car seat, or child booster seat)" is NOT reported for *Protective Devices*.
- Report *Element Value* "1. Child Car Seat" for forward-facing child seats.
- Report *Element Value* "2. Infant Car Seat" for rear-facing child seats.

**DATA SOURCE HIERARCHY GUIDE**
1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History and Physical

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 2601 | 1 | Value is not a valid menu option |
| 2603 | 2 | Element cannot be blank |
| 2604 | 2 | Element cannot be "Not Applicable" when *Protective Devices* is "6. Child Restraint (child car seat, infant car seat, or child booster seat)" |
| 2640 | 1 | Single Entry Max exceeded |

INJURY INFORMATION PAGE 29

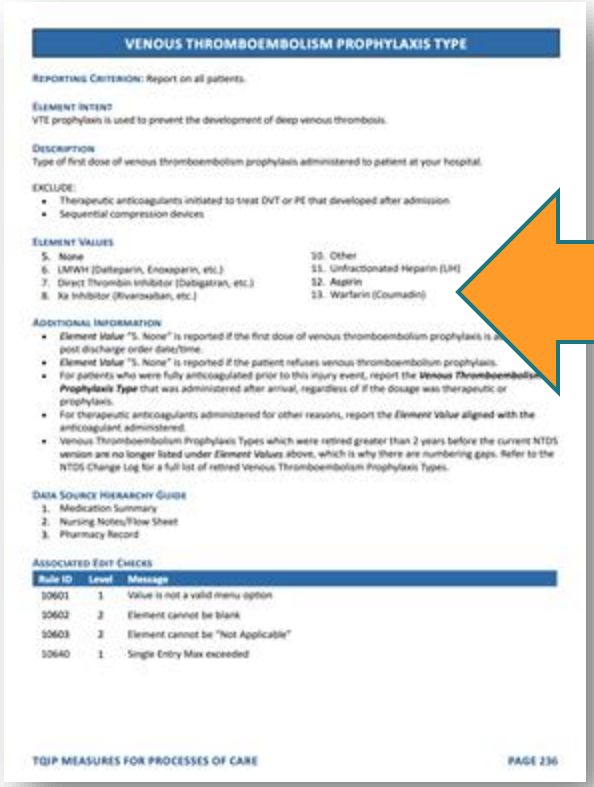
## 2026 ADDED to Additional Information:

Report Element Value "1. Child Car Seat" for forward-facing child seats.

Report Element Value "2. Infant Car Seat" for rear-facing child seats.

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Venous Thromboembolism Prophylaxis Type



**VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE**

REPORTING CRITERION: Report on all patients.

ELEMENT INTENT
VTE prophylaxis is used to prevent the development of deep venous thrombosis.

DESCRIPTION
Type of first dose of venous thromboembolism prophylaxis administered to patient at your hospital.

EXCLUDE:
- Therapeutic anticoagulants initiated to treat DVT or PE that developed after admission
- Sequential compression devices

ELEMENT VALUES
5. None
6. LMWH (Dalteparin, Enoxaparin, etc.)
7. Direct Thrombin Inhibitor (Dabigatran, etc.)
8. Xa Inhibitor (Rivaroxaban, etc.)
10. Other
11. Unfractionated Heparin (UH)
12. Aspirin
13. Warfarin (Coumadin)

ADDITIONAL INFORMATION
- ***Element Value*** "5. None" is reported if the first dose of venous thromboembolism prophylaxis is after post discharge order date/time.
- ***Element Value*** "5. None" is reported if the patient refuses venous thromboembolism prophylaxis.
- For patients who were fully anticoagulated prior to this injury event, report the ***Venous Thromboembolism Prophylaxis Type*** that was administered after arrival, regardless of if the dosage was therapeutic or prophylaxis.
- For therapeutic anticoagulants administered for other reasons, report the ***Element Value*** aligned with the anticoagulant administered.
- Venous Thromboembolism Prophylaxis Types which were retired greater than 2 years before the current NTDS version are no longer listed under *Element Values* above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Venous Thromboembolism Prophylaxis Types.

DATA SOURCE HIERARCHY GUIDE
1. Medication Summary
2. Nursing Notes/Flow Sheet
3. Pharmacy Record

ASSOCIATED EDIT CHECKS

| Rule ID | Level | Message |
|---|---|---|
| 10601 | 1 | Value is not a valid menu option |
| 10602 | 2 | Element cannot be blank |
| 10603 | 2 | Element cannot be "Not Applicable" |
| 10640 | 1 | Single Entry Max exceeded |

TQIP MEASURES FOR PROCESSES OF CARE PAGE 236

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

## 2026 ADDED the following element values:

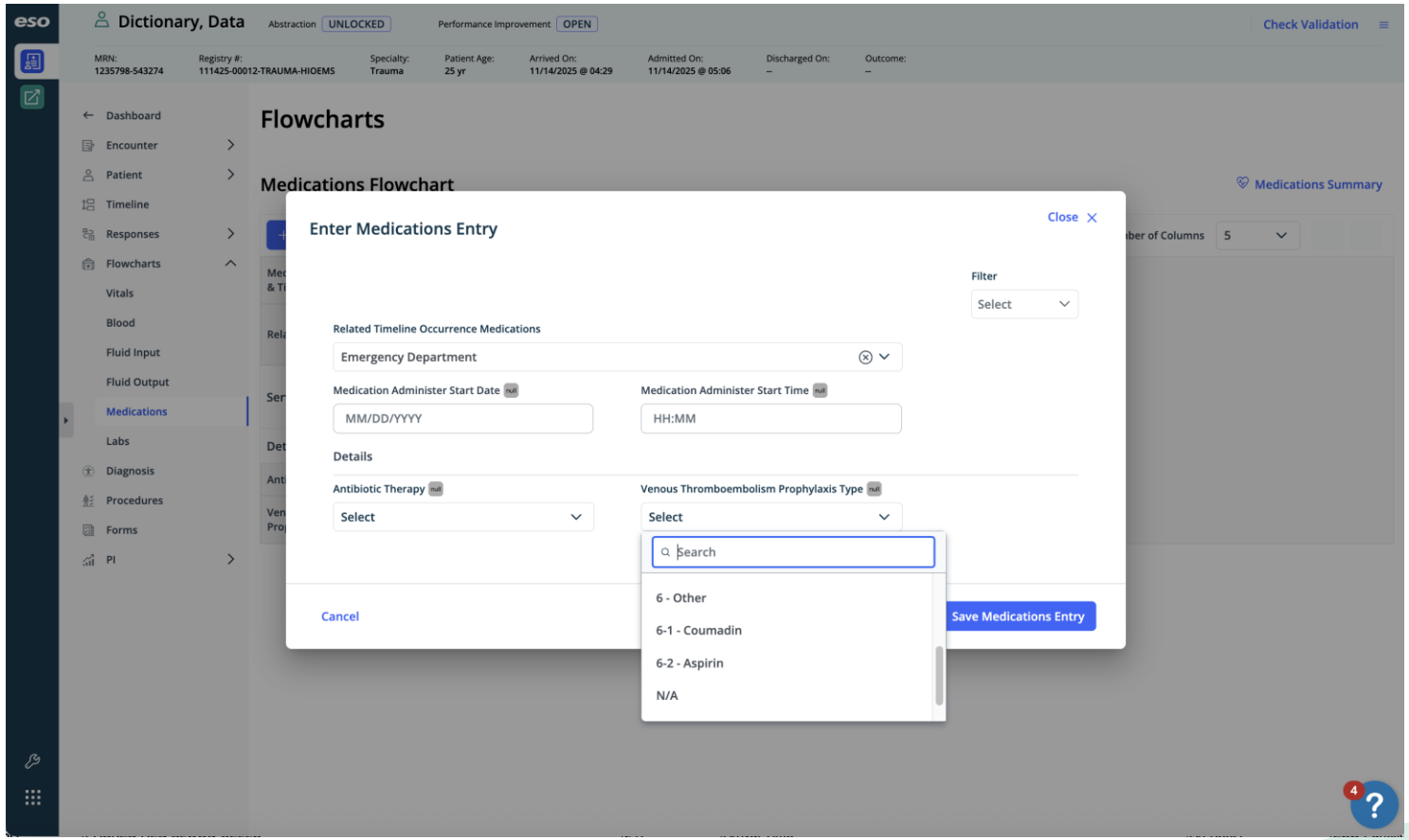
**12. Aspirin**

**13. Warfarin (Coumadin)**

## Important Call out for Hawaii Trauma Centers:

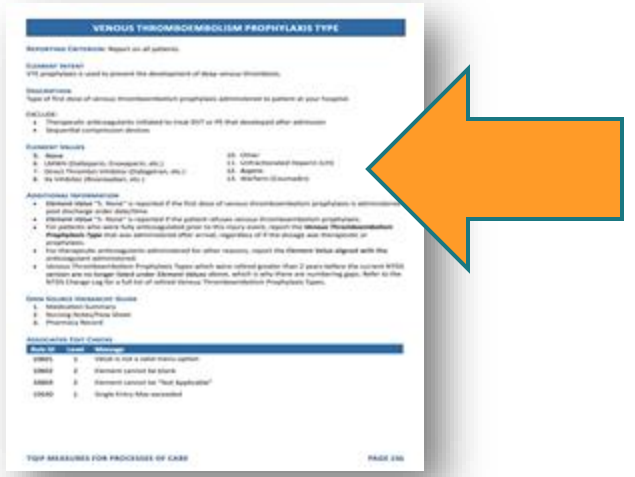
- **Did you configure your Trauma Registry with a Parent Child relationship for the value of 10. Other based on NTDS 2025?**

# Venous Thromboembolism Prophylaxis Type

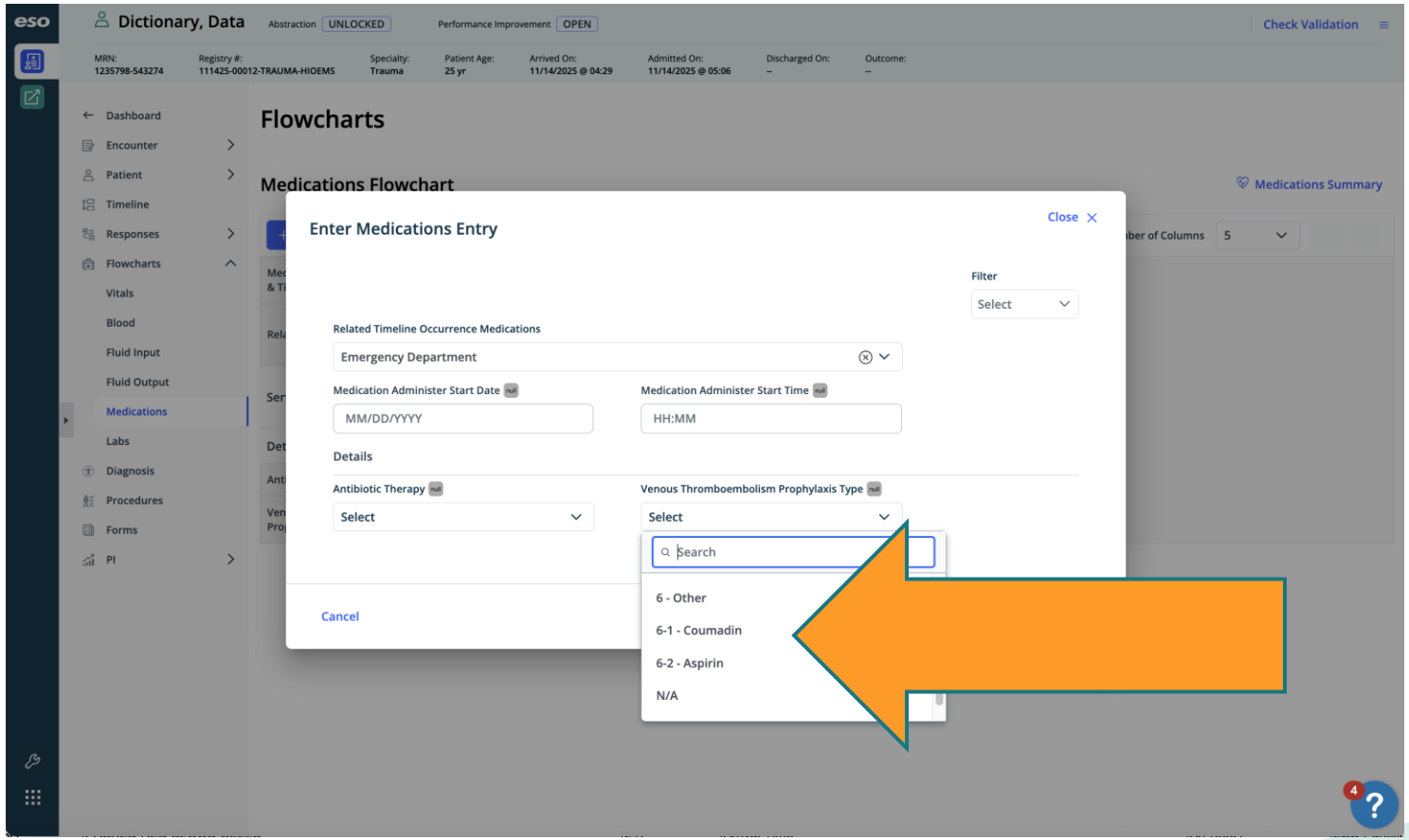



## Important Call out for Hawaii Trauma Centers:

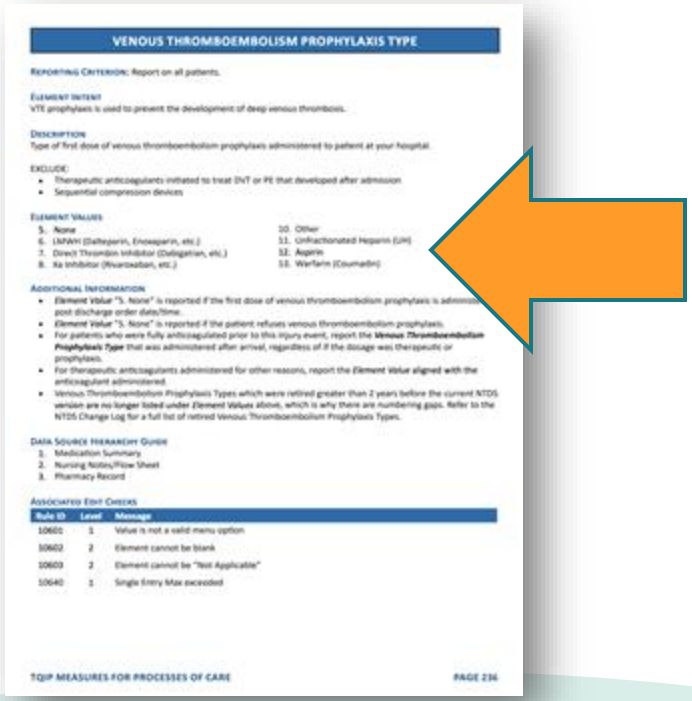
- **Did you configure your Trauma Registry with a Parent Child relationship for the value of 10. Other based on NTDS 2025?**



# Venous Thromboembolism Prophylaxis Type




**State will follow up with ESO on how this will be rolled out with the January 8, 2026 TQIP Submission Template.**

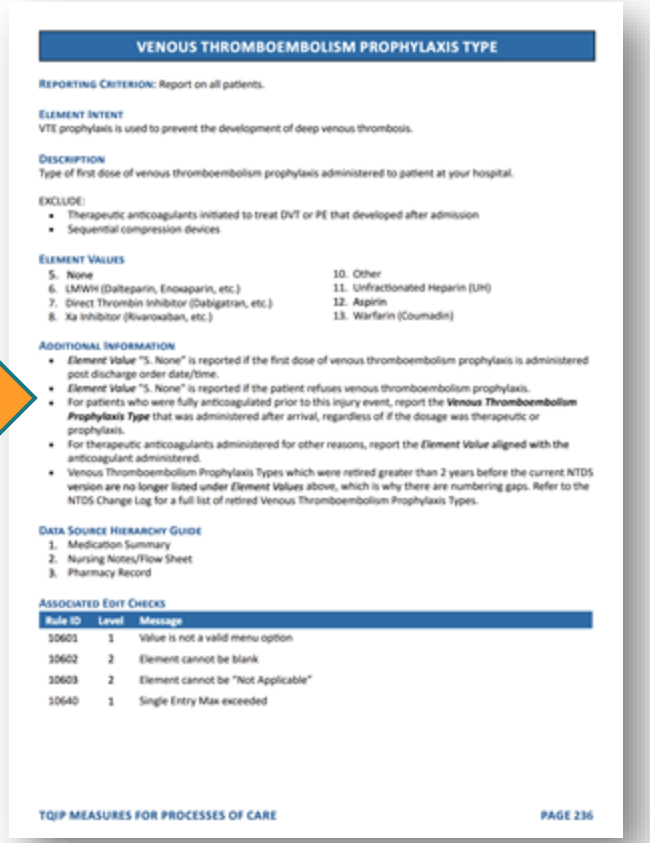


VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE

TQIP MEASURES FOR PROCESSES OF CARE PAGE 234

Right Patient, Right Place, Right Time, Right Now

# Venous Thromboembolism Prophylaxis Type



**VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE**

**REPORTING CRITERION:** Report on all patients.

**ELEMENT INTENT**
VTE prophylaxis is used to prevent the development of deep venous thrombosis.

**DESCRIPTION**
Type of first dose of venous thromboembolism prophylaxis administered to patient at your hospital.

EXCLUDE:
- Therapeutic anticoagulants initiated to treat DVT or PE that developed after admission
- Sequential compression devices

**ELEMENT VALUES**

5. None
6. LMWH (Dalteparin, Enoxaparin, etc.)
7. Direct Thrombin Inhibitor (Dabigatran, etc.)
8. Xa Inhibitor (Rivaroxaban, etc.)
10. Other
11. Unfractionated Heparin (UH)
12. Aspirin
13. Warfarin (Coumadin)

**ADDITIONAL INFORMATION**
- *Element Value* "5. None" is reported if the first dose of venous thromboembolism prophylaxis is administered post discharge order date/time.
- *Element Value* "5. None" is reported if the patient refuses venous thromboembolism prophylaxis.
- For patients who were fully anticoagulated prior to this injury event, report the ***Venous Thromboembolism Prophylaxis Type*** that was administered after arrival, regardless of if the dosage was therapeutic or prophylaxis.
- For therapeutic anticoagulants administered for other reasons, report the ***Element Value*** **aligned with the** anticoagulant administered.
- Venous Thromboembolism Prophylaxis Types which were retired greater than 2 years before the current NTDS **version are no longer listed under *Element Values*** above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Venous Thromboembolism Prophylaxis Types.

**DATA SOURCE HIERARCHY GUIDE**
1. Medication Summary
2. Nursing Notes/Flow Sheet
3. Pharmacy Record

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 10601 | 1 | Value is not a valid menu option |
| 10602 | 2 | Element cannot be blank |
| 10603 | 2 | Element cannot be "Not Applicable" |
| 10640 | 1 | Single Entry Max exceeded |

TQIP MEASURES FOR PROCESSES OF CARE PAGE 236

## 2026 ADDED to Additional Information:

For patients who were fully anticoagulated prior to this injury event, report the Venous Thromboembolism Prophylaxis Type that was administered after arrival, regardless of if the dosage was therapeutic or prophylaxis.

For therapeutic anticoagulants administered for other reasons, report the Element Value aligned with the anticoagulant administered.

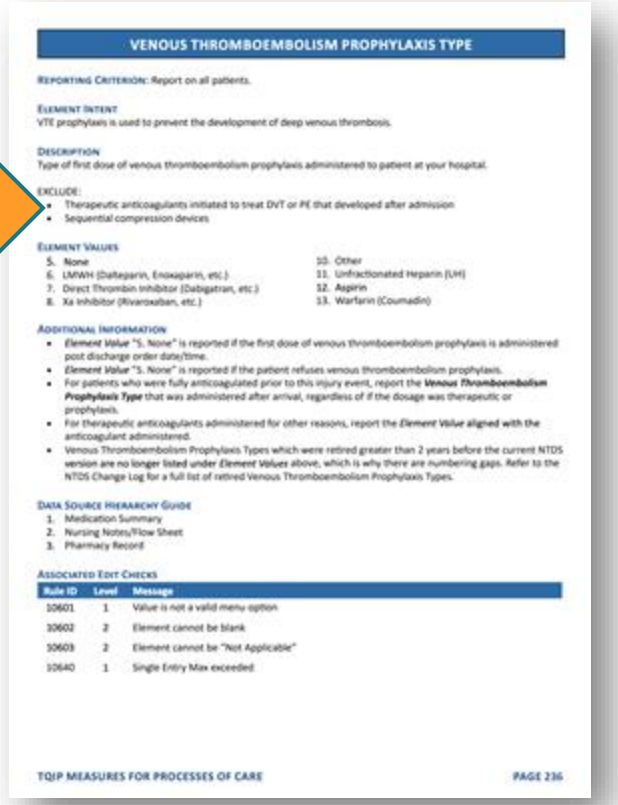
## 2026 REMOVED from Additional Information:

Element Value “10. Other” is reported if “Coumadin” and/or “aspirin” are given as venous thromboembolism prophylaxis.

**Very important call out for Hawaii Trauma Centers Configuration**

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Venous Thromboembolism Prophylaxis Type



**VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE**

REPORTING CRITERION: Report on all patients.

ELEMENT INTENT
VTE prophylaxis is used to prevent the development of deep venous thrombosis.

DESCRIPTION
Type of first dose of venous thromboembolism prophylaxis administered to patient at your hospital.

EXCLUDE:
- Therapeutic anticoagulants initiated to treat DVT or PE that developed after admission
- Sequential compression devices

ELEMENT VALUES

5. None
6. LMWH (Dalteparin, Enoxaparin, etc.)
7. Direct Thrombin Inhibitor (Dabigatran, etc.)
8. Xa Inhibitor (Rivaroxaban, etc.)
10. Other
11. Unfractionated Heparin (UH)
12. Aspirin
13. Warfarin (Coumadin)

ADDITIONAL INFORMATION
- *Element Value* "5. None" is reported if the first dose of venous thromboembolism prophylaxis is administered post discharge order date/time.
- *Element Value* "5. None" is reported if the patient refuses venous thromboembolism prophylaxis.
- For patients who were fully anticoagulated prior to this injury event, report the ***Venous Thromboembolism Prophylaxis Type*** that was administered after arrival, regardless of if the dosage was therapeutic or prophylaxis.
- For therapeutic anticoagulants administered for other reasons, report the *Element Value* aligned with the anticoagulant administered.
- Venous Thromboembolism Prophylaxis Types which were retired greater than 2 years before the current NTDS version are no longer listed under *Element Values* above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Venous Thromboembolism Prophylaxis Types.

DATA SOURCE HIERARCHY GUIDE
1. Medication Summary
2. Nursing Notes/Flow Sheet
3. Pharmacy Record

ASSOCIATED EDIT CHECKS

| Rule ID | Level | Message |
|---|---|---|
| 10601 | 1 | Value is not a valid menu option |
| 10602 | 2 | Element cannot be blank |
| 10603 | 2 | Element cannot be "Not Applicable" |
| 10640 | 1 | Single Entry Max exceeded |

TQIP MEASURES FOR PROCESSES OF CARE PAGE 236

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

***ADDED: the following exclude to the description***

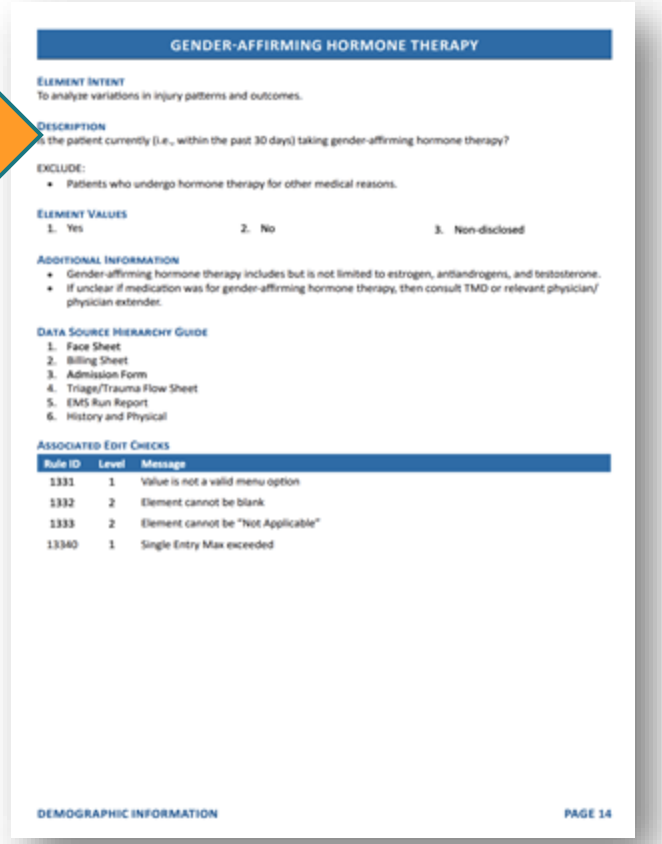
## EXCLUDE: Therapeutic anticoagulants initiated to treat DVT or PE that developed after admission

### Important Call out for Hawaii Trauma Centers:

- **Do Hawaii Trauma Centers want to continue to capture anticoagulants used to treat DVT or PE that developed after admission?**

**If, Yes, we will need to follow up with ESO on how to implement for 2026**

# Gender-Affirming Hormone Therapy



**GENDER-AFFIRMING HORMONE THERAPY**

**ELEMENT INTENT**
To analyze variations in injury patterns and outcomes.

**DESCRIPTION**
Is the patient currently (i.e., within the past 30 days) taking gender-affirming hormone therapy?

EXCLUDE:
- Patients who undergo hormone therapy for other medical reasons.

**ELEMENT VALUES**
1. Yes
2. No
3. Non-disclosed

**ADDITIONAL INFORMATION**
- Gender-affirming hormone therapy includes but is not limited to estrogen, antiandrogens, and testosterone.
- If unclear if medication was for gender-affirming hormone therapy, then consult TMD or relevant physician/ physician extender.

**DATA SOURCE HIERARCHY GUIDE**
1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report
6. History and Physical

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 1331 | 1 | Value is not a valid menu option |
| 1332 | 2 | Element cannot be blank |
| 1333 | 2 | Element cannot be "Not Applicable" |
| 13340 | 1 | Single Entry Max exceeded |

DEMOGRAPHIC INFORMATION PAGE 14

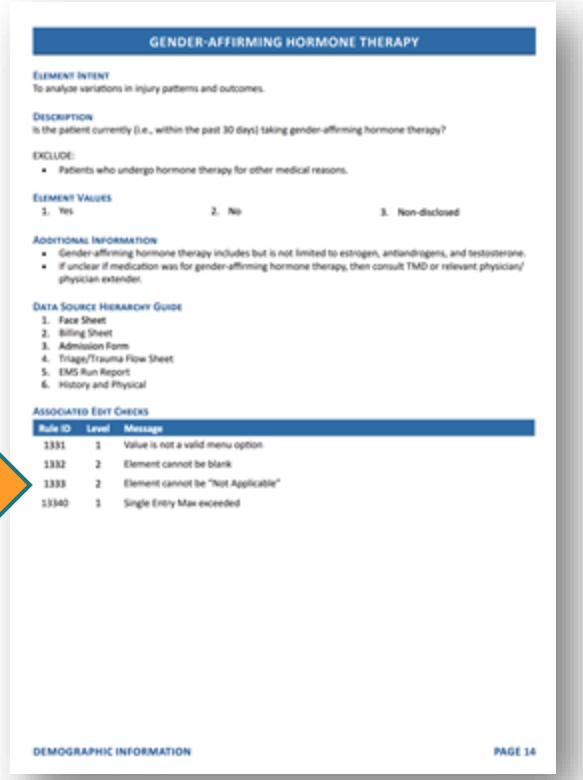
2025:"Is the patient currently (i.e., within the past 30 days) taking hormone therapy??

**2026 CHANGED to:** "Is the patient currently (i.e., within the past 30 days) taking gender-affirming hormone therapy?"

EXCLUDE: patients who undergo hormone therapy for other medical reasons

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Gender-Affirming Hormone Therapy



GENDER-AFFIRMING HORMONE THERAPY

ELEMENT INTENT
To analyze variations in injury patterns and outcomes.

DESCRIPTION
Is the patient currently (i.e., within the past 30 days) taking gender-affirming hormone therapy?

EXCLUDE:
- Patients who undergo hormone therapy for other medical reasons.

ELEMENT VALUES
1. Yes 2. No 3. Non-disclosed

ADDITIONAL INFORMATION
- Gender-affirming hormone therapy includes but is not limited to estrogen, antiandrogens, and testosterone.
- If unclear if medication was for gender-affirming hormone therapy, then consult TMD or relevant physician/ physician extender.

DATA SOURCE HIERARCHY GUIDE
1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report
6. History and Physical

ASSOCIATED EDIT CHECKS

| Rule ID | Level | Message |
|---|---|---|
| 1331 | 1 | Value is not a valid menu option |
| 1332 | 2 | Element cannot be blank |
| 1333 | 2 | Element cannot be "Not Applicable" |
| 13340 | 1 | Single Entry Max exceeded |

DEMOGRAPHIC INFORMATION PAGE 14

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

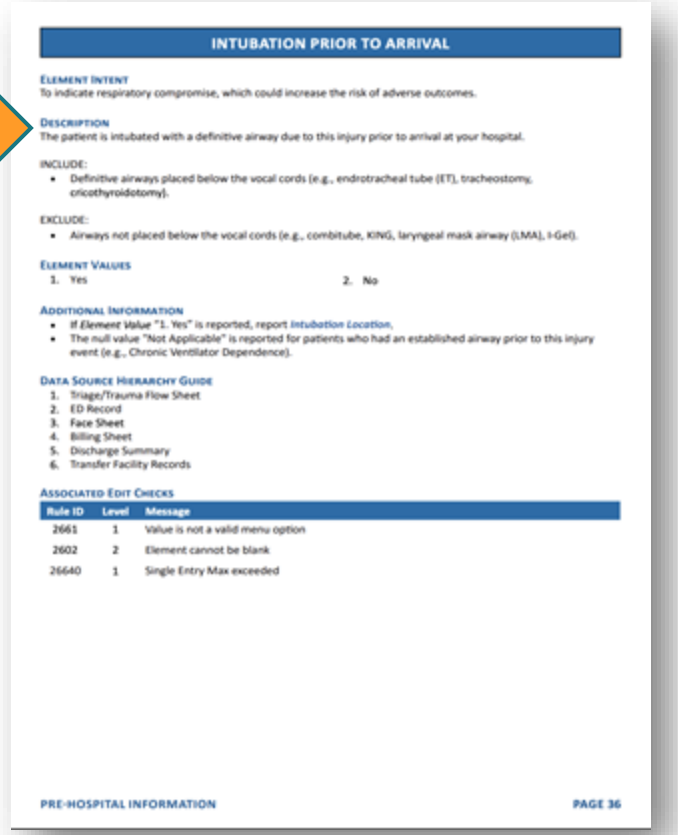
## 2025:

Rule ID 1301 Value is not a valid menu option
Rule ID 1302 Element cannot be blank
Rule ID 1303 Element cannot be "Not Applicable"
Rule ID 1340 Single Entry Max exceeded

## 2026 CHANGED Rule ID to:

Rule ID 1331 Value is not a valid menu option
Rule ID 1332 Element cannot be blank
Rule ID 1333 Element cannot be "Not Applicable"
Rule ID 13340 Single Entry Max exceeded

# Intubation Prior to Arrival



**INTUBATION PRIOR TO ARRIVAL**

**ELEMENT INTENT**
To indicate respiratory compromise, which could increase the risk of adverse outcomes.

**DESCRIPTION**
The patient is intubated with a definitive airway due to this injury prior to arrival at your hospital.

INCLUDE:
- Definitive airways placed below the vocal cords (e.g., endrotracheal tube (ET), tracheostomy, cricothyroidotomy).

EXCLUDE:
- Airways not placed below the vocal cords (e.g., combitube, KING, laryngeal mask airway (LMA), I-Gel).

**ELEMENT VALUES**
1. Yes
2. No

**ADDITIONAL INFORMATION**
- If *Element Value* "1. Yes" is reported, report *Intubation Location*.
- The null value "Not Applicable" is reported for patients who had an established airway prior to this injury event (e.g., Chronic Ventilator Dependence).

**DATA SOURCE HIERARCHY GUIDE**
1. Triage/Trauma Flow Sheet
2. ED Record
3. Face Sheet
4. Billing Sheet
5. Discharge Summary
6. Transfer Facility Records

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 2661 | 1 | Value is not a valid menu option |
| 2602 | 2 | Element cannot be blank |
| 26640 | 1 | Single Entry Max exceeded |

PRE-HOSPITAL INFORMATION PAGE 36

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

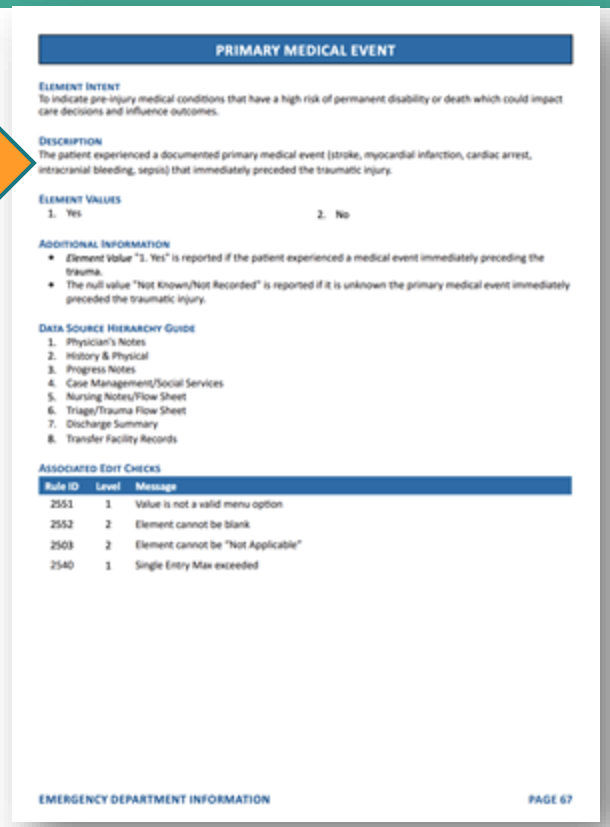
**2025:** "The patient was intubated with a definitive airway due to this injury prior to arrival at your hospital."

**2026 CHANGED:** "The patient **is** intubated with a definitive airway due to this injury prior to arrival at your hospital."

**Important Call out for Hawaii Trauma Centers:**

- **Do Hawaii Trauma Centers want to continue to capture if the patient was intubated with a definitive airway due to this injury prior to arrival at your hospital?**

# Primary Medical Event



**PRIMARY MEDICAL EVENT**

**Element Intent**
To indicate pre-injury medical conditions that have a high risk of permanent disability or death which could impact care decisions and influence outcomes.

**Description**
The patient experienced a documented primary medical event (stroke, myocardial infarction, cardiac arrest, intracranial bleeding, sepsis) that immediately preceded the traumatic injury.

**Element Values**
1. Yes
2. No

**Additional Information**
- *Element Value* "1. Yes" is reported if the patient experienced a medical event immediately preceding the trauma.
- The null value "Not Known/Not Recorded" is reported if it is unknown the primary medical event immediately preceded the traumatic injury.

**Data Source Hierarchy Guide**
1. Physician's Notes
2. History & Physical
3. Progress Notes
4. Case Management/Social Services
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary
8. Transfer Facility Records

**Associated Edit Checks**

| Rule ID | Level | Message |
|---|---|---|
| 2551 | 1 | Value is not a valid menu option |
| 2552 | 2 | Element cannot be blank |
| 2503 | 2 | Element cannot be "Not Applicable" |
| 2540 | 1 | Single Entry Max exceeded |

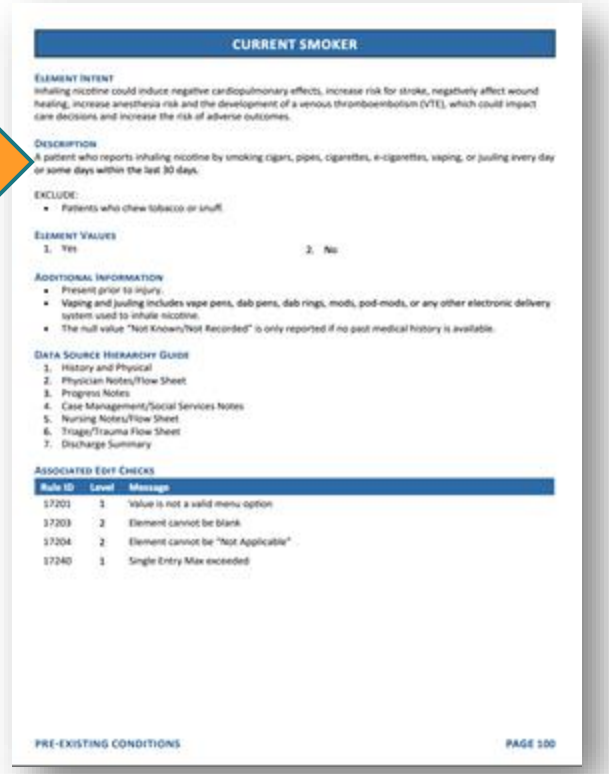
EMERGENCY DEPARTMENT INFORMATION PAGE 67

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

**2025:** "The patient experienced a documented primary medical event (e.g., **seizure**, **cerebral vascular accident**, myocardial infarction, **arrhythmia**, **syncope**, stroke, **hypoglycemia**) that immediately preceded the traumatic injury"

**2026 CHANGED:** The patient experienced a documented primary medical event **(stroke, myocardial infarction, cardiac arrest, intracranial bleeding, sepsis)** that immediately preceded the traumatic injury.

# Current Smoker



**CURRENT SMOKER**

**Element Intent**
Inhaling nicotine could induce negative cardiopulmonary effects, increase risk for stroke, negatively affect wound healing, increase anesthesia risk and the development of a venous thromboembolism (VTE), which could impact care decisions and increase the risk of adverse outcomes.

**Description**
A patient who reports inhaling nicotine by smoking cigars, pipes, cigarettes, e-cigarettes, vaping, or juuling every day or some days within the last 30 days.

**Exclude:**
- Patients who chew tobacco or snuff.

**Element Values**
1. Yes
2. No

**Additional Information**
- Present prior to injury.
- Vaping and juuling includes vape pens, dab pens, dab rings, mods, pod-mods, or any other electronic delivery system used to inhale nicotine.
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available.

**Data Source Hierarchy Guide**
1. History and Physical
2. Physician Notes/Flow Sheet
3. Progress Notes
4. Case Management/Social Services Notes
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary

**Associated Edit Checks**

| Rule ID | Level | Message |
|---|---|---|
| 17201 | 1 | Value is not a valid menu option |
| 17203 | 2 | Element cannot be blank |
| 17204 | 2 | Element cannot be "Not Applicable" |
| 17240 | 1 | Single Entry Max exceeded |

PRE-EXISTING CONDITIONS PAGE 100

**2025:**"A patient who reports smoking cigarettes every day or Some days within the last 12 months"

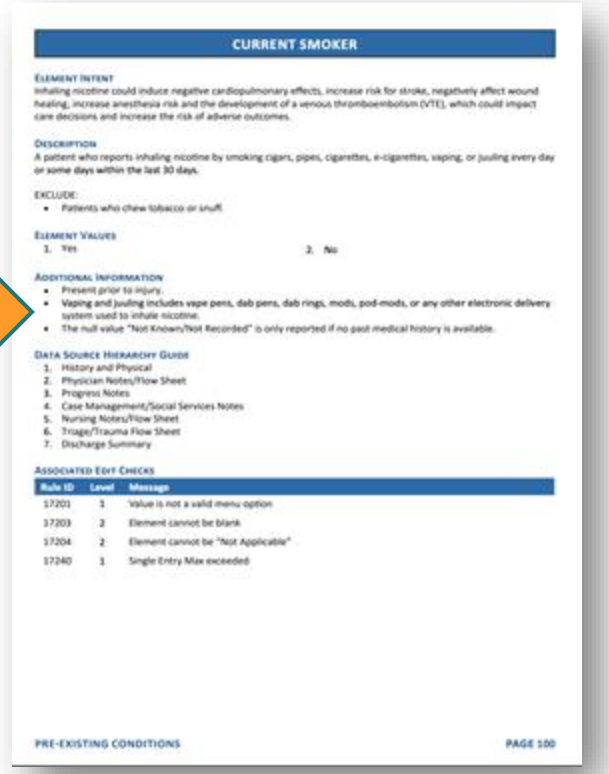
Exclude: Patients who smoke cigars or pipes or smokeless tobacco (chewing tobacco or snuff)

**2026 CHANGED:** A patient who reports ***inhaling nicotine by smoking cigars, pipes, cigarettes, e cigarettes, vaping, or juuling every day or some days within the last 30 days***"

Exclude: Patients who chew tobacco or snuff

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Current Smoker



**CURRENT SMOKER**

**ELEMENT INTENT**
Inhaling nicotine could induce negative cardiopulmonary effects, increase risk for stroke, negatively affect wound healing, increase anesthesia risk and the development of a venous thromboembolism (VTE), which could impact care decisions and increase the risk of adverse outcomes.

**DESCRIPTION**
A patient who reports inhaling nicotine by smoking cigars, pipes, cigarettes, e-cigarettes, vaping, or juuling every day or some days within the last 30 days.

**EXCLUDE:**
- Patients who chew tobacco or snuff.

**ELEMENT VALUES**
1. Yes
2. No

**ADDITIONAL INFORMATION**
- Present prior to injury.
- Vaping and juuling includes vape pens, dab pens, dab rings, mods, pod-mods, or any other electronic delivery system used to inhale nicotine.
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available.

**DATA SOURCE HIERARCHY GUIDE**
1. History and Physical
2. Physician Notes/Flow Sheet
3. Progress Notes
4. Case Management/Social Services Notes
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary

**ASSOCIATED EDIT CHECKS**

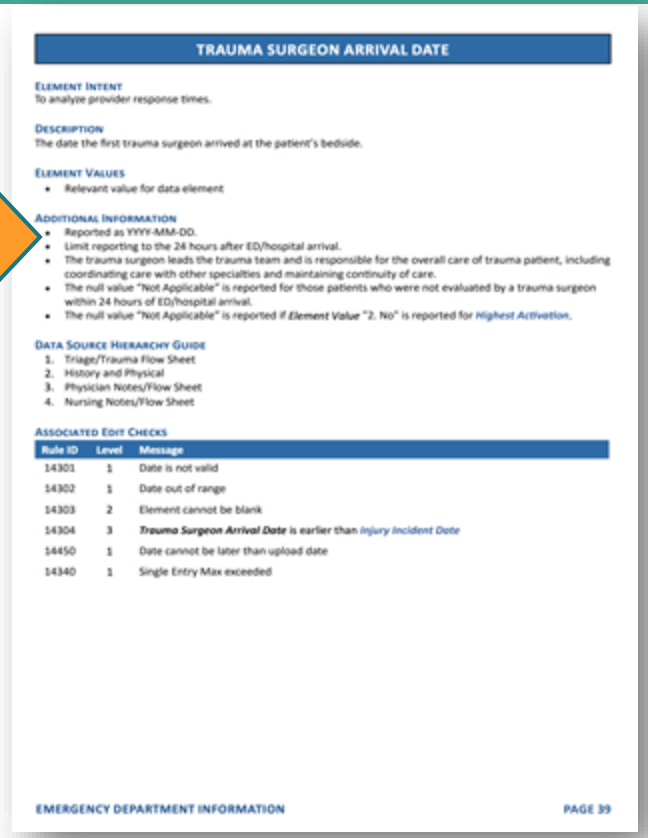
| Rule ID | Level | Message |
|---|---|---|
| 17201 | 1 | Value is not a valid menu option |
| 17203 | 2 | Element cannot be blank |
| 17204 | 2 | Element cannot be "Not Applicable" |
| 17240 | 1 | Single Entry Max exceeded |

PRE-EXISTING CONDITIONS PAGE 100

**2026 ADDED:** Vaping and juuling includes vape pens, dab pens, dab rings, mods, pod-mods, or any other electronic delivery system used to inhale nicotine.

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Trauma Surgeon Arrival Date



**TRAUMA SURGEON ARRIVAL DATE**

**ELEMENT INTENT**
To analyze provider response times.

**DESCRIPTION**
The date the first trauma surgeon arrived at the patient's bedside.

**ELEMENT VALUES**
- Relevant value for data element

**ADDITIONAL INFORMATION**
- Reported as YYYY-MM-DD.
- Limit reporting to the 24 hours after ED/hospital arrival.
- The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care.
- The null value "Not Applicable" is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/hospital arrival.
- The null value "Not Applicable" is reported if ***Element Value*** "2. No" is reported for *Highest Activation*.

**DATA SOURCE HIERARCHY GUIDE**
1. Triage/Trauma Flow Sheet
2. History and Physical
3. Physician Notes/Flow Sheet
4. Nursing Notes/Flow Sheet

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 14301 | 1 | Date is not valid |
| 14302 | 1 | Date out of range |
| 14303 | 2 | Element cannot be blank |
| 14304 | 3 | ***Trauma Surgeon Arrival Date*** is earlier than *Injury Incident Date* |
| 14450 | 1 | Date cannot be later than upload date |
| 14340 | 1 | Single Entry Max exceeded |

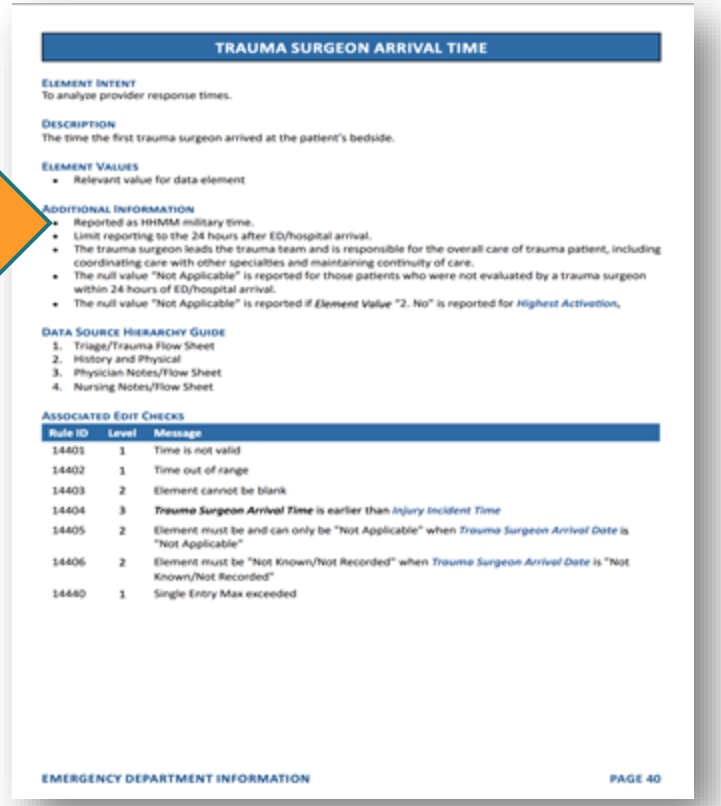
EMERGENCY DEPARTMENT INFORMATION PAGE 39

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

2025: "**Collected** as YYYY-MM-DD"

**2026 CHANGED: Reported** as YYYY-MM-DD.

# Trauma Surgeon Arrival Time



## TRAUMA SURGEON ARRIVAL TIME

**ELEMENT INTENT**
To analyze provider response times.

**DESCRIPTION**
The time the first trauma surgeon arrived at the patient's bedside.

**ELEMENT VALUES**
- Relevant value for data element

**ADDITIONAL INFORMATION**
- Reported as HHMM military time.
- Limit reporting to the 24 hours after ED/hospital arrival.
- The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care.
- The null value "Not Applicable" is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/hospital arrival.
- The null value "Not Applicable" is reported if ***Element Value*** "2. No" is reported for *Highest Activation*,

**DATA SOURCE HIERARCHY GUIDE**
1. Triage/Trauma Flow Sheet
2. History and Physical
3. Physician Notes/Flow Sheet
4. Nursing Notes/Flow Sheet

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 14401 | 1 | Time is not valid |
| 14402 | 1 | Time out of range |
| 14403 | 2 | Element cannot be blank |
| 14404 | 3 | ***Trauma Surgeon Arrival Time*** is earlier than *Injury Incident Time* |
| 14405 | 2 | Element must be and can only be "Not Applicable" when *Trauma Surgeon Arrival Date* is "Not Applicable" |
| 14406 | 2 | Element must be "Not Known/Not Recorded" when *Trauma Surgeon Arrival Date* is "Not Known/Not Recorded" |
| 14440 | 1 | Single Entry Max exceeded |

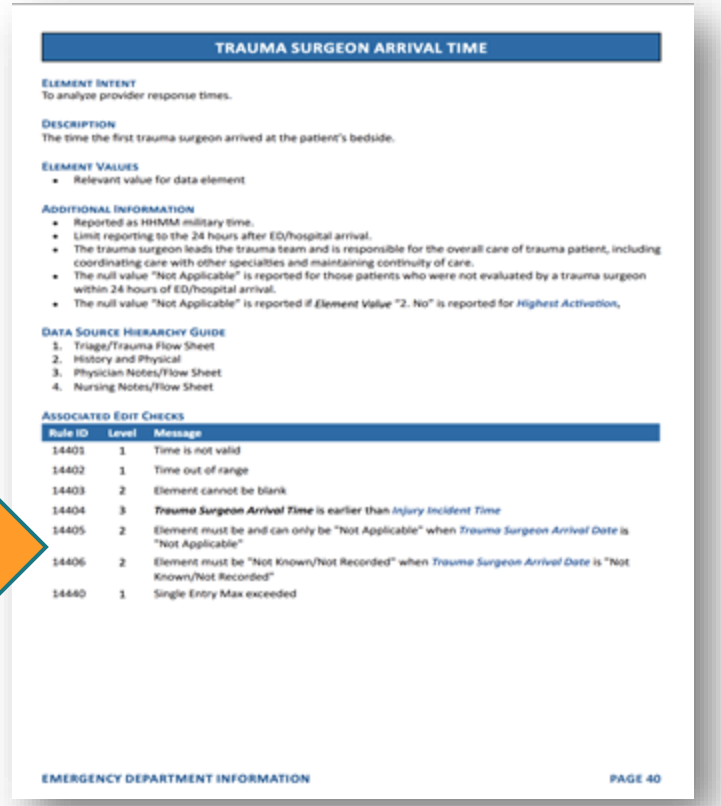
EMERGENCY DEPARTMENT INFORMATION PAGE 40

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

2025: "**Collected** as HHMM military time"

**2026 CHANGED: Reported** as HHMM military time

# Trauma Surgeon Arrival Time



## TRAUMA SURGEON ARRIVAL TIME

**ELEMENT INTENT**
To analyze provider response times.

**DESCRIPTION**
The time the first trauma surgeon arrived at the patient's bedside.

**ELEMENT VALUES**
- Relevant value for data element

**ADDITIONAL INFORMATION**
- Reported as HHMM military time.
- Limit reporting to the 24 hours after ED/hospital arrival.
- The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care.
- The null value "Not Applicable" is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/hospital arrival.
- The null value "Not Applicable" is reported if ***Element Value*** "2. No" is reported for *Highest Activation*,

**DATA SOURCE HIERARCHY GUIDE**
1. Triage/Trauma Flow Sheet
2. History and Physical
3. Physician Notes/Flow Sheet
4. Nursing Notes/Flow Sheet

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 14401 | 1 | Time is not valid |
| 14402 | 1 | Time out of range |
| 14403 | 2 | Element cannot be blank |
| 14404 | 3 | ***Trauma Surgeon Arrival Time*** is earlier than *Injury Incident Time* |
| 14405 | 2 | Element must be and can only be "Not Applicable" when *Trauma Surgeon Arrival Date* is "Not Applicable" |
| 14406 | 2 | Element must be "Not Known/Not Recorded" when *Trauma Surgeon Arrival Date* is "Not Known/Not Recorded" |
| 14440 | 1 | Single Entry Max exceeded |

EMERGENCY DEPARTMENT INFORMATION PAGE 40

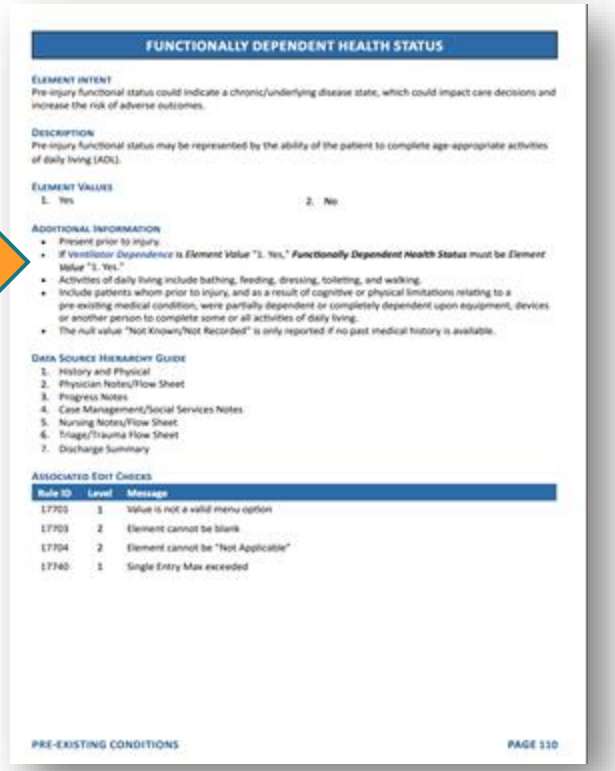
**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

## 2026 ADDED Rules:

RULE ID 14405 Element must be and can only be "Not Applicable" when Trauma Surgeon Arrival Date is "Not Applicable"

RULE ID 14406 Element must be "Not Known/Not Recorded" when Trauma Surgeon Arrival Date is "Not Known/Not Recorded"

# Functionally Dependent Health Status



**FUNCTIONALLY DEPENDENT HEALTH STATUS**

**ELEMENT INTENT**
Pre-injury functional status could indicate a chronic/underlying disease state, which could impact care decisions and increase the risk of adverse outcomes.

**DESCRIPTION**
Pre-injury functional status may be represented by the ability of the patient to complete age-appropriate activities of daily living (ADL).

**ELEMENT VALUES**
1. Yes
2. No

**ADDITIONAL INFORMATION**
- Present prior to injury.
- If *Ventilator Dependence* is *Element Value* "1. Yes," ***Functionally Dependent Health Status*** must be *Element Value* "1. Yes."
- Activities of daily living include bathing, feeding, dressing, toileting, and walking.
- Include patients whom prior to injury, and as a result of cognitive or physical limitations relating to a pre-existing medical condition, were partially dependent or completely dependent upon equipment, devices or another person to complete some or all activities of daily living.
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available.

**DATA SOURCE HIERARCHY GUIDE**
1. History and Physical
2. Physician Notes/Flow Sheet
3. Progress Notes
4. Case Management/Social Services Notes
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 17701 | 1 | Value is not a valid menu option |
| 17703 | 2 | Element cannot be blank |
| 17704 | 2 | Element cannot be "Not Applicable" |
| 17740 | 1 | Single Entry Max exceeded |

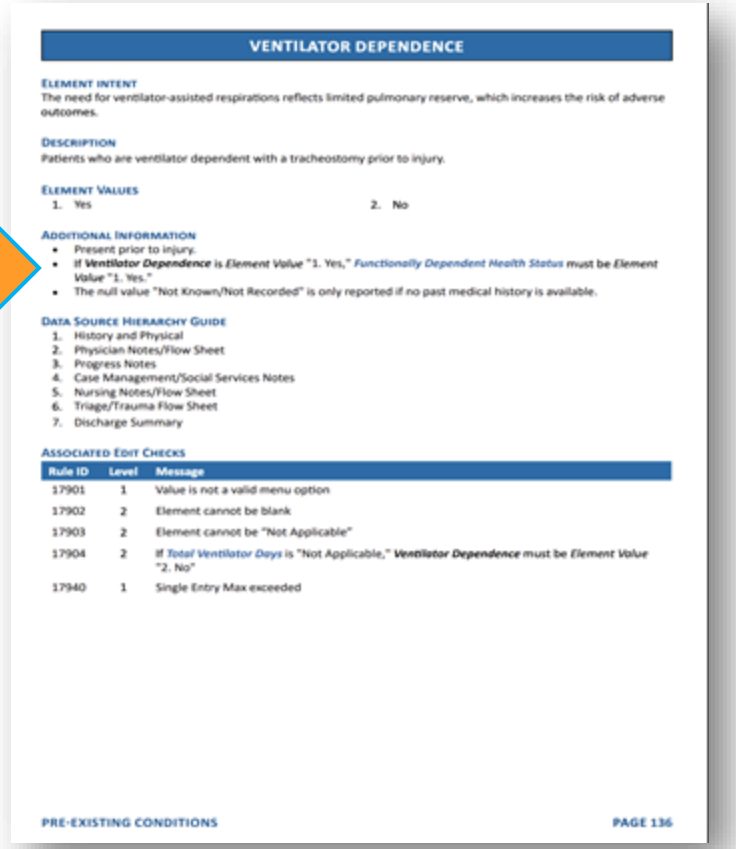
PRE-EXISTING CONDITIONS PAGE 110

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

**2026 ADDED:** If Ventilator Dependence is Element Value “1. Yes,”

Functionally Dependent Health Status must be Element Value “1. Yes”

# Ventilator Dependence



## VENTILATOR DEPENDENCE

**ELEMENT INTENT**
The need for ventilator-assisted respirations reflects limited pulmonary reserve, which increases the risk of adverse outcomes.

**DESCRIPTION**
Patients who are ventilator dependent with a tracheostomy prior to injury.

**ELEMENT VALUES**
1. Yes
2. No

**ADDITIONAL INFORMATION**
- Present prior to injury.
- If ***Ventilator Dependence*** is *Element Value* "1. Yes," *Functionally Dependent Health Status* must be *Element Value* "1. Yes."
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available.

**DATA SOURCE HIERARCHY GUIDE**
1. History and Physical
2. Physician Notes/Flow Sheet
3. Progress Notes
4. Case Management/Social Services Notes
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 17901 | 1 | Value is not a valid menu option |
| 17902 | 2 | Element cannot be blank |
| 17903 | 2 | Element cannot be "Not Applicable" |
| 17904 | 2 | If *Total Ventilator Days* is "Not Applicable," ***Ventilator Dependence*** must be *Element Value* "2. No" |
| 17940 | 1 | Single Entry Max exceeded |

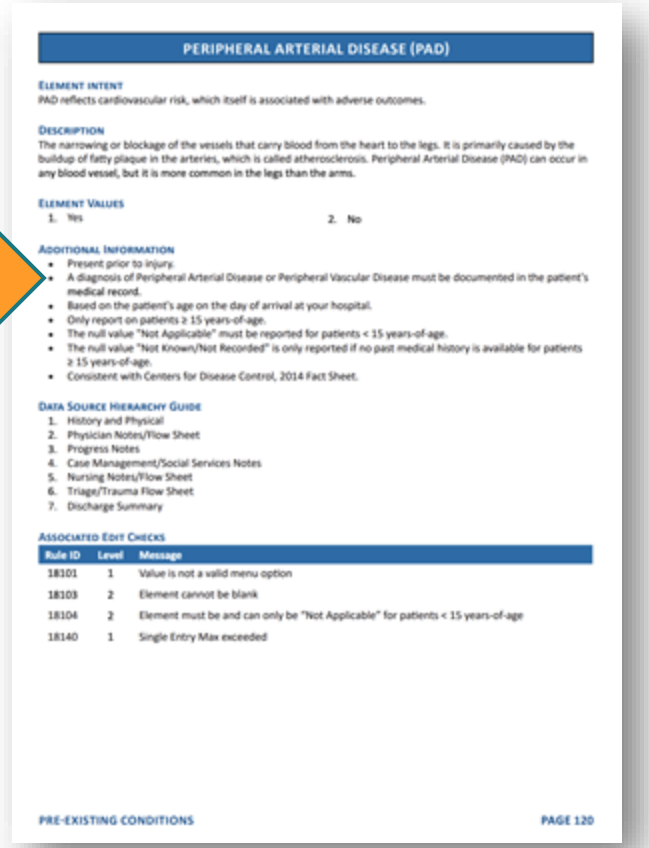
PRE-EXISTING CONDITIONS PAGE 136

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

**2026 ADDED:** If Ventilator Dependence is Element Value “1. Yes,”

Functionally Dependent Health Status must be Element Value “1. Yes”

# Peripheral Arterial Disease (PAD)



**PERIPHERAL ARTERIAL DISEASE (PAD)**

**ELEMENT INTENT**
PAD reflects cardiovascular risk, which itself is associated with adverse outcomes.

**DESCRIPTION**
The narrowing or blockage of the vessels that carry blood from the heart to the legs. It is primarily caused by the buildup of fatty plaque in the arteries, which is called atherosclerosis. Peripheral Arterial Disease (PAD) can occur in any blood vessel, but it is more common in the legs than the arms.

**ELEMENT VALUES**
1. Yes
2. No

**ADDITIONAL INFORMATION**
- Present prior to injury.
- A diagnosis of Peripheral Arterial Disease or Peripheral Vascular Disease must be documented in the patient's medical record.
- Based on the patient's age on the day of arrival at your hospital.
- Only report on patients ≥ 15 years-of-age.
- The null value "Not Applicable" must be reported for patients < 15 years-of-age.
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available for patients ≥ 15 years-of-age.
- Consistent with Centers for Disease Control, 2014 Fact Sheet.

**DATA SOURCE HIERARCHY GUIDE**
1. History and Physical
2. Physician Notes/Flow Sheet
3. Progress Notes
4. Case Management/Social Services Notes
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary

**ASSOCIATED EDIT CHECKS**

| Rule ID | Level | Message |
|---|---|---|
| 18101 | 1 | Value is not a valid menu option |
| 18103 | 2 | Element cannot be blank |
| 18104 | 2 | Element must be and can only be "Not Applicable" for patients < 15 years-of-age |
| 18140 | 1 | Single Entry Max exceeded |

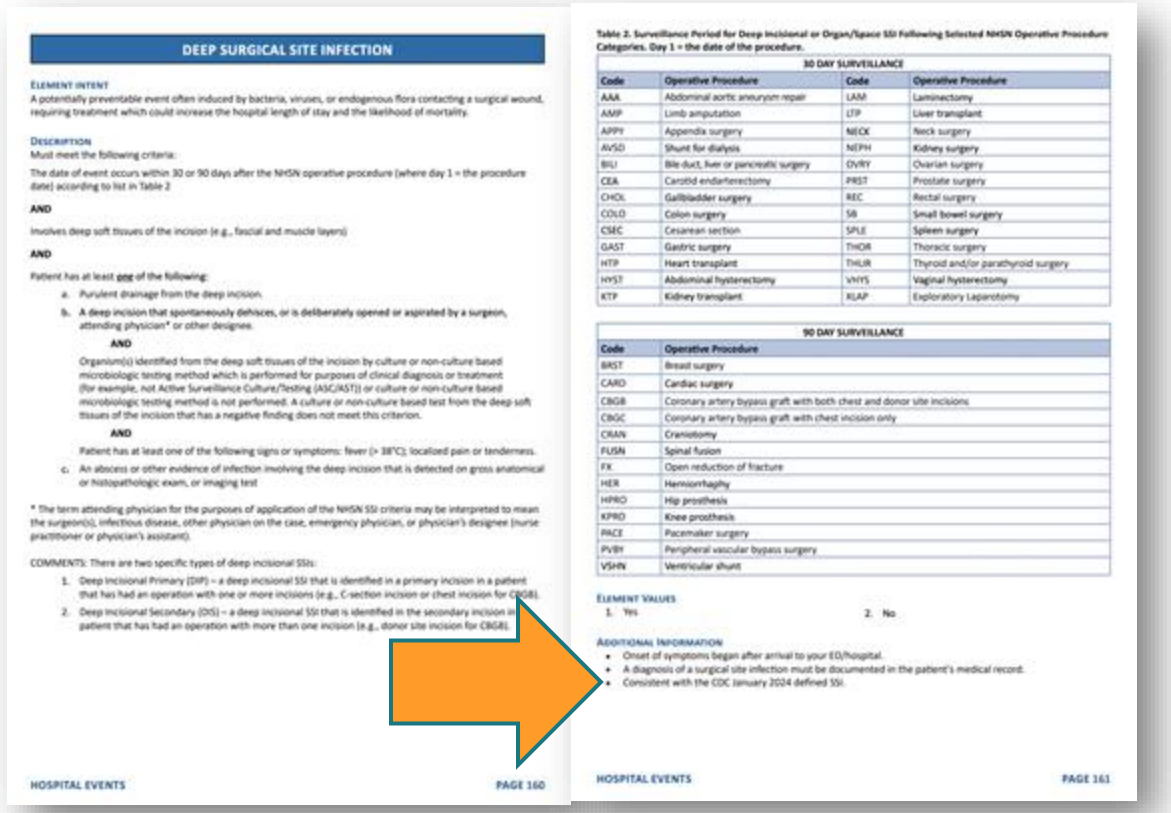
PRE-EXISTING CONDITIONS PAGE 120

**2025:** A diagnosis of Peripheral Arterial Disease must be documented in the patient's medical record

**2026 CHANGED:** A diagnosis of Peripheral Arterial Disease **or Peripheral Vascular Disease** must be documented in the patient's medical record.

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Deep Surgical Site Infection



**DEEP SURGICAL SITE INFECTION**

**ELEMENT INTENT**
A potentially preventable event often induced by bacteria, viruses, or endogenous flora contacting a surgical wound, requiring treatment which could increase the hospital length of stay and the likelihood of mortality.

**DESCRIPTION**
Must meet the following criteria:

The date of event occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to list in Table 2

**AND**

Involves deep soft tissues of the incision (e.g., fascial and muscle layers)

**AND**

Patient has at least **one** of the following:

a. Purulent drainage from the deep incision.

b. A deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician* or other designee.

**AND**

Organism(s) identified from the deep soft tissues of the incision by culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST)) or culture or non-culture based microbiologic testing method is not performed. A culture or non-culture based test from the deep soft tissues of the incision that has a negative finding does not meet this criterion.

**AND**

Patient has at least one of the following signs or symptoms: fever (> 38°C); localized pain or tenderness.

c. An abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test

* The term attending physician for the purposes of application of the NHSN SSI criteria may be interpreted to mean the surgeon(s), infectious disease, other physician on the case, emergency physician, or physician's designee (nurse practitioner or physician's assistant).

COMMENTS: There are two specific types of deep incisional SSIs:

1. Deep Incisional Primary (DIP) – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB).
2. Deep Incisional Secondary (DIS) – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB).

HOSPITAL EVENTS PAGE 160

Table 2. Surveillance Period for Deep Incisional or Organ/Space SSI Following Selected NHSN Operative Procedure Categories. Day 1 = the date of the procedure.

| 30 DAY SURVEILLANCE | | | |
|---|---|---|---|
| Code | Operative Procedure | Code | Operative Procedure |
| AAA | Abdominal aortic aneurysm repair | LAM | Laminectomy |
| AMP | Limb amputation | LTP | Liver transplant |
| APPY | Appendix surgery | NECK | Neck surgery |
| AVSD | Shunt for dialysis | NEPH | Kidney surgery |
| BILI | Bile duct, liver or pancreatic surgery | OVRY | Ovarian surgery |
| CEA | Carotid endarterectomy | PRST | Prostate surgery |
| CHOL | Gallbladder surgery | REC | Rectal surgery |
| COLO | Colon surgery | SB | Small bowel surgery |
| CSEC | Cesarean section | SPLE | Spleen surgery |
| GAST | Gastric surgery | THOR | Thoracic surgery |
| HTP | Heart transplant | THUR | Thyroid and/or parathyroid surgery |
| HYST | Abdominal hysterectomy | VHYS | Vaginal hysterectomy |
| KTP | Kidney transplant | XLAP | Exploratory Laparotomy |

| 90 DAY SURVEILLANCE | |
|---|---|
| Code | Operative Procedure |
| BRST | Breast surgery |
| CARD | Cardiac surgery |
| CBGB | Coronary artery bypass graft with both chest and donor site incisions |
| CBGC | Coronary artery bypass graft with chest incision only |
| CRAN | Craniotomy |
| FUSN | Spinal fusion |
| FX | Open reduction of fracture |
| HER | Herniorrhaphy |
| HPRO | Hip prosthesis |
| KPRO | Knee prosthesis |
| PACE | Pacemaker surgery |
| PVBY | Peripheral vascular bypass surgery |
| VSHN | Ventricular shunt |

**ELEMENT VALUES**
1. Yes 2. No

**ADDITIONAL INFORMATION**
- Onset of symptoms began after arrival to your ED/hospital.
- A diagnosis of a surgical site infection must be documented in the patient's medical record.
- Consistent with the CDC January 2024 defined SSI.

HOSPITAL EVENTS PAGE 161

2025: Consistent with the **CDC January 2019** defined SSI

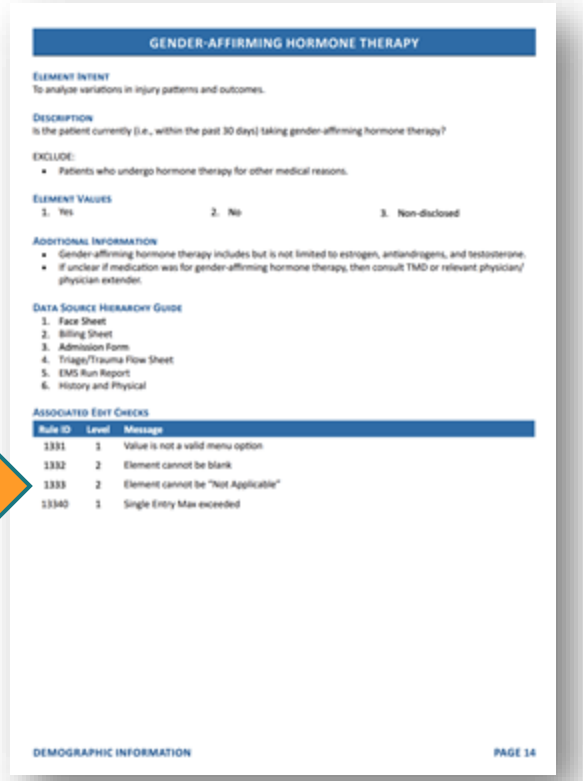
**2026 CHANGED:** Consistent with the **CDC January 2024** defined SSI.

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Associated Edit Checks

- **51 Changed Rules with Edit Checks section**
  Has the potential for the largest impact on how the State of Hawaii configures registry for 2026
- **State and Registry professionals need to review carefully**
- **Highlighting a few of the 51 Changes**

# Gender-Affirming Hormone Therapy



GENDER-AFFIRMING HORMONE THERAPY

ELEMENT INTENT
To analyze variations in injury patterns and outcomes.

DESCRIPTION
Is the patient currently (i.e., within the past 30 days) taking gender-affirming hormone therapy?

EXCLUDE:
- Patients who undergo hormone therapy for other medical reasons.

ELEMENT VALUES
1. Yes 2. No 3. Non-disclosed

ADDITIONAL INFORMATION
- Gender-affirming hormone therapy includes but is not limited to estrogen, antiandrogens, and testosterone.
- If unclear if medication was for gender-affirming hormone therapy, then consult TMD or relevant physician/ physician extender.

DATA SOURCE HIERARCHY GUIDE
1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report
6. History and Physical

ASSOCIATED EDIT CHECKS

| Rule ID | Level | Message |
|---|---|---|
| 1331 | 1 | Value is not a valid menu option |
| 1332 | 2 | Element cannot be blank |
| 1333 | 2 | Element cannot be "Not Applicable" |
| 13340 | 1 | Single Entry Max exceeded |

DEMOGRAPHIC INFORMATION PAGE 14

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

Should have not impact should State of Hawaii and Trauma Centers select to move forward with Hawaii 2025 submission template for 2026. Will need ESO to validate and test before state can make determination on path forward.

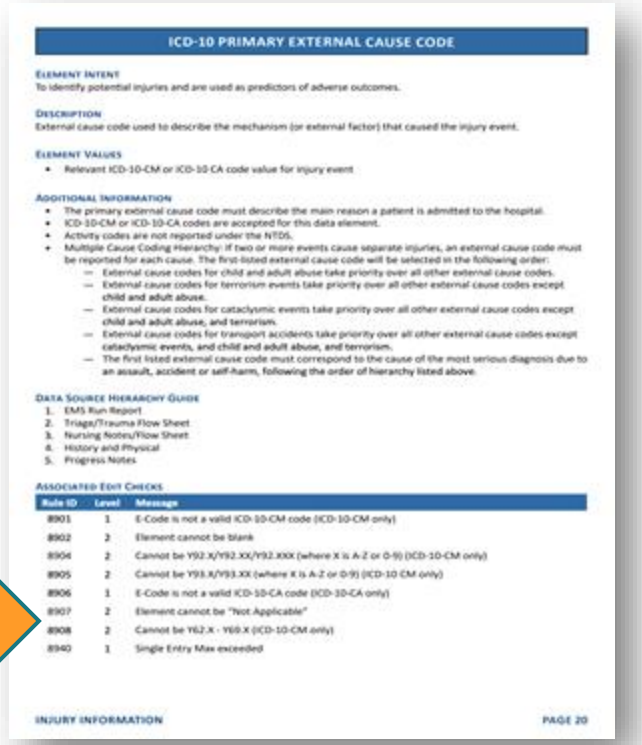
**2025:**

Rule ID 1301 Value is not a valid menu option
Rule ID 1302 Element cannot be blank
Rule ID 1303 Element cannot be "Not Applicable"
Rule ID 1340 Single Entry Max exceeded

**2026 CHANGED Rule ID to:**

Rule ID 1331 Value is not a valid menu option
Rule ID 1332 Element cannot be blank
Rule ID 1333 Element cannot be "Not Applicable"
Rule ID 13340 Single Entry Max exceeded

# ICD-10 Primary External Cause Code



## ICD-10 PRIMARY EXTERNAL CAUSE CODE

**Element Intent**
To identify potential injuries and are used as predictors of adverse outcomes.

**Description**
External cause code used to describe the mechanism (or external factor) that caused the injury event.

**Element Values**
- Relevant ICD-10-CM or ICD-10-CA code value for injury event

**Additional Information**
- The primary external cause code must describe the main reason a patient is admitted to the hospital.
- ICD-10-CM or ICD-10-CA codes are accepted for this data element.
- Activity codes are not reported under the NTDS.
- Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code must be reported for each cause. The first-listed external cause code will be selected in the following order:
  - External cause codes for child and adult abuse take priority over all other external cause codes.
  - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.
  - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.
  - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.
  - The first listed external cause code must correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.

**Data Source Hierarchy Guide**
1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History and Physical
5. Progress Notes

**Associated Edit Checks**

| Rule ID | Level | Message |
|---|---|---|
| 8901 | 1 | E-Code is not a valid ICD-10-CM code (ICD-10-CM only) |
| 8902 | 2 | Element cannot be blank |
| 8904 | 2 | Cannot be Y92.X/Y92.XX/Y92.XXX (where X is A-Z or 0-9) (ICD-10-CM only) |
| 8905 | 2 | Cannot be Y93.X/Y93.XX (where X is A-Z or 0-9) (ICD-10-CM only) |
| 8906 | 1 | E-Code is not a valid ICD-10-CA code (ICD-10-CA only) |
| 8907 | 2 | Element cannot be "Not Applicable" |
| 8908 | 2 | Cannot be Y62.X - Y69.X (ICD-10-CM only) |
| 8940 | 1 | Single Entry Max exceeded |

INJURY INFORMATION PAGE 20

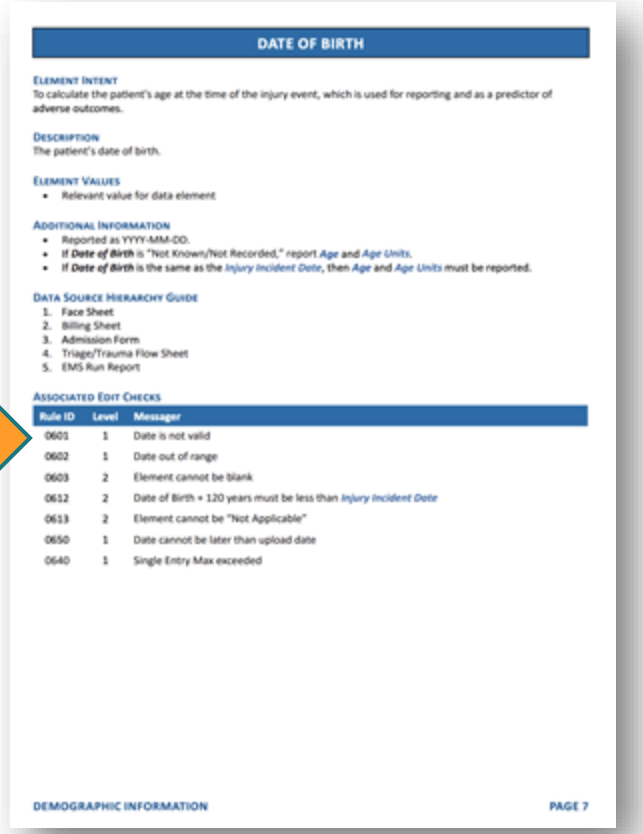
Should have not impact should State of Hawaii and Trauma Centers select to move forward with Hawaii 2025 submission template for 2026. Will need ESO to validate and test before state can make determination on path forward.

## 2026 ADDED:

RULE ID 8908 Cannot be Y62.X-Y69.X (ICD-10-CM only)

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Date of Birth



**DATE OF BIRTH**

**Element Intent**
To calculate the patient's age at the time of the injury event, which is used for reporting and as a predictor of adverse outcomes.

**Description**
The patient's date of birth.

**Element Values**
- Relevant value for data element

**Additional Information**
- Reported as YYYY-MM-DD.
- If ***Date of Birth*** is "Not Known/Not Recorded," report ***Age*** and ***Age Units***.
- If ***Date of Birth*** is the same as the ***Injury Incident Date***, then ***Age*** and ***Age Units*** must be reported.

**Data Source Hierarchy Guide**
1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report

**Associated Edit Checks**

| Rule ID | Level | Message |
|---|---|---|
| 0601 | 1 | Date is not valid |
| 0602 | 1 | Date out of range |
| 0603 | 2 | Element cannot be blank |
| 0612 | 2 | Date of Birth + 120 years must be less than *Injury Incident Date* |
| 0613 | 2 | Element cannot be "Not Applicable" |
| 0650 | 1 | Date cannot be later than upload date |
| 0640 | 1 | Single Entry Max exceeded |

DEMOGRAPHIC INFORMATION PAGE 7

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

Should have not impact should State of Hawaii and Trauma Centers select to move forward with Hawaii 2025 submission template for 2026. Will need ESO to validate and test before state can make determination on path forward.

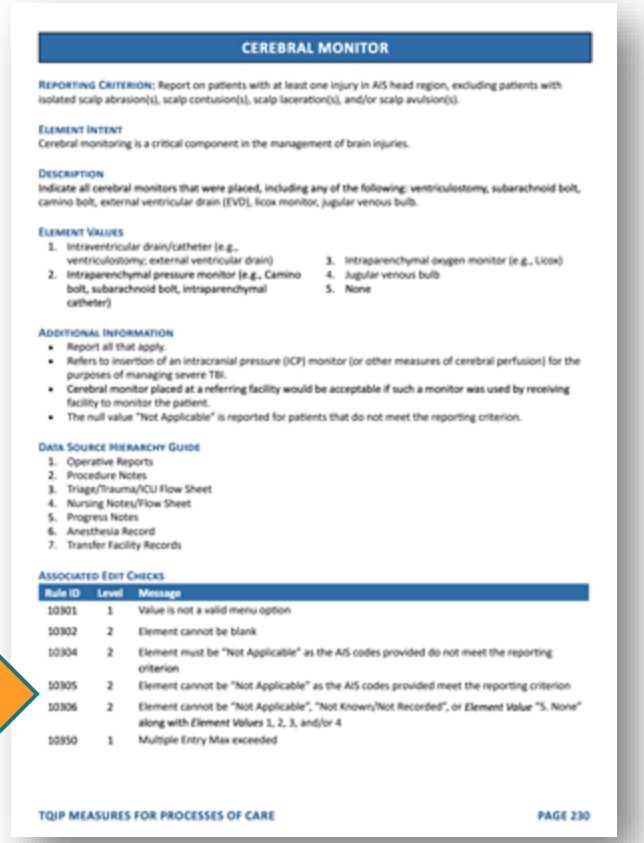
**2025**

Rule ID 0601 Invalid value

**2026 CHANGED:**

Rule ID 0601 Date is not Valid

# Cerebral Monitor



**CEREBRAL MONITOR**

**Reporting Criterion:** Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s).

**Element Intent**
Cerebral monitoring is a critical component in the management of brain injuries.

**Description**
Indicate all cerebral monitors that were placed, including any of the following: ventriculostomy, subarachnoid bolt, camino bolt, external ventricular drain (EVD), licox monitor, jugular venous bulb.

**Element Values**
1. Intraventricular drain/catheter (e.g., ventriculostomy; external ventricular drain)
2. Intraparenchymal pressure monitor (e.g., Camino bolt, subarachnoid bolt, intraparenchymal catheter)
3. Intraparenchymal oxygen monitor (e.g., Licox)
4. Jugular venous bulb
5. None

**Additional Information**
- Report all that apply.
- Refers to insertion of an intracranial pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI.
- Cerebral monitor placed at a referring facility would be acceptable if such a monitor was used by receiving facility to monitor the patient.
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.

**Data Source Hierarchy Guide**
1. Operative Reports
2. Procedure Notes
3. Triage/Trauma/ICU Flow Sheet
4. Nursing Notes/Flow Sheet
5. Progress Notes
6. Anesthesia Record
7. Transfer Facility Records

**Associated Edit Checks**

| Rule ID | Level | Message |
|---|---|---|
| 10301 | 1 | Value is not a valid menu option |
| 10302 | 2 | Element cannot be blank |
| 10304 | 2 | Element must be "Not Applicable" as the AIS codes provided do not meet the reporting criterion |
| 10305 | 2 | Element cannot be "Not Applicable" as the AIS codes provided meet the reporting criterion |
| 10306 | 2 | Element cannot be "Not Applicable", "Not Known/Not Recorded", or *Element Value* "5. None" along with *Element Values* 1, 2, 3, and/or 4 |
| 10350 | 1 | Multiple Entry Max exceeded |

TQIP MEASURES FOR PROCESSES OF CARE PAGE 230

Should have not impact should State of Hawaii and Trauma Centers select to move forward with Hawaii 2025 submission template for 2026. Will need ESO to validate and test before state can make determination on path forward.

## 2025

RULE ID 10305 Element must not be “Not Applicable” as the AIS codes provided meet the reporting criterion

## 2026 CHANGED:

RULE ID 10305 Element cannot be “Not Applicable” as the AIS codes provided meet the reporting criterion

**American College of Surgeons Committee on Trauma. (2026).** *National Trauma Data Standard (NTDS) data dictionary* (2026 ed.). https://www.facs.org/media/zykju25i/2026-ntds-data-dictionary.pdf

# Discussion and Questions

# Closing Remarks & Happy Holidays

# Happy Holidays