

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## **Definition of a traumatic brain injury (TBI) and spinal cord injury (SCI):**

Traumatic brain injury (TBI)--An acquired injury to the brain, including brain injuries caused by anoxia due to submersion incidents. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic brain injury: 800.0-801.9, 803.0-804.9, and 850.0-854.1. The ICD-9-CM diagnostic code to be used to identify traumatic brain injury caused by anoxia due to submersion incidents is 348.1 or 994.1.

Spinal cord injury (SCI)--An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel dysfunction. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic spinal cord injury: 806.0-806.9 and 952.0-952.9.

The range of values for TBI and SCI are:

### ICD-9-CM:

- 800.0-801.9, 803.0-804.9, and 850.0-854.1 Traumatic Brain Injury
- 348.1 or 994.1 Traumatic Brain Injury caused by anoxia due to submersion
- 806.0-806.9 and 952.0-952.9 Spinal Cord Injury

### ICD-10-CM:

- S06.0 – S06.9X9 Traumatic Brain Injury
- S14.0 – S14.159, S24.0 – S24.159, S34.0 – S34.139 Spinal Cord Injury
- T75.1 – Anoxia due to submersion

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## LTAC/Rehab Facility Name

**Definition:** The name of YOUR facility.

<b>Maven Question Package ID:</b>	Agency/Responder
<b>Maven Question ID :</b>	LTAC_REHAB_NAME
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	<b>MANDATORY</b>
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

The facility license is used to determine the official name of the facility.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## LTAC/Rehab Facility Number

**Definition:** The numeric code assigned to YOUR facility.

<b>Maven Question Package ID:</b>	Agency/Responder
<b>Maven Question ID :</b>	LTAC_REHAB_NAME
<b>Answer Type:</b>	String
<b>Element Length:</b>	N/A
<b>Required:</b>	<b>MANDATORY</b>
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Question Note(s):

This field is auto-populated from *LTAC/Rehab Facility Name*.

DSHS Injury Program maintains the list of unique ID numbers assigned to each entity. The LTAC/Rehab Facility Number is assigned and recorded in the Trauma Registry when the Injury Program adds a newly licensed facility to the system.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## Admission Date

**Definition:** The date the patient was admitted to YOUR facility.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_ADMISSION_DATE
<b>Answer Type:</b>	Date
<b>Element Length:</b>	DD/MM/YYYY
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## Medical Record Number

**Definition:** The medical record number assigned to the patient that uniquely identifies the patient.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	MRN
<b>Answer Type:</b>	Number
<b>Element Length:</b>	No restriction
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## Patient ID Number

**Definition:** The unique number assigned to the patient for each visit. May also be referred to as a patient account number.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	LTAC_REHAB_PATIENT_ID_NUMBER
<b>Answer Type:</b>	Number
<b>Element Length:</b>	No restriction
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## Patient's Last Name

**Definition:** The patient's last name.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	LAST_NAME
<b>Answer Type:</b>	String
<b>Element Length:</b>	50
<b>Required:</b>	<b>MANDATORY</b>
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

If unable to obtain the Patient's Last Name then record "Unknown" as the last name. If left blank, the system will not create a record.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## Patient's First Name

**Definition:** The patient's first name.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	FIRST_NAME
<b>Answer Type:</b>	String
<b>Element Length:</b>	50
<b>Required:</b>	<b>MANDATORY</b>
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

If unable to obtain the Patient's First Name then record "Unknown" as the first name. If left blank, the system will not create a record.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## Patient's Middle Name/Initial

**Definition:** The patient's middle name/initial.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	MIDDLE_NAME
<b>Answer Type:</b>	String
<b>Element Length:</b>	50
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Patient's Date of Birth

**Definition:** The patient's date of birth.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	BIRTH_DATE BIRTH_DATE_NULL_VALUES
<b>Answer Type:</b>	Date
<b>Element Length:</b>	DD/MM/YYYY
<b>Required:</b>	<b>MANDATORY</b>
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Not Applicable  
Not Recorded  
Not Reporting

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## Patient's Social Security Number

**Definition:** The patient's Social Security Number.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	SSN
<b>Answer Type:</b>	Number
<b>Element Length:</b>	9
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Patient's Sex

**Definition:** The patient's sex.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	SEX
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	<b>MANDATORY</b>
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Male  
Female  
Unknown

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Race

**Definition:** The patient's race.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	RACE
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	Yes
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

American Indian/Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Other Race  
Not Applicable  
Not Recorded

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Patient's Ethncity

**Definition:** The patient's ethnicity.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	ETHNICITY
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Hispanic or Latino  
Not Hispanic or Latino  
Not Recorded

## Patient's Home Address

**Definition:** The patient's street address of residence.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	STREET_ADDRESS
<b>Answer Type:</b>	String
<b>Element Length:</b>	55
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Patient's Home City

**Definition:** The patient's city of residence.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	CITY CITY_NULL_VALUES
<b>Answer Type:</b>	String
<b>Element Length:</b>	No restriction
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Not Applicable  
Not Recorded  
Not Reporting

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Patient's Home State

**Definition:** The patient's state of residence.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	STATE STATE_NULL_VALUES
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Not Applicable  
Not Recorded  
Not Reporting

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Patient's Home Zip Code

**Definition:** The patient's zip code of residence.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	ZIP_CODE ZIP_CODE_NULL_VALUES
<b>Answer Type:</b>	String
<b>Element Length:</b>	9
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Not Applicable  
Not Recorded  
Not Reporting

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Patient's Home County

**Definition:** The patient's home county (or parish) of residence.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	COUNTY COUNTY_NULL_VALUES
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	<b>MANDATORY</b>
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Not Applicable  
Not Recorded  
Not Reporting

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Patient's Home Country

**Definition:** The patient's home country of residence.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	COUNTRY COUNTRY_NULL_VALUES
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Not Applicable  
Not Recorded  
Not Reporting

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Adult Prehospital Living With

**Definition:** The patient's living arrangements prior to hospitalization.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	ADULT_PREHOSPITAL_LIVING_WITH
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Alone  
Family/Relatives  
Friends  
Attendant  
Other  
Not Recorded

### Question Note(s):

This field is only visible for patients 18 years of age and older.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Pediatric Prehospital Setting

**Definition:** The patient's living arrangements prior to hospitalization.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	PEDIATRIC_PREHOSPITAL_SETTING
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Home  
Acute care unit of own facility  
Acute care unit of another facility  
Residential facility  
Transitional living center  
Skilled nursing facility  
Shelter  
Other  
Died

### Question Note(s):

This field is only visible for patients 17 years of age and younger.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Pediatric Living With

**Definition:** Who the patient resided with prior to hospitalization.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	PEDIATRIC_LIVING_WITH
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Two parents  
One parent  
Relatives  
Foster care  
Other  
Not Recorded

### Question Note(s):

This field is only visible for patients 17 years of age and younger.

This data element will only be visible when value for element *Pediatric Prehospital Setting* equals "Home."

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Acute Care Hospital Name

**Definition:** The name of the hospital that provided acute care treatment for the patient's injury.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	ACUTE_CARE_HOSPITAL_NAME ACUTE_CARE_HOSPITAL_NAME_NULL_VALUES
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Question Note(s):

The hospital license is used to determine the official name of the hospital.

If the acute care hospital is unknown, record "Not Recorded" in the *Acute Care Hospital Name (Null Values)* field. If the patient was transferred from a facility that does not have a trauma registry ID (e.g. a skilled nursing facility), record "Not Applicable."

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Acute Care Hospital Number

**Definition: Definition:** The numeric code assigned to the hospital that provided acute care treatment for the patient's injury.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	ACUTE_CARE_HOSPITAL_NUMBER
<b>Answer Type:</b>	String
<b>Element Length:</b>	N/A
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Question Note(s):

This field is auto-populated from *Acute Care Hospital Name*.

DSHS Injury Program maintains the list of unique ID numbers assigned to each entity. The Hospital Number is assigned and recorded in the Trauma Registry when the Injury Program adds a newly licensed facility to the system.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## Acute Care Hospital's Patient ID Number

**Definition:** The acute care hospital's unique number assigned to the patient.

<b>Maven Question Package ID:</b>	Patient Information
<b>Maven Question ID :</b>	HOSPITAL_PATIENT_ID_NUMBER
<b>Answer Type:</b>	Number
<b>Element Length:</b>	No restriction
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Injury/Incident Date

**Definition:** The date the injury/incident occurred.

<b>Maven Question Package ID:</b>	Run Information/Pre-Hospital
<b>Maven Question ID :</b>	INCIDENT_DATE INCIDENT_DATE_NULL_VALUES
<b>Answer Type:</b>	Date
<b>Element Length:</b>	DD/MM/YYYY
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Not Applicable  
Not Recorded  
Not Reporting

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-9 CM Injury Diagnoses Category

**Definition:** The category of diagnoses related to all identified injuries.

<b>Maven Question Package ID:</b>	Run Information/Pre-Hospital
<b>Maven Question ID :</b>	INJURY_DIAGNOSES_CAT
<b>Answer Type:</b>	Reference list (drop-down)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	Yes
<b>Null Values:</b>	Yes

### Question Note(s):

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-9 CM Injury Diagnoses Subcategory

**Definition:** The more specific category of diagnoses related to all identified injuries.

<b>Maven Question Package ID:</b>	Run Information/Pre-Hospital
<b>Maven Question ID :</b>	INJURY_DIAGNOSES_SUB_CAT
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-9 CM Injury Diagnoses

**Definition:** The ICD-9 code(s) specifying Diagnoses related to all identified injuries.

<b>Maven Question Package ID:</b>	Run Information/Pre-Hospital
<b>Maven Question ID :</b>	INJURY_DIAGNOSES
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Any valid ICD-9 Diagnoses code between 800.0-999.9. Suggested code list is represented in ICD-9.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-10 CM Injury Diagnoses Category

**Definition:** The category of diagnoses related to all identified injuries.

<b>Maven Question Package ID:</b>	Run Information/Pre-Hospital
<b>Maven Question ID :</b>	INJURY_DIAGNOSES_ICD10_CAT
<b>Answer Type:</b>	Reference list (drop-down)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	Yes
<b>Null Values:</b>	Yes

**Question Note(s):**

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-10 CM Injury Diagnoses Subcategory

**Definition:** The more specific category of diagnoses related to all identified injuries.

<b>Maven Question Package ID:</b>	Run Information/Pre-Hospital
<b>Maven Question ID :</b>	INJURY_DIAGNOSES_ICD10_SUB_CAT
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-10 CM Injury Diagnoses

**Definition:** The ICD-9 code(s) specifying Diagnoses related to all identified injuries.

<b>Maven Question Package ID:</b>	Run Information/Pre-Hospital
<b>Maven Question ID :</b>	INJURY_DIAGNOSES_ICD10
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Any valid ICD-10 CM Diagnoses code between S00 – T88.9XXS.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## TBI? and SCI?

**Definition:** Indicates if the the patient's injury meets the case inclusion criteria for a traumatic brain injury (TBI) or spinal cord injury (SCI). The field is not editable; please Question Note(s) for more information.

<b>Maven Question Package ID:</b>	Administrative
<b>Maven Question ID :</b>	TBI_YES SCI_YES
<b>Answer Type:</b>	N/A
<b>Element Length:</b>	N/A
<b>Required:</b>	N/A
<b>Repeatable:</b>	N/A
<b>Null Values:</b>	N/A

### Question Note(s):

These indicators will display based on the valid ICD-9 Diagnoses code entered into the patient's record. If neither of these indicators display after the ICD-9 Diagnosis code is entered, please check your data entry to confirm you have entered the correct ICD-9 Diagnosis code. If you verify you have entered the correct ICD-9 Diagnosis code, the patient does not meet case inclusion criteria. Please contact the EMS/Trauma Registry and request the record be deleted from the system.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Was the Disability Rating Scale used?

**Definition:** Indicate if the Disability Rating Scale was used for the patient.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	DISABILITY_RATING_SCALE_USED
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Yes  
No

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Disability Rating Scale (Admission)

**Definition:** The Disability Rating Scale scores at the time of admission. Disability Rating Scale ratings to be completed within 72 hours of admission.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	See table below
<b>Answer Type:</b>	Number
<b>Element Length:</b>	1
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Disability Rating Scale Items:

Disability Rating Scale Items	Maven Question IDs
Eye Opening (admission)	DISABILITY_RATING_SCALE_EYE_OPENING_ADMISSION
Communication Ability (admission)	DISABILITY_RATING_SCALE_COMMUNICATION_ABILITY_ADMISSION
Motor Response (admission)	DISABILITY_RATING_SCALE_MOTOR_RESPONSE_ADMISSION
Feeding (admission)	DISABILITY_RATING_SCALE_FEEDING_ADMISSION
Toileting (admission)	DISABILITY_RATING_SCALE_TOILETING_ADMISSION
Grooming (admission)	DISABILITY_RATING_SCALE_GROOMING_ADMISSION
Level of Functioning (admission)	DISABILITY_RATING_SCALE_LEVEL_OF_FUNCTIONING_ADMISSION
Employability (admission)	DISABILITY_RATING_SCALE_EMPLOYABILITY_ADMISSION

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Disability Rating Scale (Discharge)

**Definition:** The Disability Rating Scale scores at the time of discharge. Disability Rating Scale ratings to be completed within 72 hours before discharge.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	See table below
<b>Answer Type:</b>	Number
<b>Element Length:</b>	1
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Disability Rating Scale Items:

Disability Rating Scale Items	Maven Question IDs
Eye Opening (discharge)	DISABILITY_RATING_SCALE_EYE_OPENING_DISCHARGE
Communication Ability (discharge)	DISABILITY_RATING_SCALE_COMMUNICATION_ABILITY_DISCHARGE
Motor Response (discharge)	DISABILITY_RATING_SCALE_MOTOR_RESPONSE_DISCHARGE
Feeding (discharge)	DISABILITY_RATING_SCALE_FEEDING_DISCHARGE
Toileting (discharge)	DISABILITY_RATING_SCALE_TOILETING_DISCHARGE
Grooming (discharge)	DISABILITY_RATING_SCALE_GROOMING_DISCHARGE
Level of Functioning (discharge)	DISABILITY_RATING_SCALE_LEVEL_OF_FUNCTIONING_DISCHARGE
Employability (discharge)	DISABILITY_RATING_SCALE_EMPLOYABILITY_DISCHARGE

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-9 CM Procedures Category

**Definition:** The category of procedures performed during the patient's stay. Essential procedures are those that were essential treatment or rehabilitation of the patient's specific injuries or complications.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_PROCEDURES_CAT
<b>Answer Type:</b>	Reference list (drop-down)
<b>Element Length:</b>	N/A
<b>Required:</b>	True
<b>Repeatable:</b>	Yes
<b>Null Values:</b>	Yes

### Question Note(s)

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## ICD-9 CM Procedures Subcategory

**Definition:** The more specific category of procedures performed during the patient's stay. Essential procedures are those that were essential treatment or rehabilitation of the patient's specific injuries or complications.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_PROCEDURES_SUB_CAT
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## ICD-9 CM Procedures Sub-Subcategory

**Definition:** The most specific category of procedures performed during the patient's stay. Essential procedures are those that were essential treatment or rehabilitation of the patient's specific injuries or complications.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_PROCEDURES_SUB_SUB_CAT
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-9 CM Procedures

**Definition:** Procedures performed during the patient's stay. Essential procedures are those that were essential treatment or rehabilitation of the patient's specific injuries or complications.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_PROCEDURES
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Any valid ICD-9 Procedure code between 00.01 – 99.99. Suggested code list is represented in ICD-9.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-10 CM Procedures Category

**Definition:** The category of procedures performed during the patient's stay. Essential procedures are those that were essential treatment or rehabilitation of the patient's specific injuries or complications.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_PROCEDURES_ICD10_CAT
<b>Answer Type:</b>	Reference list (drop-down)
<b>Element Length:</b>	N/A
<b>Required:</b>	True
<b>Repeatable:</b>	Yes
<b>Null Values:</b>	Yes

### Question Note(s)

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## ICD-10 CM Procedures Subcategory

**Definition:** The more specific category of procedures performed during the patient's stay. Essential procedures are those that were essential treatment or rehabilitation of the patient's specific injuries or complications.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_PROCEDURES_ICD10_SUB_CAT
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## ICD-10 CM Procedures Sub-Subcategory

**Definition:** The most specific category of procedures performed during the patient's stay. Essential procedures are those that were essential treatment or rehabilitation of the patient's specific injuries or complications.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_PROCEDURES_ICD10_SUB_SUB_CAT
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

Drill-down list for web data entry.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## ICD-10 CM Procedures

**Definition:** Procedures performed during the patient's stay. Essential procedures are those that were essential treatment or rehabilitation of the patient's specific injuries or complications.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_PROCEDURES_ICD10
<b>Answer Type:</b>	Reference list (searchable)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Any valid ICD-10 CM Procedure code between 0016070 – HZ99ZZZ. Suggested code list is represented in ICD-10 CM.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Discharge/Transfer Date

**Definition:** The date the patient was either discharged from YOUR facility or pronounced dead or brain-dead at YOUR facility.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	HOSPITAL_DISCHARGE_DATE HOSPITAL_DISCHARGE_DATE_NULL_VALUES
<b>Answer Type:</b>	Date
<b>Element Length:</b>	DD/MM/YYYY
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Not Applicable  
Not Recorded  
Not Reporting

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

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## Length of Stay (Days)

**Definition:** The total number of days the patient stayed in your facility.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	LENGTH_OF_STAY
<b>Answer Type:</b>	Number
<b>Element Length:</b>	N/A
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

**Question Note(s):**

This is calculated by subtracting the date of admission from the date of discharge. This field is only visible for patients 18 years of age and older.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Glasgow Outcome Scale

**Definition:** Functional assessment of the patient's general outcome.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	GLASGOW_OUTCOME_SCALE
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	No
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

- 1 – Death
- 2 – Vegetative State
- 3 – Severe disability
- 4 – Moderate disability
- 5 – Good Recovery

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Adult Discharge Disposition

**Definition:** The patient's disposition upon discharge from YOUR facility.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	ADULT_DISCHARGE_DISPOSITION
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Home  
Board and care  
Transitional living  
Intermediate care (nursing home)  
Skilling nursing facility (nursing home)  
Acute unit of own facility  
Acute unit of another facility  
Chronic hospital (LTAC)  
Rehabilitation hospital  
Other  
Died  
Alternative level of care (ALC)  
Subacute setting  
Assisted living residence

### Question Note(s):

This field is only visible for patient's 18 years of age and older.

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Adult Discharge Living With

**Definition:** Who the patient will reside with following discharge from YOUR facility.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	ADULT_DISCHARGE_LIVING_WITH
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Alone  
Family/Relatives  
Friends  
Attendant  
Other

### Question Note(s):

This field is only visible for patients 18 years of age and older.

This data element will only be visible when value for element *Adult Discharge Disposition* equals "Home," "Board and care," Pediatric Discharge Living Withted living residence."

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Pediatric Discharge Disposition

**Definition:** The patient's disposition upon discharge from YOUR facility.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	PEDIATRIC_DISCHARGE_DISPOSITION
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Home  
Acute unit of own facility  
Rehabilitation hospital  
Residential hospital  
Transitional living center  
Skilling nursing facility (nursing home)  
Shelter  
Other  
Died

### Question Note(s):

This field is only visible for patients 17 years of age and younger.

## Pediatric Discharge Living With

**Definition:** Who the patient will reside with following discharge from YOUR facility.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	PEDIATRIC_DISCHARGE_LIVING_WITH
<b>Answer Type:</b>	Single-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

Two parents  
One parent  
Relatives  
Foster care  
Other  
Not Recorded

### Question Note(s):

This field is only visible for patients 17 years of age and younger.

This data element will only be visible when eDischarge Refferalsscharge *Disposition* equals "Home."

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Discharge Referrals

**Definition:** Referrals for care following the patient's discharge.

<b>Maven Question Package ID:</b>	Disposition/Outcome
<b>Maven Question ID :</b>	DISCHARGE_REFERRALS
<b>Answer Type:</b>	Multi-Select
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	Yes

### Selection Values/Reference list:

None  
Outpatient  
Home-based paid professional therapy  
Outpatient and home-based paid professional therapy  
Inpatient hospital  
Day treatment  
School-based  
Other (examples, homeless or women's shelters, protective sePrimary Method of Paymentary Method of Paymentlicable)

# DSHS REHAB/LTAC TRAUMA REGISTRY DATA DICTIONARY

## Primary Method of Payment

**Definition:** Primary source of payment for patient care.

<b>Maven Question Package ID:</b>	Payment Information
<b>Maven Question ID :</b>	PRIMARY_METHOD_PAYMENT
<b>Answer Type:</b>	Reference list (drop-down)
<b>Element Length:</b>	N/A
<b>Required:</b>	Yes
<b>Repeatable:</b>	No
<b>Null Values:</b>	No

### Selection Values/Reference list:

Blue Cross (fee for service)  
CHAMPUS  
Chripped Childrens Services  
Developmental Disabilities Services  
Employee Courtesy  
MCO HMO  
Medicaid MCO  
Medicaid Non-MCO  
Medicare MCO  
Medicare Non-MCO  
No Fault Automobile  
Other  
Private Pay  
Private/Commerical Insurance  
State Vocational Rehabilitation  
Unreimbursed  
Worker's Compensation