

**Ontario Trauma Registry
Comprehensive Data Set
(OTR CDS)**

**Data Element List,
for the 2003-2004 Fiscal Year**

IMPORTANT NOTE: THOSE DATA ELEMENTS IDENTIFIED AS “RESTRICTED” CONTAIN PERSON AND/OR INSTITUTION IDENTIFYING INFORMATION AND ARE NOT AVAILABLE FOR GENERAL RELEASE. DISTRIBUTION OF RESTRICTED DATA ELEMENTS WILL BE CONSIDERED ON A CASE BY CASE BASIS.

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Demographic Data	Institution Number	OTR_CDS_FACILITY_CARE.FACILITY_NUM	A 4-digit number assigned to each hospital by the Ministry of Health according to the Master Numbering System. Lead/trauma hospitals have been supplied with a copy of the Master Numbering System manual.	Y	Y
	Trauma Number	OTR_CDS_TRANSACTION.TRAUMA_NUM	A trauma number is a unique 7-digit trauma patient identifying number assigned by the lead/trauma hospital.	Y	Y
	Is This a Readmission?	OTR_CDS_FACILITY_CARE.READMISSION_NUM	This field should be defaulted to Inappropriate, as a readmission would be captured in the readmission screen (F12.1). A readmission is not assigned a new trauma number or entered as a new record in the database.	Y	
	Overflow	OTR_CDS_TRANSACTION.OVERFLOW	Excluded as of April 1, 1998	N	
	Surname	OTR_CDS_RECIPIENT.LAST_NAME	Excluded as of September 1, 2004	N	Y
	First Name	OTR_CDS_RECIPIENT.FIRST_NAME	Excluded as of September 1, 2004	N	Y
	Middle Name	OTR_CDS_RECIPIENT.MIDDLE_NAME	Excluded as of September 1, 2004	N	Y
	Date of Birth	OTR_CDS_RECIPIENT.BIRTH_DATE	The patient’s date of birth.	Y	Y
	Age	OTR_CDS_TRANSACTION.AGE_YEARS	The patient’s age at the time of admission	Y	
	Sex	OTR_CDS_TRANSACTION.SEX_CODE	The patient’s sex.	Y	
	Height	OTR_CDS_RECIPIENT.HEIGHT	Excluded as of September 1, 2004	N	Y
	Weight	OTR_CDS_RECIPIENT.WEIGHT	For patients under the age of 16, the weight in kilograms. Because a decimal is allowed, 4 digits must be entered (including the digit after the decimal point). It is a component of the Paediatric Trauma Score.	Y	Y
	Occupation	OTR_CDS_TRANSACTION.WORK_TYPE_CODE	The type of industry the patient was working in at the time of the incident. Occupation must be documented for work related injuries, but it is optional otherwise.	Y	
	Occupation - If Other	OTR_CDS_TRANSACTION.OTHER_WORK_TYPE	Specify if ‘other’ was entered in the “Occupation” data element.	Y	Y
Language Spoken	OTR_CDS_RECIPIENT.LANGUAGE_CODE	Excluded as of September 1, 2004	N		

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Demographic Data	Language Spoken - If Other	OTR_CDS_RECIPIENT. OTHER_LANGUAGE	Excluded as of April 1, 1998	N	Y
	Street	OTR_CDS_RECIPIENT. ADDRESS	Excluded as of September 1, 2004	N	Y
	City	OTR_CDS_RECIPIENT. CITY	The patient's city of residence.	Y	Y
	Home Phone	OTR_CDS_RECIPIENT. PHONE_NUM	Excluded as of September 1, 2004	N	Y
	Province	OTR_CDS_RECIPIENT. PROVINCE_CODE	The patient's province of residence or US if the patient lives in the United States.	Y	
	Province - If Other	OTR_CDS_RECIPIENT. OTHER_PROVINCE	Specify the patient's province or country if 'other' was entered in the "Province" data element.	Y	Y
	Country	OTR_CDS_RECIPIENT. COUNTRY_CODE	The patient's country of residence.	Y	
	Country - If Other	OTR_CDS_RECIPIENT. OTHER_COUNTRY	Specify if 'other' was entered in the "Country" data element.	Y	Y
	Postal Code	OTR_CDS_RECIPIENT. POSTAL_CODE	The patient's residential postal code.	Y	Y
	Residence-code	OTR_CDS_RECIPIENT. MOH_RESIDENCE_CODE	The patient's residence-code from the Ministry of Health and Long-Term Care Residence Coding Manual.	Y	Y
	Surname (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	First Name (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Middle Name (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Relationship to Patient	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Other Relationship to a Patient	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
Language Spoken (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Demographic Data	Language Spoken - If Other (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Street (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	City (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Province (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Province - If Other (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Country (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Country - If Other (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Postal Code (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
	Other Country Postal Code (Legal Next of Kin)	OTR_CDS_RECIPIENT	Excluded as of April 1, 1998	N	Y
Injury Data	Incident Date	OTR_CDS_TRANSACTION. INJURY_DATE	The date of the incident. If the exact date is not known then the data element "Approximation" should be used.	Y	
	Incident Time	OTR_CDS_TRANSACTION. INJURY_DATE	The time of the incident using the 24-hour clock. If the exact time is not known then the data element "Approximation" should be used. Incident time is taken from the Ambulance Call Report, Police Crash Report.	Y	
	Approximation	OTR_CDS_TRANSACTION. APPROX_INJURY_DATE_CO DE	Used if 'unknown' is entered in any portion of Incident Date or Time.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Injury Data	Primary E-code	OTR_CDS_TRANSACTION. CM_INJURY_ETIOLOGY_CODE	E-codes (E800-999) are a classification within the International Classification of Diseases (ICD 9 CM) that describes the nature of injury. A four-digit ICD 9 CM External Cause of Injury code (E-code) for the etiology that is most closely related to the patient's most serious injuries.	Y	
	ICD 10 Primary External Cause-code	OTR_CDS_TRANSACTION. ICD10_INJURY_ETIOLOGY_CODE	External Cause of Injury Codes (V01-Y98) are a classification within the International Classification of Diseases (ICD 10 CA) that describe the nature of injury. ICD 10 CA External Cause of Injury code for the etiology that is most closely related to the patient's most serious injuries.	Y	
	Secondary E-Code	OTR_CDS_DIAG. CM_DIAG_CODE	An additional four-digit ICD 9 CM External Cause of Injury code (E-code) for an additional secondary etiology that is more closely related to the circumstances causing the injury.	Y	
	ICD 10 Secondary External Cause-code	OTR_CDS_DIAG. ICD10_DIAG_CODE	An additional ICD 10 CA External Cause of Injury code for an additional secondary etiology that is more closely related to the circumstances causing the injury.	Y	
	Tertiary E-Code	OTR_CDS_DIAG. CM_DIAG_CODE	An additional four-digit ICD 9 CM External Cause of Injury code (E-code) for an additional tertiary etiology that is more closely related to the circumstances causing the injury.	Y	
	ICD 10 Tertiary External Cause-code	OTR_CDS_DIAG. ICD10_DIAG_CODE	An additional ICD 10 CA External Cause of Injury code for an additional tertiary etiology that is more closely related to the circumstances causing the injury.	Y	
	Cause of Injury	OTR_CDS_TRANSACTION. INJURY_CAUSE	A description of the cause of injury.	Y	Y
	Activity Code	OTR_CDS_TRANSACTION. ACTIVITY_CODE	An indicator of whether the patient is injured while participating or observing in any sports or recreational activity regardless of whether the person is being paid to participate.	Y	
	Activity Code - Other	OTR_CDS_TRANSACTION. OTHER_ACTIVITY	A description of the sports/recreational injury.	Y	Y
	Primary Place of Injury	OTR_CDS_TRANSACTION. CM_INJURY_PLACE_CODE	The place of injury that corresponds to the ICD 9 CM primary E-Code to denote the place where the injury occurred for all patients. Only one place of injury can be documented for each of the primary, secondary and tertiary E-Codes.	Y	
ICD 10 Primary Place of Injury	OTR_CDS_TRANSACTION. ICD10_INJURY_PLACE_CODE	The place of injury that corresponds to the ICD 10 CA primary U Code to denote the place where the injury occurred for all patients.	Y		

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Injury Data	Place of Injury - Other	OTR_CDS_TRANSACTION. INJURY_PLACE_DETAIL	Describe the place of injury in detail.	Y	Y
	Primary Injury Type	OTR_CDS_TRANSACTION. PRIMARY_INJURY_TYPE_CODE	An indicator of the most serious injury is a blunt, penetrating or burn injury. To document injury type, consider only the cause of injury. For patients with more than one type of injury (i.e., blunt and penetrating) the most severe injury is used to determine the injury type. Inhalation injuries are considered blunt. An injury is documented as penetrating only if a missile enters the body.	Y	
	Work Related?	OTR_CDS_TRANSACTION. WORK_RELATED_FLAG	An indicator of whether or not the injury is work related. Work related injuries include only those injuries that occur while the patient is being paid for services.	Y	
	Intentional Injury	OTR_CDS_TRANSACTION. INJURY_INTENTION_CODE	An indicator of whether the injury was intentional or not. External Cause of Injury codes that apply to intentional injury are Self-Inflicted and Purposefully inflicted homicide/assault.	Y	
	Extrication Required	OTR_CDS_TRANSACTION. EXTRICATE_FLAG	Extrication is documented if the patient was trapped and required release from the scene of the incident.	Y	
	Extrication Time Required (in Minutes)	OTR_CDS_TRANSACTION. EXTRICATE_MINS	The time of extrication in minutes. Extrication time is from the time of arrival of the rescue team to the time of successful extrication. Extrication time can be found on the Ambulance Call Report.	Y	
	Accident Number	OTR_CDS_TRANSACTION. ACCIDENT_NUM	The accident number from the Police Motor Vehicle Accident Report. The accident number is a unique number assigned by the investigating police department used to identify a specific car crash.	Y	Y
	Police Force	OTR_CDS_TRANSACTION. POLICE_FORCE	The name of the Police Force investigating the crash. Police Force is identified on the Motor Vehicle Accident Report and is typically OPP or city police departments.	Y	
	Police Force Division	OTR_CDS_TRANSACTION. POLICE_DIVISION	The Police Force Division investigating the crash. The Police Force Division is specified on the Motor Vehicle Accident Report and is a subset of the Police Force that identifies the detachment of OPP or municipality of the force.	Y	
	Vehicle Type	OTR_CDS_TRANSACTION. VEHICLE_TYPE_CODE	The type of vehicle that the patient was in or on for transport incidents.	Y	
	Vehicle Type - If Other	OTR_CDS_TRANSACTION. OTHER_VEHICLE_TYPE	Specify the type of vehicle if 'other' was entered for "Vehicle Type".	Y	Y
Protective Device Sequence	OTR_CDS_PROTECTIVE_DEVICE. PROTECTIVE_DEVICE_SEQUENCE_NUM	Specifies the number and order in which the protective device was used.			

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Injury Data	Protective Device	OTR_CDS_PROTECTIVE_DEVICE. PROTECTIVE_DEVICE_CODE	The protective device that was used (multiple protective devices are designated by the sequence field). Protective devices are any devices in use or not in use by the injured patient at the time of the incident.	Y	
	Protective Devices – Specify	OTR_CDS_PROTECTIVE_DEVICE. OTHER_PROTECTIVE_DEVICE	Specify if 'Other Safety Equipment Used' was selected in the "Protective Devices" menu.	Y	
	Ejected From Vehicle?	OTR_CDS_TRANSACTION. EJECTED_FLAG	Indicator of whether the patient was ejected from the vehicle or not.	Y	
	Distance Ejected (in Meters)	OTR_CDS_TRANSACTION. EJECTED_DIST	A measure of how far in meters the patient was ejected.	Y	
	Location of Primary Vehicle Impact	OTR_CDS_TRANSACTION. PRIMARY_IMPACT_CODE	The type of impact for the primary vehicle. Vehicle impact describes the location of the initial impact on a vehicle for those patients injured in motor vehicle crashes. Impact may be with a vehicle or fixed object.	Y	
	Location of Secondary Vehicle Impact	OTR_CDS_TRANSACTION. SECONDARY_IMPACT_CODE	The type of impact for the secondary vehicle. The secondary vehicle impact describes the location of the initial impact for a second vehicle involved in the crash which the patient was not traveling in or on.	Y	
	Impact Type	OTR_CDS_TRANSACTION. IMPACT_TYPE_CODE	Impact type is a description as defined by the Ministry of Transportation for the vehicle in which the patient was traveling in or on.	Y	
	Collision Detail 1	OTR_CDS_TRANSACTION. PRIMARY_DETAIL_CODE	The appropriate-code for collision detail for the primary impact. It is the description of the collision the patient was injured in as defined by the Ministry of Transportation. This information can be found on the MVAR in the Sequence of Events section.	Y	
	Collision Detail 2	OTR_CDS_TRANSACTION. SECONDARY_DETAIL_CODE	The appropriate-code for collision detail for the secondary impact. The secondary impact is the impact that relates to the secondary E-code. This information is not found on the MVAR.	Y	
		OTR_CDS_TRANSACTION. LAP_FLAG			
Position in Vehicle	OTR_CDS_TRANSACTION. MOH_POSITION_IN_VEHICLE_CODE	It is used to indicate the position of the patient when injured in, on or by a vehicle in the case of pedestrians.	Y		
Scene Data	Primary	OTR_CDS_TRANSACTION. PRIMARY_FACILITY_NUM	The primary institution number (the first hospital) that the patient was transferred to from the scene. The primary institution is the first institution a patient is transferred to if other than a lead/trauma hospital.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Scene Data	Secondary	OTR_CDS_TRANSACTION.SECONDARY_FACILITY_NUM	The secondary institution number (the second hospital) that the patient was transferred to from the scene. The secondary institution is the second institution a patient is transferred to if other than a lead/trauma hospital.	Y	
	Lead Trauma	OTR_CDS_TRANSACTION.LEAD_TRAUMA_FACILITY_NUM	Your institution number will be defaulted into this field.	Y	
	Geocode of Incident Location	OTR_CDS_TRANSACTION.SCENE_GEOCODE	A seven-digit code that indicates the location of the incident for all patients who arrive by ambulance. Geocode is a numeric classification system used by ambulance personnel to document the location of the injury incident. The geocode can be found on the Ambulance Call Report and may be recorded as the UTM on the D form or F8 form.	Y	
	Incident Location (If Out of Province)	OTR_CDS_TRANSACTION.SCENE_PROVINCE_CODE	The location of the incident if it occurred outside of Ontario.	Y	
	Incident Location (If Out of Province) - If Other	OTR_CDS_TRANSACTION.OTHER_SCENE_PROVINCE	Specify if 'other' is entered in the "Incident Location (If Out of Province)" data element.	Y	Y
	1 st Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.TRANSPORTATION_MODE_CODE where TRANSPORTATION_SEQ_NUM = 1	The vehicle/provider used during patient transport from the scene to the hospital and between hospitals.	Y	
	2 nd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.TRANSPORTATION_MODE_CODE where TRANSPORTATION_SEQ_NUM = 2	The mode of transport for the second provider (land or air vehicle) from the scene.	Y	
	3 rd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.TRANSPORTATION_MODE_CODE where TRANSPORTATION_SEQ_NUM = 3	The mode of transport for the third provider (land or air vehicle) from the scene.	Y	
	1 st Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.AMB_SERVICE_NUM where TRANSPORTATION_SEQ_NUM = 1	A three-digit ambulance service number from the ACR for land ambulances only.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Scene Data	2 nd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.AMB_SERVICE_NUM where TRANSPORTATION_SEQ_NUM = 2		Y	
	3 rd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.AMB_SERVICE_NUM where TRANSPORTATION_SEQ_NUM = 3		Y	
	1 st Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.RUNSHEET_AVAILABLE_FLAG where TRANSPORTATION_SEQ_NUM = 1	An indicator of whether the pre-hospital runsheet is available for the first provider (land or air) from the scene prior to discharge.	Y	
	2 nd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.RUNSHEET_AVAILABLE_FLAG where TRANSPORTATION_SEQ_NUM = 2	An indicator of whether the pre-hospital runsheet is available for the second provider (land or air) from the scene prior to discharge.	Y	
	3 rd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.RUNSHEET_AVAILABLE_FLAG where TRANSPORTATION_SEQ_NUM = 3	An indicator of whether the pre-hospital runsheet is available for the third provider (land or air) from the scene prior to discharge.	Y	
	1 st Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.PREHOSPITAL_TRANSPORT_NUM where TRANSPORTATION_SEQ_NUM = 1	The Pre-hospital transport number for the first provider (land or air vehicle) at the scene.	Y	
	2 nd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.PREHOSPITAL_TRANSPORT_NUM where TRANSPORTATION_SEQ_NUM = 2	The Pre-hospital transport number for the second provider (land or air vehicle) at the scene.	Y	
	3 rd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION.PREHOSPITAL_TRANSPORT_NUM where TRANSPORTATION_SEQ_NUM = 3	The Pre-hospital transport number for the third provider (land or air vehicle) at the scene.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Scene Data	1 st Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION. BLS_NUM, ALS_NUM, RN_NUM, RT_NUM, MD_NUM, CCT_NUM, OTH_NUM, UNK_NUM where TRANSPORTATION_SEQ_NUM = 1	The number of personnel from each category accompanying the patient during the transport for the first provider (land or air vehicle) at the scene. Qualified personnel include Basic Life Support (EMA ambulance crew graduates from community college), Advanced Life Support (CMA Level 3, paramedics), Registered Nurse, Medical Doctor, and Critical Care Transport Team (CCTT must be a recognized team that leaves the lead/trauma hospital to pick up a patient at the referring centre and returns to the lead/trauma hospital).	Y	
	2 nd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION. BLS_NUM, ALS_NUM, RN_NUM, RT_NUM, MD_NUM, CCT_NUM, OTH_NUM, UNK_NUM where TRANSPORTATION_SEQ_NUM = 2	The number of personnel from each category accompanying the patient during the transport for the second provider (land or air vehicle) from the scene.	Y	
	3 rd Provider at Scene	OTR_CDS_SCENE_TRANSPORTATION. BLS_NUM, ALS_NUM, RN_NUM, RT_NUM, MD_NUM, CCT_NUM, OTH_NUM, UNK_NUM where TRANSPORTATION_SEQ_NUM = 3	The number of personnel from each category accompanying the patient during the transport for the third provider (land or air vehicle) from the scene.	Y	
	Date Call Received	OTR_CDS_TRANSACTION. SCENE_AMB_CALL_DATE	The date the ambulance call was received from the date of the incident. (MM DD YYYY)	Y	
	Date Dispatched	OTR_CDS_TRANSACTION. SCENE_AMB_DISPACHED_DATE	The date the ambulance was dispatched from the date of the incident. (MM DD YYYY)	Y	
	Date Arrived at Scene	OTR_CDS_TRANSACTION. SCENE_AMB_ARRIVAL_DATE	The date the ambulance arrived at the scene if different from the date of the incident. (MM DD YYYY)	Y	
	Date Arrived at Patient	OTR_CDS_TRANSACTION. SCENE_AMB_PATIENT_ARRIVAL_DATE	The date the ambulance arrived at the patient if different from the date of the incident. (MM DD YYYY)	Y	
	Date Departed From Scene	OTR_CDS_TRANSACTION. SCENE_AMB_DEPARTURE_DATE	The date the ambulance departed from the scene if different from the date of the incident. (MM DD YYYY)	Y	
	Total Scene Time	OTR_CDS_TRANSACTION. TOTAL_SCENE_TIME_MINS	A calculated field based on the time the ambulance arrived at the scene to the time the ambulance left the scene.	Y	
Total Pre-hospital Time	OTR_CDS_TRANSACTION. TOTAL_SCENE_PREHOSPITAL_TIME	A calculated field based on the incident time to the time the ambulance arrived at the first hospital.	Y		

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Scene Data	Heart Rate	OTR_CDS_TRANSACTION. SCENE_HEART_RATE	The patient's first recorded heart rate per minute at the scene.	Y	
	Unassisted Respiration Rate	OTR_CDS_TRANSACTION. SCENE_UNASSITED_RESP_RATE	The patient's first recorded unassisted respiration rate at the scene.	Y	
	Systolic Blood Pressure	OTR_CDS_TRANSACTION. SCENE_SBP_NUM	The patient's first recorded systolic blood pressure at the scene	Y	
	Paediatric Trauma Score	OTR_CDS_TRANSACTION. SCENE_PTS_NUM	For patients < 16 years of age. It can range from -6 to 12. It is calculated by the lead/trauma hospital if all of its components are documented.	Y	
	Was Patient Intubated?	OTR_CDS_TRANSACTION. SCENE_INTUBATION_FLAG	An indicator of whether or not the patient was intubated when the GCS at the scene was calculated.	Y	
	Paralytic Agents in Effect	OTR_CDS_TRANSACTION. SCENE_PARALYTIC_AGENT_S_FLAG	An indicator of whether or not the patient was under the effects of paralytic agents when the GCS at the scene was calculated. Paralytic agents stop muscular activity	Y	
	Eye	OTR_CDS_TRANSACTION. SCENE_GCS_EYE_CODE	The patient's first eye opening response for the GCS at the scene.	Y	
	Verbal	OTR_CDS_TRANSACTION. SCENE_GCS_VERBAL_CODE	The patient's first verbal response for the GCS at the scene.	Y	
	Motor	OTR_CDS_TRANSACTION. SCENE_GCS_MOTOR_CODE	The patient's first motor response for the GCS at the scene.	Y	
	Total GCS	OTR_CDS_TRANSACTION. TOTAL_SCENE_GCS	The total Glasgow Coma Scale at the scene based on the patient's eye opening, verbal and motor responses. The total GCS ranges from 3 to 15.	Y	
	Total RTS	OTR_CDS_TRANSACTION. TOTAL_SCENE_RTS	The revised trauma score at the scene is a calculated field based on the GCS, systolic blood pressure and respiratory rate.	Y	
	Non-operative Procedures	OTR_CDS_SCENE_NONOP_PROC. NONOP_PROC_SEQ_NUM & NONOP_PROC_CODE	Up to five non-operative procedures that were performed at the scene or en route to.	Y	
Other Non-operative Procedures	OTR_CDS_SCENE_NONOP_PROC. NONOP_PROC_SEQ_NUM & OTHER_NONOP_PROC	Specify if 'other' was entered in the "Non-operative Procedures (Scene)" data element.	Y		
Primary Hospital	Institution Number	OTR_CDS_FACILITY_CARE. FACILITY_NUM where FACILITY_TYPE_CODE = 1	A 4-digit number assigned to each hospital by the Ministry of Health according to the Master Numbering System.	Y	Y
	Date of Arrival at Primary Hospital	OTR_CDS_FACILITY_CARE. ARRIVAL_DATE where FACILITY_TYPE_CODE = 1	The patient's date of arrival at the primary hospital if different from the date of the incident.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Primary Hospital	Date of Departure from Primary Hospital	OTR_CDS_FACILITY_CARE.DEPARTURE_DATE where FACILITY_TYPE_CODE = 1	The date of separation from the primary hospital for all patients (including admitted patients) if different from the date of the incident.	Y	
	Referring Physician	OTR_CDS_FACILITY_CARE.REFERRING_PHYSICIAN_NAME where FACILITY_TYPE_CODE = 1	The name of the referring physician at the primary hospital	Y	Y
	Temperature	OTR_CDS_FACILITY_CARE.TEMPERATURE where FACILITY_TYPE_CODE = 1	The patient's first recorded temperature in degrees Celsius at the primary hospital.	Y	
	Heart Rate	OTR_CDS_FACILITY_CARE.HEART_RATE where FACILITY_TYPE_CODE = 1	The patient's first recorded heart rate per minute at the primary hospital.	Y	
	Unassisted Respiration Rate	OTR_CDS_FACILITY_CARE.UNASSITED_RESPIRATORY_RATE where FACILITY_TYPE_CODE = 1	The patient's first recorded respiration rate per minute at the primary hospital.	Y	
	Systolic Blood Pressure	OTR_CDS_FACILITY_CARE.SBP_NUM where FACILITY_TYPE_CODE = 1	The patient's first recorded systolic blood pressure at the primary hospital.	Y	
	Paediatric Trauma Score	OTR_CDS_FACILITY_CARE.PTS_NUM where FACILITY_TYPE_CODE = 1	For patients < 16 years of age. It can range from -6 to 12.	Y	
	Was the Patient Intubated?	OTR_CDS_FACILITY_CARE.INTUBATION_FLAG where FACILITY_TYPE_CODE = 1	An indicator of whether or not the patient was intubated when the GCS at the primary hospital was calculated.	Y	
	Paralytic Agents in Effect	OTR_CDS_FACILITY_CARE.PARALYTIC_AGENTS_FLAG where FACILITY_TYPE_CODE = 1	An indicator of whether or not the patient was under the effects of paralytic agents when the GCS at the primary hospital was calculated. Paralytic agents stop muscular activity.	Y	
	Eye	OTR_CDS_FACILITY_CARE.GCS_EYE_CODE where FACILITY_TYPE_CODE = 1	The patient's first eye opening response for the GCS at the primary hospital.	Y	
	Verbal	OTR_CDS_FACILITY_CARE.GCS_VERBAL_CODE where FACILITY_TYPE_CODE = 1	The patient's first verbal response for the GCS at the primary hospital.	Y	
	Motor	OTR_CDS_FACILITY_CARE.GCS_MOTOR_CODE where FACILITY_TYPE_CODE = 1	The patient's first motor response for the GCS at the primary hospital.	Y	
	Total GCS	OTR_CDS_FACILITY_CARE.TOTAL_GCS where FACILITY_TYPE_CODE = 1	The revised trauma score at the primary hospital is a calculated field based on the GCS, systolic blood pressure and respiratory rate.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Primary Hospital	Total RTS	OTR_CDS_FACILITY_CARE.TOTAL_RTS where FACILITY_TYPE_CODE = 1	The revised trauma score at the primary hospital is a calculated field based on the GCS, systolic blood pressure and respiratory rate.	Y	
	BAC (mmol/L)	OTR_CDS_FACILITY_CARE.BLOOD_ALCOHOL_CONCENTRATION where FACILITY_TYPE_CODE = 1	The patients blood alcohol concentration in SI units at the primary hospital.	Y	
	1 st Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.TRANSPORTATION_MODE_CODE where TRANSPORTATION_SEQUENCE_NUM = 1	The mode of transport for the first provider (land or air vehicle) from the primary hospital to the secondary or lead/trauma hospital. Mode of transport refers to the vehicle/provider used during patient transport from the scene to hospital and between hospitals.	Y	
	2nd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.TRANSPORTATION_MODE_CODE where TRANSPORTATION_SEQUENCE_NUM = 2	The mode of transport for the second provider (land or air vehicle) from the primary hospital to the secondary or lead/trauma hospital.	Y	
	3rd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.TRANSPORTATION_MODE_CODE where TRANSPORTATION_SEQUENCE_NUM = 3	Excluded as of April 1, 1998	N	
	1st Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.AMB_SERVICE_NUM where TRANSPORTATION_SEQUENCE_NUM = 1	The three-digit ambulance service number from the ACR for land ambulances only.	Y	
	2nd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.AMB_SERVICE_NUM where TRANSPORTATION_SEQUENCE_NUM = 2	The three-digit ambulance service number from the ACR for land ambulance only.	Y	
	3rd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.AMB_SERVICE_NUM where TRANSPORTATION_SEQUENCE_NUM = 3	Excluded as of April 1, 1998	N	
	1st Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.RUNSHEET_AVAILABLE_FLAG where TRANSPORTATION_SEQUENCE_NUM = 1	An indicator of whether the pre-hospital run sheet is available for the first provider (land or air vehicle) from the primary hospital to the secondary or lead/trauma hospital prior to discharge.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Primary Hospital	2nd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.RUNSHEET_AVAILABLE_FLAG where TRANSPORTATION_SEQ_NUM = 2	An indicator of whether the pre-hospital run sheet is available for the second provider (land or air vehicle) from the primary hospital to the secondary or lead/trauma hospital prior to discharge	Y	
	3rd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.RUNSHEET_AVAILABLE_FLAG where TRANSPORTATION_SEQ_NUM = 3	Excluded as of April 1, 1998	N	
	1st Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.PREHOSPITAL_TRANSPORT_NUM where TRANSPORTATION_SEQ_NUM = 1	The pre-hospital transport number for the first provider (land or air vehicle) from the primary hospital to the secondary or lead/trauma hospital. Pre-hospital number includes flight number for air ambulance or fixed wing transport and an OASIS or ARIS number for land ambulance.	Y	
	2nd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.PREHOSPITAL_TRANSPORT_NUM where TRANSPORTATION_SEQ_NUM = 2	The pre-hospital transport number for the second provider (land or air vehicle) from the primary hospital to the secondary or lead/trauma hospital.	Y	
	3rd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.PREHOSPITAL_TRANSPORT_NUM where TRANSPORTATION_SEQ_NUM = 3	Excluded as of April 1, 1998	N	
	1st Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.BLS_NUM, ALS_NUM, RN_NUM, RT_NUM, MD_NUM, CCT_NUM, OTH_NUM, UNK_NUM where TRANSPORTATION_SEQ_NUM = 1	Excluded as of April 1, 1998	N	
	2nd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.BLS_NUM, ALS_NUM, RN_NUM, RT_NUM, MD_NUM, CCT_NUM, OTH_NUM, UNK_NUM where TRANSPORTATION_SEQ_NUM = 2	Excluded as of April 1, 1998	N	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Primary Hospital	3rd Provider from Primary Hospital	OTR_CDS_TRANSPORTATION.BLS_NUM, ALS_NUM, RN_NUM, RT_NUM, MD_NUM, CCT_NUM, OTH_NUM, UNK_NUM where TRANSPORTATION_SEQ_NUM = 3	Excluded as of April 1, 1998	N	
	Non-operative Procedure	OTR_CDS_NONOP_PROC.NONOP_PROC_SEQ_NUM & NONOP_PROC_CODE	Up to 20 non-operative procedures initiated in the primary hospital emergency department only.	Y	
	Other Non-operative Procedures	OTR_CDS_NONOP_PROC.NONOP_PROC_SEQ_NUM & OTHER_NONOP_PROC	Up to 5 other non-operative procedures not included in the previous menu initiated in the primary hospital emergency department only.	Y	
	Date of OR Visits	OTR_CDS_VISIT.START_DATE	The date of each (up to 10) OR visits at the primary hospital.	Y	
	Start Time of OR Visits	OTR_CDS_VISIT.START_TIME	The date of each (up to 10) OR visits at the primary hospital using the 24-hour clock. Start time is defined as the time of entry to the operating room theatre.	Y	
	Finish Time of OR Visits	OTR_CDS_VISIT.END_TIME	The date of each (up to 10) OR visits at the primary hospital using the 24-hour clock. Finish time is defined as the time of exit from the operating room theatre.	Y	
	Elapsed Time of OR Visits	OTR_CDS_VISIT.ELAPSED_TIME_MINS	The date of each (up to 10) OR visits at the primary hospital is a calculated field based on the time of entry and exit to the operating room theatre.	Y	
	Operation Visit Number	OTR_CDS_OPERATIVE_PROC.VISIT_SEQ_NUM	Number corresponding to the sequence of visits to the OR		
	Operative Procedure Sequence Number	OTR_CDS_OPERATIVE_PROC.PROC_SEQ_NUM	Number corresponding to the sequence of procedures performed on the patient.	Y	
	ICD9CM Procedure code	OTR_CDS_OPERATIVE_PROC.CM_PROC_CODE	The ICD9 procedure-code	Y	
	ICD-10-CA Procedure code	OTR_CDS_OPERATIVE_PROC.CCI_PROC_CODE	The ICD 10 CA procedure-code	Y	
Physician Service Code	OTR_CDS_OPERATIVE_PROC.PHYSICIAN_SERVICE_CODE	Code of the Physician Service that performed the procedure			

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Secondary Hospital	Institution Number	OTR_CDS_FACILITY_CARE.FACILITY_NUM where FACILITY_TYPE_CODE = 2	The secondary hospital institution number	Y	
	Date of Arrival at Secondary Hospital	OTR_CDS_FACILITY_CARE.ARRIVAL_DATE where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Date of Departure from Secondary Hospital	OTR_CDS_FACILITY_CARE.DEPARTURE_DATE where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Referring Physician	OTR_CDS_FACILITY_CARE.REFERRING_PHYSICIAN_NAME where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	Y
	Temperature	OTR_CDS_FACILITY_CARE.TEMPERATURE where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Heart Rate	OTR_CDS_FACILITY_CARE.HEART_RATE where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Unassisted Respiration Rate	OTR_CDS_FACILITY_CARE.UNASSITED_RESPIRATORY_RATE where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Systolic Blood Pressure	OTR_CDS_FACILITY_CARE.SBP_NUM where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Paediatric Trauma Score	OTR_CDS_FACILITY_CARE.PTS_NUM where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Was the patient intubated?	OTR_CDS_FACILITY_CARE.INTUBATION_FLAG where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Paralytic Agents in Effect	OTR_CDS_FACILITY_CARE.PARALYTIC_AGENTS_FLAG where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Eye	OTR_CDS_FACILITY_CARE.GCS_EYE_CODE where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Verbal	OTR_CDS_FACILITY_CARE.GCS_VERBAL_CODE where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Secondary Hospital	Motor	OTR_CDS_FACILITY_CARE.GCS_MOTOR_CODE where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Total GCS	OTR_CDS_FACILITY_CARE.TOTAL_GCS where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	Total RTS	OTR_CDS_FACILITY_CARE.TOTAL_RTS where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	BAC (mmol/L)	OTR_CDS_FACILITY_CARE.BLOOD_ALCOHOL_CONCENTRATION where FACILITY_TYPE_CODE = 2	Excluded as of April 1, 1998	N	
	1st Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.TRANSPORTATION_MODE_CODE where TRANSPORTATION_SEQ_NUM = 1	Excluded as of April 1, 1998	N	
	2nd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.TRANSPORTATION_MODE_CODE where TRANSPORTATION_SEQ_NUM = 2	Excluded as of April 1, 1998	N	
	3rd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.TRANSPORTATION_MODE_CODE where TRANSPORTATION_SEQ_NUM = 3	Excluded as of April 1, 1998	N	
	1st Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.AMB_SERVICE_NUM where TRANSPORTATION_SEQ_NUM = 1	Excluded as of April 1, 1998	N	
	2nd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.AMB_SERVICE_NUM where TRANSPORTATION_SEQ_NUM = 2	Excluded as of April 1, 1998	N	
	3rd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.AMB_SERVICE_NUM where TRANSPORTATION_SEQ_NUM = 3	Excluded as of April 1, 1998	N	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Secondary Hospital	1st Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.RUNSHEET_AVAILABLE_FLAG where TRANSPORTATION_SEQ_NUM = 1	Excluded as of April 1, 1998	N	
	2nd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.RUNSHEET_AVAILABLE_FLAG where TRANSPORTATION_SEQ_NUM = 2	Excluded as of April 1, 1998	N	
	3rd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.RUNSHEET_AVAILABLE_FLAG where TRANSPORTATION_SEQ_NUM = 3	Excluded as of April 1, 1998	N	
	1st Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.PREHOSPITAL_TRANSPORT_NUM where TRANSPORTATION_SEQ_NUM = 1	Excluded as of April 1, 1998	N	
	2nd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.PREHOSPITAL_TRANSPORT_NUM where TRANSPORTATION_SEQ_NUM = 2	Excluded as of April 1, 1998	N	
	3rd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.PREHOSPITAL_TRANSPORT_NUM where TRANSPORTATION_SEQ_NUM = 3	Excluded as of April 1, 1998	N	
	1st Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.BLS_NUM, ALS_NUM, RN_NUM, RT_NUM, MD_NUM, CCT_NUM, OTH_NUM, UNK_NUM where TRANSPORTATION_SEQ_NUM = 1	Excluded as of April 1, 1998	N	
	2nd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.BLS_NUM, ALS_NUM, RN_NUM, RT_NUM, MD_NUM, CCT_NUM, OTH_NUM, UNK_NUM where TRANSPORTATION_SEQ_NUM = 2	Excluded as of April 1, 1998	N	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Secondary Hospital	3rd Provider from Secondary Hospital	OTR_CDS_TRANSPORTATION.BLS_NUM, ALS_NUM, RN_NUM, RT_NUM, MD_NUM, CCT_NUM, OTH_NUM, UNK_NUM where TRANSPORTATION_SEQ_NUM = 3	Excluded as of April 1, 1998	N	
	Non-operative Procedures	OTR_CDS_NONOP_PROC.NONOP_PROC_SEQ_NUM & NONOP_PROC_CODE	Excluded as of April 1, 1998	N	
	Other Non-operative Procedures	OTR_CDS_NONOP_PROC.NONOP_PROC_SEQ_NUM & OTHER_NONOP_PROC	Excluded as of April 1, 1998	N	
	Date of OR Visits	OTR_CDS_VISIT.START_DATE	Excluded as of April 1, 1998	N	
	Start Time of OR Visits	OTR_CDS_VISIT.START_TIME	Excluded as of April 1, 1998	N	
	Finish Time of OR Visits	OTR_CDS_VISIT.END_TIME	Excluded as of April 1, 1998	N	
	Elapsed Time of OR Visits	OTR_CDS_VISIT.ELAPSED_TIME_MINS	Excluded as of April 1, 1998	N	
	Operation Visit Number	OTR_CDS_OPERATIVE_PROC.VISIT_SEQ_NUM	Excluded as of April 1, 1998	N	
	Operative Procedure Sequence Number	OTR_CDS_OPERATIVE_PROC.PROC_SEQ_NUM	Excluded as of April 1, 1998	N	
	ICD9CM Procedure code	OTR_CDS_OPERATIVE_PROC.CM_PROC_CODE	Excluded as of April 1, 1998	N	
ICD-10-CA Procedure code	OTR_CDS_OPERATIVE_PROC.CCI_PROC_CODE	Excluded as of April 1, 1998	N		
Physician Service Code	OTR_CDS_OPERATIVE_PROC.PHYSICIAN_SERVICE_CODE	Excluded as of April 1, 1998			
Lead/Trauma Hospital	Direct Admission to Service (Bypass ED)	OTR_CDS_FACILITY_CARE.DIRECT_ADMISSION_FLAG where FACILITY_TYPE_CODE = 3	An indicator of whether or not the patient was admitted directly to a service (an ICU or ward bed) bypassing the emergency department.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Lead/Trauma Hospital	Date of Arrival at Lead/Trauma Hospital	OTR_CDS_FACILITY_CARE.ARRIVAL_DATE where FACILITY_TYPE_CODE = 3	The date of arrival at the lead/trauma hospital. This date must be entered for all cases including DIE's, in-hospital deaths, direct admission to service and transfers to ensure accurate reporting.	Y	
	Temperature in Celsius	OTR_CDS_FACILITY_CARE.TEMPERATURE where FACILITY_TYPE_CODE = 3	The patient's first recorded temperature in Celsius degrees at the lead/trauma hospital.	Y	
	Heart Rate	OTR_CDS_FACILITY_CARE.HEART_RATE where FACILITY_TYPE_CODE = 3	The patient's first recorded heart rate per minute at the lead/trauma hospital.	Y	
	Unassisted Respiration Rate	OTR_CDS_FACILITY_CARE.UNASSISTED_RESPIRATORY_RATE where FACILITY_TYPE_CODE = 3	The patient's first recorded unassisted respiratory rate per minute at the lead/trauma hospital.	Y	
	Systolic Blood Pressure	OTR_CDS_FACILITY_CARE.SBP_NUM where FACILITY_TYPE_CODE = 3	The patient's first recorded systolic blood pressure at the lead/trauma hospital.	Y	
	PTS	OTR_CDS_FACILITY_CARE.PTS_NUM where FACILITY_TYPE_CODE = 3	The patient's Paediatric Trauma Score at the lead/trauma hospital for patients < 16 years of age. Ranges from -6 to 12.	Y	
	Was the patient intubated?	OTR_CDS_FACILITY_CARE.INTUBATION_FLAG where FACILITY_TYPE_CODE = 3	An indicator of whether or not the patient was intubated at the time the GCS was calculated at the lead/trauma hospital	Y	
	Paralytic Agents in Effect	OTR_CDS_FACILITY_CARE.PARALYTIC_AGENTS_FLAG where FACILITY_TYPE_CODE = 3	An indicator of whether or not paralytic agents were in effect when the GCS was calculated at the lead/trauma hospital	Y	
	Eye	OTR_CDS_FACILITY_CARE.GCS_EYE_CODE where FACILITY_TYPE_CODE = 3	The patient's first eye opening response for the Glasgow Coma Scale at the lead/trauma hospital.	Y	
	Verbal	OTR_CDS_FACILITY_CARE.GCS_VERBAL_CODE where FACILITY_TYPE_CODE = 3	The patient's first verbal response for the Glasgow Coma Score at the lead/trauma hospital.	Y	
	Motor	OTR_CDS_FACILITY_CARE.GCS_MOTOR_CODE where FACILITY_TYPE_CODE = 3	The patient's first motor response for the Glasgow Coma Score at the lead/trauma hospital.	Y	
	Total GCS	OTR_CDS_FACILITY_CARE.TOTAL_GCS where FACILITY_TYPE_CODE = 3	A calculated field based on eye opening, verbal and motor responses at the lead/trauma hospital. Ranges from 3 to 15.	Y	
	Total RTS	OTR_CDS_FACILITY_CARE.TOTAL_RTS where FACILITY_TYPE_CODE = 3	A calculated field based on Glasgow Coma Scale, systolic blood pressure and respiratory rate.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Lead/Trauma Hospital	BAC (mmol/L)	OTR_CDS_FACILITY_CARE.BLOOD_ALCOHOL_CONCENTRATION where FACILITY_TYPE_CODE = 3	The patient's blood alcohol concentration in SI units at the lead/trauma hospital. For patients > 10 years old.	Y	
	ED Arrival Date	OTR_CDS_FACILITY_CARE.ED_ARRIVAL_DATE where FACILITY_TYPE_CODE = 3	The date of arrival at the lead/trauma hospital emergency department	Y	
	ED Departure Date	OTR_CDS_FACILITY_CARE.ED_DEPARTURE_DATE where FACILITY_TYPE_CODE = 3	The date of departure from the lead/trauma hospital emergency department.	Y	
	ED MD	OTR_CDS_FACILITY_CARE.ED_PHYSICIAN where FACILITY_TYPE_CODE = 3	The name of the emergency physician or attending physician as appropriate at your hospital.	Y	Y
	Admission Date	OTR_CDS_TRANSACTION.ADMISSION_DATE	The date of admission to the lead/trauma hospital. It is not documented for patients transferred or discharged from the lead/trauma emergency department or for DIE's.	Y	
	Trauma Team Activated	OTR_CDS_FACILITY_CARE.TRAUMA_TEAM_ACTIVATED_FLAG where FACILITY_TYPE_CODE = 3	A multidisciplinary team headed by a Trauma Team Leader who is an active staff member or fellow and includes a general surgeon and staff/fellow/resident representing neurosurgery, orthopaedic surgery as well as an RN, RT and a representative from radiology.	Y	
	Trauma Team Leader	OTR_CDS_FACILITY_CARE.TRAUMA_TEAM_LEADER where FACILITY_TYPE_CODE = 3	The name of the Trauma Team Leader at the lead/trauma hospital.	Y	Y
	Admitting Physician Service	OTR_CDS_FACILITY_CARE.ADMISSION_SERVICE_CODE where FACILITY_TYPE_CODE = 3	The physician service to which the patient was admitted.	Y	
	Non-operative Procedures	OTR_CDS_NONOP_PROC.NONOP_PROC_SEQ_NUM & NONOP_PROC_CODE	Non-operative procedures performed in the lead/trauma hospital emergency department only. Procedures already established which are being maintained are not included.	Y	
	Other Non-operative Procedures	OTR_CDS_NONOP_PROC.NONOP_PROC_SEQ_NUM & OTHER_NONOP_PROC	Other non-operative procedures not included in the previous menu completed at the lead/trauma hospital emergency department.	Y	
	CT Scan Location	OTR_CDS_CT_SCAN.CT_SCAN_CODE & CT_SCAN_SEQ_NUM	The locations of CT scans done at the lead/trauma hospital emergency department only for up to 5 CT Scans.	Y	
	IV Sites	OTR_CDS_FACILITY_CARE.IV_LINE_NUM where FACILITY_TYPE_CODE = 3	The total number of IV sites in place at the lead/trauma hospital including IV sites established prior to arrival. Central lines are included in the number of IV lines (not arterial lines).	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Lead/Trauma Hospital	Ventilator Days	OTR_CDS_FACILITY_CARE.VENTILATION_DAYS where FACILITY_TYPE_CODE = 3	The number of days the patient was intubated and mechanically ventilated intermittently or continuously excluding non-intubated patients on BIPAP and intubated patients on CPAP at the lead/trauma hospital. Ventilator days include any part of 1 day up to midnight including the day the ventilator is discontinued (excluding the day ventilator is begun) for cases where there is more than one ventilator day. A ventilator day is counted if a ventilated patient is admitted and discharged in the same day or if ventilation is started and discontinued in the same day. Routine intubation for OR is not included.	Y	
	ICP Days	OTR_CDS_FACILITY_CARE.ICP_DAYS where FACILITY_TYPE_CODE = 3	Number of ICP days at the lead/trauma hospital. ICP days include any part of one day up to midnight including the day the ICP is discontinued (excluding the day the ICP is begun). Intracranial pressure is volume measurement of blood, brain tissue and cerebrospinal fluid within the skull. Each of the components has a relatively constant volume and each volume contributes to the overall ICP. ICP will increase whenever one or more of the contributing volume pressures increase. ICP monitoring is used to evaluate a head injury patient's response to therapy and may also be used as a treatment modality to vent CSF.	Y	
	Number of OR Visits	OTR_CDS_FACILITY_CARE.OR_VISIT_NUM where FACILITY_TYPE_CODE = 3	The number of OR visits (not procedures) at the lead/trauma hospital. Only OR visits related to the injury or complications arising from the injury are included.	Y	
Lead/Trauma Hospital Care	Physician Service	OTR_CDS_SERVICE_XFER.PHYSICIAN_SERVICE_CODE	The physician service to which the patient was transferred (up to 6 physician services can be entered)	Y	
	Date Admitted	OTR_CDS_SERVICE_XFER.ADMISSION_DATE	The date of admission for the each physician service to which the patient was transferred.	Y	
	Date Discharged	OTR_CDS_SERVICE_XFER.DISCHARGE_DATE	The date of discharge for the each physician service to which the patient was transferred.	Y	
	Length of Stay (in Days)	OTR_CDS_SERVICE_XFER.LOS_DAYS	A calculated field based on the dates of admission and discharge for each physician service.	Y	
	Post ED/Arrival Destination	OTR_CDS_FACILITY_CARE.POST_ED_CODE where FACILITY_TYPE_CODE = 3	The post ED or post arrival destination for patients who are treated in Emergency Department as well as those patients who are admitted directly to a service bypassing ED. The post ED/arrival destination of the patient is the destination of the patient after leaving the emergency department or arriving at the hospital for those patients who are admitted directly to a patient unit.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Lead/Trauma Hospital Care	Post ED/Arrival Destination - If Other	OTR_CDS_FACILITY_CARE.OTHER_POST_ED where FACILITY_TYPE_CODE = 3	Specify a post ED destination if "other" was selected in the "Post ED/Arrival Destination" field.	Y	Y
	Post OR Destination	OTR_CDS_FACILITY_CARE.POST_OR_CODE where FACILITY_TYPE_CODE = 3	A post OR destination if the patient was transferred to the OR from the ED. Post OR destination is the destination of the patient after leaving the operating room following discharge from the emergency department.	Y	
	Post OR Destination - If Other	OTR_CDS_FACILITY_CARE.OTHER_POST_OR where FACILITY_TYPE_CODE = 3	Specify a post OR destination if "other" was selected in the "Post OR Destination" field.	Y	Y
	Special Care Unit	OTR_CDS_FACILITY_CARE.POST_ED_SCU_CODE where FACILITY_TYPE_CODE = 3	The type of Special Care Unit the patient was transferred to post ED. Special care units include intensive care and observation units with a normal patient: nurse ratio of at least 2:1.	Y	
	Special Care Unit - If Other	OTR_CDS_FACILITY_CARE.OTHER_POST_ED_SCU where FACILITY_TYPE_CODE = 3	Specify the type of SCU if "other" was chosen for the "Special Care Unit" field.	Y	Y
	Date of OR Visits	OTR_CDS_VISIT.START_DATE	The date of each OR visit (up to 10 visits) at the lead/trauma hospital.	Y	
	Start Time of OR Visits	OTR_CDS_VISIT.START_TIME	The start time of each OR visit (up to 10) at the lead/trauma hospital. Start time is defined as the time of entry to the operating room theatre.	Y	
	Finish Time of OR Visits	OTR_CDS_VISIT.END_TIME	The finish time of each OR visit (up to 10) at the lead/trauma hospital. Finish time is defined as the time of exit from the operating room theatre.	Y	
	Elapsed Time of OR Visits	OTR_CDS_VISIT.ELAPSED_TIME_MINS	A calculated field based on the time of entry and exit to the operating room theatre that is displayed in minutes for each OR visit.	Y	
	Operation Visit Number	OTR_CDS_OPERATIVE_PROC.VISIT_SEQ_NUM	Number corresponding to the sequence of visits to the OR.	Y	
	Operative Procedure Sequence Number	OTR_CDS_OPERATIVE_PROC.PROC_SEQ_NUM	Number corresponding to the sequence of procedures performed on the patient.	Y	
	ICD9CM Procedure code	OTR_CDS_OPERATIVE_PROC.CM_PROC_CODE	The ICD9 procedure-code	Y	
ICD-10-CA Procedure code	OTR_CDS_OPERATIVE_PROC.CCI_PROC_CODE	The ICD 10 CA procedure-code	Y		

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Lead/Trauma Hospital Care	Physician Service Code	OTR_CDS_OPERATIVE_PRO C.PHYSICIAN_SERVICE_CO DE	Code of the Physician Service that performed the procedure	Y	
	Special Care Unit	OTR_CDS_SCU. SCU_TYPE_CODE for each SCU_SEQ_NUM	The first special care unit (SCU) that the patient was admitted to for each SCU (up to 5 SCU's).	Y	
	Special Care Unit – Date Admitted	OTR_CDS_SCU. ADMISSION_DATE for each SCU_SEQ_NUM	The date the patient was admitted to each special care unit.	Y	
	Special Care Unit – Date Discharged	OTR_CDS_SCU. DISCHARGE_DATE for each SCU_SEQ_NUM	The date the patient was discharged from each special care unit.	Y	
	Length of Stay (in Days)	OTR_CDS_SCU.LOS_DAYS for each SCU_SEQ_NUM	A calculated field based on the dates of admission and discharge from that unit.	Y	
	Total Length of Stay in Special Care Units	OTR_CDS_TRANSACTION. TOTAL_SCU_LOS_DAYS	Total Length of Stay	Y	
Anatomical Diseases	Injury Text		Descriptions of the injury.	Y	Y
	ICD-9-CM Code	OTR_CDS_DIAG. CM_DIAG_CODE for each DIAG_SEQ_NUM where DIAG_TYPE_CODE= 4	ICD 9 CM diagnosis codes (N Codes) from 800-999 can be entered into this field for up to 27 injuries. The World Health Organization developed the International Classification of Diseases (ICD) for the classification of morbidity and mortality information for statistical purposes, and for use in hospitals.	Y	
	ICD 10 Injury Codes	OTR_CDS_DIAG. ICD10_DIAG_CODE for each DIAG_SEQ_NUM where DIAG_TYPE_CODE= 4	The anatomical diagnosis from the Injury, Poisoning and Other Consequences of External Causes that correspond to the ICD 10 CA Injury Codes. Only injuries resulting in an ISS > 12 are recorded.	Y	
	AIS Version	OTR_CDS_TRANSACTION. AIS_VERSION_NUM	AIS version 90 is selected. In AIS 90 each injury description is assigned a unique 6-digit numerical code in addition to the AIS severity score.	Y	
	AIS Severity Code	OTR_CDS_AIS.AIS_SEVERI TY_CODE for each AIS_SEQ_NUM	AIS is calculated for every injury description The first digit of the AIS code represents severity ranging from 1 (minor) to 6 (maximum) with 9 representing unknown severity. The second digit designates body region. A complete description of body regions can be found in the AIS Dictionary. Up to 27 AIS codes are available.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Anatomical Diseases	Predot Code	OTR_CDS_AIS.AIS_PREDOT_CODE for each AIS_SEQ_NUM	The predot code is composed of body region, type of anatomic structure, specific anatomic structure and level. The first digit identifies the body region; the second digit identifies the type of anatomic structure; the third and fourth digits identify the specific anatomic structure or, in the case of injuries to the external region, the specific nature of the injury; the fifth and sixth digits identify the level of injury within a specific body region and anatomic structure. The digit to the right of the decimal point is the AIS score. Up to 27 AIS codes are available.	Y	
	ISS	OTR_CDS_TRANSACTION.ISS_NUM	A calculated field based on the injury descriptions of the Predot Code. The ISS (Injury Severity Score) is the sum of the squares of the highest AIS code in each of the three most severely injured ISS body regions. The six body regions are: 1. Head and Neck, 2. Face, 3. Chest, 4. Abdominal or Pelvic Contents, 5. Extremities or Pelvic Girdle, 6. External. ISS ranges from 1 to 75.	Y	
	Co-morbid Factor	OTR_CDS_DIAG_CM_DIAG_CODE for each DIAG_SEQ_NUM where DIAG_TYPE_CODE= 2	Up to ten ICD 10 CA diagnosis code(s) describing important condition(s) of the patient other than the most responsible diagnosis, which usually has a significant influence on the patient's hospitalization (e.g. length of stay) and/or significantly influences the management or treatment of the patient. External Cause of Morbidity and Mortality may be entered as co-morbidities. Z Codes are also valid entries for co-morbidities provided they meet the OTR CDS definition of a comorbidity.	Y	
	Complications	OTR_CDS_DIAG_CM_DIAG_CODE for each DIAG_SEQ_NUM where DIAG_TYPE_CODE= 3	Up to ten ICD 10 CA diagnosis code(s) describing a condition arising after the beginning of hospital observation and/or treatment, which usually has a significant influence on the patient's hospitalization (e.g. length of stay) and/or significantly influences the management or treatment of the patient. External Cause of Morbidity and Mortality may be entered as complications. Z Codes are also valid entries for complications provided they meet the OTR CDS definition of a complication.	Y	
	TRISS	OTR_CDS_TRANSACTION.TRISS_NUM	A calculated field based on the first recorded set of vital signs at the lead/trauma hospital. TRISS combines both physiologic and anatomic indices to characterize severity of injury and estimate patient survival probability (Ps). The physiologic index is the RTS as assessed at emergency department admission.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Outcome	Date of Separation	OTR_CDS_OUTCOME.DISC HARGE_DATE	The patient's date of discharge or death for all patients including those who are DIE. The date of death IS documented as the date the patient was pronounced dead for patients who are pronounced dead and remain in an SCU or OR for some time during the day after being pronounced for the purposes of organ harvesting. The length of stay in the hospital and the SCU should also reflect the date the patient was pronounced dead.	Y	
	Separation Status	OTR_CDS_OUTCOME.DISC HARGE_STATUS_CODE	The discharge status (dead or alive) for all patients.	Y	
	Disposition	OTR_CDS_OUTCOME.DISC HARGE_DISPOSITION_CODE	The location to which the patient is discharged or the services arranged for the patient immediately upon discharge from the lead/trauma hospital.	Y	
	Disposition – If Other	OTR_CDS_OUTCOME.OTHE R_DISCHARGE_DISPOSITIO N	Specify if 'other' was entered in the "Disposition" data element. If the patient died "morgue" will be written here.	Y	Y
	If Home With Support Services	OTR_CDS_HOME_SUPPORT .HOME_SUPPORT_CODE for each HOME_SUPPORT_SEQ_NUM	The type of support services the patient was discharged with (up to 5 services). Support services are additional care offered in the patient's home following discharge from the lead/trauma hospital.	Y	
	If Home With Support Services – If Other	OTR_CDS_HOME_SUPPORT .OTHER_HOME_SUPPORT for each HOME_SUPPORT_SEQ_NUM	Specify if 'other' was entered in the "If Home With Support Services" data element.	Y	Y
	Institution Number	OTR_CDS_OUTCOME.DISC HARGE_TO_FACILITY_NUM	The institution number of an Ontario facility to which the patient was discharged.	Y	Y
	Outside of Ontario	OTR_CDS_OUTCOME.OUTS IDE_PROV_FACILITY	The name of the institution in a province outside of Ontario to which the patient was transferred.	Y	
	Outside of Canada	OTR_CDS_OUTCOME.OUTS IDE_CANADA_FACILITY	The name of the institution outside of Canada to which the patient was transferred. Hospitals document the receiving institution number as 9991.	Y	
	Transport Mode to Discharge Care Facility	OTR_CDS_OUTCOME.TRAN SPORATION_MODE_CODE	Excluded as of September 1, 2004	N	
Length of Stay at Lead/Trauma Hospital	OTR_CDS_OUTCOME.LTR_ LOS_NUM	A calculated field based on admission and separation dates at the lead/trauma hospital. A patient who is admitted and discharged on the same day will have a LOS of 1 day. A patient who is admitted on one day and discharged the next day will have a LOS of 1 day also.	Y		

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Outcome	Discharge FIM: Eating	OTR_CDS_FIM_ASSESSMENT.EAT_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for eating based on FIM scale from 1-7. Eating includes the use of suitable utensils to bring food to the mouth, chewing and swallowing, once the meal is appropriately prepared.	Y	
	Discharge FIM: Grooming	OTR_CDS_FIM_ASSESSMENT.GROOM_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for grooming based on the FIM scale from 1-7. Grooming includes oral care, hair grooming, washing hands and face, and either shaving or applying makeup.	Y	
	Discharge FIM: Bathing	OTR_CDS_FIM_ASSESSMENT.BATH_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for bathing based on the FIM scale from 1-7. Bathing includes bathing the body from the neck down (excluding the back), either tub, shower or sponge/bed bath.	Y	
	Discharge FIM: Dressing Upper Body	OTR_CDS_FIM_ASSESSMENT.UPPER_DRESS_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for dressing upper body based on the FIM scale from 1-7. Dressing upper body includes dressing above the waist as well as donning and removing prosthesis or orthosis when applicable.	Y	
	Discharge FIM: Dressing Lower Body	OTR_CDS_FIM_ASSESSMENT.LOWER_DRESS_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for dressing lower body based on the FIM scale from 1-7. Dressing lower body includes dressing from the waist down as well as donning or removing prosthesis or orthosis when applicable.	Y	
	Discharge FIM: Toileting	OTR_CDS_FIM_ASSESSMENT.TOILETING_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for toileting based on the FIM scale from 1-7. Toileting includes maintaining perineal hygiene and adjusting clothing before and after toilet or bed pan use.	Y	
	Discharge FIM: Bladder Management	OTR_CDS_FIM_ASSESSMENT.BLADDER_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for bladder management based on the FIM scale from 1-7. Bladder management includes complete intentional control of urinary bladder and use of equipment or agents necessary for bladder control.	Y	
	Discharge FIM: Bowel Management	OTR_CDS_FIM_ASSESSMENT.BOWEL_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for bowel management based on the FIM scale from 1-7. Bowel management includes complete intentional control of bowel movement and use of equipment or agents necessary for bowel control.	Y	
	Discharge FIM: Bed/Wheelchair	OTR_CDS_FIM_ASSESSMENT.BED_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for transfer to bed, chair, wheelchair based on the FIM scale from 1-7. Transfers bed, chair, wheelchair includes all aspects of transferring to and from bed, chair and wheelchair, and coming to a standing position, if walking is the typical mode of locomotion.	Y	
	Discharge FIM: Toilet	OTR_CDS_FIM_ASSESSMENT.TOILET_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for transfer to the toilet based on the FIM scale from 1-7. Transfer toilet includes getting on and off a toilet.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Outcome	Discharge FIM: Tub/Shower	OTR_CDS_FIM_ASSESSMENT.SHOWER_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for transfer to the tub/shower based on the FIM scale from 1-7 Transfers tub or shower includes getting into and out of a tub or shower stall.	Y	
	Discharge FIM: Type of Locomotion	OTR_CDS_FIM_ASSESSMENT.LOCOMOTION_TYPE_CODE where ASSESSMENT_TYPE_CODE = 1	The most frequent mode of locomotion. This includes walking, wheelchair or both (crawling included for children).	Y	
	Discharge FIM: Walk/Wheelchair	OTR_CDS_FIM_ASSESSMENT.WALK_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for walking or mobility using a wheelchair based on the FIM scale from 1-7. Locomotion includes walking, once in a standing position, or using a wheelchair, once in a seated position, on a level surface.	Y	
	Discharge FIM: Stairs	OTR_CDS_FIM_ASSESSMENT.STAIRS_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for walking up and down stairs based on the FIM scale from 1-7. Stairs are defined as going up and down 12 to 14 stairs (one flight) indoors.	Y	
	Discharge FIM: Type of Comprehension	OTR_CDS_FIM_ASSESSMENT.COMPREHENSION_TYPE_CODE where ASSESSMENT_TYPE_CODE = 1	The most usual mode of comprehension. This includes audio, visual or both.	Y	
	Discharge FIM: Comprehension	OTR_CDS_FIM_ASSESSMENT.COMPREHENSION_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for comprehension based on the FIM scale from 1-7. Comprehension includes understanding of either auditory or visual communication (e.g. writing, sign language, gestures).	Y	
	Discharge FIM: Type of Expression	OTR_CDS_FIM_ASSESSMENT.EXPRESSION_TYPE_CODE where ASSESSMENT_TYPE_CODE = 1	The most usual mode of expression. This includes vocal and non-vocal.	Y	
	Discharge FIM: Expression	OTR_CDS_FIM_ASSESSMENT.EXPRESSION_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for expression based on the FIM scale from 1-7. Expression includes clear vocal or non-vocal expression of language. This item includes both intelligible speech or clear expression of language using writing or a communication device.	Y	
	Discharge FIM: Social Interaction	OTR_CDS_FIM_ASSESSMENT.SOCIAL_INTERACTION_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for expression based on the FIM scale from 1-7. Expression includes clear vocal or non-vocal expression of language. This item includes both intelligible speech or clear expression of language using writing or a communication device.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Outcome	Discharge FIM: Problem Solving	OTR_CDS_FIM_ASSESSMENT.PROBLEM_SOLVING_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for problem solving based on the FIM scale from 1-7. Problem solving includes skills related to solving problems of daily living. This means making reasonable, safe, and timely decisions regarding financial, social and personal affairs and initiating, sequencing and self-correcting tasks and activities to solve the problem.	Y	
	Discharge FIM: Memory	OTR_CDS_FIM_ASSESSMENT.MEMORY_NUM where ASSESSMENT_TYPE_CODE = 1	The appropriate level for memory based on the FIM scale from 1-7. Memory includes skills related to recognizing and remembering while performing daily activities in an institutional or community setting. It includes ability to store and retrieve information, particularly verbal and visual. A deficit in memory impairs learning as well as performance of tasks.	Y	
	Discharge FIM: Self Care Component Score	OTR_CDS_FIM_ASSESSMENT.SELF_CARE_NUM where ASSESSMENT_TYPE_CODE = 1	A calculated field based on eating, grooming, bathing, dressing upper and lower body and toileting scores.	Y	
	Discharge FIM: Sphincter Control Component Score	OTR_CDS_FIM_ASSESSMENT.SPHINCT_NUM where ASSESSMENT_TYPE_CODE = 1	A calculated field based on bladder and bowel management scores.	Y	
	Discharge FIM: Mobility Component Score	OTR_CDS_FIM_ASSESSMENT.MOBILITY_NUM where ASSESSMENT_TYPE_CODE = 1	A calculated field based on transfers to bed, chair, wheelchair, toilet, and tub, shower scores.	Y	
	Discharge FIM: Locomotion Component Score	OTR_CDS_FIM_ASSESSMENT.LOCOMOTION_NUM where ASSESSMENT_TYPE_CODE = 1	A calculated field based on walk/wheelchair and stair scores.	Y	
	Discharge FIM: Communication Component Score	OTR_CDS_FIM_ASSESSMENT.COMMUNICATION_NUM where ASSESSMENT_TYPE_CODE = 1	A calculated field based on comprehension and expression scores.	Y	
	Discharge FIM: Social Cognition Component Score	OTR_CDS_FIM_ASSESSMENT.SOCIAL_COGNITION_NUM where ASSESSMENT_TYPE_CODE = 1	A calculated field based on social interaction, problem solving and memory scores.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Outcome	Discharge FIM: Total Score	OTR_CDS_FIM_ASSESSMENT.TOTAL_SCORE_NUM where ASSESSMENT_TYPE_CODE = 1	A calculated field that totals all 18 FIM scores (Range: 18-126).	Y	
	FIM Type	OTR_CDS_FIM_ASSESSMENT.FIM_TYPE_CODE where ASSESSMENT_TYPE_CODE = 1	The appropriate FIM type: Wee FIM for patients < 8 years old and FIM for patients > 8 years old.	Y	
	Discharge FIM: Was FIM Taken From Chart?	OTR_CDS_FIM_ASSESSMENT.FIM_CHART_FLAG where ASSESSMENT_TYPE_CODE = 1	An indicator of whether or not any or all of the FIM was calculated exclusively from the patient's hospital chart. The Subcommittee determined in the April 29th 1996 meeting that FIM should not be done from the chart.	Y	
	Glasgow Outcome Scale	OTR_CDS_OUTCOME.GOS_NUM	The Glasgow Outcome Scale at time of discharge. The Glasgow Outcome Scale is an outcome measure to be calculated within 72 hours of discharge (regardless of the date ready for discharge) from the hospital on patients with a head injury AIS > 2. It should be calculated by the FIM team or neurosurgeons and should not be calculated by available documentation on the chart. The five categories are death, persistent vegetative state, severe disability (conscious but disabled), moderate disability (disabled but independent), and good recovery.	Y	
	RANCHOS at Discharge	OTR_CDS_OUTCOME.RANCHOS_CODE	The RANCHOS at time of discharge. RANCHOS is an outcome measure to be calculated within 72 hours of discharge (regardless of the date ready for discharge) from the hospital on patients who sustain a head injury AIS > 2. RANCHOS should not be calculated from documentation available on the chart.	Y	
	Was ALC Form Completed	OTR_CDS_OUTCOME.ALC_FORM_FLAG	An indicator of whether or not the Alternate Level of Care (ALC) form was completed. It is typically filled out to indicate that a patient is awaiting discharge at an acute care facility.	Y	
	Date Ready for ALC	OTR_CDS_OUTCOME.ALC_READY_DATE	The date the patient was ready for Alternative Level of Care.	Y	
	Reasons for ALC Days	OTR_CDS_ALC_REASON.ALC_REASON_CODE	The reason for ALC days.	Y	
	Reasons for ALC Days – If Other	OTR_CDS_ALC_REASON.OTHER_ALC_REASON	Specify if 'other' was entered in the "Reasons for ALC Days" field.	Y	Y
	Number of ALC Days	OTR_CDS_OUTCOME.ALC_DAYS	Calculated based on the date the patient is ready for ALC and the date of discharge.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Outcome	Place of Death	OTR_CDS_OUTCOME.DEATH_LOCATION_CODE	The location of the patient's death.		
	Place of Death – If Other	OTR_CDS_OUTCOME.OTHER_DEATH_LOCATION	Specify if 'other' was entered in the "Place of Death" field.	Y	Y
	If SCU, Specify	OTR_CDS_OUTCOME.DEATH_SCU_CODE	The special care unit where death occurred. CIHI will only report on Stepdown/Observation Unit.	Y	
	If SCU, Specify – If Other	OTR_CDS_OUTCOME.OTHER_DEATH_SCU	Specify if 'other' was entered in the "If SCU, Specify" field.	Y	Y
	Was Coroner Notified?	OTR_CDS_OUTCOME.CORONER_NOTIFIED_FLAG	Excluded as of April 1, 1998	N	
	Was Post Mortem Done?	OTR_CDS_OUTCOME.AUTOPSY_FLAG	Excluded as of April 1, 1998	N	
	Was Post Mortem Received?	OTR_CDS_OUTCOME.AUTOPSY_RECEIVED_FLAG	An indicator of whether or not a post mortem report was received.	Y	
	Was Patient/Patient's Family Approached About Organ Donation?	OTR_CDS_OUTCOME.ORGAN_ASKED_FLAG	An indicator of whether or not the patient's family was approached	Y	
	Were Organs Donated?	OTR_CDS_OUTCOME.ORGAN_DONOR_FLAG	An indication of whether the patient is a donor	Y	
Follow-Up	Contact		An indicator of whether or not the patient was contacted with a 6 month follow up phone call.	Y	
	Follow Up Date	OTR_CDS_FIM_ASSESSMENT.ASSESSMENT_DATE	The date of the follow up FIM.	Y	
	Follow Up FIM: Eating	OTR_CDS_FIM_ASSESSMENT.EAT_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for eating based on the above menu. Eating includes the use of suitable utensils to bring food to the mouth, chewing and swallowing, once the meal is appropriately prepared.	Y	
	Follow Up FIM: Grooming	OTR_CDS_FIM_ASSESSMENT.GROOM_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for grooming based on the FIM scale from 1-7. Grooming includes oral care, hair grooming, washing hands and face, and either shaving or applying makeup.	Y	
	Follow Up FIM: Bathing	OTR_CDS_FIM_ASSESSMENT.BATH_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for bathing based on the FIM scale from 1-7. Bathing includes bathing the body from the neck down (excluding the back), either tub, shower or sponge/bed bath.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Follow-Up	Follow Up FIM: Dressing Upper Body	OTR_CDS_FIM_ASSESSMENT_UPPER_DRESS_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for dressing upper body based on the FIM scale from 1-7. Dressing upper body includes dressing above the waist as well as donning and removing prosthesis or orthosis when applicable.	Y	
	Follow Up FIM: Dressing Lower Body	OTR_CDS_FIM_ASSESSMENT_LOWER_DRESS_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for dressing lower body based on the FIM scale from 1-7. Dressing lower body includes dressing from the waist down as well as donning or removing prosthesis or orthosis when applicable.	Y	
	Follow Up FIM: Toileting	OTR_CDS_FIM_ASSESSMENT_TOILETING_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for toileting based on the FIM scale from 1-7. Toileting includes maintaining perineal hygiene and adjusting clothing before and after toilet or bed pan use.	Y	
	Follow Up FIM: Bladder Management	OTR_CDS_FIM_ASSESSMENT_BLADDER_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for bladder management based on the FIM scale from 1-7. Bladder management includes complete intentional control of urinary bladder and use of equipment or agents necessary for bladder control.	Y	
	Follow Up FIM: Bowel Management	OTR_CDS_FIM_ASSESSMENT_BOWEL_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for bowel management based on the FIM scale from 1-7. Bowel management includes complete intentional control of bowel movement and use of equipment or agents necessary for bowel control.	Y	
	Follow Up FIM: Bed/Wheelchair	OTR_CDS_FIM_ASSESSMENT_BED_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for transfer to bed, chair, wheelchair based on the FIM scale from 1-7. Transfers bed, chair, wheelchair includes all aspects of transferring to and from bed, chair and wheelchair, and coming to a standing position, if walking is the typical mode of locomotion.	Y	
	Follow Up FIM: Toilet	OTR_CDS_FIM_ASSESSMENT_TOILET_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for transfer to the toilet based on the FIM scale from 1-7. Transfer toilet includes getting on and off a toilet.	Y	
	Follow Up FIM: Tub/Shower	OTR_CDS_FIM_ASSESSMENT_SHOWER_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for transfer to the tub/shower based on the FIM scale from 1-7 Transfers tub or shower includes getting into and out of a tub or shower stall.	Y	
	Follow Up FIM: Type of Locomotion	OTR_CDS_FIM_ASSESSMENT_LOCOMOTION_TYPE_CODE where ASSESSMENT_TYPE_CODE = 2	The most frequent mode of locomotion. This includes walking, wheelchair or both (crawling included for children).	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Follow-Up	Follow Up FIM: Walk/Wheelchair	OTR_CDS_FIM_ASSESSMENT.WALK_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for walking or mobility using a wheelchair based on the FIM scale from 1-7. Locomotion includes walking, once in a standing position, or using a wheelchair, once in a seated position, on a level surface.	Y	
	Follow Up FIM: Stairs	OTR_CDS_FIM_ASSESSMENT.STAIRS_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for walking up and down stairs based on the FIM scale from 1-7. Stairs are defined as going up and down 12 to 14 stairs (one flight) indoors.	Y	
	Follow Up FIM: Type of Comprehension	OTR_CDS_FIM_ASSESSMENT.COMPREHENSION_TYPE_CODE where ASSESSMENT_TYPE_CODE = 2	The most usual mode of comprehension. This includes audio, visual or both.	Y	
	Follow Up FIM: Comprehension	OTR_CDS_FIM_ASSESSMENT.COMPREHENSION_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for comprehension based on the FIM scale from 1-7. Comprehension includes understanding of either auditory or visual communication (e.g. writing, sign language, gestures).	Y	
	Follow Up FIM: Type of Expression	OTR_CDS_FIM_ASSESSMENT.EXPRESSION_TYPE_CODE where ASSESSMENT_TYPE_CODE = 2	The most usual mode of expression. This includes vocal and non-vocal.	Y	
	Follow Up FIM: Expression	OTR_CDS_FIM_ASSESSMENT.EXPRESSION_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for expression based on the FIM scale from 1-7. Expression includes clear vocal or non-vocal expression of language. This item includes both intelligible speech or clear expression of language using writing or a communication device.	Y	
	Follow Up FIM: Social Interaction	OTR_CDS_FIM_ASSESSMENT.SOCIAL_INTERACTION_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for expression based on the FIM scale from 1-7. Expression includes clear vocal or non-vocal expression of language. This item includes both intelligible speech or clear expression of language using writing or a communication device.	Y	
	Follow Up FIM: Problem Solving	OTR_CDS_FIM_ASSESSMENT.PROBLEM_SOLVING_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for problem solving based on the FIM scale from 1-7. Problem solving includes skills related to solving problems of daily living. This means making reasonable, safe, and timely decisions regarding financial, social and personal affairs and initiating, sequencing and self-correcting tasks and activities to solve the problem.	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Follow-Up	Follow Up FIM: Memory	OTR_CDS_FIM_ASSESSMENT.MEMORY_NUM where ASSESSMENT_TYPE_CODE = 2	The appropriate level for memory based on the FIM scale from 1-7. Memory includes skills related to recognizing and remembering while performing daily activities in an institutional or community setting. It includes ability to store and retrieve information, particularly verbal and visual. A deficit in memory impairs learning as well as performance of tasks.	Y	
	Follow Up FIM: Self Care Component Score	OTR_CDS_FIM_ASSESSMENT.SELF_CARE_NUM where ASSESSMENT_TYPE_CODE = 1	A calculated field based on eating, grooming, bathing, dressing upper and lower body and toileting scores.	Y	
	Follow Up FIM: Sphincter Control Component Score	OTR_CDS_FIM_ASSESSMENT.SPHINCT_NUM where ASSESSMENT_TYPE_CODE = 2	A calculated field based on bladder and bowel management scores.	Y	
	Follow Up FIM: Mobility Component Score	OTR_CDS_FIM_ASSESSMENT.MOBILITY_NUM where ASSESSMENT_TYPE_CODE = 2	A calculated field based on transfers to bed, chair, wheelchair, toilet, and tub, shower scores.	Y	
	Follow Up FIM: Locomotion Component Score	OTR_CDS_FIM_ASSESSMENT.LOCOMOTION_NUM where ASSESSMENT_TYPE_CODE = 2	A calculated field based on walk/wheelchair and stair scores.	Y	
	Follow Up FIM: Communication Component Score	OTR_CDS_FIM_ASSESSMENT.COMMUNICATION_NUM where ASSESSMENT_TYPE_CODE = 2	A calculated field based on comprehension and expression scores.	Y	
	Follow Up FIM: Social Cognition Component Score	OTR_CDS_FIM_ASSESSMENT.SOCIAL_COGNITION_NUM where ASSESSMENT_TYPE_CODE = 2	A calculated field based on social interaction, problem solving and memory scores.	Y	
	Follow Up FIM: Total Score	OTR_CDS_FIM_ASSESSMENT.TOTAL_SCORE_NUM where ASSESSMENT_TYPE_CODE = 2	A calculated field that totals all 18 FIM scores (Range: 18-126).	Y	

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
Follow-Up	Follow Up FIM: FIM Type	OTR_CDS_FIM_ASSESSMENT.FIM_TYPE_CODE where ASSESSMENT_TYPE_CODE = 2	The appropriate FIM type: Wee FIM for patients < 8 years old and FIM for patients > 8 years old.	Y	
	Contact	OTR_CDS_FOLLOW_UP.PHONE_CONTACTED_CODE	An indicator of whether or not the patient was contacted with a 6 month follow up phone call.	Y	
	Follow Up Date	OTR_CDS_FOLLOW_UP.FOLLOW_UP_DATE	The date of the follow up phone call.	Y	
	Level of Employment	OTR_CDS_FOLLOW_UP.EMPLOYMENT_LEVEL_CODE	The patient's level of employment compared to his level of employment at the time of injury. "Unemployed" is defined as being unable to work due to an injury.	Y	
	Percent of Previous Income	OTR_CDS_FOLLOW_UP.INCOME_LEVEL_NUM	The percentage of income regardless of the source of the income.	Y	Y
	Level of Study	OTR_CDS_FOLLOW_UP.STUDY_LEVEL_CODE	The patient's level of study post injury if a student. Full and part time students should be included. The follow-up level of study represents the "functional status"; that is, the ability of the patient post injury to return to school and assume regular classes.	Y	Y
	Related Admission to Hospital	OTR_CDS_FOLLOW_UP.RELATED_ADMISSION_FLAG	An indicator of whether or not the patient had an inpatient admission to any hospital related to the original trauma in the six months following discharge.	Y	
	Hospital Admitted To	OTR_CDS_FOLLOW_UP.RELATED_FACILITY_NUM	The institution number of the first hospital to which the patient was admitted for a related admission to hospital in the six months following discharge.	Y	Y
	Therapy Received After Discharge	OTR_CDS_FOLLOW_UP.THERAPY_FLAG	An indicator of whether or not the patient received therapy from any institution in the six months following discharge. Therapy is defined as traditional therapy including occupational therapy, physiotherapy, speech language pathology, neuropsychology, Social Work and nutritional therapy that is received as a result of the original injury.	Y	
	Therapy Type	OTR_CDS_FOLLOW_UP.THERAPY.THERAPY_TYPE_CODE for each FOLLOW_UP_DATE	Up to 8 types of therapy received.	Y	
	Other Therapy Type	OTR_CDS_FOLLOW_UP.THERAPY.OTHER_THERAPY_TYPE	Specify the other type of therapy received if 'other' was entered in the "Therapy Received After Discharge".	Y	Y
	Date of Death	OTR_CDS_FOLLOW_UP.DEATH_DATE	Excluded as of April 18, 2005	N	
Cause of Death	OTR_CDS_FOLLOW_UP.DEATH_CAUSE	Excluded as of April 18, 2005	N		

DATA ELEMENT GROUP	DATA ELEMENT	FIELD NAME	DESCRIPTION	MANDATORY? (Y / N)	RESTRICTED? (Y / N)
	Related to Injury	OTR_CDS_FOLLOW_UP.INJURY_RELATED_FLAG	Excluded as of April 18, 2005	N	
Readmission Related to Original Admission	Number of Readmissions	OTR_CDS_FACILITY_CARE.READMISSION_NUM	The number of times the patient has been admitted to your institution for reasons related to the original incident.	Y	