

TQIP Process Measures Toolkit for 2023 Admissions

Reporting Criterion 1: Report on all patients

The following data elements must be reported for all patients submitted to TQIP

| Data Element | Meets Reporting Criterion |
|--|---|
| Venous Thromboembolism Prophylaxis Type | <i>Element Values (Report one)</i> 5. None 6. LMWH (Dalteparin, Enoxaparin, etc.) 7. Direct Thrombin Inhibitor (Dabigatran, etc.) 8. Xa Inhibitor (Rivaroxaban, etc.) 10. Other 11. Unfractionated Heparin (UH) |
| Venous Thromboembolism Prophylaxis Date <i>*If VTE Prophylaxis Type is "5. None"</i> | Relevant Value <i>Not Applicable</i> |
| Venous Thromboembolism Prophylaxis Time <i>*If VTE Prophylaxis Type is "5. None"</i> | Relevant Value <i>Not Applicable</i> |
| Packed Red Blood Cells | Relevant Value |
| Whole Blood | Relevant Value |
| Plasma | Relevant Value |
| Platelets | Relevant Value |
| Cryoprecipitate | Relevant Value |
| Withdrawal of Life Supporting Treatment | <i>Element Values (Report one)</i> 1. Yes 2. No |
| Withdrawal of Life Supporting Treatment Date <i>*If Withdrawal of Life Supporting Treatment is "2. No"</i> | Relevant Value <i>Not Applicable</i> |
| Withdrawal of Life Supporting Treatment Time <i>*If Withdrawal of Life Supporting Treatment is "2. No"</i> | Relevant Value <i>Not Applicable</i> |

**Conditional data element*

See the *Additional Information* section of each definition for critical instructions on proper use of null values.

Reporting Criterion 2: Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival

| Data Element | Meets Reporting Criterion | Does Not Meet Reporting Criterion |
|--|---|-----------------------------------|
| Angiography | <i>Element Values</i> (Report one) 1. None 2. Angiogram only 3. Angiogram with embolization 4. Angiogram with stenting | Not Applicable |
| Embolization Site | <i>Element Values</i> (Report all the apply) 1. Liver 2. Spleen 3. Kidneys 4. Pelvic (iliac, gluteal, obturator) 5. Retroperitoneum (lumbar, sacral) 6. Peripheral vascular (neck, extremities) 8. Other | Not Applicable |
| Angiography Date <i>*If Angiography is 1. None</i> | Relevant Value <i>Not Applicable</i> | Not Applicable |
| Angiography Time <i>*If Angiography is 1. None</i> | Relevant Value <i>Not Applicable</i> | Not Applicable |
| Surgery for Hemorrhage Control Type | <i>Element Values</i> (Report one) 1. None 2. Laparotomy 3. Thoracotomy 4. Sternotomy 5. Extremity 6. Neck 7. Mangled extremity/traumatic amputation 8. Other skin/soft tissue 9. Extraperitoneal Pelvic Packing | Not Applicable |
| Surgery for Hemorrhage Control Date <i>*If Surgery for Hemorrhage Control is 1. None</i> | Relevant Value <i>Not Applicable</i> | Not Applicable |
| Surgery for Hemorrhage Control Time <i>*If Surgery for Hemorrhage Control is 1. None</i> | Relevant Value <i>Not Applicable</i> | Not Applicable |

**Conditional data field*

Reporting Criterion 3: Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

| Data Element | Meets Reporting Criterion | Does Not Meet Reporting Criterion |
|--|--|-----------------------------------|
| Highest GCS Total | A value between 3-15 | Not Applicable |
| <i>*If patient is discharged prior to the calendar day after ED/hospital arrival</i> | <i>Not Applicable</i> | |
| Highest GCS Motor | <p><i>Element Values</i> (Report one)</p> <p>Pediatric (≤ 2 years):</p> <ol style="list-style-type: none"> No motor response Extension to pain Flexion to pain Withdrawal from pain Localizing pain Appropriate response to stimulation <p>Adult:</p> <ol style="list-style-type: none"> No motor response Extension to pain Flexion to pain Withdrawal from pain Localizing pain Obeys commands | Not Applicable |
| <i>*If patient is discharged prior to the calendar day after ED/hospital arrival</i> | <i>Not Applicable</i> | |
| GCS Assessment Qualifier Component of Highest GCS Total | <p><i>Element Values</i> (Report all that apply)</p> <ol style="list-style-type: none"> Patient chemically sedated or paralyzed Obstruction to the patient's eye Patient intubated Valid GCS: patient was not sedated, not intubated, and did not have obstruction to the eye | Not Applicable |
| <i>*If patient is discharged prior to the calendar day after ED/hospital arrival</i> | <i>Not Applicable</i> | |
| Highest GCS 40-Motor | <p><i>Element Values</i> (Report one)</p> <p>Adult:</p> <ol style="list-style-type: none"> None Extension Abnormal Flexion Normal Flexion Localizing Obeys Commands Not Testable <p>Pediatric (< 5 years):</p> <ol style="list-style-type: none"> None Extension to pain Flexion to pain Localizes pain Obeys commands Not Testable | Not Applicable |
| <i>*If patient is discharged prior to the calendar day after ED/hospital arrival</i> | <i>Not Applicable</i> | |
| Initial ED/Hospital Pupillary Response | <p><i>Element Values</i> (Report one)</p> <ol style="list-style-type: none"> Both reactive | Not Applicable |

| | | |
|--|---|----------------|
| | <ol style="list-style-type: none"> 2. One reactive 3. Neither reactive | |
| Midline Shift | <i>Element Values</i> (Report one) <ol style="list-style-type: none"> 1. Yes 2. No 3. Not Imaged (e.g., CT scan, MRI) | Not Applicable |
| Cerebral Monitor | <i>Element Values</i> (Report all that apply) <ol style="list-style-type: none"> 1. Intraventricular drain/catheter (e.g., ventriculostomy, external ventricular drain) 2. Intraparenchymal pressure monitor (e.g., Camino bolt, subarachnoid bolt, intraparenchymal catheter) 3. Intraparenchymal oxygen monitor (e.g., Licox) 4. Jugular venous bulb 5. None | Not Applicable |
| Cerebral Monitor Date <i>*If Cerebral Monitor is 1. None</i> | Relevant Value <i>Not Applicable</i> | Not Applicable |
| Cerebral Monitor Time <i>*If Cerebral Monitor is 1. None</i> | Relevant Value <i>Not Applicable</i> | Not Applicable |

**Conditional data field*

*Reporting Criterion 4: Report on all patients with any open fracture(s).**

| Data Element | Meets Reporting Criterion | Does Not Meet Reporting Criterion |
|--------------------------------|---|-----------------------------------|
| Antibiotic Therapy | <i>Element Values</i> (Report one) 1. Yes 2. No | Not Applicable |
| Antibiotic Therapy Date | Relevant Value | Not Applicable |
| Antibiotic Therapy Time | Relevant Value | Not Applicable |

**Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines:*

- *All AIS code descriptors that include “open”*
- *All AIS extremity/limb code descriptors that include “amputation”*