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You will need a device to participate
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Yay or Nay?

PTOS Inclusion Criteria

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PTOS Patient Inclusion Criteria

PTOS PATIENT INCLUSION CRITERIA

ALL *patients treated for a diagnosis of trauma* (ICD-10-CM injury codes S00-S99, T07-T79/ICD 9 CM injury codes 800-995), excluding ICD-10-CM T15-T19.9/930-939.9) and who meet any of the following criteria:

2019 Change!

All patients treated for a diagnosis of trauma (ICD-10-CM injury codes S00-S99, T07, T14, T20-T28, T30-T34, T68*, T71.1*, T75.0, T75.1*, T75.4, T79.0, T79.A1-T79.A2, excluding the following isolated injuries: S00, S10, S20, S30, S40, S50, S60, S70, S80, S90) and who meet any of the following criteria:

*T68, T71.1 and T75.1 are excluded if no other injuries are present (see Exclusion Criteria)

- All Intensive Care Unit (ICU) admissions (2:1 ratio) - Excluding ICU used as PACU
- All step-down unit admissions (4:1 ratio)
- All Dead on Arrivals (DOA), pronounced dead after arrival
- All Trauma Deaths
- All trauma patients remaining at your facility over 36 ~~48~~ hours, beginning from the time of arrival to the Emergency Department. Trauma patients are defined as patients remaining at your facility for the treatment or diagnosis of trauma.
- All trauma patients remaining at your facility between 24 and 36 ~~36 and 48~~ hours, beginning from the time of arrival to the Emergency Department, with an Injury Severity Score (ISS) of nine or greater. Trauma patients are defined as patients remaining at your facility for the treatment or diagnosis of trauma.

- All **admitted** transfers In and out

e.g. Any patient transferred to (or from) your hospital via another hospital using EMS or air ambulance.

Patients transported in/out via private vehicle and do not meet another portion of the inclusion criteria are not to be captured as PTOS patients.

Patients transferred into your facility and then discharged home from your ED should **not** be included in the PTOS.

- Burn cases which meet one of the above criteria **plus** one of the following:
 - burned area 2° >10%
 - burned area 3° : any age group
 - chemical burn
 - electrical injury, including lightning injury
 - burn of face, hands, feet or perineum or major joints
 - inhalation injury
- Burn accompanied by:
 - significant associated injury or pre-existing disease
 - suspected abuse

- ~~Cases meeting any of the above criteria, but have no documented injuries~~
- Trauma patients who die or meet the transfer **out** criteria with no documented injuries should be captured as PTOS
 - Death or rapid transfer can prevent the opportunity to confirm clinical diagnoses; therefore, trauma patients who expire or meet the transfer out criteria with no documented injuries should be captured as PTOS patients. NOTE: Patients who do not have any documented injury diagnoses within the PTOS inclusion criteria ICD-10 code range after a workup, including imaging studies, are to be excluded from PTOS. These patients may be captured as nonPTOS in your facility's trauma registry."

OPTIONAL

Elective admissions (patients not admitted through the Emergency Department not transferred from another facility) with an injury date > 72 hours prior to admission and an Injury Severity Score \geq 13 may be submitted to PTOS. Elective admissions with injury > 72 hours prior to admission and ISS < 13 need not be submitted.

PTOS Patient Exclusion Criteria

Exclusions ALWAYS override inclusions!!!

Patients who only suffer a solitary hip fracture, (~~ICD-10-CM S72.00-S72.26/ICD 9~~
~~CM code 820.00-820.9~~) with no other injuries (contusion and abrasions of
skin should not be considered other injuries) as a result of a fall on the same
level (ICD-10-CM codes V00.111A, V00.121A, V00.131A, V00.141A, V00.151A,
V00.211A, V00.221A, V00.281A, V00.311A, V00.321A, W00.0XXA,
W01.____A, W03.XXXA, W18.30XA, W18.31XA, W18.39XA, W19.XXXA/
~~ICD 9 CM Ecodes E885.0-E888.9~~). The intent is to exclude solitary hip
fractures that are pathological or osteopenic in nature

See [Appendix 15 for Solitary Hip Exclusions](#)

2019 Change!

- Patients who only suffer a solitary hip fracture, (ICD-10-CM S72.00-S72.26) with no other injuries (contusion and abrasions of skin should not be considered other injuries)) as a result of a fall on the same level (ICD-10-CM codes W01.____A, W03.XXXA, W18.30XA, W18.31XA, W18.39XA, W19.XXXA). The intent is to exclude solitary hip fractures that are pathological or osteopenic in nature.
- See Appendix 15 for Solitary Hip Exclusions

- Peri-prosthetic fractures with a non-traumatic mechanism.

NOTE: Peri-prosthetic fractures with a traumatic mechanism are eligible for PTOS inclusion and should be coded to the traumatic fracture area.

- Asphyxiation with no other injuries
- Drownings
- Poisonings (Chemical Ingestion, including internal organ burns from chemical ingestion, classifiable to the ICD-10-CM for Corrosion – T28.5-T28.90, T28.99/~~ICD-9 CM code 947~~)

- Admitted patients injured while in a trauma center, i.e. a patient who fell out of bed.
- Patients only having a hypothermia or hyperthermia diagnosis with no other injuries.
- Diagnosis codes (T15-T19.9 (ICD-10-CM)/ ~~930-939.9 (ICD-9)~~ (Effects of Foreign Body Entering Through Orifice) should be excluded.

-A patient discharged to hospice (in-house or outside), or the equivalent (i.e. palliative care, comfort care), directly from the ED or prior to meeting any portion of the PTOS inclusion criteria are NOT to be captured as PTOS. NOTE: A patient that meets the PTOS inclusion criteria prior to the order for hospice care, or the equivalent, should be captured as PTOS.



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Event #: 20945

Scenario #1

A 25 year old male was found unconscious at the scene due to obvious gunshot wounds. The patient was declared dead at the scene and was brought to the morgue at your facility.

This patient is **nonPTOS**. The PTOS Inclusion Criteria only includes trauma patients who are Dead on Arrivals (DOA) or pronounced dead after arrival at your facility.

- All Dead on Arrivals (DOA), pronounced dead after arrival

Scenario #2

A patient arrives at Hospital A on 10/1/2018 at 13:05. The patient is evaluated and is found to have a small head bleed as a result of a minor physical altercation. The patient becomes agitated and leaves Hospital A against medical advice (AMA) on 10/2/2018 at 10:11.

This patient is nonPTOS. The patient does not meet the PTOS Inclusion Criteria length of stay (LOS) requirements or any other portion of the criteria.

- All trauma patients remaining at your facility between 24 and 36 ~~36 and 48~~ hours, beginning from the time of arrival to the Emergency Department, with an Injury Severity Score (ISS) of nine or greater. Trauma patients are defined as patients remaining at your facility for the treatment or diagnosis of trauma.

Scenario #3

The same patient from Scenario #2 drove from Hospital A to Hospital B. The patient is evaluated in the ED and admitted. Three days later the patient is discharged home.

This patient is **PTOS**. Although the patient is not a transfer in, the patient met the PTOS Inclusion Criteria length of stay requirements.

- All trauma patients remaining at your facility over **36 48** hours, beginning from the time of arrival to the Emergency Department. Trauma patients are defined as patients remaining at your facility for the treatment or diagnosis of trauma.

Scenaio #4

A five year old female fell off her bicycle. Her parents drove her to Hospital A. Hospital A suspects the child has a head injury and rapidly transfers her to Hospital B. No imaging or diagnostics were performed prior to transfer.

This patient is PTOS. The patient meets the PTOS transfer out criteria with no documented injuries.

- ~~Cases meeting any of the above criteria, but have no documented injuries~~
- Trauma patients who die or meet the transfer out criteria with no documented injuries should be captured as PTOS
 - Death or rapid transfer can prevent the opportunity to confirm clinical diagnoses; therefore, trauma patients who expire or meet the transfer out criteria with no documented injuries should be captured as PTOS patients. NOTE: Patients who do not have any documented injury diagnoses within the PTOS inclusion criteria ICD-10 code range after a workup, including imaging studies, are to be excluded from PTOS. These patients may be captured as nonPTOS in your facility's trauma registry."

Scenario #5

The same patient from Scenario #4 was transported by EMS to Hospital B. Hospital B evaluated the patient in the ED and performed a CT of the head. The head CT was negative. Injuries documented were superficial contusions and abrasions on her knees and right elbow. The child was admitted for severe dehydration and flu-like symptoms. She was discharged home the next day.

This patient is **nonPTOS**. Although the patient was a transfer in by EMS, she was admitted for another medical issue, not trauma.

Patients transferred into your facility and then discharged home from your ED should **not** be included in the PTOS.

Scenario #6

An 80 year old patient fell off the toilet in her home (W18.11XA). She was taken by EMS to Hospital A. Hospital A evaluated the patient and found she had a fracture of the head of the right femur (S72.051A). The patient was admitted for three days and discharged to a rehabilitation facility.

This patient is **PTOS**. Although the patient suffered a solitary hip fracture, the fall was not on the same level.

Patients who only suffer a solitary hip fracture, (ICD-10-CM S72.00-S72.26/~~ICD-9-CM code 820.00-820.9~~) with no other injuries (contusion and abrasions of skin should not be considered other injuries)) as a result of a fall on the same level (ICD-10-CM codes V00.111A, V00.121A, V00.131A, V00.141A, V00.151A, V00.211A, V00.221A, V00.281A, V00.311A, V00.321A, W00.0XXA, W01.____A, W03.XXXA, W18.30XA, W18.31XA, W18.39XA, W19.XXXA/~~ICD-9-CM Ecodes E885.0-E888.9~~). The intent is to exclude solitary hip fractures that are pathological or osteopenic in nature

Scenario #7

A medical patient underwent surgery at Hospital A. During the surgery, the surgeon accidentally punctured the patient's liver. Due to lack of resources, the patient is rapidly transferred to another hospital for care of the liver laceration.

This patient is **nonPTOS**. Patients that only sustained an iatrogenic injury do not meet the inclusion criteria and should not be reported to PTOS. Although unfortunate, these types of injuries do not meet the ICD-10-CM coding requirements of the Inclusion Criteria because they are a complication of surgical or medical care. Centers can collect data on these patients in their registries but they should not be reported to PTOS.

- Admitted patients injured while in a trauma center, i.e. a patient who fell out of bed.

Scenario #8

A 78 year old man slipped on ice while walking to his mailbox and was found down by his neighbor two hours later. The patient was taken by EMS to Hospital A. The patient was evaluated and found to only have minor scrapes and bruises; however, his body temperature was 94.8 F. The patient was admitted for treatment of hypothermia. The patient was discharged home the following day.

This patient is **nonPTOS**. Patients with a diagnosis of hypothermia and no other injuries are to be excluded from PTOS.

- Patients only having a hypothermia or hyperthermia diagnosis with no other injuries.



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