

EMS & Trauma Registries:

Quick Guide to Reporting for JPs, MEs, Hospitals, Rehabilitation Facilities, and EMS Providers

Law

Health & Safety Code, Chapter 92. Injury Prevention and Control, Subchapter A. General Provisions authorizes the Texas Board of Health to adopt rules concerning the reporting of injuries.

Rules

Texas Administrative Code, Title 25 (Health Services), Part 1 (Department Of State Health Services), Chapter 103 (Injury Prevention And Control), §103.1 – §103.8 are the rules adopted by the Texas Board of Health to implement the above legislation.

Links to the laws and rules are on the DSHS Injury Epidemiology & Surveillance Branch website in the section titled “Reporting Laws & Rules” located at <http://www.dshs.state.tx.us/injury>

Description of Reporting Requirements §103.1 – §103.8

EMS Providers

What reports does an EMS provider send in?

EMS providers shall report all runs. A run is a resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to, or transports a person. That includes trauma and medical, emergency and non-emergency, transport and non-transport runs.

What data does an EMS provider include in the report?

All of the required fields listed in the EMS Data Dictionary, in the file format described in the data dictionary.

Note. The EMS Registry will only accept NEMSIS V3.3.4 data as of January 1, 2017. The last date to submit DSHS Legacy data is December 31, 2016.

If an EMS provider has just started submitting data, do they have to send runs from previous months?

The rules require that EMS providers submit all runs. The amount and quality of data sent in may affect EMS/Trauma Systems and Regional Advisory Council (RAC) funding. The amount and quality of data sent in may also affect data reports generated by the EMS & Trauma Registries staff.

How often does an EMS provider send data?

Data shall be submitted within three months from the date of call for assistance. The EMS & Trauma Registries recommends that EMS providers and business associates submit data monthly. When there is no data for a particular month, the EMS provider shall submit a No Reportable Data using the online system within 90 days of that month.

How does an EMS provider send data?

Data shall be sent electronically. The appropriate method is to establish an account with the EMS & Trauma Registries and use the online system for submitting data. EMS providers may use their own software or the free online system for entering data.

May an EMS provider submit data through a business associate e.g. RAC, billing agency, etc.?

Yes, EMS providers are allowed to submit data through a business associate. However, it is the responsibility of the individual EMS provider to ensure that its data is accepted into the EMS & Trauma Registries.

Description of Reporting Requirements §103.1 – §103.8

Hospitals

What reports does a hospital send in?

Hospitals are to report all traumatic brain injuries (TBI), spinal cord injuries (SCI), and submersions to the EMS & Trauma Registries. In addition, hospitals shall submit all other major trauma cases if any of the following conditions apply:

- patient died during evaluation or treatment or arrived dead; OR
- patient admitted for more than 48 hours; OR
- patient was transferred into *your* hospital; OR
- patient was transferred out to *another* hospital.

Refer to the definitions on the last page for more details on case inclusion.

What data does a hospital have to include in the report?

For traumas, TBIs, SCIs, and submersions, all of the required fields listed in the Hospital Data Dictionary, in the file format described in the data dictionary.

Note. The EMS & Trauma Registries no longer accepts paper submersion records. All records are to be submitted electronically.

If a Hospital has just started submitting data, do they have to send records from previous months?

The rules require hospitals to submit data. The amount and quality of data sent in may affect EMS/Trauma Systems and Regional Advisory Council (RAC) funding. The amount and quality of data sent in may also affect data reports generated by the EMS & Trauma Registries staff.

How often does a hospital send data?

Data shall be submitted within three months from the date of discharge (*see note below for Designated Facilities*). The EMS & Trauma Registries recommends that hospitals and business associates submit data monthly. When there is no data for a particular month, the hospital shall submit a No Reportable Data using the online system within 90 days of that month.

How does a hospital send data?

For traumas, TBIs, SCIs, and submersions, data shall be sent electronically. The appropriate method is to establish an account with the EMS & Trauma Registries and use the online system for submitting data. Hospitals may use their own software or the free online system for entering data.

Note. The EMS & Trauma Registries no longer accepts paper submersion records.

May a hospital submit data through a business associate e.g. RAC, billing agency, etc.?

Yes, hospitals are allowed to submit through a business associate. However, it is the responsibility of the individual hospital to ensure that its data is accepted into the EMS & Trauma Registries.

Description of Reporting Requirements §103.1 – §103.8

Hospital Case Inclusion Criteria

A submersion injury

OR

A spinal cord injury, ICD-9-CM diagnosis codes 806.0-806.9 and 952.0-952.9

OR

A traumatic brain injury, ICD-9-CM diagnosis codes 348.1, 800.0-801.9, 803.0-804.9, 850.0-854.1, and 994.1

OR

Another traumatic injury, ICD-9-CM diagnosis codes 800-959.9 excluding 905-909, 910-924, and 930-939, AND at least one of the following:

- admitted to a hospital inpatient setting (for more than 48 hours)
- died after receiving any evaluation or treatment or was dead on arrival
- transferred into or out of the hospital

Note: The ICD-9-CM codes used above are **diagnosis codes**, not **E-codes**.

Description of Reporting Requirements §103.1 – §103.8 Justices of the Peace and Medical Examiners

What reports does a Justice of the Peace or Medical Examiner send in?

JPs and MEs are to report all traumatic brain injuries (TBI), spinal cord injuries (SCI), and submersions to the EMS & Trauma Registries.

Refer to the definitions on the last page for more details on case inclusion.

What data does a Justice of the Peace or Medical Examiner have to include in the report?

For TBIs, SCIs, and submersions, all of the required fields listed in the DSHS Data Dictionary, in the file format described in the data dictionary.

Note. The EMS & Trauma Registries no longer accepts paper submersion records. **At this time, JPs and MEs can only submit Submersion events.**

If a Justice of the Peace or Medical Examiner has just started submitting data, do they have to send records from previous months?

The rules require *Justice of the Peace or Medical Examiner* to submit data. The amount and quality of data sent in may affect data reports generated by the EMS & Trauma Registries staff.

How often does a Justice of the Peace or Medical Examiner send data?

Data shall be submitted within three months from the identification of a required reportable event. The EMS & Trauma Registries recommends that a Justice of the Peace or Medical Examiner submit data monthly.

How does a Justice of the Peace or Medical Examiner send data?

For TBIs, SCIs, and submersions, data shall be sent electronically. The appropriate method is to establish an account with the EMS & Trauma Registries and use the online system for submitting data. A Justice of the Peace or Medical Examiner may use the free online system for entering data.

Note. The EMS & Trauma Registries no longer accepts paper submersion records. **At this time, JPs and MEs can only submit Submersion events.**

May a Justice of the Peace or Medical Examiner submit data through a business associate e.g. Local Health Department, RAC, billing agency, etc.?

Yes, a Justice of the Peace or Medical Examiner are allowed to submit through a business associate. However, it is the responsibility of the individual Justice of the Peace or Medical Examiner to ensure that its data is accepted into the EMS & Trauma Registries.

Description of Reporting Requirements §103.1 – §103.8

Rehabilitation Facility

What reports does a rehabilitation facility send in?

Rehabilitation facilities are to report all traumatic brain injuries (TBI) and spinal cord injuries (SCI) to the EMS & Trauma Registries.

Refer to the definitions on the last page for more details on case inclusion.

What data does a rehabilitation facility have to include in the report?

For TBIs and SCIs, all of the required fields listed in the Data Dictionary, in the file format described in the data dictionary.

If a rehabilitation facility has just started submitting data, do they have to send records from previous months?

The rules require rehabilitation facilities to submit data. The amount and quality of data sent in may affect data reports generated by the EMS & Trauma Registries staff.

How often does a rehabilitation facility send data?

Data shall be submitted within three months from the date of discharge. The EMS & Trauma Registries recommends that rehabilitation facility and business associates submit data monthly.

How does a rehabilitation facility send data?

For TBIs and SCIs, data shall be sent electronically. The appropriate method is to establish an account with the EMS & Trauma Registries and use the online system for submitting data.

May a rehabilitation facility submit data through a business associate e.g. RAC, billing agency, etc.?

Yes, rehabilitation facilities are allowed to submit through a business associate. However, it is the responsibility of the individual rehabilitation facility to ensure that its data is accepted into the EMS & Trauma Registries.

Description of Reporting Requirements §103.1 – §103.8

Definition

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

(19) Submersion injury--The process of experiencing respiratory impairment from submersion/immersion in liquid.

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

(25) Traumatic injury--An injury listed in the International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes between 800.0 and 959.9, excluding 905-909, 910-924, and 930-939, and admitted to a hospital inpatient setting (for more than 48 hours), or died after receiving any evaluation or treatment or was dead on arrival, or transferred into or out of the hospital.