

EMS/Trauma Registry Reporting Rules

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.

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 website in the section titled “Data Reporting Rules” located at <http://www.dshs.state.tx.us/injury>

Summary 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.

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 EMS/Trauma Registry would appreciate any data that EMS providers can send, but there are no punitive damages for not sending past 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 Registry.

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 Registry 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 Registry 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 Texas EMS/Trauma Registry.

Hospitals

What reports does a hospital send in?

Hospitals shall submit all major trauma cases where the patient died or arrived dead, was admitted for more than 48 hours, was transferred in to *your* hospital, or was transferred out to *another* hospital. Hospitals also submit all traumatic spinal cord injuries, traumatic brain injuries, and submersions. Refer to the definitions on the following page for more details on case inclusion.

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

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

Does a hospital have to send data for cases from previous months?

The EMS/Trauma Registry would appreciate any data that hospitals can send, but there are no punitive damages for not sending past 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 Registry.

How often does a hospital send data?

Data shall be submitted within three months from the date of discharge. The EMS/Trauma Registry 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?

The trauma, TBI, and SCI data shall be sent electronically. The appropriate method is to establish an account with the EMS/Trauma Registry and use the online system for submitting data. Hospitals may use their own software or the free online system for entering data. Submersion data shall be sent using the paper form which can be found on the DSHS Injury website.

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 Texas EMS/Trauma Registry.

RULE §103.2 Definitions used for hospital case inclusion criteria:

(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.

Hospital Case Inclusion Criteria

A submersion injury (submitted on paper form)

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**.