

Texas EMS/Trauma Registry Update

The Texas EMS/Trauma Registry continues to evolve and respond to stakeholder requests for troubleshooting and system improvements. The updates provided in this report are current as of April 15, 2013.

File-upload processing

DSHS has identified three possible sources for providers experiencing problems uploading files:

1. The file is named incorrectly. Providers should review the document distributed by DSHS (www.dshs.state.tx.us/injury/registry/Training.shtm) that outlines the steps needed to rename files to match the system requirements.
2. The file does not contain the *mandatory* data elements. As indicated by the data dictionaries, certain data elements, such as the patient's first and last name, are mandatory to create a record. If any of the mandatory data elements are missing, the system will not create a record for that case. Providers can consult the data dictionaries to determine which elements are mandatory; the dictionaries can be found at www.dshs.state.tx.us/injury/registry/datadict.shtm.
3. Some data elements do not meet the 2002 data dictionary specifications and fail validation. For example, if a field, such as the Trauma

Registry Number (TRNO), is nine characters in length and specified as numeric, then a file with seven numbers and two spaces will not process properly.

DSHS is assisting providers with interpreting error messages and resolving problems with the file validation report counts for complete and incomplete records. For providers who upload files, discrepancies may exist between the number of records created in the validation report and the number of records created in the submission question package. For providers who perform web-based data entry, discrepancies exist between the number of required questions and the number of unanswered required questions. DSHS realizes having an accurate count of the number of records reported and the number of incomplete versus complete records is crucial. Resolving the discrepancies is a top priority for DSHS and our vendor.

April 1, 2013, reporting deadline

DSHS acknowledges the Registry transition may have impeded some reporting processes. By rule, an EMS provider has 90 days from the date of the run and a hospital provider has 90 days from the date of discharge to report to the Texas EMS/Trauma Registry. Therefore, all patients who were transported by EMS or discharged from the hospital on or before

December 31, 2012, should have been reported to the system by April 1, 2013.

To obtain access to the new system, all providers must have taken training and be issued a password; in addition, providers using a third party to submit data must establish a business associate agreement (BAA) for the third party to submit data on behalf of the provider. Although DSHS provided more than 80 training classes (including account manager training for attaching the business associate agreement to the entity's EMS/Trauma Registry account) between August 2012 and February 2013, there were many challenges to distributing the passwords that delayed access for some providers. We continue to work with providers to ensure they are able to access the system and submit data.

What providers need to know about the deadline

- DSHS will continue to accept 2012 data (beyond the original April 1, 2013, deadline). We want your data!
- If a provider had access to TRAC-IT but did not submit *any* records (zero) for 2012, that provider should have been notified in April, via a letter from DSHS, that they are not in compliance with reporting requirements.
- If a provider had access to TRAC-IT and to the new system by January 1, 2013,

and did not submit data for *all* 12 months of 2012, those providers will be notified in May, via a letter from DSHS, that they are not in compliance with reporting requirements.

- Providers who were newly licensed during 2012 are expected to report data beginning with the date of their license and therefore may not have data representing all 12 months of 2012.

If you have extenuating circumstances affecting your data submission, contact Tammy Sajak at 512-776-7220 or tammy.sajak@dshs.state.tx.us.

Plans for implementing NTDB- and NEMSIS-compliant data

DSHS and the Registry team are meeting with vendors to discuss the new file-extract requirements. Once vendors are able to provide a date for updating their products to produce the new file, the Registry team will work with providers to determine the schedule for implementing reporting using the new file. It is anticipated that the NTDB hospital file may be ready as early as July 2013, and pilot testing could be conducted as early as August. The NEMSIS file will take longer because of ongoing debate among the National Association of State EMS Officials (NASEMSO) data directors regarding clarifications for the new NEMSIS 3.3.1 reference lists.

The EMS/Trauma Registry will

be able to accept either the current or the new file formats. Providers who are not ready to send the new file format will be allowed more time to prepare to report.

Requesting data

The DSHS Injury Program is able to give providers, upon request to the Injury Program, a “raw” file containing the data that has been submitted by that provider. The file will not be “cleaned” of invalid data, but it can be used to analyze data and create reports.

Long-term acute care and rehabilitation reporting

DSHS, through the EMS/Trauma Registry, began collecting data from LTAC/Rehab facilities on March 1, 2013. Patients with a traumatic brain injury or spinal cord injury (TBI/SCI) diagnosis code and who receive treatment at a LTAC/Rehab facility within 30 days of discharge from the acute care hospital are required to be reported.

Future system enhancements

DSHS is planning additional enhancements to the EMS/Trauma Registry, including availability of the full set of ICD 9 and ICD 10 codes for diagnoses (in conjunction with the NTDB format) and possibly the option of creating ISS/AIS calculation tools. The Registry team distributed a

survey to hospitals that perform web-based data entry to collect information about access to trauma scoring training. The survey should give DSHS a better understanding of the tool before implementation. DSHS is also gathering information on what data validation training will be needed.

Communication

Although a telephone call to the Registry team at DSHS may seem the quickest method of communication, providers are instead strongly encouraged to submit a customer service request form, which can be accessed at www.dshs.state.tx.us/injury/default.shtm. The completed form should be sent by email to injury.web@dshs.state.tx.us. Using the form will allow the Registry team to process all service requests in a fair and efficient manner.

Providers can also access a new source of information: the webpage for the Trauma Systems Committee and EMS/Trauma Registry Workgroup. Please visit this page to learn more about the workgroup’s goals and how to communicate questions, suggestions and concerns to the workgroup members. The new webpage can be found at www.dshs.state.tx.us/emstraumasystems/TraumaCommRegWorkgroup.shtm or visit the Registry website at www.dshs.state.tx.us/injury.