§157.1310 Emergency Medical Services and Trauma Care System Account and Emergency Medical Services, Trauma Facilities, and Trauma Care System FundDesignated Trauma Facility and Emergency Medical Services Account – Resource Document

(a) Definitions. The following terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

(1) Account---Tthe Emergency Medical Services and Trauma Care System Account designated trauma facility and emergency medical services account established under Health and Safety Codes 771.072; and the Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund established under Health and Safety Code Section 77380.0063..

(2) Active pursuit of department designation as a trauma facility---aAn undesignated facility, applying for designation from the department as a trauma facility, must submit the following to the department:

(A) a written statement of intent to seek designation; followed with

(B) an application with the state or appropriate organization for trauma verification and designation;

(C) documented evidence of twelve months of data to the department trauma registry;

(D) letter documenting twelve months of participation in trauma service area regional advisory council initiatives; and

(E) a documented trauma operational plan inclusive of the documented trauma standards of care and trauma performance improvement plan specific to the facility and a twelve-month annual trauma performance improvement summary. creation of a hospital trauma performance committee.

The undesignated facility must file this information no later than the 180th fourteen months day after the date the statement of intent is filed and notify the department of the facility's compliance of with this subsection.

(23) Bad debt--The unreimbursed cost to a hospital of providing health care services on an trauma activated inpatient, or emergency department, transferred, or expired basis to a person who is financially unable to pay, in

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whole or in part, for the services rendered and whose account has been classified as bad debt based upon the hospital's bad debt policy. A hospital's bad debt policy should be in accordance with generally accepted accounting principles.

(34) Calculation of the costs of uncompensated trauma care ~~(UCC)~~--For the purposes of this section, a hospital will calculate its total costs of uncompensated trauma care for patients meeting their trauma activation criteria by summing its charges related to uncompensated trauma care as defined in ~~paragraph (6) of~~ this subsection, then applying the cost-to-charge ratio defined in ~~paragraph (13) of~~ this subsection and derived in accordance with generally accepted accounting principles.

(A~~7~~) C~~c~~ost-to-charges ratio----A ratio that covers all applicable hospital costs and charges relating to inpatient care determined by the Health and Human Services Commission from the hospital's Medicaid cost report. To calculate a hospital's uncompensated trauma care costs, the department shall use inpatient ratio of cost-to-charges pertaining to the fiscal year of allocated funds being calculated.

(B) Uncompensated trauma care--The sum of "~~"~~charity care" and/or "bad debt" resulting from trauma care as defined in ~~(a)(16) of~~ this section after due diligence to collect. Contractual adjustments in reimbursement for trauma services based upon an agreement with a payor (to include but not limited to Medicaid, Medicare, Children's Health Insurance Program (CHIP), etc.) ~~is~~are not uncompensated trauma care.

(45) Charity care--The unreimbursed cost to a hospital of providing health care services on an inpatient, ~~or~~ emergency department, transferred, or expired ~~basis to a~~ person classified by the hospital as "financially indigent" or "medically indigent."~~.~~

(A) Financially indigent--An uninsured or underinsured person meeting the facility's trauma activation criteria who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility system.

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Commented [V(3]: Again, seems that this should be subsection (2) under (B).

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(B) Medically indigent--A person whose medical or hospital bills after payment by third-party payors (to include but not limited to Medicaid, Medicare, CHIP, etc.) exceed a specified percentage of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and the person is financially unable to pay the remaining bill.

(56) Commissioner---the commissioner of the Department of State Health Services

~~(7) cost-to-charges ratio -- A ratio that covers all applicable hospital costs and charges relating to inpatient care determined by the Health and Human Services Commission from the hospital's Medicaid cost report. To calculate a hospital's uncompensated trauma care costs, the department shall use inpatient ratio of cost-to-charges pertaining to the fiscal year of allocated funds being calculated.~~

(867) County of licensure--The county within which lies the location of the business ~~mailing~~ physical address of a licensed ~~ambulance~~ EMS provider~~,~~ as indicated by the provider on the application for licensure form that is~~t~~ filed with the department.

(978) Department---the Department of State Health Services

(~~10~~89) Emergency transfer--Any immediate trauma activation patient transferred ~~of~~ due an emergent or unstable patient, ordered by a ~~licensed~~ physician or requested by the patient, from a health care facility to another acute care facility ~~hospital~~ which has the capability of providing a higher level of trauma care or of providing a specialized type of care not available at the transferring facility.

(9110) EMS---E~~e~~mergency M~~m~~edical S~~s~~ervices

(~~12~~101) Extraordinary emergency----A serious, unexpected~~n~~ event or situation requiring immediate action to reduce or minimize disruption to established healthcare services within the EMS and/or trauma system. ~~which may disrupt or reduce the healthcare services of an EMS/trauma system.~~

(~~13~~112) Operative or surgical intervention of patients meeting trauma activation criteria ~~patients~~--Any surgical procedure resulting from a trauma for patients who meets the facility's trauma activation criteria being taken directly from the emergency department to an operating suite and meets the current National Trauma Data Standard Patient Inclusion Criteria listed by

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Commented [H(4]: 1 EMTALA does not apply to the transfer of stable patients; however, if the patient is unstable, then the hospital may not transfer the patient unless: 2 A physician certifies the medical benefits expected from the transfer outweigh the risks OR 3 A patient makes a transfer request in writing after being informed of the hospital's obligations under EMTALA and the risks of transfer. https://www.acep.org/life-as-a-physician/ethics--legal/emtala/emtala-fact-sheet/

the American College of Surgeons National Trauma Data ~~Bank~~ Standard~~regardless of whether the patient was admitted to the hospital~~.

(~~14~~123) RAC~~—--~~Regional Advisory Council

(~~15~~134) Rural county--A county with a population of less than ~~50~~30,000 based on the latest ~~official~~ estimated federal census population figures.

(~~16~~145) Trauma care--Care provided ~~to~~ for a patient who~~:~~ ~~:~~

(A) meets the facility's trauma team activation criteria and~~/or~~ is entered into the facility's Trauma Registry, meeting NTDS criteria~~;~~ ~~and~~

(B) has at least one of the principal trauma diagnose~~i~~s listed in the current Injuries and Poisonings Chapter of the International Classification of Diseases, Clinical Modification code; and

(C) meets the current National Trauma Data Standard Patient Inclusion Criteria listed by the American College of Surgeons National Trauma Data Bank.

(~~17~~156) Trauma facility~~---~~A hospital that has successfully completed the trauma designation process~~, is capable of stabilization and/or definitive treatment of critically injured persons~~ and has documented evidence of ~~actively~~ participat~~ion~~es in a regional EMS/trauma system.

(~~18~~167) TSA~~—--~~Trauma Service Area

(~~19~~178) Urban county--A county with a population of ~~50~~30,000 or more based on the latest ~~official~~ estimated federal census population figures.

~~(20) Uncompensated trauma care--The sum of "charity care" and "bad debt" resulting from trauma care as defined in (a)(5) of this section after due diligence to collect. Contractual adjustments in reimbursement for trauma services based upon an agreement with a payor (to include but not limited to Medicaid, Medicare, Children's Health Insurance Program (CHIP), etc.) is not uncompensated trauma care.~~

(b) Reserve. In each fiscal year, the commissioner shall reserve $500,000 of any money appropriated from the accounts for extraordinary emergencies.~~On September 1 of each year, there shall be a reserve of $500,000 in the designated~~ Designated trauma Trauma F~~facility and~~

Commented [F(5]: follow-up and verify 30K vs 50K

Commented [H(6R5]: Check HHSC Medicaid reimbursements:
(29) Rural hospital--A hospital enrolled as a Medicaid provider that:
(A) is located in a county with 60,000 or fewer persons according to the 2010 U.S. Census;

Commented [F(7]: verify

Commented [H(8]: Would like to reconsider using most recent/available U.S. Census estimates for Texas counties? (spreadsheet from U.S. Census for dataset)

Commented [F(9R8]: Comment for both (15) Rural County and (18) Urban County

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~~Eemergency Mmedical Sservices Aaccount (accountaccount) for extraordinary emergencies.~~ During the fiscal year, distributions may be made from the reserve based on submitted requests which demonstrate a need~~,~~ and justify the impact on the EMS and trauma care system. Requests not immediately recommended for funding will be reconsidered at the end of each fiscal year~~,~~ if funding is available~~,~~ and ~~if~~ a need is still present.

(c) Allocations. The allocations described in this section shall be established

(1) Allocation Determination. Each year, the department shall determine as follows:

(A) eligible recipients for EMS, TSA, and hospital allocations; and

(B) the amount of EMS, TSA, and hospital allocations based on language found in Health and Safety Code 773.12280.~~;~~

(2) EMS Allocation. The department shall contract with each eligible RAC to distribute the county funds to eligible EMS providers based within counties which are aligned within the relevant RAC.

~~(~~A) The department shall evaluate each distribution plan per contract statement of work and awarded funds shall be used ~~as an~~in addition to current ~~county~~ operational EMS funding of eligible recipients, not supplant the operational budget~~as a replacement~~.

(B) ~~f~~Funds are allocated by county to eligible providers in each county, and funds are non-transferable to other counties within the RAC if there are no eligible providers in a county ~~exists~~.

(C) Eligible EMS providers may ~~opt to pool awarded county funds or~~ contribute funds for a specified purpose within the RAC~~-assembly approval~~.

(3) TSA Allocation. The department shall contract with eligible RACs to distribute the funds~~.~~ for the operation of the 22 trauma service areas and for equipment, communications, ~~and~~ education, and training ~~for the areas~~. ~~Money distributed under this subsection shall be distributed on behalf of eligible recipients in each county to the trauma service area regional advisory council for that county. The department shall evaluate each distribution plan per contract statement of work.~~

Commented [H(10]: Language from HSC 780.004(b)

Commented [H(11]: 86th Texas Leg., HB 2048, effective 9/1/2019.

Commented [H(12]: Does this affect how the by-laws are written?

Commented [H(13]: Is this too restrictive? Potential of hurting the small RAC that may use some funds help pay support staff

Commented [H(14R13]: These funds are available to use for the operations of the RAC which includes support staff

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(4) Hospital Allocation. The department shall distribute funds to designated trauma facilities ~~and those in active pursuit eligible to receive funds~~ to subsidize a portion of uncompensated trauma care provided or ~~to fund innovative projects~~ to enhance the facility's delivery of trauma care. Funds distributed from the hospital allocations shall be made based on, but not limited to, the following:

(A) the percentage of the hospital's uncompensated trauma care cost for patients who meet the facility's trauma activation criteria and NTDS registry inclusion criteria in relation to the total uncompensated trauma care cost reported for the identified patient population by qualified ~~hospitals~~ facilities that year; and

(B) availability of funds.

(d) Eligibility requirements. To be eligible for funding from the account, all potential recipients ~~(EMS Providers, RACs, First Responder Organizations License, and hospitals)~~ must maintain the regional participation requirements. ~~active involvement in regional system development. Contractual obligations must also be met for previous awards.~~

(1) Extraordinary Emergency Funding. To be eligible to receive extraordinary emergency funding, an entity must meet the following requirements:

(A) be a licensed EMS provider, a ~~licensed~~ designated trauma ~~hospital~~facility, or a ~~licensed~~ recognized first responder organization;

(B) submit a completed application and any additional documentation requested ~~to~~by the department; and

(C) p~~P~~rovide documentation of active participation in its local RAC.

~~i~~Incomplete applications will not be considered.

(2) EMS Allocation. To be eligible for funding from the EMS allocation providers shall:~~:~~

(A) maintain and comply with all licensure requirements as described in §157.11 of this title; ~~and~~

Commented [H(15]: This definition has been tight over the years because organizations like MADD have asked for RAC funding. I do see below we flush it out a bit better.

Commented [F(16]: Revamp the application

Commented [H(17]: Have always asked providers to be part of the RAC and should state in rule

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(B) acknowledge RAC regional protocols regarding patient destination and transport in all TSAs in which they operate (verified by each RAC);~~;~~

~~(C) evidence of annual participation in the regional performance improvement program in all TSAs in which they operate;~~

~~((C~~D) follow actual patient referral patterns of each RAC it is providing services. This would apply to a ~~if A~~a provider ~~is~~ licensed in a county or contracted to provide EMS in a county that is contiguous with a neighboring TSA;~~, could be required to~~ participation participate in more than one RAC. ~~RAC participation shall follow actual patient referral patterns.~~;

~~(i)~~ (~~E~~D) ~~-~~notify the RACs of any potential eligibility to receive funds and meet the RACs participation requirements if a~~an EMS provider contracted to provide emergency medical services within a county of any one TSA and whose county of licensure is another county not in or contiguous with that TSA must be an active member of the RAC for the TSA of their contracted service area and meet that RAC's definition of participation and requirements listed in subparagraph (E)(i) - (vi) of this paragraph; and~~

~~it is the responsibility of an EMS provider to contact each RAC in which it operates to ensure knowledge of the provider's presence and potential eligibility for funding from the EMS allotment related to that RAC's TSA;~~

~~If a~~A provider is contracted to provide EMS within a county of any one TSA and whose county of licensure is another county not in or contiguous ~~-~~with that TSA; and~~ must notify the RACs of any potential eligibility to receive funds and meet the RACs participation requirements:~~.

~~(i) evidence of annual participation in the regional performance improvement program in all TSAs in which they operate; and~~

~~(ii) is the responsibility of an EMS provider to contact each RAC in which it operates to ensure knowledge of the provider's presence and potential eligibility for funding from the EMS allotment related to that RAC's TSA.~~

(~~F~~E) provide the department evidence of a contract or letter of agreement with each additional county government or taxing authority in which EMS is provided in ~~if A~~a~~n EMS provider is serving~~ any county beyond

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Commented [H(19]: Is there a time frame an EMS provider must notify the RACs in order to be eligible? Like each year or once when they take over a service area?

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its county of licensure: ~~it must provide to the department evidence of a contract or letter of agreement with each additional county government or taxing authority in which service~~ EMS is provided:.

(i) ~~i~~Inter-facility transfer letters of agreement and/or contracts or~~,~~ ~~as well as~~ mutual aid letters of agreement and/or contracts~~,~~ do not meet this requirement.~~;~~

(ii) Cc~~e~~ontracts or letters of agreement must be ~~dated and~~ submitted to the department ~~on or before August 31 of~~ ~~when requested, by~~on or before the stated deadline of the respective yea~~r~~r~~,~~ and be able to provide evidence of continued coverage throughout the effective contract dates it is being considered for eligibility~~more than six months of the upcoming fiscal year~~.~~;~~

(iii) EMS providers with contracts or letters of agreement on file with the department which include contract service dates that meet the effective contract dates do not need to resubmit a copy of the contract or letter of agreement unless it has expired or will expire before the release of the next contract. ~~e~~E~~ffective dates of the contracts or letters of agreement should shall be provided.;~~

(iv) ~~EMS providers with contracts or letters of agreement on file with the department which include contract service dates that meet the required time period (noted in this subsection) need not resubmit unless the contract or letter of agreement on file has expired or will expire before the release of the funding contract.;~~ The submitted contracts or letters of agreement must include effective dates to determine continued eligibility.

(v) EMS providers are primarily responsible for assuring that all necessary portions of their contracts or~~and~~ letters of agreement have been received by the department on or before the listed deadline to be considered for eligibility.~~; and~~

(vi) A~~a~~ir ambulance providers must meet the same requirements as ground transport EMS providers to be eligible to receive funds from a specific county other than the county of licensure~~; and~~.

(~~G~~F) I~~contract (with a county government or taxing authority)~~ for a service area which is considered a geo-political sub-division and ~~(examples listed below)~~

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Commented [H(21]: Would like to review and possible redo this portion of the rule. There are many providers that are considered geo-political and cross over counties. Is this something that Certification or Licensing can provide a report and work with the program to verify?

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whose boundary lines cross multiple county lines, it will be considered eligible for the ~~911~~ EMS Allocation for all counties overlapped by that geo-political sub-division's boundary lines. ~~A contract~~ Verification from local the geo-political sub-division ~~is not necessary~~to determine funding eligibility licensure is in a geo-political sub-division other than those listed in clauses (i) - (vi) of this subparagraph, will be evaluated on a case-by-case basis.

(iii) Emergency service districts (ESDs)~~.~~;

(3) ~~RAC~~ TSA Allocation. To be eligible for funding from the TSA allocation, a RAC

(A) ~~be~~ officially recognized by the department as described in §157.123 of this title (relating to Regional Emergency Medical Services/Trauma Systems) and in compliance with all RAC contract

(B) incorporated as an entity that is exempt from federal income tax under Section 501(a), Internal Revenue Code of 1986, and its subsequent amendments, by being listed as an exempt organization under Section 501(c)(3) of that code. A regional advisory council's share of money distributed under this section shall be based on the relative geographic size and population of each trauma service area and on the relative amount of trauma care provided.~~: Meet requirements from Reference from 773.122 d, 780 e;~~

(4) Hospital Allocation. To be eligible for funding from the hospital allocation, a hospital must be a ~~department~~ designated trauma facility ~~or in active pursuit of a department designation as a trauma facility~~. ~~or a Department of Defense hospital that is a department designated trauma facility or in active pursuit of a department designation as a trauma facility.~~

Commented [H(22]: Considering striking out with intent to verify with EMS Certification/Licensure Group

Commented [H(23R22]: I am not sure we want to strike this. For example Katy TX crosses three County boundaries Harris Ft Bend and Waller. I am not sure the licensing group can provide the detail you need.

Commented [H(24R22]: We will keep this information and continue with requesting letters of agreement

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Commented [H(25]: See reference above. May look to simplify process or combine these to make it clear

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Commented [H(26]: Has previously been collected through the EMS/Trauma Registry with trauma runs and trauma reported at facilities. Trauma runs aren't being reported/logged separate in the EMS/trauma runs. Should it just be based on emergency runs and trauma care at facilities?

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(A) To receive funding from the hospital allocation, a complete ~~UCC~~ application must be submitted to the department within the stated time frame.

(B) ~~All a~~Initial applications received after the stated deadline ~~pplications~~ will ~~be~~not be considered for funding from the hospital allocation ~~available during the stated time frame~~.

(C) Additional information may be requested at the department's discretion to determine eligibility for funding from the hospital allocation.

(D) A ~~department~~ designated trauma facility in receipt of funding from the hospital allocation ~~account~~ that fails to maintain its designation~~,~~ as required in Texas Administrative Code 157.125~~,~~ shall return all hospital allocation~~UCC~~ funds received in the last 12 months to the department within 90 days of failure to maintain trauma designation~~an amount determined by the department.~~ ~~:~~

(E) T~~t~~he department may grant an exception to subparagraph (D) of this subsection if it finds that compliance with this section would not be in the best interests of the persons served in the affected local system.

~~(F) An undesignated facility in active pursuit of designation, that has not achieved department trauma designation per 780.004 (i), must return to the account, all funds received from the hospital allocation, plus a penalty of 10%.~~

(F~~G~~) A facility shall have no outstanding balance owed to the department or agency prior to receiving any future disbursements from the ~~designated trauma facility and emergency medical services account~~hospital allocation.

(e) Calculation Methods. Calculation of county portions of the EMS allocation, the RAC portions of the TSA allocation, and the hospital allocation will be the following~~.~~:

~~—~~(1) EMS allocation.

(A) Counties will be classified as urban or rural based on the latest ~~official~~ estimated federal census population figures.

Commented [F(28]: Spell out or UCC

Commented [F(29]: Review with Legal

Commented [K(30]: Is this section required? Is it in the Statutes?

Commented [H(31R30]: It is not listed in HSC 780, but it is a Texas Comptroller of Public Accounts direction to ensure that awarded state funds are not utilized to pay back any outstanding balances deemed appropriate from state agency conducted audits. If a vendor has been flagged for this, any payments being processed by state agencies are placed on hold until the issue is resolved.

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(B) ~~The~~ EMS allocation will be derived by adjusting the weight of the statutory criteria in such a fashion that:

(i) ~~-~~40% of the funds ~~that are allocated~~ to urban counties; and

(ii) 60% of the funds ~~are allocated~~ to rural counties.

(C) An individual county's ~~share~~ portion of the EMS allocation shall be based on its geographic size, population, and number of emergency health care runs, multiplied by adjustment factors~~,~~ determined by the department, so ~~that~~ the distribution approximates the required percentages to urban and rural counties.

(D) ~~-~~The formula shall be: ((the county's population multiplied by an adjustment factor) plus (the county's geographic size multiplied by an adjustment factor) plus (the county's total emergency health care runs multiplied by an adjustment factor) divided by 3) multiplied by the total EMS allocation). The adjustment factors will be manipulated so that the distribution approximates the required percentages to urban and rural counties.

(E) Total emergency health care runs shall be the number of emergency ~~or trauma~~ patient care records electronically transmitted to the department in a given calendar year by EMS providers.

(2) TSA allocation.

(A) A RAC's portion of the TSA allocation shall be based on its relative geographic size, population, and trauma care provided as compared to all other TSAs.

(B) Total trauma care shall be the number of trauma patient care records meeting NTDB inclusion criteria electronically transmitted to the department in a given calendar year by EMS providers and hospitals.

(C) The formula shall be: ((the TSA's percentage of the state's total population) plus (the TSA's percentage of the state's total geographic size) plus (the TSA's percentage of the state's total trauma care) divided by 3) multiplied by the total TSA allocation).

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(D) Total trauma care shall be the number of trauma patient records electronically transmitted to the department in a given calendar year by EMS providers and hospitals.

(3) Hospital allocation.

(A) D~~d~~istributions, including unexpended portions of the EMS and TSA allocations, are determined by an annual application process.

(B) An annual application process shall be completed each fiscal year.

(C) Based on the information provided in the approved application, each facility shall receive allocations as follows:

(i) an equal amount not to exceed 20 percent of the available hospital allocation to reimburse designated trauma hospitals under the program and located in a rural county as defined in this section.~~not to exceed 15 percent of the hospital allocation; and~~

(ii) ~~an amount for uncompensated trauma care as determined in subparagraphs (B) - (C) of this paragraph, less the amount received in clause (i) of this subparagraph.~~

~~(B)~~ Any funds not allocated in ~~sub~~paragraph (e)(1) and (e)(2) ~~(C)(i)~~ of this ~~paragraph~~ section shall be included in the distribution formula in ~~subparagraph~~ subparagraph (E)~~(D)~~ of this paragraph.

(~~C~~D) If the total cost of uncompensated trauma care for patients meeting trauma activation criteria and NTDB inclusion criteria exceeds the amount appropriated from the account, minus the amount referred to in subparagraph (C)(i) of this paragraph, the department shall allocate funds based on a facility's percentage of uncompensated trauma care costs in relation to the total uncompensated trauma care cost reported by qualified hospitals that year.

(E) The hospital allocation formula for trauma designated facilities shall be [(the facility's reported costs of uncompensated trauma care) minus (any collections received by the hospitals for any portion of their uncompensated care previously reported for the purposes of this section) divided by (the total reported cost of uncompensated trauma care by qualified hospitals that year)] multiplied by (total money available for

Commented [F(36]: Application process includes the timeline, what they need to do and by when.

Commented [F(37]: Do we need to include something about designated facilities and those in active pursuit completing the application process?

Commented [F(38]: Further meeting with leadership for rural discussion

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facilities minus the amount distributed in subparagraph (C)(i) of this paragraph).

~~(D) The hospital allocation formula for Level I, II, III, and IV trauma facilities and those facilities in active pursuit of designation not receiving funding under Health and Safety Code 780.004 (2) shall be: [((the facility's reported costs of uncompensated trauma care) minus (any collections received by the hospitals for any portion of their uncompensated care previously reported for the purposes of this section) divided by (the total reported cost of uncompensated trauma care by qualified hospitals that year)]) multiplied by (total money available for facilities minus the amount distributed in subparagraph (C)(i) of this paragraph).~~

(~~E~~F) ~~For purposes of subparagraph D of this paragraph, t~~The reporting period of a facility's uncompensated trauma care shall apply to costs incurred during the preceding calendar year.

~~(F) Hospitals should have a physician incentive plan that supports the facility's participation in the trauma system.~~

~~(G) NMay need to add language regarding SDA trauma add-on since it is in HSC 780. Will need to work with HHSC and DSHS leadership on this considering the process is changing.~~

(f) Loss of funding eligibility. If the department finds that an EMS provider, RAC, or hospital has violated the Health and Safety Code, ~~§780.004~~773, or fails to comply with this section, the department may withhold account monies for a period of one to three years depending upon the seriousness of the infraction.

Commented [H(39]: This portion describes the SDA Trauma Add-on funding.

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National Trauma Data Standard Patient Inclusion Criteria

Definition:

To ensure consistent data collection across States into the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury within 14 days of initial hospital encounter and meeting the following criteria:

At least one of the following injury diagnostic codes defined as follows:

International Classification of Diseases, Tenth Revision (ICD-10-CM):
S00-S99 with 7th character modifiers of A, B, or C ONLY. *(Injuries to specific body parts – initial encounter)*
T07 *(unspecified multiple injuries)*
T14 *(injury of unspecified body region)*
T20-T28 with 7th character modifier of A ONLY *(burns by specific body parts – initial encounter)*
T30-T32 *(burn by TBSA percentages)*
T79.A1-T79.A9 with 7th character modifier of A ONLY *(Traumatic Compartment Syndrome – initial encounter)*

Excluding the following isolated injuries:

ICD-10-CM:
S00 *(Superficial injuries of the head)*
S10 *(Superficial injuries of the neck)*
S20 *(Superficial injuries of the thorax)*
S30 *(Superficial injuries of the abdomen, pelvis, lower back and external genitals)*
S40 *(Superficial injuries of shoulder and upper arm)*
S50 *(Superficial injuries of elbow and forearm)*
S60 *(Superficial injuries of wrist, hand and fingers)*
S70 *(Superficial injuries of hip and thigh)*
S80 *(Superficial injuries of knee and lower leg)*
S90 *(Superficial injuries of ankle, foot and toes)*

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, T20-T28, T30-T32 and T79.A1-T79.A9):

- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status);
  OR
- Patient transfer from one acute care hospital* to another acute care hospital;
  OR
- Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention);
  OR
- Patients who were an in-patient admission and/or observed;
  OR
- Patients who were a trauma consult or any level of trauma activation

*Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition). "CMS Data Navigator Glossary of Terms" https://www.cms.gov/Research-Statistics-Data-and systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf (accessed January 15, 2019).

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