

EMERGENCY MEDICAL SERVICES AND TRAUMA REGISTRIES

QUICK GUIDE TO REPORTING



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Emergency Medical Services and Trauma Registry (EMSTR)

Quick Reporting Guide for:

Emergency Medical Services (EMS) Providers

Hospitals

Justices of the Peace (JPs)

Medical Examiners (MEs)

Rehabilitation Facilities

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EMSTR Quick Guide Introduction

The Law

Texas Health and Safety Code, **Chapter 92** (Injury Prevention and Control), Subchapter A: General Provisions authorizes the Texas Department of State Health Services (DSHS) to adopt rules concerning injury reporting.

The Rule

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

Emergency Medical Services and Trauma Registries (EMSTR) Law & Rules

Texas Health & Safety Code, Chapter 92.

Texas Administrative Code, Chapter 103.

Highlights include:

- 103.4 Who shall report and list of reportable injuries and events.
- 103.5 EMS reporting requirements.
- 103.6 Reporting requirements for physicians, medical examiners, and justices of the peace.
- 103.7 Reporting requirements for hospitals.
- 103.8 Reporting requirements for acute or post-acute rehabilitation facilities.

Office of EMS and Trauma Systems Laws and Rules

- **Texas Health & Safety Code**, **Chapter 773**.
- **Texas Administrative Code**, **Chapter 157**.

dshs.texas.gov/injury-prevention/ems-trauma-registries/data-reporting-requirements

EMSTR MAVEN Submissions System: injury.dshs.texas.gov/injury/login.do

Reporting Requirements Summary

Emergency Medical Services (EMS) Providers

What reports does an EMS provider send in?


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

What data must an EMS provider include in the report?

EMS providers need to include all required fields listed in the EMS Data Dictionary (National EMS Information System - NEMSIS 3.3.4 and all Texas Required Custom Elements), in the file format described in the data dictionary, below:

Data Dictionaries:

- [NEMSIS v3.3.4 Data Dictionary](#);
- [EMS TX Custom Requirements Data Dictionary](#) (Revised 12.22.2016);
- [EMS TX Custom Schematron](#); and
- [NEMSIS suggested lists for answering Medications, Procedures, etc.](#)



AS OF JANUARY 1, 2017, THE REGISTRY ACCEPTS DATA IN THE NEMSIS VERSION 3.3.4 FORMAT. THE REGISTRY WILL TRANSITION TO THE NATIONAL EMS INFORMATION SYSTEM (NEMSIS) VERSION 3.5 DURING CALENDAR YEAR 2023. EMS AGENCIES AND VENDORS SHOULD MAKE TRANSITION PLANS TO COLLECT REQUIRED DATA ELEMENTS.

See nemsis.org/v3-5-0-revision/ for additional V3.5 resources.

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

The rules require EMS providers to submit all runs. The Department of State Health Services (DSHS) EMSTR encourages EMS providers to send any available data as soon as it is available. The data volume and quality an EMS provider sends to EMSTR may affect the Office of EMS and Trauma Systems' financial allocations to the Regional Advisory Councils (RACs), and ultimately the local EMS agencies. The data amount and quality an EMS provider sends also affects the EMSTR state data reports.

How often does an EMS provider send data?

Providers should submit data within 90 days of the assistance call date. EMSTR recommends EMS providers and authorized business associates submit data monthly. When a particular month has no data, the EMS provider or business associate must submit a No Reportable Data (NRD) notification entry using the online system.

How does an EMS provider send data?

Providers should send all data to the EMSTR electronically. EMS providers shall establish an EMSTR account and use the free online system for submitting data. Alternatively, EMS providers may use their own software or use an authorized third-party business associate to submit for them.

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 individual EMS provider's responsibility to confirm that its data is accepted into the EMSTR. EMSTR must have a Business Associate Agreement (BAA) on file linking the agency and their business associate prior to beginning submissions.

[Sample BAA](#)

EMSTR MAVEN Submissions System: injury.dshs.texas.gov/injury/login.do

Hospitals

What reports does a hospital send in?

Hospitals should submit all burns and hospital traumatic injury cases meeting the National Trauma Data Bank (NTDB) inclusion criteria to the Texas Department of State Health Services (DSHS) Emergency Medical Services and Trauma Registries (EMSTR). This includes cases where a patient was transferred into the hospital OR was transferred out to *another* hospital. Hospitals shall also submit all traumatic spinal cord injuries (SCIs), traumatic brain injuries (TBIs), and submersions. Refer to the 2020 National Trauma Data Standard Data Dictionary Admissions definitions for more details on case inclusion.

dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/NTDSDataDictionary2020Admissions.pdf

What data must a hospital include in the report?

Hospitals need to submit all trauma, SCI, and TBI data including all required fields listed in the Hospital Data Dictionary (ITDX/NTDB Standard) in the file format described in the data dictionary. For submersions, all data requested on the online submersion form is required.

facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/

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

EMSTR encourages a hospital to submit any data as promptly as possible. The data volume and quality a hospital sends to EMSTR may affect the Office of EMS and Trauma Systems financial allocations to the Regional Advisory Councils (RACs), and ultimately the local hospitals. The data amount and quality sent also affects the EMSTR state data reports.

How often does a hospital send data?

Hospitals should submit data within 90 days from the date of the patient's discharge. EMSTR recommends hospitals and business associates submit data monthly. When there is no data for a particular month, the hospital shall submit a No Reportable Data (NRD) entry using the online system.

EMSTR MAVEN Submissions System: injury.dshs.texas.gov/injury/login.do

How does a hospital send data?

Hospitals should send trauma, TBI, and SCI data electronically. Hospitals should establish an EMSTR account and use the online system for submitting data. Hospitals may use their own software or the free online system for entering data.

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 individual hospital's responsibility to confirm that its data is accepted into the EMSTR Registry. EMSTR must have a Business Associate Agreement (BAA) on file linking the facility and their business associate prior to beginning submissions.

[Sample BAA](#)

EMSTR MAVEN Submissions System: injury.dshs.texas.gov/injury/login.do

Justices of the Peace (JPs) and Medical Examiners (MEs)

What reports does a JP or ME send in?

Both JPs and MEs should report all traumatic brain injuries (TBIs), spinal cord injuries (SCIs), and submersions to the Texas Department of State Health Services (DSHS) Emergency Medical Services and Trauma Registries (EMSTR).

Refer to the 2020 National Trauma Data Standard Data Dictionary Admissions definitions, the submersion data dictionary, the TBD/SCI data dictionary for more details on case inclusion.

dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/NTDSDDataDictionary2020Admissions.pdf

dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/Submersion-Data-Dictionary.pdf

dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/TBI/SCI-Data-Dictionary.pdf

What data must a JP or ME include in the report?

For TBIs, SCIs, and submersions, JPs and MEs should include all required fields listed in the DSHS (JP/ME) Data Dictionary, in the file format described on the DSHS EMSTR correlated webpage.

dshs.texas.gov/injury-prevention/ems-trauma-registries/justice-the-peace

dshs.texas.gov/injury-prevention/ems-trauma-registries/medical-examiner

If a JP or ME just started submitting data, do they have to send records from previous months?

Texas Rules require JPs and MEs to submit data. The data amount and quality sent affects EMSTR data reports.

How often does a JP or ME send data?

Both JPs and MEs should submit data within 90 days from the identification of a required reportable event. EMSTR recommends that a JP or ME submit data monthly.

How does a JP or ME send data?

For TBIs, SCIs, and submersions, JPs and MEs should send data electronically. To do this, JPs or MEs should establish an EMSTR account and use the free online system for submitting data or work with a business associate to submit records.



**EMSTR NO LONGER ACCEPTS PAPER SUBMERSION RECORDS. PLEASE FIND THE
CURRENT SUBMERSION FORM ONLINE.**

May a JP or ME submit data through a business associate e.g., local health department, Regional Advisory Council (RAC), billing agency, etc.?

Yes, a JP or ME is allowed to submit through a business associate. It is the responsibility of the JP/ME to confirm that its data is accepted into the EMSTR Registry. The EMSTR must have a Business Associate Agreement (BAA) on file linking the facility and their business associate prior to beginning submissions.

Sample BAA

EMSTR MAVEN Submissions System: injury.dshs.texas.gov/injury/login.do

Rehabilitation Facilities

What reports does a rehabilitation facility send in?

Rehabilitation facilities should report all traumatic brain injuries (TBIs) and spinal cord injuries (SCIs) to the Texas Department of State Health Services (DSHS) Emergency Medical Services and Trauma Registries (EMSTR).

Refer to the 2020 National Trauma Data Standard Data Dictionary Admissions definitions for more details on case inclusion.

dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/NTDSDDataDictionary2020Admissions.pdf

What data must a rehabilitation facility include in the report?

For TBIs and SCIs, rehabilitation facilities should include all required fields listed in the Submersion and Trauma Data Dictionaries, in the file format described in the data dictionaries.

dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/Submersion-Data-Dictionary.pdf

dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/TBI/SCI-Data-Dictionary.pdf

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

Texas rules require rehabilitation facilities to submit data. The data amount and quality sent affects the EMSTR data reports.

How often does a rehabilitation facility send data?

Rehabilitation facilities should submit data within 90 days from the date of discharge. EMSTR recommends that rehabilitation facilities and business associates submit data monthly.

How does a rehabilitation facility send data?

For TBIs and SCIs, a rehabilitation facility should send data electronically. Rehabilitation facilities shall establish an EMSTR account and use the free online system for submitting data or work with a third-party vendor to submit for them.

May a rehabilitation facility submit data through a business associate e.g., Regional Advisory Council (RAC), billing agency, etc.?

Yes, rehabilitation facilities are allowed to submit through a business associate. However, it is the individual rehabilitation facility's responsibility to confirm that its data is accepted into the EMSTR. DSHS must have a current Business Associate Agreement (BAA) on file with EMSTR prior to any third-party vendor record submissions.

Sample BAA



ALL RECORDS SUBMITTED THROUGH A LOCAL HEALTH DEPARTMENT OFFICE MUST BE DONE WITHIN 10 DAYS OF DISCHARGE. FILE UPLOAD SUBMISSIONS ARE NOT AVAILABLE FOR THESE REQUESTS.

EMSTR MAVEN Submissions System: injury.dshs.texas.gov/injury/login.do

Definitions

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. Providers should use the following International Classification of Diseases 10th Revision Clinical Modification (ICD 10-CM) diagnostic codes to identify traumatic spinal cord injury cases: S12, S14, S22, S24, S32, or S34) and S14, S24, or S34.

Submersion injury - The process of experiencing respiratory impairment from submersion/immersion in liquid. V90.0-V90.89, V92.0-V92.29, W16.01-W16.92, W65-W74, X71.0-X71.90, X92.0-X92.9, Y21.0-Y21.9

Traumatic brain injury (TBI) - An acquired injury to the brain, including brain injuries caused by anoxia due to submersion incidents. Providers should use the following ICD-10-CM diagnostic codes to identify traumatic brain injury cases - S06 and S02. Providers should use these ICD-10-CM diagnostic codes to identify traumatic brain injury caused by anoxia due to submersion incidents - G93.1 or T75.1XXA.

Traumatic injury - An injury listed in the ICD-10-CM diagnostic codes between S00-S99 (with character modifiers A, B, C), T07, T14, T20-T28 (character modifier A only), T30-T32, T79.A1-T79.A9, and:

- Admitted to a hospital inpatient setting;
- Died after receiving any evaluation or treatment;
- Was dead on arrival; or
- Transferred into or out of the hospital.

NOTE: Submersions with a traumatic mechanism of injury (i.e., motor vehicle crash into water) should also be entered into the EMSTR.

Per the National Trauma Data Standard (NTDS), providers should exclude the following superficial injuries:

- 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, or genitals);
- S40 (Superficial injuries of the 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); and
- S90 (Superficial Injuries of the ankle foot and toes).

Resources

Texas Submersion Data Dictionary

dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/Submersion-Data-Dictionary.pdf

This link provides access to the Texas Submersion Data Dictionary. All submersion injuries, including near drownings, should be reported within 90 days of the incident date.

Texas EMS and Trauma Registry Reporting System

injury.dshs.texas.gov/injury/login.do

This link provides access to the login screen of the online Registry Reporting System (MAVEN). This is the same online portal for reporting all case types (i.e., EMS runs, hospital trauma cases, submersions, etc.)

National Trauma Data Bank Data Dictionaries

dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/NTDSDDataDictionary2020Admissions.pdf

This link provides access to the current (2020) National Trauma Data Bank Dictionary as well as ITDX version 2023 which will be launched by EMSTR in fall 2023.

General Information Page

The Emergency Medical Services and Trauma Registries (EMSTR) is made up of four registries: the EMS Registry; the acute Traumatic Injury Registry; the Traumatic Brain Injury Registry / Spinal Cord Injury Registry; and the Submersion Registry. EMSTR is a statewide passive surveillance system that collects reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities. Texas is home to one of the largest EMS registries in the U.S. with more than 4 million records submitted annually.



Our Goals

- To ensure a robust registry reporting framework for recording reportable traumas, submersions, traumatic brain injuries, spinal cord injuries, and EMS runs in Texas.
- To reduce the burden of injury to the public resulting from preventable occurrences using trend analysis.
- To provide data as close to real-time as possible for local, state, and national leadership use.

Our Mission

To improve the Texans' health, safety, and well-being through good stewardship of public resources with a focus on core public health functions.

The Injury Prevention Unit works to understand how injuries impact Texans. By providing injury and violence data and education, we can help you lead the way on injury prevention in homes, workplaces, and communities.

Contact Information

Emergency Medical Services and Trauma Registries

Texas Department of State Health Services
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Mail Code 1922
Austin, Texas 78756

For program inquiries:

injury.web@dshs.texas.gov

For Data Requests:

injury.epi@dshs.texas.gov

dshs.texas.gov/injury-prevention/ems-trauma-registries

Emergency Medical Services and Trauma
Registries

***[dshs.texas.gov/injury-
prevention/ems-trauma-registries/](https://dshs.texas.gov/injury-prevention/ems-trauma-registries/)***