



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Hospital Traumatic Brain Injury, Spinal Cord Injury, and Submersion Entries

June 24, 2025

The Emergency Medical Services and Trauma Registries (EMSTR) Team

Agency Policy on AI Bots in Meetings

- DSHS Artificial Intelligence (AI) policy prohibits the use of AI bots in meetings.
- Please refrain from using bots to record or transcribe meetings.
- Suspected bots will be removed.



About EMSTR

- EMSTR collects reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, Long Term Acute Care (LTAC) facilities, and rehabilitation facilities. This data is maintained within four registries:
 - Emergency Medical Services Registry
 - Trauma Registry
 - Traumatic Brain Injury / Spinal Cord Injury Registry
 - Submersion Registry
- Hospital users, if reporting for a physician, must report all significant trauma events, traumatic brain injuries (TBIs), spinal cord injuries (SCIs), and submersions to EMSTR under Texas Administration Code, Title 25, Chapter 103.

Definitions

Reportable Events



TBI

A traumatic brain injury (TBI), or intracranial injury, is an injury to the brain by an external force or mechanism that consists of varying degrees from mild to moderate to severe and can cause long-term effects or death.

Injuries can include, but are not limited to:

- Anoxia due to submersion
- Shaken infant syndrome
- Intracranial hemorrhage of a newborn
- Concussion
- Unspecified intracranial injury without loss of consciousness

SCI

A spinal cord injury (SCI) is the physical damage to the spinal cord which can interfere with normal motor, sensory, or autonomic functions. An SCI involves damage to any part of the spinal cord and can also include damage to the nerves at the end of the spinal cord.

Types of SCIs can include, but are not limited to:

- Injury of cauda equina (nerve roots at the lower end of the spinal cord)
- Disease of the spinal cord
- Unspecified injury to the sacral spinal cord
- Unspecified cord compression
- Other incomplete lesions at the fourth cervical vertebra (C4) level or cervical spinal cord

Submersion

Submersion is the process of experiencing respiratory impairment from immersion in liquid. This includes drowning and near drowning events.

Examples of submersion codes to use:

- T75.1: Unspecified effects of drowning and nonfatal submersion
- V90: Drowning and submersion due to accident to watercraft
- W16: Fall, jump, or diving into water
- W65-W74: Accidental non-transport drowning and submersion
- X71: Intentional self-harm by drowning and submersion
- X92: Assault by drowning and submersion
- Y21: Drowning and submersion, undetermined intent

Data Dictionaries

Data definitions for EMSTR (dshs.texas.gov/injury-prevention/ems-trauma-registries/emstr-platform-resources):

- [2025 Texas Hospital TBI/SCI Data Dictionary](#)
- [2025 Submersion Data Dictionary](#)
- [2020 ITDX Data Dictionary](#)*
- [2023 Hospital TX Custom Data Dictionary](#)
- [2023 ITDX Data Dictionary](#)*
- [2023 NTDB Data Dictionary](#)**

*ITDX = International Trauma Data Exchange

**NTDB = National Trauma Data Bank

Reporting Requirements



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TBI Data Entry Requirements

A facility should submit a TBI patient record within 90 calendar days of the individual's discharge from their facility. The patient does not have to be admitted to the facility to qualify for data entry into EMSTR.

Stipulations:

- If the patient suffers a stand-alone TBI which DOES NOT fit the NTDB/ITDX inclusion criteria but DOES fit the Texas inclusion criteria, enter the patient into the TBI Registry only.
- If the TBI patient suffers an injury that fits the NTDB/ITDX trauma patient inclusion criteria, enter the TBI patient into **both** the Trauma and TBI Registries.
- If the TBI patient presents as a submersion case, enter the patient into both the TBI and Submersion Registries.

SCI Data Entry Requirements

A facility should submit an SCI patient record within 90 calendar days of the individual's discharge from their facility. The patient does not have to be admitted to the facility to qualify for data entry into EMSTR.

Stipulations:

- If the patient suffers a stand-alone SCI which does NOT fit the NTDB/ITDX inclusion criteria but DOES fit the Texas inclusion criteria, enter the patient into the SCI Registry only.
- If the patient suffers an injury that fits the NTDB/ITDX Trauma patient inclusion criteria, enter the patient into **both** the Trauma and SCI Registries.
- If the SCI patient presents as a submersion case, enter the patient into both the SCI and Submersion Registries.

Submersion Data Entry Requirements

A facility should submit a submersion patient record within 90 calendar days of the individual's discharge from a facility. The patient does not have to be admitted to the facility to qualify for data entry into EMSTR.

Stipulations:

- If the patient suffers a stand-alone submersion which DOES NOT fit the NTDB/ITDX inclusion criteria but DOES fit the Texas inclusion criteria, enter the patient into the Submersion Registry.
- If the patient has a primary injury that fits the NTDB/ITDX Trauma patient inclusion criteria and a secondary submersion injury, enter the patient into both the Trauma and Submersion Registries.
- If a Submersion patient suffered a primary, secondary, or tertiary TBI; enter the patient into both the Submersion and TBI Registries.
- If a submersion patient suffered a primary, secondary, or tertiary SCI; enter the patient into both the Submersion and SCI Registries.

This includes patients brought to your facility by EMS.

EMSTR Updates



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AIS 2005, Update 2008

- Per the American College of Surgeons (ACS), Abbreviated Injury Score (AIS) 2005, Update 2008 will no longer be an acceptable version starting with 2025 patient admissions.

[2023 Data Dictionary FAQs - Diagnosis Information](#)

- Per the Association for the Advancement of Automotive Medicine (AAAM), the official sunset date of AIS 2005, Update 2008 will be January 1st, **2026**. [Contact AAAM](#) for more details.
- EMSTR will still accept AIS 2005, Update 2008 for 2025 admission patients, but will sunset AIS 2005, Update 2008 version to comply with NTDS/ITDX standards. Updates will be announced this fall.

Trauma Quality Improvement Program

Trauma Quality Improvement Program (TQIP) Question Package:

- All hospitals must complete the TQIP question package as this is a national standard.
- EMSTR is developing a shortcut to provide the null value for patients where TQIP procedures do not apply.

REMINDER: TQIP participating hospitals must submit their data to ACS as EMSTR does not transmit the data to ACS on your behalf.

Data Quality Checks

- No Reportable Data (NRD) – a facility should submit an NRD for ANY month the facility does not have trauma data to report.

NOTE: This is located on your **Reports** menu in EMSTR Online.

- Users can download trauma patient data in **xml** format from EMSTR.

NOTE: This can be accessed under the **Entity, patient-record** sub-listing.

- You may select one or multiple records on the right-hand part of your screen.

- Once all records are selected click **Export Patient Record(s)**.

NOTE: This function is only available for the Trauma and EMS programs.

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Helpful Resources

- SHARP Reports guides:
 - [SHARP Report Quick Guide](#)
 - [EMSTR Reports - SHARP Reporting Guide](#)
 - [Online Submission Guide](#) (For direct entry)

Question and Answer Time

- Please post your questions under the “*Questions*” heading at the bottom of your Go-To Webinar menu.
- A host will provide you with transmitting privileges when it is your turn.



Thank you!

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