EMERGENCY MEDICAL SERVICES AND TRAUMA REGISTRIES

REHABILITATION/LONG TERM ACUTE CARE

TRAUMATIC BRAIN INJURY AND SPINAL CORD INJURY

DATA DICTIONARY 2025



Texas Department of State Health Services

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# Introduction

The Texas Department of State Health Services (DSHS) Emergency Medical Services and Trauma Registries (EMSTR) Rehabilitation (Rehab) and Long-Term Acute Care (LTAC) Traumatic Brain Injury (TBI) and Spinal Cord Injury (SCI) data dictionary establishes the Texas registry data exchange standard and serves as the EMSTR operational definitions. In accordance with the **Texas Administrative Code**, **Title 25**, **Part 1**, **Chapter 103**, Rehab and LTAC facilities should report all individuals satisfying the inclusion criteria described in this document to the **EMSTR online reporting system**. An entity should submit data to EMSTR within ninety (90) days of an individual's <u>discharge</u> from their facility. All entities should submit reportable data at least quarterly, though EMSTR recommends monthly electronic data submissions.

# **Texas Standard Inclusion Criteria**

**Definition** – For consistent data collection, a patient or decedent is defined as an individual sustaining an injury meeting the following criteria:

# **Traumatic Brain Injury (TBI)**

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

# **Spinal Cord Injury (SCI)**

An SCI is 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 Spinal Cord Injuries can include but are not limited to:

Injury of cauda equina (nerve roots at the lower end of the spinal cord).

- Unspecified injury to sacral spinal cord.
- Disease of the spinal cord.
- Other incomplete lesions at C4 level of cervical spinal cord.
- Unspecified cord compression.

# International Classification of Diseases, Tenth Addition, Clinical Modification (ICD 10 CM) Injury Codes

S00-S09, S10-S19, S20-S29, S30-S39, S40-S49, S50-S59, S60-S69, S70-S79, S80-S89, S90-S99, T07, T14, T15-T19, T20-T25, T26-T28, T30-T32, T33-T34, T36-T50, T51-T65, T66-T78, T79, and T80-T88.

# **Usage**

**Definition:** An indication of when the data element is expected to be collected. A Null Value is an option provided to the practitioner when the answer to a required field is unknown or has not been documented.

- Not applicable: This data element applies if, at the time of individual care documentation, the information requested was not relevant to the individual, the hospitalization, or the individual care event.
- Not known/Not recorded: This data element applies if, at the time of individual care documentation, the information was not given by the individual or family, or not documented by the health care provider. No value for the element was obtained for the individual patient.

#### **Additional Information**

- Mandatory: must be completed and does not allow null values (i.e., Unknown, Not Applicable, Not Recorded).
- Required: must be completed and allows null values.
- Optional: does not need to be completed.

# **Common Null Values**

**Definition** - Rehab and LTAC facilities should use these values with each of the data elements described in this document defined to accept the null values.

#### **Field Values**

- Not applicable.
- Not known/Not recorded.

# **Entity Name**

**Definition:** The name of the reporting Rehab or LTAC entity.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is mandatory. If this element is not completed, the entity's record will not pass validation or be accepted into the EMSTR platform.
- The entity's DSHS number (DSHS ID) will auto-fill once the correct entity is selected. This is a non-editable field.
- To locate the DSHS facility Identification Number, please refer to the instructions on how to run the Entity Reference Code Report.

dshs.texas.gov/sites/default/files/injury/EMSTR%20Resources/SHARP\_Report-Guide Update Mar2024.pdf

#### **Associated Edit Checks**

# **Individual's First Name**

**Definition:** The individual's first name. The term "individual" is used throughout this document as plain language for the person to whom the injury occurred.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is mandatory.
- The maximum entry length is 50 characters.
- If an individual's first name is not known, please enter UNKNOWN for this element.

#### **Associated Edit Checks**

# Individual's Middle Name

**Definition:** The individual's middle name or initial.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is optional.
- The maximum entry length is 50 characters.

# **Associated Edit Checks**

# **Individual's Last Name**

**Definition:** The individual's last name.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is mandatory.
- The maximum entry length is 50 characters.
- If the individual's last name is not known, please enter UNKNOWN for this element.

#### **Associated Edit Checks**

# **Individual's Home Address**

**Definition:** The individual's home address.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is required.
- The maximum entry length is 50 characters.
- If the individual's home address is not known, please enter UNKNOWN for this element.

#### **Associated Edit Checks**

None.

- Not Applicable.
- Not known/Not recorded.

# **Individual's City of Residence**

**Definition:** The individual's city, township, or village of residence.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is mandatory.
- The maximum entry length is 50 characters.
- If individual's city is not known, please enter UNKNOWN for this element.

#### **Associated Edit Checks**

None.

- Not Applicable.
- Not known/Not recorded.

# **Individual's State of Residence**

**Definition:** The state (or District of Columbia) where the individual resides.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• If the Individual lives outside of the United States, select "Non-U.S. Country."

- Not Applicable.
- Not known/Not recorded.

# **Individual's Zip Code of Residence**

**Definition:** The individual's home zip/postal code of primary residence.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is required.
- May be stored as a 5- or 9-digit code (XXXXX-XXXX) for U.S. or Canada or can be stored in the postal code format of the applicable country.

#### **Associated Edit Checks**

• If the patient's zip code and corresponding county of residence do not pass validation, the entity may report the zip code as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

- Not Applicable.
- Not known/Not recorded.

# **Individual's County of Residence**

**Definition:** The county or parish where the individual resides (or best approximation).

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• If the patient's postal zip code and corresponding county of residence are not passing validation, the zip code may be reported as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

- Not Applicable.
- Not known/Not recorded.

# **Individual's Country of Residence**

**Definition:** The country where the individual resides (or best approximation).

# **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is mandatory.

# **Associated Edit Checks**

# **Individual's Date of Birth**

**Definition:** The individual's date of birth.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is mandatory.
- Collected as MM/DD/YYYY.

#### **Associated Edit Checks**

• None.

- Not Applicable.
- Not known/Not recorded.

# Age (Years) at Incident

**Definition:** The individual's age at the time of incident.

#### **Field Values**

- Relevant data for this element.
- The Individual's age in years will auto-fill once the date of birth is entered. This is a non-editable field.

#### **Additional Information**

• This element is optional.

#### **Associated Edit Checks**

# Age (Months) at Incident

**Definition:** The individual's age at the time of incident.

#### **Field Values**

- Relevant data for this element.
- The Individual's age in days, months, and years will auto-fill once the date of birth is entered. This is a non-editable field.

#### **Additional Information**

• This element is optional.

# **Associated Edit Checks**

# Age (Days) at Incident

**Definition:** The individual's age at the time of incident.

#### **Field Values**

- Relevant data for this element.
- The Individual's age in days, months, and years will auto-fill once the date of birth is entered. This is a non-editable field.

#### **Additional Information**

• This element is optional.

# **Associated Edit Checks**

# **Individual's Sex**

**Definition:** Individual's sex at time of incident.

# **Field Values**

- Male.
- Female.
- Unknown (Unable to Determine).

# **Additional Information**

• This element is mandatory.

#### **Associated Edit Checks**

# **Individual's Race**

**Definition:** Individual's race.

#### **Field Values**

- American Indian / Alaska Native.
- Asian.
- Black or African American.
- Native Hawaiian or Other Pacific Islander.
- White.
- Other.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• None.

- Not Applicable.
- Not known/Not recorded.

# **Individual's Ethnicity**

**Definition:** The individual's ethnicity.

# **Field Values**

- Hispanic or Latino.
- Not Hispanic or Latino.

#### **Additional Information**

• This element is required.

# **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# **Social Security Number**

**Definition:** The 9-digit number unique to the individual that was assigned by the U.S. government.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is optional.
- Collected as XXX-XX-XXXX.

#### **Associated Edit Checks**

# **Individual's Phone Number**

**Definition:** The individual's contact phone number.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is optional.
- Collected as XXX-XXX-XXXX.

# **Associated Edit Checks**

# **Individual's Email**

**Definition:** The individual's contact email.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- To be collected as XXX@XXX.XXX.
- This element is optional.

# **Associated Edit Checks**

# **Primary Method of Payment**

**Definition:** The individual's preferred method of payment and/or reimbursable payment for services rendered to patient.

#### **Field Values**

- Blue Cross (fee for service).
- CHAMPUS.
- Crippled Children's Services.
- Employee Courtesy.
- MCO (Managed Care Organization) HMO (Health Maintenance Organization).
- Medicaid MCO.
- Medicaid Non-MCO.
- Medicare MCO.
- Medicare Non-MCO.
- No Fault Automobile.
- Other.
- Private Pay.
- Private/Commercial Insurance.
- State Vocational Rehabilitation.
- Unreimbursed.
- Workers Compensation.

#### **Additional Information**

• This element is optional.

#### **Associated Edit Checks**

# **Event Type**

**Definition:** The type of event being reported.

# **Field Values**

- Rehab.
- LTAC.

#### **Additional Information**

- This is a non-editable field.
- The event type will autofill according to the type of patient care report completed.

#### **Associated Edit Checks**

# **Acute Care Hospital Name**

**Definition:** The name of the acute care facility which provided immediate and/or short-term treatment for the referred individual.

#### **Field Values**

Relevant data for this element.

#### **Additional Information**

- This element is required. If this element is not completed, the entity's record will not pass validation or be accepted into the new platform.
- The entity's DSHS identification number (DSHS ID) will auto-fill once the correct entity is selected.
- To locate the DSHS (facility) Identification Number, please refer to the instructions on how to run the Entity Reference Code Report.

dshs.texas.gov/sites/default/files/injury/EMSTR%20Resources/SHARP\_Report-Guide Update Mar2024.pdf

#### **Associated Edit Checks**

None.

- Not applicable.
- Not recorded.
- Not reporting.

# **Acute Care Hospital's Patient ID Number**

**Definition:** The unique identifier assigned to the individual by the acute care facility which provided immediate and/or short-term treatment.

#### **Field Values**

• Numeric value.

#### **Additional Information**

• This element is optional.

#### **Associated Edit Checks**

# **Patient ID**

**Definition:** The unique identifier assigned to a patient from the reporting facility.

# **Field Values**

• Numeric value.

# **Additional Information**

• This element is optional.

# **Associated Edit Checks**

# **Medical Record Number**

**Definition:** The unique identifier assigned to a patient in a health care Information Technology (IT) system.

#### **Field Values**

• Numeric value.

# **Additional Information**

• This element is optional.

#### **Associated Edit Checks**

# **Injury/Incident Date and Time**

**Definition:** The date and time the injury/incident occurred.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is required.
- Collected as MM/DD/YYYY and HH:MM AM/PM.
- Estimates of injury date/time should be based upon report by the individual, witness, family, or health care provider.

#### **Associated Edit Checks**

None.

- Not applicable.
- Not known/Not recorded.

# **Injury/Incident Location**

**Definition:** The reported injury/incident occurred within the U.S.

# **Field Values**

- Yes.
- No.

#### **Additional Information**

• This element is mandatory.

# **Associated Edit Checks**

# **Injury/Incident City**

**Definition**: The city, township, or village where the injury/incident occurred.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is required.
- The maximum entry length is 50 characters.

#### **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

#### **Incident State**

**Definition:** The state (or District of Columbia) where the individual was found or to which the unit responded (or best approximation).

#### **Field Values**

Relevant data for this element.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

If the incident occurred outside of the U.S., select "Non-U.S. Country."

### **Allows Null Values**

- Not applicable.
- Not known/Not recorded.

INCIDENT\_COUNTY

# **Incident County**

**Definition:** The county or parish where the individual was found or to which the unit responded (or best approximation).

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

 If the patient's postal zip code and corresponding incident county are not passing validation, the zip code may be reported as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

- Not applicable.
- Not known/Not recorded.

# **Emergency Department Recorded Cause of Injury – Direct Entry**

**Definition:** The ICD-10 CM Cause of Injury associated with the patient's injury.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is optional.

#### **Associated Edit Checks**

• International Classification of Diseases, Ninth Revision Clinical Modification (ICD-9 CM) injury codes are not accepted.

# **Emergency Department Diagnosis – Direct Entry**

**Definition:** The ICD-10 CM Injury diagnosis associated with the patient's injury.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is optional.

## **Associated Edit Checks**

• ICD-9 CM injury codes are not accepted.

# **Emergency Department Procedures – Direct Entry**

**Definition:** The ICD-10 Procedure Coding System (PCS) code associated with any treatment provided to the patient while in the emergency department.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is optional.

#### **Associated Edit Checks**

#### **Admission Date**

**Definition:** The date the patient was admitted to the acute care facility for medical treatment.

#### **Field Values**

- Relevant data for this element.
- Collected as MM/DD/YYYY.

#### **Additional Information**

• This element is required.

### **Associated Edit Checks**

None.

- Not applicable.
- Not known/Not recorded.
- Not reporting.

# **Medical/Surgical History**

**Definition:** Was the patient's medical history provided to the reporting facility?

#### **Field Values**

- Relevant data for this element.
- Relevant International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification (ICD-10 CM) code.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• ICD 9 CM codes are not accepted.

- Not applicable.
- Not known/Not recorded.

## **Patient Vitals Taken**

**Definition:** Neurological observations made for the patient in accordance with Glasgow Coma Scale.

#### **Field Values**

• Known.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

None.

- Not applicable.
- Not known/Not recorded.

## **Glasgow Coma Score (GCS) Eye**

**Definition:** Assessment of the individual's pupils.

#### **Field Values**

- No eye movement when assessed (all age groups).
- Opens eyes spontaneously (all age groups).
- Opens eyes to painful stimulation (all age groups).
- Opens eyes to verbal stimulation (all age groups).
- Refused.
- Unable to complete.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

None.

- Not applicable.
- Not known/Not recorded.
- Not reporting.

## **Glasgow Coma Score (GCS) Verbal**

**Definition:** Assessment of the individual's orientation.

#### **Field Values**

- Confused (and >2 years), cries but is consolable, inappropriate interactions.
- Inappropriate words (and >2 years), inconsistently consolable, moaning.
- Incomprehensible sounds (and >2 years), inconsolable, agitated.
- No verbal/vocal response (all age groups).
- Oriented (and >2 years), smiles, oriented to sounds, follows objects, interacts.
- Refused.
- Unable to complete.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

None.

- Not applicable.
- Not known/Not recorded.
- Not reporting.

## **Glasgow Coma Score (GCS) Motor**

**Definition:** Assessment of the individual's motor function.

#### **Field Values**

- Extension to pain (all age groups).
- Flexion to pain (all age groups).
- Localizing pain (all age groups).
- No motor response (all age groups).
- Obeys commands (and >2 years); appropriate response to stimulation.
- Withdrawal from pain (all age groups).
- Refused.
- Unable to complete.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

None.

- Not applicable.
- Not known/Not recorded.
- Not reporting.

## **ICD-10 CM Injury Diagnosis Category**

**Definition:** The general ICD-10 CM Injury diagnosis category associated with the patient's injury.

#### **Field Values**

- S00-S09 injuries to the head.
- \$10-\$19 injuries to the neck.
- S20-S29 injuries to the thorax.
- S30-S39 injuries to the abdomen, lower back, lumbar spine, pelvis, and external genitals.
- \$40-\$49 injuries to the shoulder and upper arm.
- \$50-\$59 injuries to the elbow and forearm.
- \$60-\$69 injuries to the wrist, hand, and fingers.
- S70-S79 injuries to the hip and thigh.
- \$80-\$89 injuries to the knee and lower leg.
- S90-S99 injuries to the ankle and foot.
- T07 injuries involving multiple body regions.
- T14 injury of unspecified body region.
- T15-T19 effects of foreign body entering through natural orifice.
- T20-T25 burns and corrosions of external body surface, specified by site.
- T26-T28 burns and corrosions confined to eye and internal organs.
- T30-T32 burns and corrosions of multiple and unspecified body regions.
- T33-T34 frostbite.
- T36-T50 poisoning by adverse effect of and undergoing of drugs, medicaments, and biological substances.
- T51-T65 toxic effects of substances chiefly nonmedicinal as to source.
- T66-T78 other and unspecified effects of external causes.
- T79 certain early complications of trauma.
- T80-T88 complications of surgical and medical care, not elsewhere classified.

#### **Additional Information**

• This element is required.

## **Associated Edit Checks**

• ICD-9 CM injury codes are not accepted.

- Not applicable.
- Not known/Not recorded.

# **ICD-10 CM Injury Diagnosis Subcategory**

**Definition:** The ICD-10 CM Injury diagnosis subcategory associated with the patient's injury.

### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• ICD-9 CM injury codes are not accepted.

- Not applicable.
- Not known/Not recorded.

## **ICD-10 CM Injury Diagnosis – Direct Entry**

**Definition:** Direct or manual entry of the ICD-10 CM associated with the patient's injury.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• ICD-9 CM injury codes are not accepted.

- Not applicable.
- Not known/Not recorded.

## **ICD-10 PCS Procedures – Direct Entry**

**Definition:** Direct or manual entry of the ICD-10 PCS associated with the patient's injury.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is required.

### **Associated Edit Checks**

• ICD-9 PCS procedure codes are not accepted.

- Not applicable.
- Not known/Not recorded.

## **ICD-10 PCS Procedures Category**

**Definition:** The classification of procedures performed in inpatient health care settings.

#### **Field Values**

- 0 Medical and surgical.
- 1 Obstetrics.
- 2 Placement.
- 3 Administration.
- 4 Measurement and monitoring.
- 5 Extracorporeal or systematic assistance and performance.
- 6 Extracorporeal or systematic therapies.
- 7 Osteopathic.
- 8 Other procedures.
- 9 Chiropractic.
- B Imaging.
- C Nuclear medicine.
- D Radiation therapy.
- F Physical rehabilitation and diagnostic audiology.
- G Mental health.
- H Substance abuse treatment.
- X New technology.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• ICD-9 PCS procedure codes are not accepted.

- Not applicable.
- Not recorded.

## **ICD-10 PCS Procedures Subcategory**

**Definition:** Correlates the ICD-10 PCS procedure category along with body region and root operation.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is optional.

#### **Associated Edit Checks**

# **ICD-10 PCS Procedures Sub-Subcategory**

**Definition:** This element includes the previous response to the subcategory information in addition to the body part.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is optional.

#### **Associated Edit Checks**

### **ICD-10 PCS Procedures**

**Definition:** This element includes all characters in the associated procedure code.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is optional.

## **Associated Edit Checks**

## **Adult Discharge Disposition**

**Definition:** The patient's discharge disposition.

#### **Field Values**

- Acute unit of another facility.
- Acute unit of own facility.
- Alternate level of care (ALC).
- Assisted living residence.
- Chronic hospital stay.
- Died.
- Home.
- Intermediate care (nursing home).
- Other.
- Skilled nursing facility (nursing home).
- Subacute setting.
- Transitional living.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

None.

#### **Allows Null Values**

• Not applicable.

## **Discharge Referrals**

**Definition:** Type of continued medical treatment as determined at time of discharge from facility.

#### **Field Values**

- Day treatment.
- Home-based paid professional therapy.
- Inpatient hospital.
- None.
- Other (examples: homeless or women's shelters, protective services, etc.).
- Outpatient.
- Outpatient and home-based paid professional therapy.
- School-based.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

None.

#### **Allows Null Values**

• Not applicable.

# **Discharge/Transfer Date**

**Definition:** The date the patient was discharged from the treating facility.

#### **Field Values**

- Relevant data for this element.
- Collected as MM/DD/YYYY.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.
- Not reporting.

# **Glasgow Outcome Scale**

**Definition:** The individual's objective degree of recovery from a TBI.

#### **Field Value**

- Death.
- Good recovery.
- Moderate disability.
- Severe disability.
- Vegetative state.

### **Additional Information**

• This field is optional.

#### **Associated Edit Checks**

None.

## **Disability Rating Scale Usage**

**Definition:** The Disability Rating Scale (DRS) tracks and measures general functional changes over the course of recovery for individuals with moderate to severe TBIs.

#### **Field Value**

- Yes.
- No.

#### **Additional Information**

• This field is optional.

#### **Associated Edit Checks**

None.

## **Date of Death**

**Definition:** The individual's date of death.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is optional.
- Collected as MM/DD/YYYY.

## **Associated Edit Checks**

• None.

# **General Informational Page**

#### **General Information**

The Emergency Medical Services and Trauma Registries (EMSTR) is comprised 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 surveillance system collecting 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 and trauma registries in the U.S. with more than 5 million records submitted annually.



Texas Department of State
Health Services

#### **Our Goals**

- Provide a robust registry reporting framework for recording reportable traumas.
- Reduce the burden of injury to the public resulting from preventable occurrences using trend analysis.
- Provide data as close to real-time as possible for local, state, and national leadership use.

#### **Our Mission**

- Improve 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**

#### **EMSTR**

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dshs.texas.gov/injury-prevention/emstrauma-registries

