Trauma Services Registry Hospital Data Management

June 1, 2023

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Emergency Medical Services and Trauma Registry (EMSTR)

Registry Operations Support

Agenda

- Reporting Requirements
- Stakeholder Roles
- Data Submission
- Registries Overview
- Submersion Patient Record
- Report Options
- Questions / Contact Information

Reporting Requirements
Trauma Registry

Texas Administrative Code (TAC) – Title 25, Part 1, Chapter 103

- Hospitals shall submit data to the trauma registry within ninety (90) calendar days of a patient's discharge from their facility.

- Reportable data includes:
  - Trauma brain injuries;
  - Spinal cord injuries;
  - Submersion injuries; and
  - Other traumatic injuries.

- Specific International Classification of Diseases-10-Clinical Modification (ICD-10-CM) codes are listed in the National Trauma Data Standard (NTDS) pages IV and V.

Submission Requirements
Emergency Medical Services (EMS)/Trauma Systems

Submission Requirements:

- Governed by Rule TAC, [Title 25, Part 1, Chapter 157.125](#).

- Checked by DSHS during initial or re-designation survey that all facilities are compliant.

- Informs compliance report to surveying entity or Texas EMS Trauma and Acute Care Foundation (TETAF).

- Noncompliance to trauma registry is a criteria deficiency.

- Notify DSHS if there is a change in location or closed locations.

- Responsible for the complete, accurate, and timely submission of data even if a 3rd party submitter is used.

Stakeholder Roles

- **Entity / Agency Account Manager:**
  - Manage assigned users;
  - Monitor data submissions;
  - Run reports; and
  - Input data.
- **Entity / Agency End Users** – input data.

Account Manager Role

Monitor Data Submissions

- **Entity Report:**
  - Includes data submission by admission date;
  - Includes data submissions by submission date and submitter; and
  - Provides number of cases submitted.

- **Trauma Care Report** – provides list of all cases submitted.

- **Validity Report** – provides patient record details by data element with number and percent of valid, valid null, and invalid answers.

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

Main Dashboard

Texas EMS/Trauma Reporting System

Workflows

Workflow Queue	Events
135 Days Late	352 (0)
180 Days Late	471 (0)
90 Days Late	646 (0)
Incomplete EMS Entity Records	359 (0)

More ...

Tasks

Type	Priority	Name	Record Type
No tasks to display			

More ...

Recently accessed records

Record ID	Name	Record Type
140012782	Test2, TR	Patient Record - Hospital - Submersion

Welcome To Texas EMS/Trauma Reporting System

Create a New Record   Search for an existing record

Active Investigations as of 10/21/2021 14:12 : No Active Investigations

Activity Summary as of 10/21/2021 14:12

Type of Trauma	# Last Week	# Average Last 4 Weeks	# Last 52 Weeks

Feedback/Tutorial

- Review User Training Slides
- Review Group Administrator Training Slides
- Contact/Provide Feedback

Resources

- TX EMS/Trauma Home DSHS
- TX EMS Trauma Systems DSHS
- NHTSA.gov - Fundam
- National EMS Informa
- Glossary

Main Dashboard View

Main Dashboard – Recent Events Example

Recent Events

Recent Events

Record ID	Person Information	Status	Record Type	Organization	Injury	Access Time	Bookma
JP_2179999	Stonewall Countywide	Open	Justice of the Peace			06/14/2022 07:06	⭐
EMS_1106	Nueces Co Emergency Service District #4	Open	EMS Facility			06/13/2022 12:48	⭐
144848237	Tabora, Patricia	Open	Patient Record - Hospital	CHI St Joseph Health Grimes Hospital		06/09/2022 15:50	⭐
HOS_1655	Harlingen Medical Center	Open	Hospital			06/09/2022 10:44	⭐
HOS_260	Hendrick Medical Center	Open	Hospital			06/09/2022 07:13	⭐
HOS_619	William Beaumont Army Medical Center	Open	Hospital			06/08/2022 11:22	⭐
EMS_2498	Windsor EMS, Inc.	Open	EMS Facility			06/08/2022 08:02	⭐
EMS_1039	Mason County EMS	Open	EMS Facility			06/07/2022 14:07	⭐
HOS_511	Ascension Seton Highland Lakes	Open	Hospital			06/07/2022 12:52	⭐
EMS_954	Irion County EMS	Open	EMS Facility			06/07/2022 10:01	⭐
126441189	ETMC EMS	Open	EMS Facility			06/07/2022 07:08	⭐
141845253	test, Test test	Open	Patient Record - Hospital			06/06/2022 15:23	⭐
132144772	TEST, TEST TEST	Open	Patient Record - Hospital			06/06/2022 15:22	⭐
136698860	Texas Health Hospital - Frisco	Open	Hospital			06/01/2022 14:19	⭐
112420536	Christus St Michael Hospital - Atlanta	Open	Hospital			06/01/2022 14:17	⭐
137221091	Unifirst EMS Inc	Open	EMS Facility			06/01/2022 13:09	⭐
128707457	test, test	Open	Patient Record - Hospital			05/25/2022 13:57	⭐
121304971	Air Evac Lifeteam 26 - Ada	Open	EMS Facility			05/24/2022 14:13	⭐
121303448	Air Evac Lifeteam 6 - Altus	Open	EMS Facility			05/24/2022 14:00	⭐
121304976	Air Evac Lifeteam 70 - Woodward	Open	EMS Facility			05/24/2022 13:47	⭐

Dashboard Help

Main Dashboard - Continued

Select Security Question

Login Credentials

Username:	juwhitfield
Password:	

Please fill out password fields only if you want to change your password

Confirm Password:

Please fill out only if you want to change the security question or answer

Security Question:	▾
Security Answer:	

Confirm Security Answer:

User must have security question and current email address in account to use 'Reset Password' option on Login Screen.

Record Summary Screen - Example

Record Summary

Basic Information

Record ID:	141845253
Record Type:	Patient Record - Hospital
Person:	Test test test ( )
Status:	Open
Linked Records:	0 linked record(s) (View)
Attachments:	0 attachment(s) (Add)
Notifications:	**General Notifications (1)**
	( )
	General Notifications (1)
	Event Date: 01/22/2021
	General Notifications (1)
	Event Date driven by: System Create Date

Notes (Add/Edit | Show My Notes)

Edit Record Properties   Copy Event

Record Data | Concerns | Person Information | Tasks | Calendar | Record History

Question Packages

Question Package	Person Information	Last Update	Updated By	Status
Administrative	Test test test	01/22/2021	System Account [system]	Incomplete
ITDX Record Control Information	Test test test	01/22/2021	Denise Roberts [alroberts]	Completed
Demographic Information	Test test test	01/22/2021	Denise Roberts [alroberts]	Incomplete
Agency / Responder	Test test test	01/22/2021	Denise Roberts [alroberts]	Incomplete
Injury Information	Test test test	01/22/2021	Denise Roberts [alroberts]	Incomplete
Pre-Hospital Information	Test test test	01/22/2021	Denise Roberts [alroberts]	Incomplete
Emergency Department Information	Test test test	01/22/2021	Denise Roberts [alroberts]	Incomplete
Hospital Procedure Information	Test test test	04/11/2023	Judy Whitfield [juwhitfield]	Completed
Diagnosis Information	Test test test	01/22/2021	Denise Roberts [alroberts]	Incomplete
Injury Severity Information	Test test test	03/14/2023	Judy Whitfield [juwhitfield]	Completed
Outcome Information	Test test test	01/22/2021	Denise Roberts [alroberts]	Incomplete
Financial Information	Test test test	01/22/2021	Denise Roberts [alroberts]	Incomplete
Hospital Complications	Test test test	01/22/2021	Denise Roberts [alroberts]	Incomplete
TQIP - Measures for Processes of Care	Test test test	01/22/2021	Denise Roberts [alroberts]	Completed
Surgeon Specific Reporting	Test test test	01/22/2021	Denise Roberts [alroberts]	Completed

View Question Package   Wizards [▼]   View Wizard

Record Summary - Example

Record Summary

Basic Information

Record ID:	141845253
Record Type:	Patient Record - Hospital
Person:	Test test test ( )
Status:	Open
Linked Records:	0 linked record(s) (View)
Attachments:	0 attachment(s) (Add)
Notifications:	**Concerns (1)** **ISS score must be between 1-75. Please recheck your value.** **General Notifications (1)** () **General Notifications (1)** Event Date: 01/22/2021 **General Notifications (1)** Event Date driven by: System Create Date

Edit Record Properties   Copy Event

Record Summary - Continued
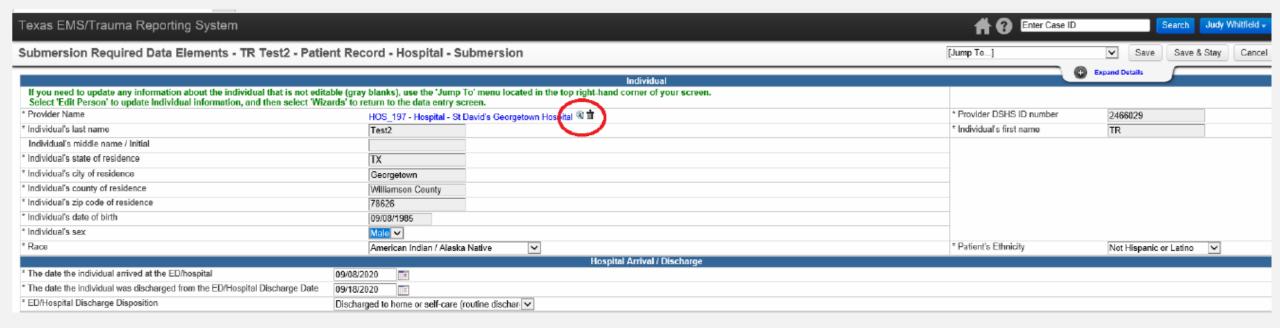
Submersion Patient Records

Trauma Registrars:

- Report all near and actual submersions.

- Enter in the Registry Manual Data Entry System – file upload is not available.

- Use Patient Record – Hospital – Submersion.

For more information, use this data dictionary link:

https://www.dshs.texas.gov/sites/default/files/injury/registry/Data-Dictionaries/Submersion-Data-Dictionary.pdf
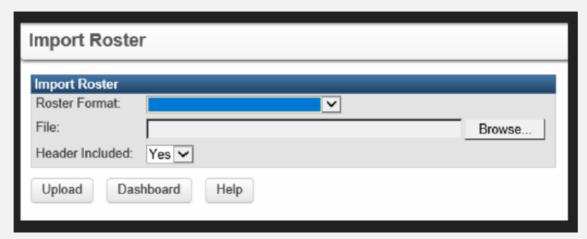
Sample Submersion Record Part 1

Texas EMS/Trauma Reporting System — Enter Case ID [Search] Judy Whitfield ▾

Submersion Required Data Elements - TR Test2 - Patient Record - Hospital - Submersion

[Jump To...] ▾   Save   Save & Stay   Cancel

⊕ Expand Details

Individual

If you need to update any information about the individual that is not editable (gray blanks), use the 'Jump To' menu located in the top right-hand corner of your screen.
Select 'Edit Person' to update Individual information, and then select 'Wizards' to return to the data entry screen.

* Provider Name	HOS_197 - Hospital - St David's Georgetown Hospital 🔍🗑	* Provider DSHS ID number	2466029
* Individual's last name	Test2	* Individual's first name	TR
Individual's middle name / Initial			
* Individual's state of residence	TX		
* Individual's city of residence	Georgetown		
* Individual's county of residence	Williamson County		
* Individual's zip code of residence	78626		
* Individual's date of birth	09/08/1985		
* Individual's sex	Male ▾		
* Race	American Indian / Alaska Native ▾	* Patient's Ethnicity	Not Hispanic or Latino ▾

Hospital Arrival / Discharge

* The date the individual arrived at the ED/hospital	09/08/2020 📅
* The date the individual was discharged from the ED/Hospital Discharge Date	09/18/2020 📅
* ED/Hospital Discharge Disposition	Discharged to home or self-care (routine dischar ▾

Submersion Record Part 2

Event		
* Injury/Incident date	09/08/2020 📅	
* Injury/Incident time	14:30	
Incident street address		
* Incident state	TX ▾	
* Incident city	Georgetown	
* Incident zip code	78626	
* Incident county	Williamson County 🔍🗑	
* Incident country	USA ▾	
* Where did the incident occur?	Lake ▾	* Where was water / swimming pool located (if applicable)? Not applicable ▾
* What activity was the individual doing at the time of the incident?	Tubing/floating ▾	* Was this incident motor vehicle related? No ▾
* What type of floatation device was the individual using at the time of the incident, if any?	Life Jacket or Puddle Jumper (Coast Guard Appr ▾	
Was anyone supervising or watching the individual at the time of incident?	☐ Yes, adult within arm's reach of child ☐ Yes, Adult in Same Physical Space ☐ No Adult Supervision ☐ Others Supervisor, e.g., Child (Under Age of 18) ☑ Not known / Not recorded	* Was the Event Witnessed? Not known / Not recorded ▾
* Was a lifeguard present at the time of incident?	No ▾	
* Was there suspected or confirmed alcohol use by the individual at the time of incident?	No, not suspected ▾	Was there suspected or confirmed drug use by the individual at the time of incident? No, not suspected ▾
* When moved from the water, was the individual breathing?	☐ Yes ☐ No ☑ Not known / Not recorded	
* What was the outcome of the submersion incident?	No morbidity ▾	Enter any circumstances not previously entered / recorded that further describe this incident

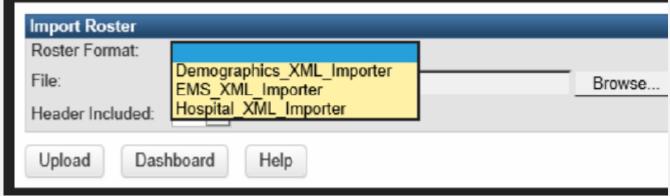* Indicates required field

[Save] [Cancel] [Help]

Report Format Review
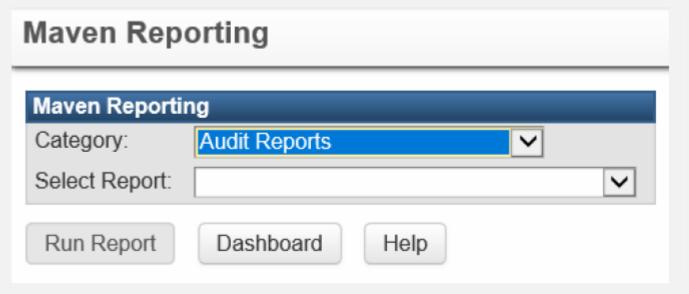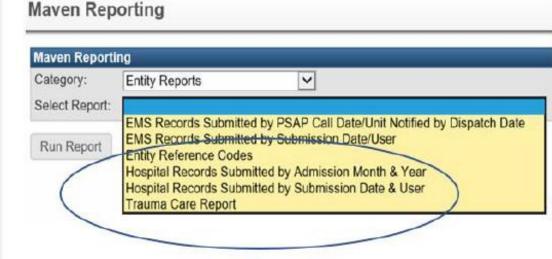
Import Roster – File Upload

Initial View

Drop Down View

Report Query

Initial Screen

Drop Down Screen

Report Query - Detail

Maven Reporting

Maven Reporting

Category:	Entity Reports ▼
Select Report:	Hospital Records Submitted by Submission Date & User
Description:	This report will allow Hospitals to receive a list of their submissions by submission date and by submitting user.
Start_Date*:	MM/DD/YYYY
End_Date*:	MM/DD/YYYY
SELECTED_ENTITY*:	HOS_197
Output Type:	PDF ▼

Run Report   Dashboard   Help

Report Format – Submission Date

Submission Date / Submitter

Report Format – Admission Month

Report By Admission

TEXAS Health and Human Services	Texas Department of State Health Services	**Hospital Records Submitted by Admission Month/Year**	

Report Parameters:

Start Date:	1/1/21 12:00 AM
End Date:	1/31/21 12:00 AM
Facility UNID:	▮▮▮▮

DSHS ID	Entity Name	Year	Month	Total Records
			January	0
			February	0
			March	0

Report Format – Trauma Care Report

Trauma Care Report

Report Parameters:

Start Date: 1/1/21
End Date: 1/31/21
Facility DSHS ID: ▮

Record ID	First Name	Last Name	MRN	Cause of Injury ICD 10	Diagnoses ICD 10 Code	Transfer to Facility	ED Hospital Arrival Date	ED Hospital Arrival Time	ED Disposition	Hospital Discharge Date	Hospital Discharge Time	Locally Calculated ISS
▮	▮			W19.XXXA - Unspecified fall, initial encounter	S80.02XA - Contusion of left	No	1/31/21	18:27	Transferred to Another			26
				W19.XXXA - Unspecified fall, initial encounter	S01.81XA - Laceration without	No	1/31/21	10:55	Floor bed (general	2/1/21	12:44	1

Validity Report

Validity Report Example

	January 2021						February 2021					
	Valid		Valid Null		Invalid		Valid		Valid Null		Invalid	
	n	%	n	%	n	%	n	%	n	%	n	%
Demographics			n=1						n=6			
Patient Last Name	1	100	0	0	0	0	6	100	0	0	0	0
Patient First Name	1	100	0	0	0	0	6	100	0	0	0	0
Patient's Home Zip Code	1	100	0	0	0	0	6	100	0	0	0	0
Patient's Home Country	1	100	0	0	0	0	6	100	0	0	0	0
Patient's Home State	1	100	0	0	0	0	6	100	0	0	0	0
Patient's Home County	1	100	0	0	0	0	5	83	1	16	0	0
Patient's Home City	1	100	0	0	0	0	6	100	0	0	0	0
Alternate home residence	0	0	0	0	1	100	0	0	0	0	6	100
Patient's Date of Birth	1	100	0	0	0	0	6	100	0	0	0	0
Patient's Age	1	100	0	0	0	0	6	100	0	0	0	0
Race	1	100	0	0	0	0	6	100	0	0	0	0
Patient's ethnicity	1	100	0	0	0	0	6	100	0	0	0	0
Patient's Sex	1	100	0	0	0	0	6	100	0	0	0	0
Primary Method of Payment	1	100	0	0	0	0	6	100	0	0	0	0
Hospital charges (in dollars)	0	0	0	0	1	100	0	0	0	0	6	100
Injury Information			n=1						n=6			
Injury / Incident Date	1	100	0	0	0	0	6	100	0	0	0	0
Injury / Incident Time	1	100	0	0	0	0	6	100	0	0	0	0

Validity Report Example Continued

	January 2021						February 2021						March 2021					
	Valid		Valid Null		Invalid		Valid		Valid Null		Invalid		Valid		Valid Null		Invalid	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Initial ED Glasgow Coma Score Eye	1	100	0	0	0	0	5	83	1	16	0	0	0	0	0	0	0	0
Initial ED Glasgow Coma Score Verbal	1	100	0	0	0	0	5	83	1	16	0	0	0	0	0	0	0	0
Initial ED Glasgow Coma Score Motor	1	100	0	0	0	0	5	83	1	16	0	0	0	0	0	0	0	0
Initial ED Total Glasgow Coma Score	1	100	0	0	0	0	5	83	1	16	0	0	0	0	0	0	0	0
Initial ED Glasgow Coma Score Qualifier	1	100	0	0	0	0	4	66	1	16	1	16	0	0	0	0	0	0
Alcohol Use Indicator	0	0	0	0	1	100	0	0	0	0	6	100	0	0	0	0	0	0
Initial ED Height (cm)	0	0	0	0	1	100	0	0	0	0	6	100	0	0	0	0	0	0
Initial ED Weight (kg)	0	0	0	0	1	100	0	0	0	0	6	100	0	0	0	0	0	0
Drug Use Indicator	0	0	0	0	1	100	0	0	0	0	6	100	0	0	0	0	0	0
Emergency Department Disposition	1	100	0	0	0	0	6	100	0	0	0	0	0	0	0	0	0	0
Signs of Life	1	100	0	0	0	0	6	100	0	0	0	0	0	0	0	0	0	0
ED Discharge Date	1	100	0	0	0	0	6	100	0	0	0	0	0	0	0	0	0	0
ED Discharge Time	1	100	0	0	0	0	6	100	0	0	0	0	0	0	0	0	0	0
Trauma Team Activation	0	0	0	0	1	100	0	0	0	0	6	100	0	0	0	0	0	0

Recent Errors Seen

- **9102- Additional External Cause Code – Warning.**

- **GCS 40- If GCS entered, select null value "Not Known/Not Recorded" – cannot enter both.**

- **Comorbidities – ITDX element.**

Injury Prevention Unit Websites

Injury Prevention Unit: dshs.texas.gov/injury-prevention

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

Hospital Registry: dshs.texas.gov/injury-prevention/ems-trauma-registries/hospital

Questions?

injury.web@dshs.texas.gov

Data requests: injury.epi@dshs.texas.gov

Thank you!

Trauma Services Registry Hospital Data Management

injury.web@dshs.texas.gov