
EMS/Trauma Registry debuts in September

The EMS/Trauma Registry is scheduled to “go live” by September and begin accepting data; the system also will have limited capacity for ad-hoc reporting. However, even after the system debuts, system improvements and enhancements will continue for several months and system improvement and updating will be ongoing.

As of July 2012, EMS/Trauma Registry staff will have converted millions of existing records to the new data model, which, as requested by stakeholders, includes the NEMSIS and NTDB standards. Additionally, we will complete legacy hospital and EMS data import interfaces, facilitating the transition from the old to new system. These legacy data import interfaces will allow users to send the exact same file format they currently send.

The EMS/Trauma Registry staff also is working on data validation rules and conditions to ensure the data are of sufficient quality to meet user needs for system improvement. Data validation will be a top priority during this time. Prior to going live, we will conduct user-acceptance testing, which will include facilities pilot testing. After going live, we will develop customizable reports and implement a registration enrollment portal—both for new facility registration and to improve access for users managing their own accounts. At “go live” all current user accounts will be migrated to the new system and we will provide training on how to access and submit data in the new system.

During the first year after the new registry is launched, registry staff will be working with users to transition from currently reported data elements to reporting the NTDB and NEMSIS nationally required data elements. We recognize that this will require many users to update software; therefore, we will be

working with users to define the duration of this transition period so they can plan for and minimize budgetary impacts. The file specification for the submission of the NTDB and NEMSIS data to the new system will be available to share with EMS and hospital vendors upon completion of pilot testing and user acceptance testing.

Registry staff has asked the Regional Advisory Council chairs to help create a new process to obtain business associate agreements between the RACs and the entities in their respective areas to ensure alignment with HIPAA; we will be working with our legal staff to identify appropriate mechanisms.

Texas Department of Transportation, another important project partner who is helping to fund the new registry, has a wealth of information on motor vehicle crashes. Since motor vehicle crashes are leading cause of trauma, we will continue to work with them to link crash and trauma data to provide a more comprehensive picture of preventable events and outcomes.

It’s been a long road since the breakdowns of the existing Registry in 2007. With this new EMS/Trauma Registry, we are fulfilling multiple legislative mandates for trauma and injury reporting as well as EMS runs. It has taken time to gather requirements from many stakeholders and users, put together resources, and select an appropriate vendor under state rules and guidelines. The number of EMS and trauma events for a state the size of Texas is massive, so the system that is built has to be robust, requiring dedicated infrastructure to assure security of patient information. In fact, we are dependent on a statewide interconnected IT structure serving all state agencies.

The EMS/Trauma Registry staff feels positive about continued progress and the anticipated outcome given the engagement of stakeholder’s and state leadership’s focus on building a good system. — *Tammy Sajak*