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Health Services

# **EMS & Trauma Registries Webinar**

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**Submersion Patient Data Reporting  
Training**  
**May 17, 2017**



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# Agenda

- Reporting Requirements
- Submersion Inclusion Criteria
- What's New?
- Data Dictionary
- Patient Record Creation/Completion
- Questions/Contact Information

# Reporting Requirements

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- [Texas Administrative Code Title 25](#), Part 1, Chapter 103
- Hospitals (if reporting for a physician) shall submit all submersion injuries within ninety calendar days of the date of discharge from their facility.
- Monthly submissions are recommended.
- Submersion Injury - The fatal or non-fatal process of experiencing respiratory impairment from submersion/immersion in liquid. This includes drowning and near drowning events.



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# Submersion Inclusion Criteria

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*For hospital reference only:*

- ICD-9-CM:

E830.0-E830.9, E832.0-E832.9, E910.0-E910.9,  
E954, E964, E984, E995.4

348.1 or 994.1 (Traumatic brain injury caused by  
anoxia due to submersion)

- ICD-10-CM:

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



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# What's New?

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- Old Submersion Patient Record
  - 119 Questions
  - Majority of questions were required
- New Submersion Patient Record
  - 53 Questions
  - 20 Required Questions
  - All questions are specific to submersion events only

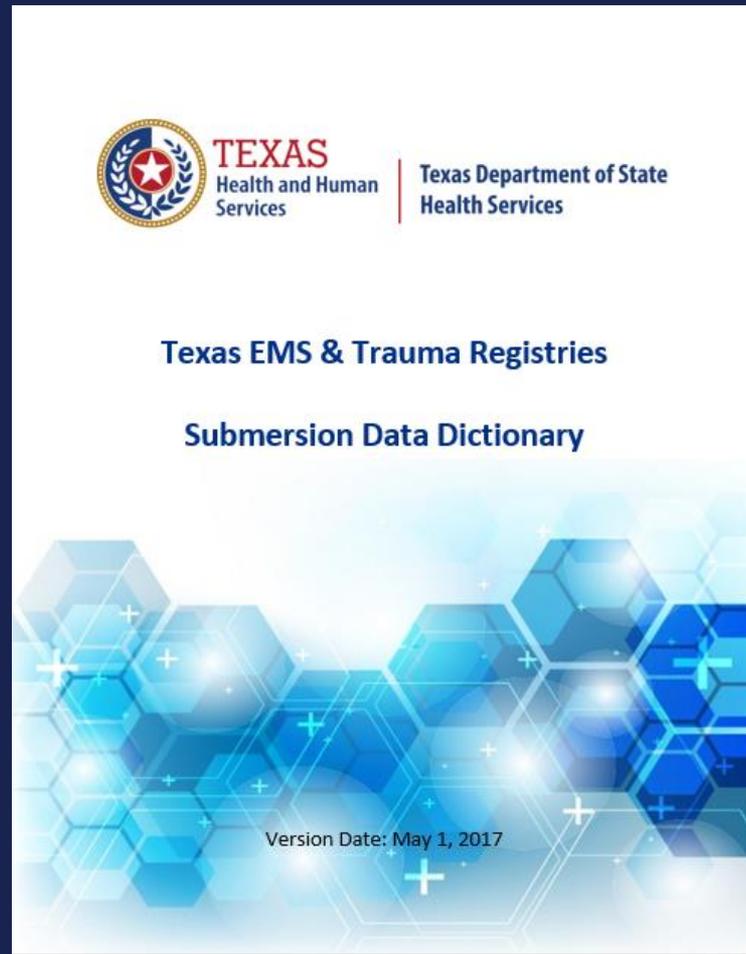


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# Data Dictionary

- [Submersion Data Dictionary](#)



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# Patient Record Creation/Completion

- [Texas EMS & Trauma Registries](#)

## Texas EMS/Trauma Reporting System

### Texas EMS/Trauma Reporting System Terms and Conditions of Use.

If you do not agree to be bound by the terms and conditions, promptly exit this application.

This System and related services are provided subject to your compliance with the terms and conditions set forth below. Please read the following information carefully. If you do not agree to be bound by the terms and conditions, promptly exit this application.

This AGREEMENT is entered into by and between the State of Texas, Department of State Health Services ("DSHS") and you, the "User" of the Department's Trauma Registry System (TRIS).

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# Questions

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## Contact Information

- Email
  - [injury.web@dshs.texas.gov](mailto:injury.web@dshs.texas.gov)