



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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### DSHS Announces Major EMS Data Quality Improvement Initiative

This change affects all 2006 data and will be implemented immediately. It *does not* affect 2005 data *submitted* in 2006. In the past, if a patient record was not rejected from the EMS/Trauma Registry system, it was counted towards the allotment formula. Now, not only must the patient record be accepted into the system, but also **NONE of the applicable key data fields listed below may contain the value for "unknown."** For example, if a patient record has a call type that is reported as unknown (9), the EMS/Trauma Registry system will accept the record but it may not count towards allotment if it is not marked as medical (1), trauma (2), or other.

List of key data fields that must now be known:

- 1.cause of injury
- 2.injury type
- 3.illness type (suspected illness/chief complaint)
- 4.dispatch time
- 5.arrive scene time
- 6.depart scene time
- 7.arrive destination time
- 8.call type
- 9.run type
- 10.response type
- 11.sex
- 12.county of occurrence

These key data fields were selected due to their importance in providing meaningful reports and performing research. Improving data quality for these fields is critical for regional EMS/trauma system development and directing process improvement efforts both at the local and regional levels. Quality/accurate data in these 12 key fields is required for your records to be counted towards the 911/1131 and 3588 funding allotments, and may significantly affect the funding that you and your Regional Advisory Council (RAC) may be eligible to receive in the future.

For questions about how these changes may affect funding for EMS providers

and RACs, please contact Kim Petty, Manager, EMS/Trauma Systems, at 512-834-6794 or [kim.petty@dshs.state.tx.us](mailto:kim.petty@dshs.state.tx.us). Also, please feel free to contact the Texas EMS/Trauma Registry at 1-800-242-3562 if you have any questions about this new policy or if you need help evaluating and/or improving your data quality.

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## What do the maps mean?

The purpose of the following maps is to make you more aware of the quality of the data you send in to us. Each map is divided into TSAs (Trauma Service Areas). Each TSA was graded on the quality of the data that was submitted by all of the reporting EMS providers located within a specific TSA for 2005. Quality of data includes the number of months submitted as well as whether or not each key field was blank, unknown, or invalid.

Below are brief descriptions of the maps, including information on what data each map reflects and tips on how to improve your data:

1. Cause of Injury – This is the ICD-9 external cause of injury code for the event or circumstance that was most responsible for the principal anatomic injury to the patient.

\*TIP – Do not enter the alpha character “E” in this field. This is a numeric field and will only allow numbers to be entered. If this is a Medical call only, leave this field blank. For the most commonly used E-codes, please refer to the “Quick Reference” cards created by the Registry. They can be found at: <http://www.dshs.state.tx.us/injury/registry/ECodCard.doc>

2. Injury Type – This is the type of injury the patient has sustained. The maps represent the first (Injury Type 1) out of 5 possible fields.

\*TIP – Do not use “Unknown”. If the type of injury is not listed, enter 88 for “Other”. If this is a Medical call only, enter as 77 “Not Applicable”.

3. Illness Type (Suspected Illness/Chief Complaint) – This is the suspected illness which leads to treatment by the EMS. The maps represent the first (Illness Type 1) out of 5 possible fields.

\*TIP – If this is a Trauma call, and there is no known or suspected medical complaint, enter as 77 (not applicable).

4. Dispatch Time – This is the time your EMS was dispatched to the scene.

\*TIP – Do not enter an “Unknown” time.

5. Arrive Scene Time – This is the time your EMS arrived at the scene, not when you made contact with the patient.

\*TIP – Do not enter an “Unknown” time.

6. Depart Scene Time – This is the time your EMS departed the scene.

\*TIP – Do not enter an “Unknown” time.

7. Arrive Destination Time – This is the time your EMS arrived at it's destination, whether it was taking the patient home, to the ER, to dialysis or even just a transfer.

\*TIP – Do not enter an “Unknown” time.

8. Call Type – How was this call classified when your EMS was dispatched? Was it a medical call? A trauma call? Both medical *and* trauma?

\*TIP – *Trauma* is an injury or wound to a living body caused by the application of an external force or violence, including burns. *Medical* is a disease or illness, excluding any trauma related injury. You can have BOTH types at once. If it is a stand-by, this would be entered as a 7, “Not Applicable”.

9. Run Type – The type of run a particular dispatch is classified as.

\*TIP - Many calls coming into an EMS are 911 calls, whether trauma or medical. A patient may call 911 to set up an appointment for transportation to dialysis. This would not be a 911 call. This would be entered as a non-emergency transfer. A football game stand-by is also not classified as a 911 call. This would be entered as a 4, “Stand-by”.

10. Response Type – What was the final outcome of this call? Call cancelled? False alarm? No treatment, no transport? Transport and treatment?

\*TIP – If you leave this field blank, it will likely auto-populate as “Unknown”. A value of 01-10 must be entered into this field. A football game stand-by would be entered as 02 “False alarm”. A dialysis run would be entered as 06 (transport AND treatment) or 07 (transport, no treatment).

11. Sex – The patient's sex at the time of injury.

\*TIP – This one sounds simple, yet it is one of the most common fields reported as “Unknown”. We understand, *sometimes*, you might not really know the sex....but please make an effort.

12. County of Occurrence – The county where the incident occurred.

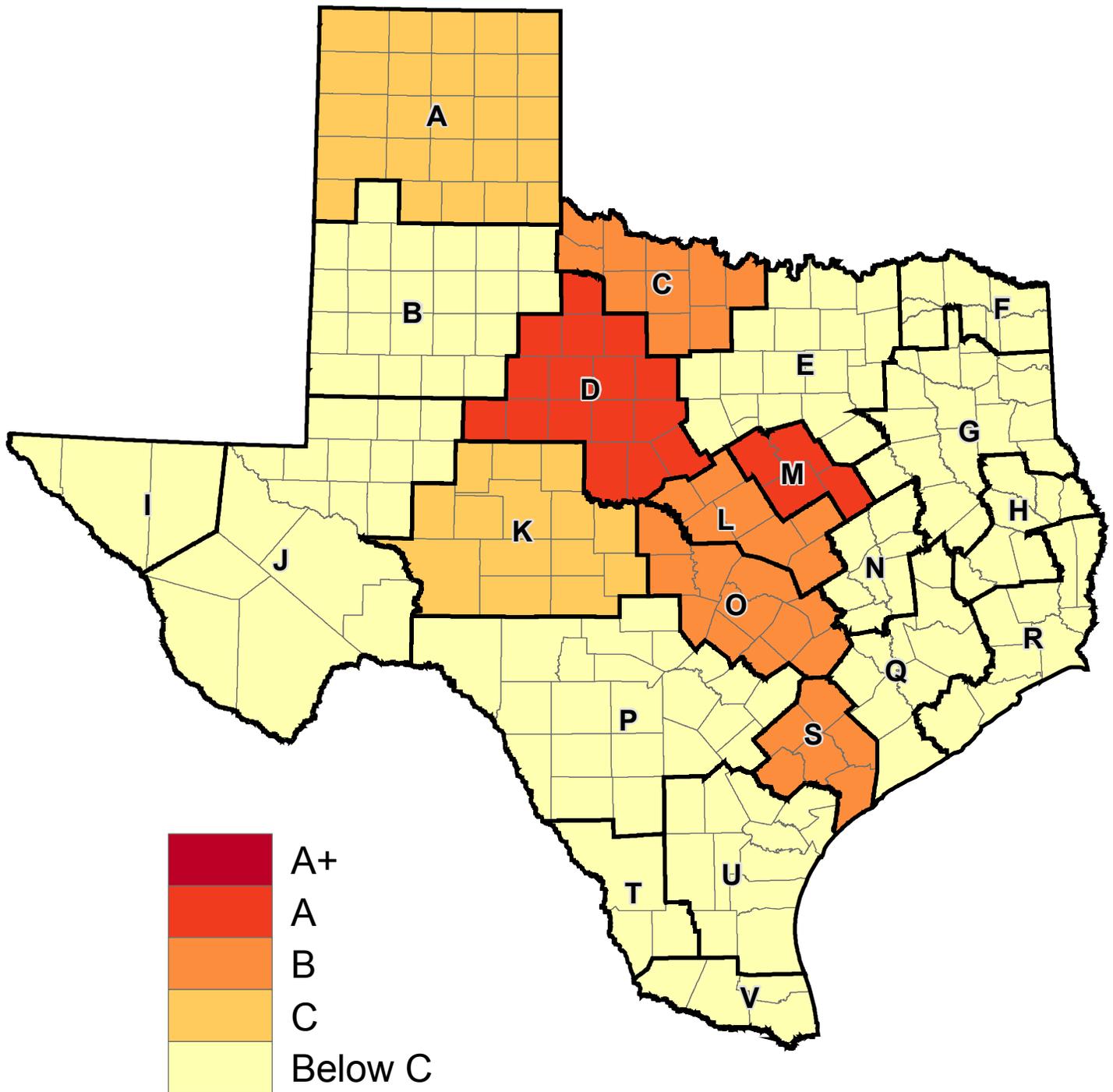
\*TIP – You may find the list of county codes at <http://www.dshs.state.tx.us/injury/registry/txzip.txt>

# Grading Scale

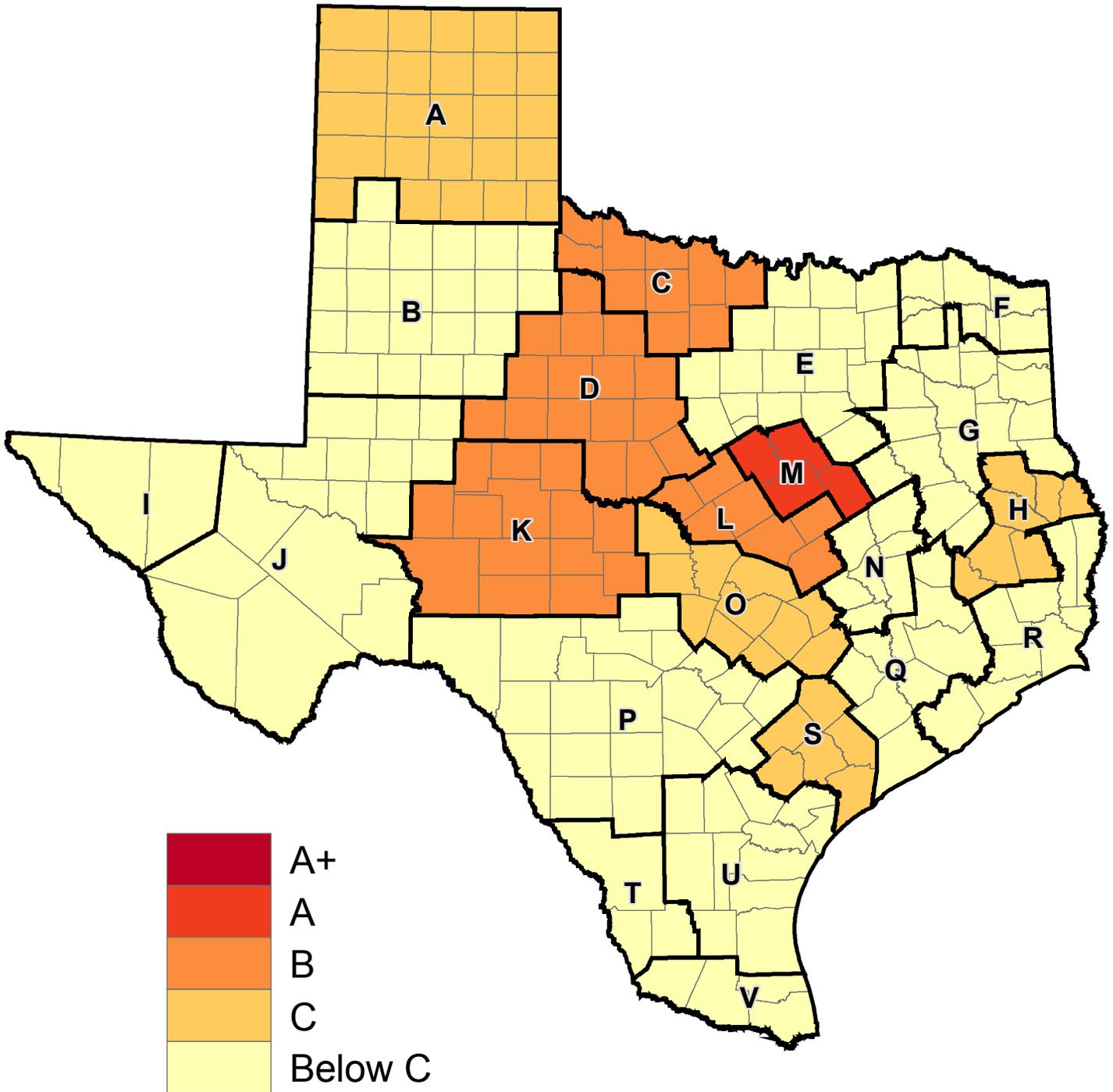
Based on data quality and entity participation

<b>A+</b>	95-100	<b>Superb</b>
<b>A</b>	90-94	<b>Great</b>
<b>B</b>	80-89	<b>Good</b>
<b>C</b>	70-79	<b>Fair</b>
Below C	<70	<b>Poor</b>

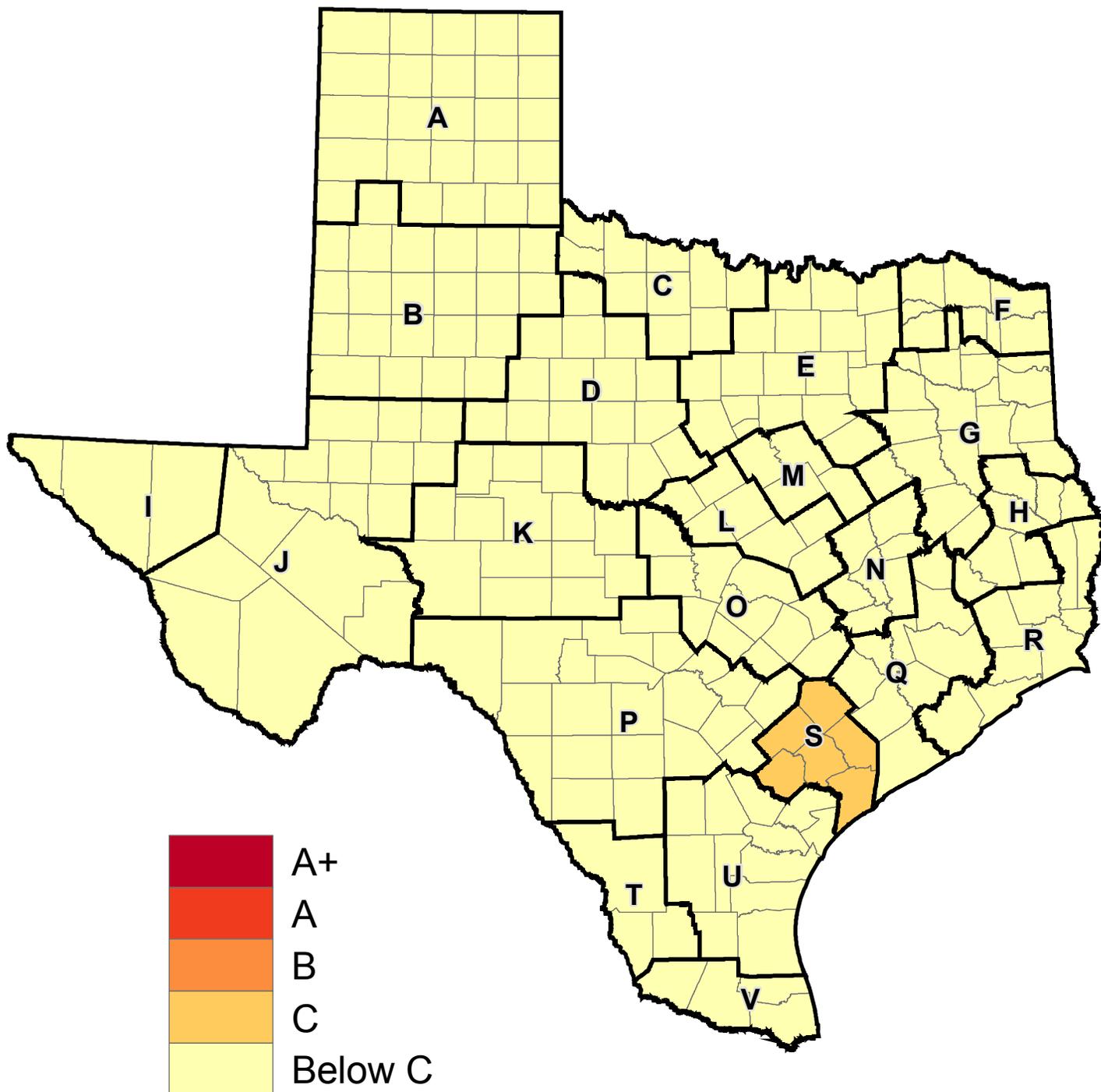
# Cause of Injury



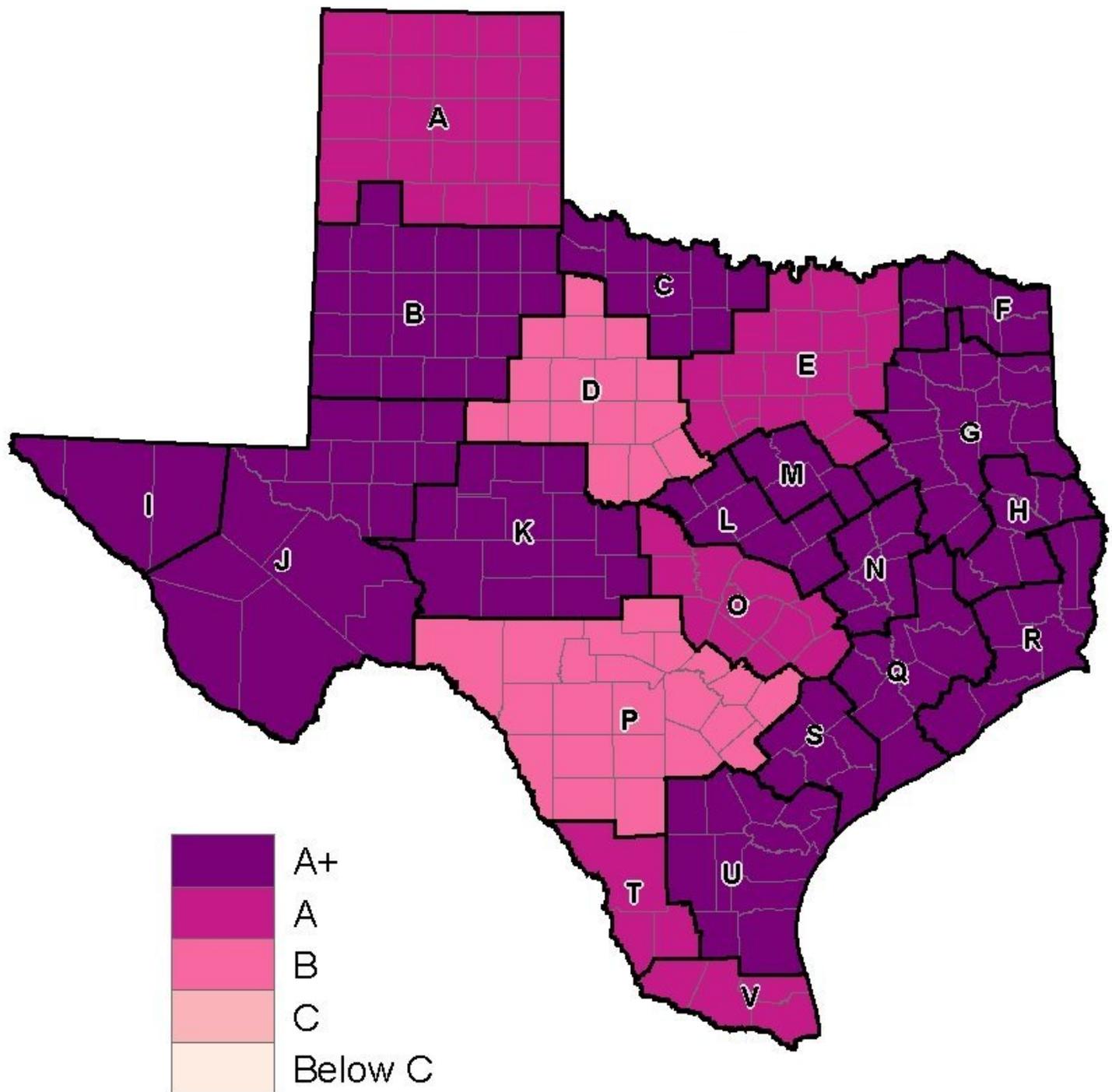
# Injury Type



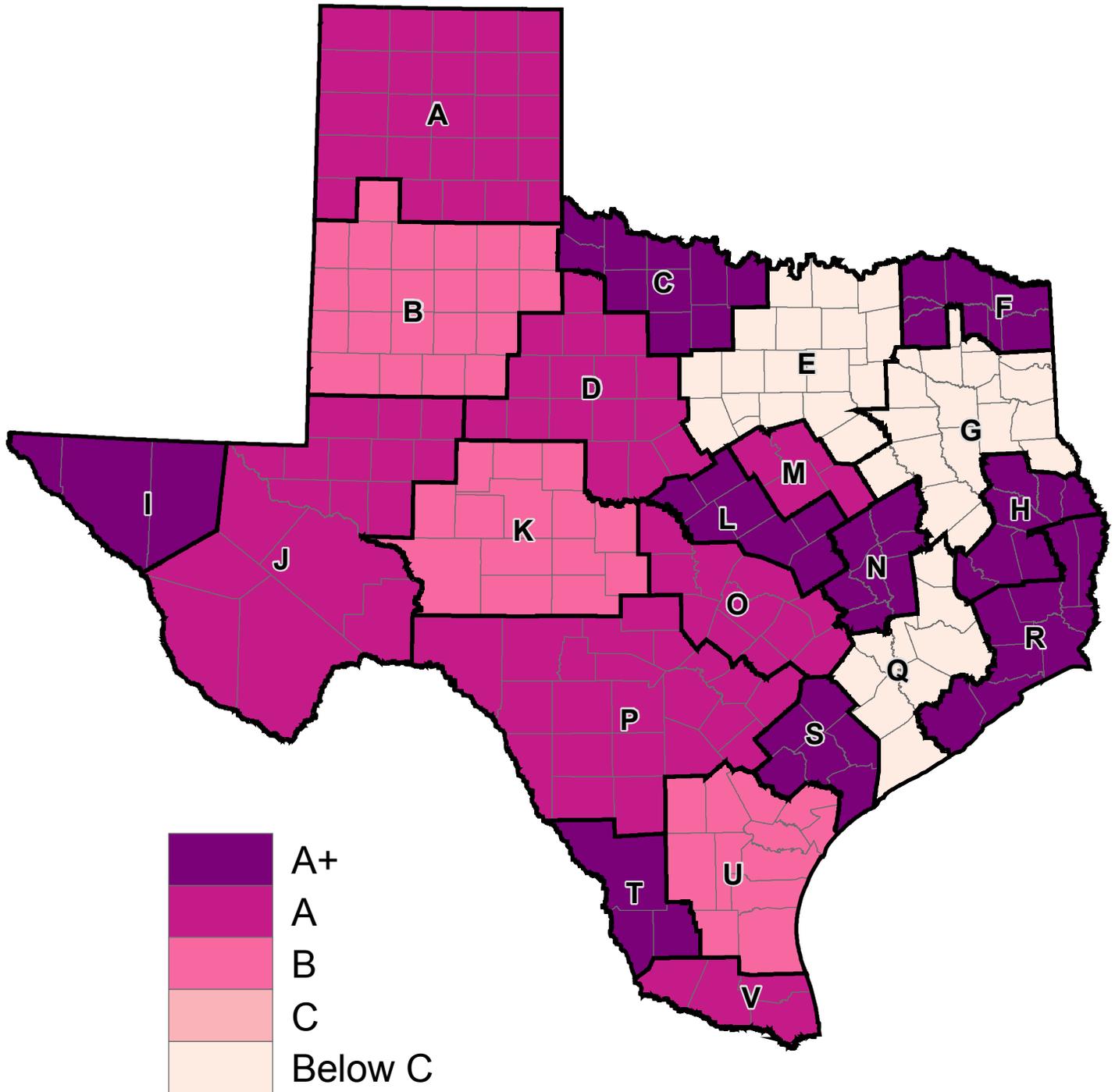
# Illness Type



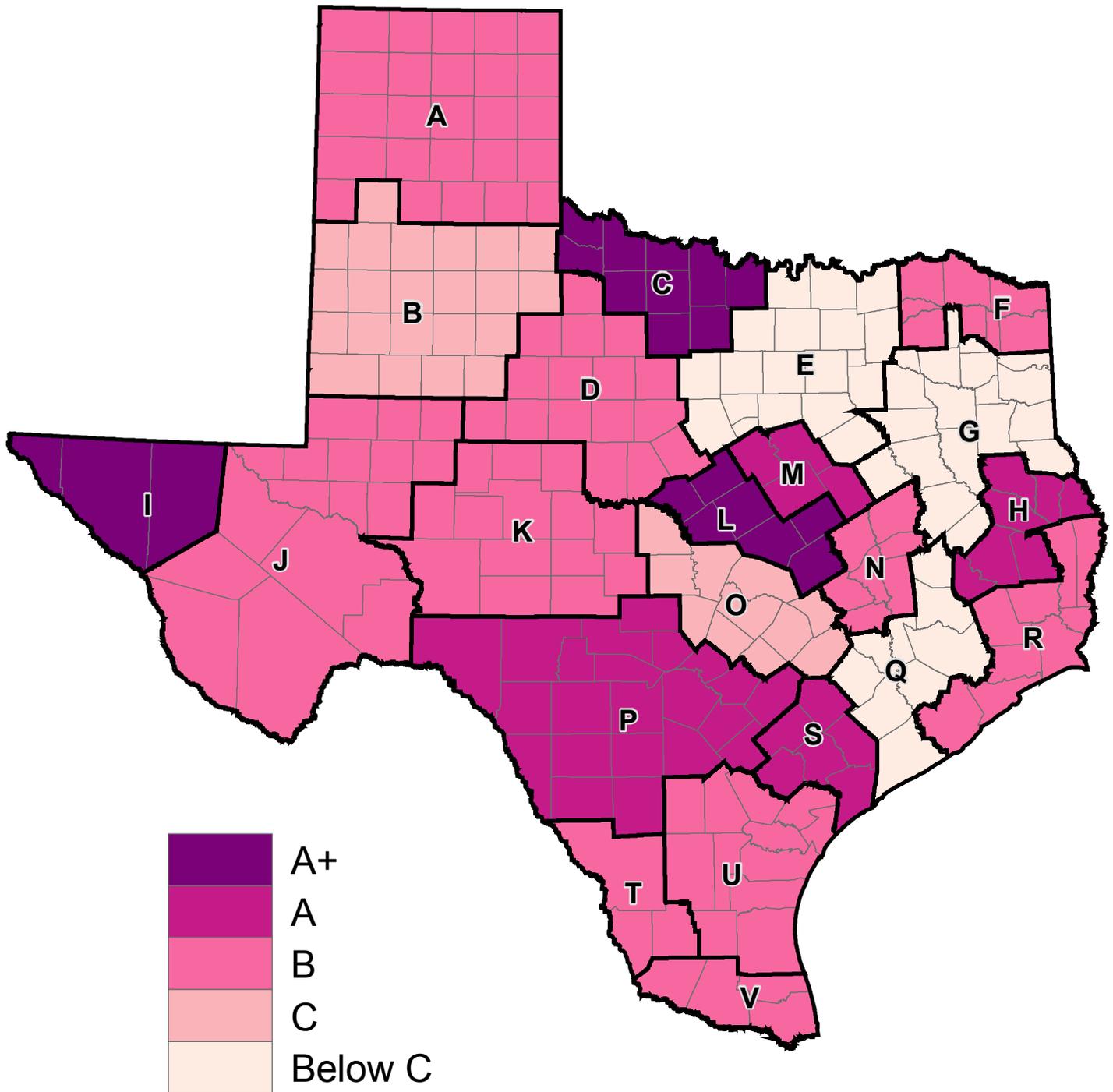
# Dispatch Time



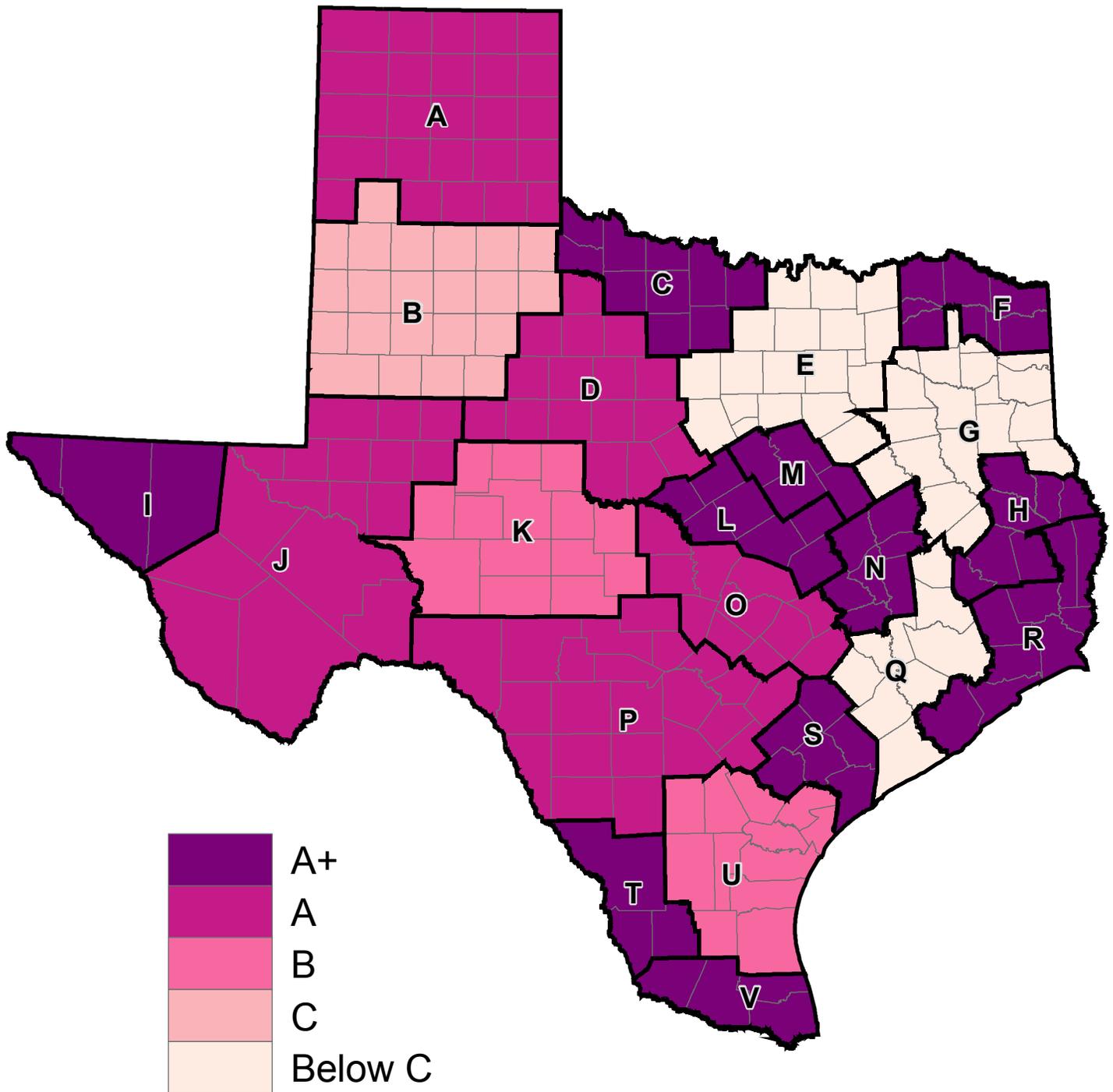
# Arrive Scene Time



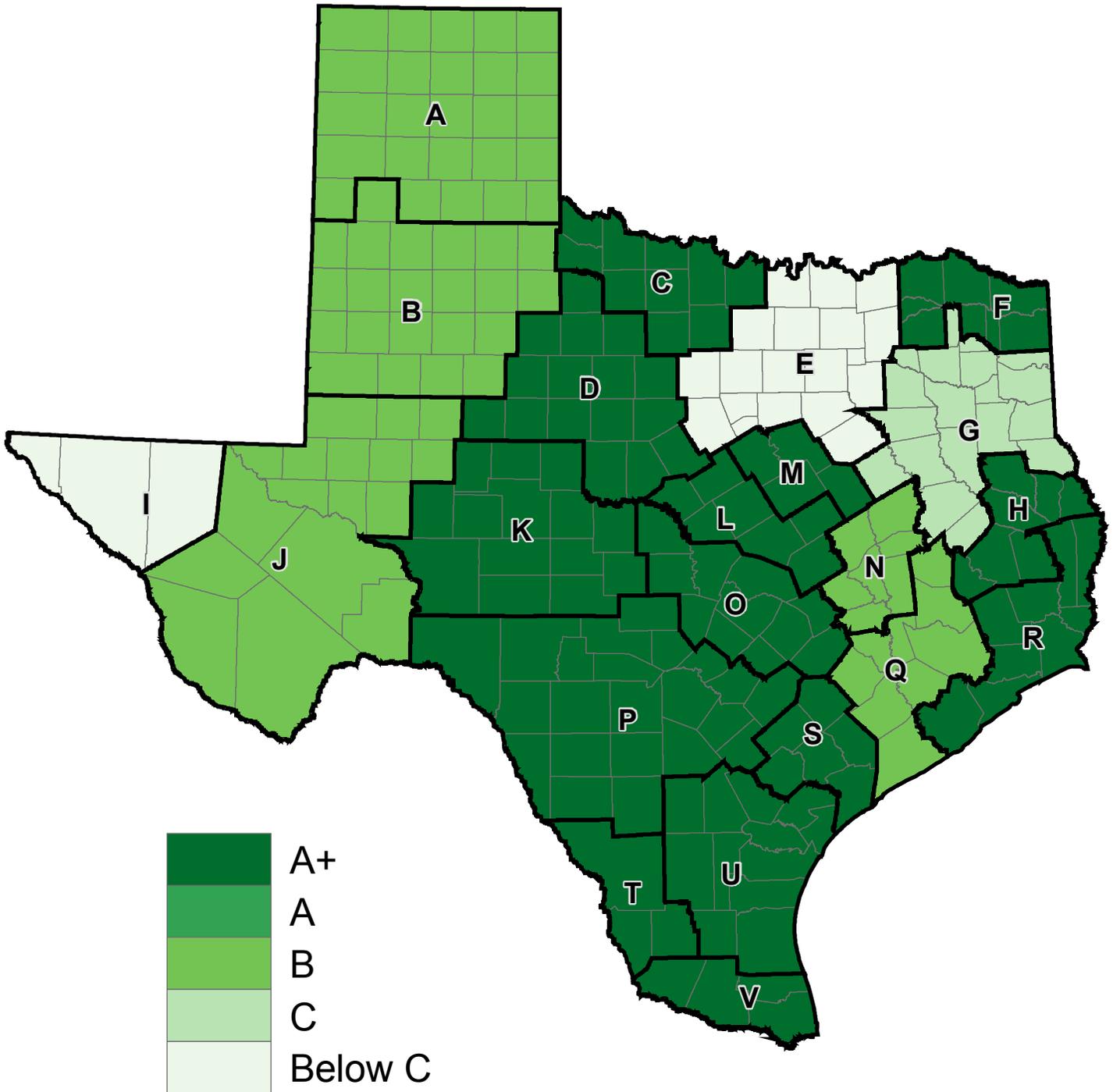
# Depart Scene Time



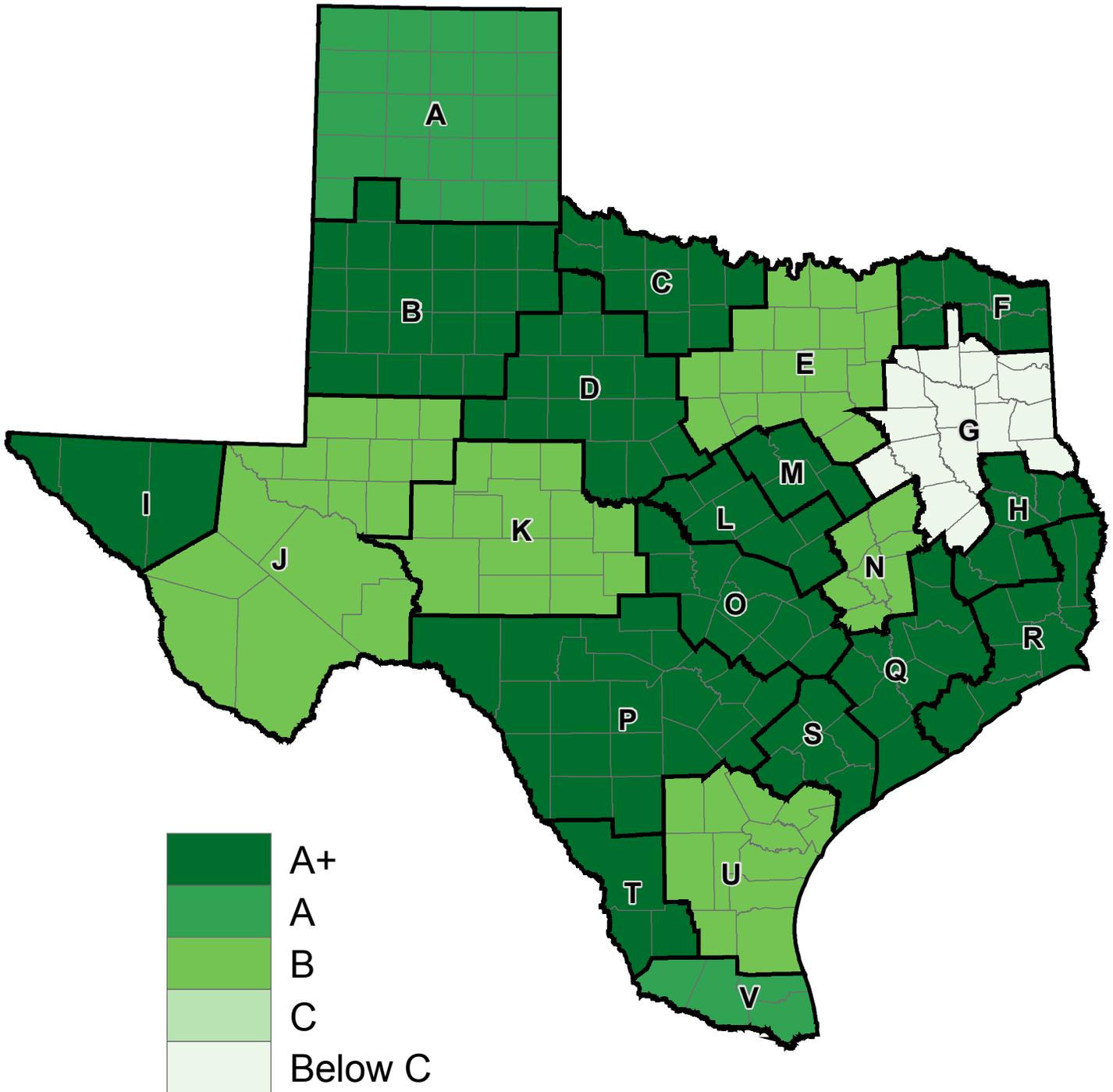
# Destination Time



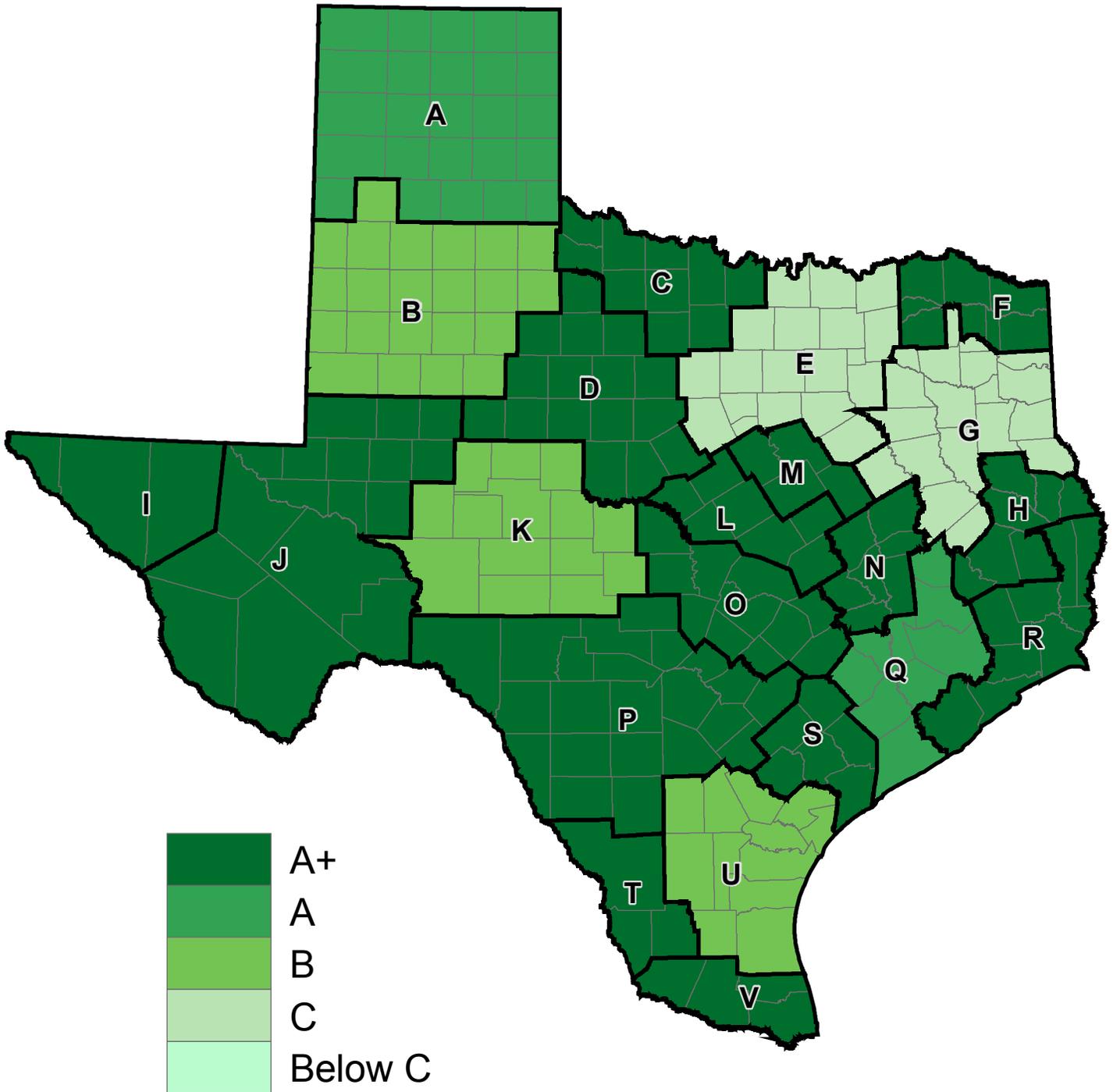
# Call Type



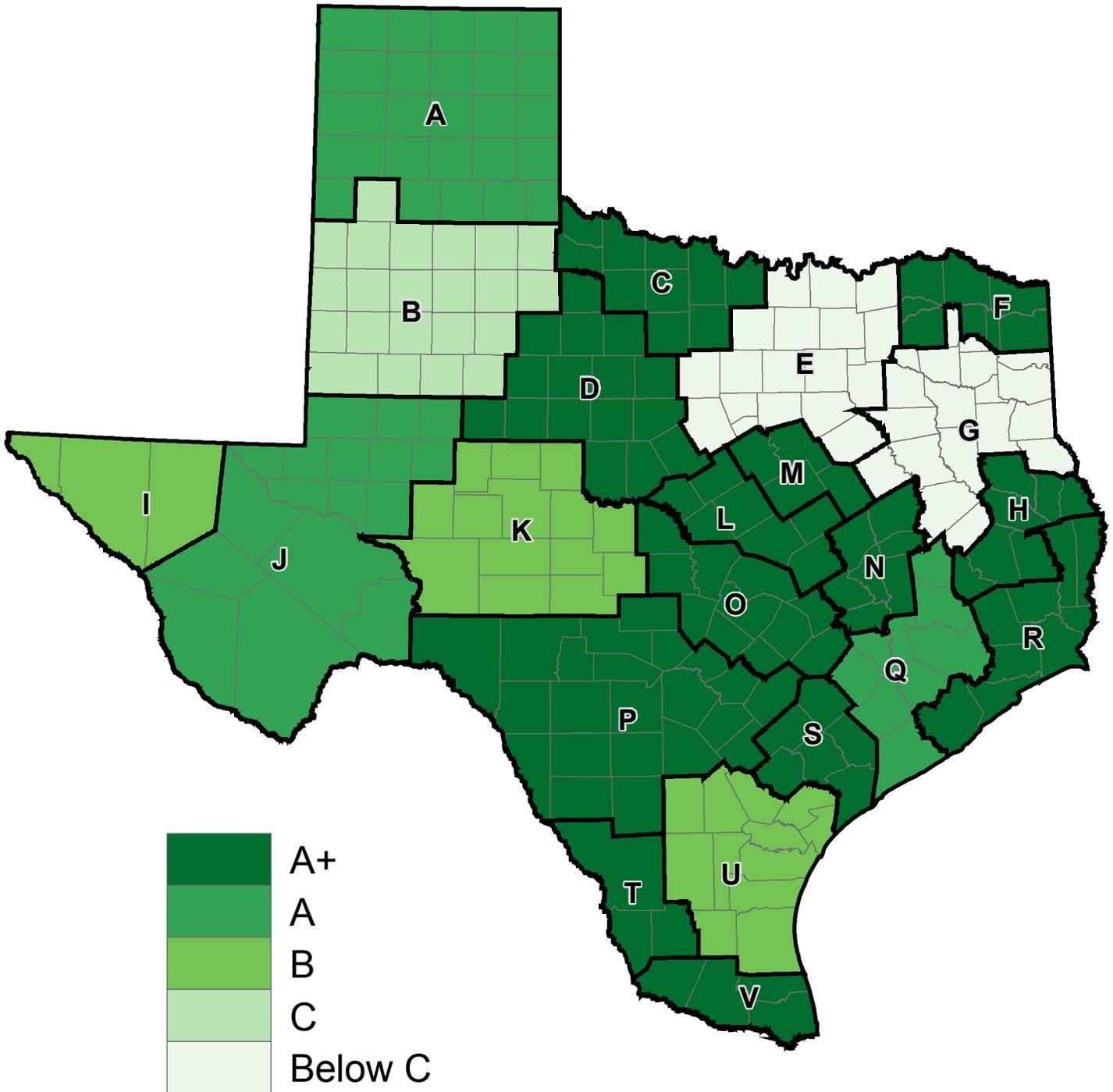
# Run Type



# Response Type



# Sex



# County of Occurrence

