

TEXAS Health and Human Services

Trauma Services Registry Hospital Data Management

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Judy Whitfield, Program Specialist DSHS Emergency Medical Services and Trauma Registries (EMSTR)



- Reporting Requirements
- Stakeholder Roles
- Identity and Access Management Online (IAMOnline)
- Submission Process
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- Submersion Patient Record
- Report Format Review
- Account Management
- Questions and Contact Information

EMSTR Reporting Requirements



Reporting Requirements

25 Texas Administrative Code (TAC), <u>Rule 103.7</u> states all hospitals shall submit data to the Texas Department of State Health Services (DSHS) EMSTR within ninety (90) calendar days of a patient's discharge from their facility.

- According to 25 TAC, <u>Rule 103.4</u>, reportable data includes:
 - Traumatic brain injuries (TBI);
 - Spinal cord injuries (SCI);
 - Submersion injuries; and
 - Other traumatic injuries.
- Specific International Classification of Diseases-Version 10-Clinical Modification (ICD-10-CM) codes are listed in the National Trauma Data Standard (NTDS) pages IV and V (in 2020 and 2023 versions).

EMSTR Submission Requirements

- 25 TAC, <u>Chapter 157</u> governs the EMS/Trauma Systems.
 - DSHS checks facility compliance during the initial or re-designation survey.
 - DSHS submits a compliance report to the surveying entity or Texas EMS Trauma and Acute Care Foundation (TETAF).
- A facility receives a criteria deficiency if they fail to submit patient records to the trauma registry in the 90-day requirement (25 <u>TAC, Chapter 103</u>).
- Facilities are responsible for the complete, accurate, and timely data submission even if a third-party submitter is used (25 <u>TAC, Chapter 103</u>).
- Facilities should notify DSHS (both EMSTR staff and the DSHS IAMOnline team) when locations change or facilities close.

Data Format Update

- In November 2023, EMSTR implemented the National Trauma Data Standard (NTDS) 2023 data dictionary definitions and the International Trauma Data Exchange (ITDX) 2023 data formats for all hospital patient records.
- The EMSTR data platform continues to accept the 2020 ITDX format. The EMSTR data platform <u>does not</u> accept NTDS 2017.

Stakeholder Role Descriptions



Stakeholder Roles

- Entity / Hospital Administration (Level 3):
 - Manages assigned users through the Texas Health and Human Services (HHS) new IAMOnline authentication platform;
 - Monitors data submissions;
 - Runs reports; and
 - Inputs data.
- Entity / Hospital Add / Edit (Level 2) Inputs data and runs reports where applicable.
- Entity / Hospital View Only (Level 1) Has view-only / read-only access.

Account Manager Role (Admin Level 3)

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 a list of all cases submitted by the facility.
- Hospital Data Validity Report Provides patient record details with number and percent of valid, valid null, and invalid answers.

IAMOnline Process



IAMOnline (1 of 2)

- In November 2023, EMSTR began using the new IAMOnline platform.
- All Texas HHS applications will use IAMOnline.
- IAMOnline provides a more secure log-in process with an authentication feature.

TEXAS Health and Human Services	
IAMOnline - Sign In	
Username	
Keep me signed in	~
Next	
Forgot Password? (HHS/DSHS Emails Only)	
<u>Request account as non-HHS employee, or</u> register organization	
<u>Sign Acceptable Use Agreement</u>	

IAMOnline (2 of 2)

To access the new EMSTR system, each person must complete the following one-time account set-up steps:



- Activate your account;
- Set up security methods; and
- Review and acknowledge the Acceptable Use Agreement (AUA) form.

After completing these steps, you can access the EMSTR system directly by logging in to your IAMOnline My Apps dashboard.

Account Set Up



Setting Up Accounts

- New facilities must register through IAMOnline.
- Facilities previously in Maven and who did not receive an activation email must contact <u>injury.web@dshs.texas.gov</u> to maintain the legacy DSHS ID.
- If you need access to multiple facilities, you may be required to have multiple accounts, each with a unique email address.
- Resources, such as registration guides, are available on the EMSTR website.
- The EMSTR support team can help contact them at injury.web@dshs.texas.gov.

Access My Apps Dashboard Process



Access the My Apps Dashboard

After you set up your security methods, the system redirects you to your IAMOnline **My Apps** dashboard.



Acceptable Use Agreement (AUA)

- All tiles are locked with a lock icon until you acknowledge and sign the AUA form.
- To do this, select the "AUA" tile on your My Apps dashboard.



Acknowledge and Sign your AUA

- Carefully read and complete the AUA form.
- Once you complete the mandatory information and sign the form, click the "Submit" button to complete this portion.

l have read, un	derstand, and will comply with the requirements in the Information Security Acceptable Use Policy.
First Name	
First Name *	
Last Name	
Last Name *	
Your Work Em	ail *
	@mailinator.com
Your Work Ph	one
l am (choose o	ne and explain below): *
 An employe 	e of HHSC (specify department and division)
🔿 An employe	e of DSHS (specify department and division)
🔿 An employe	e of another agency (specify agency, department, and division)
 A contracto 	r (specify employer or non-state agency name)
 An intern or 	r volunteer (specify agency, department, and division)

Date Agreement Signed *		C
08/09/2023		
		Submi
	Submit	Castin

Access EMSTR Process



Access EMSTR (1 of 2)

- Once you complete the AUA form, your My Apps dashboard tiles will unlock.
- To access EMSTR, select the "EMSTR Online" tile.

Acceptable User Ag	reement (AUA)			
	Ð			
DEV: Forms	DEV: Access Requests	DEV: Manage My Access		
⊙ My Workflows: DE\	/ & TEST			
• • •				
$\overline{\checkmark}$	<u> </u>	*	*	
DEV: Manage User Access	DEV: Approvals	DEV: Register Partner	DEV: Manage Partner	DEV: Supervisor Dashboard
⊘ My Applications				
©	*			
EMSTR Online	Request EFT Access			

Access EMSTR (2 of 2)

Once you select the **"EMSTR Online"** tile, the system will direct you to the EMSTR homepage.

MSTR Home Create Record Search Record Workflows File Upload Entity Reports Admin Settings Logout								
TEXAS Health and Human Services Texas Department of State Health Services Welcome to Texas Emergency Medical Services and Trauma Registry System								
Workflows								
Workflow Queue		Events						
Recently Accessed Records								
Record Id	Name		Record Type					
1000001976	Crystalb Testb		Patient Record - Hospital Submersion					
1000002673	crystal test2		Patient Record - Hospital Submersion					
544	crystalhospital2		Hospital					
1000001532	Test Crystal		Patient Record - Hospital					
				More				
Resources								
TX EMS/Trauma Home DSHS	TX EMS Trauma Systems DSI	AS	NHTSA.gov - Fundamental Components of Trauma Care					
National EMS Information System	<u>Glossary</u>		NEMSIS Data Dictionary					
National EMS Information System NTDS Data Dictionary	Glossary ITDX/NTDB Data Dictionary		NEMSIS Data Dictionary JP Submersion Data Dictionary					
NTDS Data Dictionary	ITDX/NTDB Data Dictionary		JP Submersion Data Dictionary					

Online Submission Process



Improved User Experience

The new system incorporates updated features and new functionalities throughout EMSTR for an improved user experience.

Calendar Feature

*Emergency Procedure	Department	1234	567								
*Procedure Performed Date/Time		07/03/2023 12:00 AM				œ	Procedure Performed Date/Tim (Null Values)				
		0	o Jul		× 2023		• 0		(1	(Null Values)	
		s	м	т	w	т	F	s	eset	Canc	el
_								1	-	_	
		2	3	4	5	6	7	8	-		
ICD-10 H	ospital Procedure O	9	10								Procedure Date,
		16									
		23		25		27		29			
1									Date/Ti	me of Horni	tal Admission (Null Values)
	MM/dd/yyyy hh:	Time	Э		1	2 AM	1~:	00 ~	Date/ II	ine or nospi	
		-	rrent	Date			Clo		-		

Quick date and time selection.

ollapsible Sections		
ijury Information - CPatient TestO - Patient Record	Drop Down I	Venus
Incident Date and Relative Information		
Incident ICD-10 Information	*Locally Calculated ISS	0
Incident Location Information	Mechanism of injury	Please Select
Incident Device and Relative Information	Injury type	Please Select
		Cut or Pierce
ndicates required field	*Indicates required field	Drowning or Submersion
	Indicates required neid	Fall
Save Cancel		Fire / Burn
	✓ Save Ø Cancel	Firearm
		Machinery

Easier page navigation to complete required fields.

Intuitive process that avoids page clutter.

Online Submission





To submit data manually, select "Create Record" from the navigation bar.

Create Record (1 of 2)

After selecting **"Create Record"** from the EMSTR toolbar, click the **"Patient Record - Hospital" Record Type** from the drop-down menu.

Record Inf	formation	
*Record Type	Please Select	•
	Please Select	
	Patient Record - EMS	
	Patient Record - Hospital	
	Patient Record - Hospital Submersion	
	Patient Record - Hospital TBI/SCI	
	Patient Record - JP/ME - Submersion	
	Patient Record - JP/ME - TBI/SCI	
	Patient Record - Long Term Acute Care	

Create Record (2 of 2)

- Enter the required information indicated by the asterisks (*).
- Click "Save".

*Record Type		Patient Record - Hospital		•		
Add Person						
*First Name			Middle Name		*Last Name	
*Birth Date	mm/dd/yyyy	۵	*Gender	Please Select		
Contact Info	ormation					
*Street						
*City			*State	Texas 🔹	*Zip Code	
*County	Please Select	•	*Country	USA		
*Submission Ve	ersion:			2023		-
ndicates require	d field					

Add Record Data

To add data to the patient record, complete each of the 15 Question Packages.

	Question Packages		
Question Package	Last Update	Updated By	Status
utcome Information			Incomplete
dministrative			Incomplete
DX Record Control Information			Incomplete
<u>gency/Responder</u>			Incomplete
emographic Information			Incomplete
ospital Procedure			Incomplete
iagnosis Information			Incomplete
njury Severity Information			Incomplete
re-Hospital Information			Incomplete
mergency Department Information			Incomplete
nancial Information			Incomplete
auma Quality Improvement			Incomplete
j <u>ury Information</u>			Incomplete
ospital Complications			Incomplete

Finish Creating a Record

- After saving the information entered in the 15 question packages, view the completed record by navigating to the EMSTR toolbar.
- Select "Entity > Hospital > Hospital Patient Record".



Hospital Facility	Hospital •
Hospital Patient Record	
Hospital Submersion Patient Rec	ord
Hospital TBI SCI Patient Record	

Hospital Patient Record

You can view the patient records you submitted for your facility.

Hospital Facility	Hospital Patient	Hospital Submersion Patient	Hospital TBI SCI Patient						
(Entities 1 - 2 of 2, Page: 1/1) 🔤 😽 1 🔊 🍽 50 🗸 + Add New Entity + Clear filter 🛛 Export Patient Record(s)								Record(s)	
Record ID	•	Facility Name ≎	Created Date ≎	Arrival Date	First Name \$	Last Name ≎	Status \$	Action	
1000001532			2023/09/13		Test	Crystal	Open	Record Details	
100002685			2023/10/11		CPatient	TestO	Open	<u>Record Details</u>	
	1000002685 2023/10/11 CPatient TestO Open (Entities 1 - 2 of 2, Page: 1/1)								

To view a specific patient record, click "Record Details".



Record Summary Screen

On this screen you can view the list of patient records you submitted.

spital Facility Hospital Patient Hospital Submersion Patient	Hospital TBI SCI Patient							
			(Entities 1 - 50 of 108, Page: 1/3)	v			+ Add New Entity + Clear filter	2 Export Patient R
Record ID \$	Facility Name 🌣	Created Date 🗢	Arrival Date	≎ First Name ≎	Last Name 🗢	Status \$	Action	
49789		2023/06/27		Sm Test 6/20	one	Open	Record Details	
812893		2023/06/29		Tanuja	A	Open	Record Details	
68462		2023/06/29		Tanuja	A	Open	Record Details	
43858		2023/06/29		Tanuja	Test2	Open	Record Details	
62048		2023/07/05		sm test 7/5	test	Open	Record Details	
98220		2023/07/07		Tanuja	7/6	Open	Record Details	
05114		2023/07/11		Smi 7/11	test	Open	Record Details	
000000190		2023/07/21		Dhanusha	One	Open	Record Details	
300000191		2023/07/21	2023/07/11	Tanuja	2020	Open	Record Details	
00000192		2023/07/21	2023/07/02	Tanuja	2023	Open	Record Details	
30000207		2023/07/21		2020	Dhanusha	Open	Record Details	
00000208		2023/07/21		Andrew	Barstow	Open	Record Details	
00000209		2023/07/21		Test	TQIP	Open	Record Details	
00000216		2023/07/21	2023/07/03	Test	2020	Open	Record Details	
00000219		2023/07/21		Peter	John	Open	Record Details	
00000286		2023/07/25	2023/07/01	smi 2020	test	Open	Record Details	
0000287		2023/07/25		smi 2023	test	Open	Record Details	
0000332		2023/07/26		Test	Created date	Open	Record Details	
0000348		2023/07/27		Smi Test 7/27 2020	test	Open	Record Details	
00000349		2023/07/27		smi test 7/27 2023	test	Open	Record Details	
		2022/07/27		maecha	nation		Depart Dataila	

The column headers allow you to search and filter for records.

Record ID 🗢	Facility Name 🗢	Created Date ≎	Arrival Date	First Name 🗘	Last Name ≎	Status	Action	
-------------	-----------------	----------------	--------------	--------------	-------------	--------	--------	--

File Upload Process







File Upload

To submit data using the file upload method, select **"File Upload"** from the EMSTR navigation bar.

Select the Data File Format

- After selecting **File Upload** from the EMSTR toolbar, the system will take you to the **Data File Upload** page.
- Select "Hospital_XML_File" from the drop-down menu.

	me,			Home Create Record Search R	ecord Workflows File Uplo		eports Admin ettings Logout
Data File Upload							
Data File Format	Please Sele			File	Choose File No file chosen		
▲ Upload Ø C	ancel ? H Hospital_	XML_File					
	Demograj EMS_XML	_File Recent	Queued	Roster Imports			
	(Er	tities 1 - 50 of 306, Page: 1/7)	I4 <4		1 50 ₩		
Create Date ≎	Complete Date	Roster Format	\$	File		Status	Result
2023-10-10 14:16:22	2023-10-10 19:16:22	EMS_XML_File	EMS_20	23_V350_Sample_File.xml_[<u>Original File</u>]	Successful	<u>Download</u> <u>Results</u>
2023-10-06 13:21:08	2023-10-06 18:21:08	EMS_XML_File	2022-EM	1S-1-Cardiac-Transport_venkat_devxn	nl <u>[Original File]</u>	Successful	<u>Download</u> <u>Results</u>

Data File Upload

Select "Choose File" and select the file from your computer.

EMSTR Welcome,		Home Create R	ecord Search Record File Upload Entity Reports Logout
	Data File Up	oad	
Data File Format	Hospital_XML_File	File	Choose File No file chosen
∽ Upload Ø Cancel Help	Send Email		

Once you've chosen the file, select the "Upload" button.

E			Home Create Ro	ecord Search Record File Upload Entity Reports Logout
		Data File Upl	oad	
	Data File Format	Hospital_XML_File	File	Choose File ITDX_2023-VleRecord.xml
	▲ Upload Ø Cancel Help	Send Email		

Validation Results (1 of 2)

After uploading the file, the system will send you an automatic Validation **Results** table notifying you of any errors.

Data File Upload							
Data File Format	Hospital_XML_File	File	Choose File No file chosen				
▲ Upload Ø Cancel Help							
Validation Results							
Record Count	1						
Valid Record Count							
Error	1 of the 1 records in the file have been successfully uploaded!						
Validation Results (2 of 2)

	Validation Results
Record Count	1
Valid Record Count	0
Error	1 of the 1 records were not uploaded due to errors: Hospital FacilityId 0771021 doesn't exist.

- If an error occurs, the Validations Results table includes a description of the error.
- After addressing the error, re-upload your file.
- After your file successfully uploads, the system sends you another Validation Results table.

File Submission Report

You will immediately receive a **File Submission Report** via email. This report includes additional report details.

08/02/2023 22:45 File Sul	bmission Report		
Entity Number	null		
Entity Name			
Report Period	02/01/2020 - 02/01/2020		
Submission Date	08/02/2023 10:40 PM		
Submission Number	100000731		
Processed Date	08/02/2023 10:40 PM		
Submitted By			
Total Records Submitted (new/resubmitted)	1 (1/0)		
= Records with Errors [Rejected](%)	0 (0%)		
= Records with Warnings [Accepted](%)	1 (100%)		
= Records with no Errors/Warnings [Accepted](%)	0 (0%)		
Total Records Accepted(%)	1 (100%)		
Total Records Rejected(%)	0 (0%)		
Total Records Incomplete(%)	0 (0%)		

Details

Record ID	Element Name[Tag]	Submitted Value	Dictionary Value	Flag	Description
0771002_12345678	IncidentTime	235100	235100	w	1304_IncidentTime: 1304: Injury Incident Time is later than EMS Dispatch Time
0771002_12345678	IncidentTime	235100	235100	w	1305_IncidentTime: 1305: Injury Incident Time is later than EMS Unit Arrival on Scene Time
0771002_12345678	PulseRate	1	1	w	4804_PulseRate: 4807: The value is below 30

Recent Queued Roster Imports

You can access Feedback Reports from the **Recent Queued Roster Imports** screen on the data file upload page by selecting **"Download Results"**.

	Recent Queued Roster Imports							
				(E	ntities 1 - 50 of 671, Page: 1/14) 🛛	123456	78910 -	
٥	Create Date	Complete Date	Roster Format	¢	File	Status	Result	
2023-0	7-28 20:51:29	2023-07-28 20:51:29	Hospital_XML_File	2020sampleSingleRecord.xml	[Original File]	Successful	Download Results	
2023-0	7-28 20:20:01	2023-07-28 20:20:00	EMS_XML_File	2022-EMS-1-Cardiac-Transpo	rt_v350.xml_[<u>Original File]</u>	Successful	Downlessults	
2023-0	7-28 19:32:52	2023-07-28 15:32:52	Hospital_XML_File	2020sampleMultipleRecord_8	_Records_2_new.xml [Original File]	Successful	D-	
2023-0	7-28 15:13:39	2023-07-28 11:13:38	Demographic_XML_File	2022-DEM-2_v350.xml_[Origi	inal File]	Successful		
2023-0	7-26 20:09:53	2023-07-26 16:09:53	Hospital_XML_File	ITDX_2023_Sample.xml_[Orig	<u>ginal File]</u>	Succes		
2023-0	7-26 19:58:19	2023-07-26 15:58:19	Hospital_XML_File	2020sampleSingleRecord.xml	[Original File]	C.		
2023-0	7-26 19:51:54	2023-07-26 15:51:53	Hospital_XML_File	2020sampleSingleRecord.xml	[<u>Original File]</u>			
2023-0	7-26 19:34:49	2023-07-26 15:34:35	EMS_XML_File	2022-EMS-1-Cardiac-Transpo	rt_v350.xml <mark>_[Original File]</mark>	Downl	oad Results	
2023-0	7-26 19:29:15	2023-07-26 15:29:15	EMS_XML_File	2022-EMS-1-Cardiac-Transpo	rt_v350.xml <mark>_[Original File]</mark>	Down	oau Results	
2023-0	7-26 19:26:01	2023-07-26 15:26:01	EMS_XML_File	2022-EMS-1-Cardiac-Transpo	rt_v350.xml <mark>_[Original File]</mark>		<u></u>	
2023-0	7-26 19:06:42	2023-07-26 15:06:41	EMS_XML_File	2022-EMS-1-Cardiac-Transpo	rt_v350.xml <u>[Original File]</u>	Successful	Download Results	
2023-0	7-26 18:44:17	2023-07-26 14:44:17	EMS_XML_File	2022-EMS-1-Cardiac-Transpo	rt_v350.xml <mark>_[Original File]</mark>	Successful	Download Results	
2023-0	7-26 18:41:27	2023-07-26 14:41:26	EMS_XML_File	2022-EMS-1-Cardiac-Transpo	rt_v350.xml <u>[Original File]</u>	Successful	Download Results	
2023-0	7-26 18:26:25	2023-07-26 14:26:25	Demographic_XML_File	2022-DEM-2_v350_schError_	_dAgency01==02.xml_[<u>Original File]</u>	Successful	Download Results	
2023-0	7-26 18:24:24	2023-07-26 14:24:24	Demographic_XML_File	2022-DEM-2_v350_schError_	_dAgency01==02.xml_[Original File]	Successful	Download Results	
2023-0	7-26 18:21:35	2023-07-26 14:21:35	Demographic_XML_File	2022-DEM-2_v350.xml_[<u>Origi</u>	inal File]	Successful	Download Results	
2023-0	7-26 17:09:30	2023-07-26 13:09:29	Demographic_XML_File	2022-DEM-2_v350.xml_[<u>Origi</u>	inal File]	Successful	Download Results	
2023-0	7-26 17:06:18	2023-07-26 13:06:18	Demographic_XML_File	2022-DEM-2_v350.xml_[<u>Origi</u>	inal File]	Successful	Download Results	
2023-0	7-26 16:50:23	2023-07-26 12:50:22	Demographic_XML_File	2022-DEM-2_v350.xml_[<u>Origi</u>	inal File]	Successful	Download Results	

Feedback Report Example 1

Feedback Report with no errors, only warnings.

Total Records Submitted (new/resubmitted)	3 (3/0)
= Records with Errors [Rejected](%)	0 (0%)
= Records with Warnings [Accepted](%)	2 (66%)
= Records with no Errors/Warnings [Accepted](%)	1 (33%)
Total Records Accepted(%)	3 (100%)
Total Records Rejected(%)	0 (0%)
Total Records Incomplete(%)	0 (0%)

Rejected Records

Facility ID Patient ID Flag Description

Record Details (Warning & Incomplete)

Facility ID	Patient ID	EMSTR Record ID	Element Name[Tag]	Submitted Value	Dictionary Value	Flag	Description
1015031	2307150	301352722	EmsSbp	0	0	w	3607_EmsSbp: 3607: SBP value is below 30
1015031	2307150	301352722	EmsPulseRate	0	0	w	3707_EmsPulseRate: 3707: Pulse rate submitted is below 30
1015031	2307150	301352722	EmsRespiratoryRate	0	0	w	3807_EmsRespiratoryRate: 3807: The value submitted is below 5
1015031	2307150	301352722	PulseRate	0	0	w	4804_PulseRate: 4807: The value is below 30
1015031	2307150	301352722	RespiratoryRate	0	0	w	5007_RespiratoryRate: 5007: The value is below 5
1015031	2312063	301352724	Sbp	0	0	w	4707_Sbp: 4707: SBP value is below 30

Feedback Report Example 2

Rejected Records

Facility ID	Patient ID	Flag	Description
0703700	6508	E	11703_Angiography: 11703: Element cannot be Not Applicable when Packed Red Blood Cells or Whole Blood is greater than 0
0703700	6410	E	1211_IncidentDate: 1211: Field cannot be Not Applicable
0703700	6410	E	1310_IncidentTime: 1310: Field cannot be Not Applicable
0703700	6488	E	5103_RespiratoryAssistance: 5103:Element must be Not Applicable when Initial ED/Hospital Respiratory Rate is Not Known/Not Recorded

Record Details (Warning & Incomplete)

Facility ID		EMSTR Record ID	1 01	Submitted Value	Dictionary Value	Flag	Description
0703700	6446	301356596	PrimaryECodelcd10	Y93.44	Y93.44		8905_PrimaryECodelcd10: 8905: ICD-1 External Cause Code should not be Y93.X/Y93.XX (where X is A-Z or 0-9)
0703700	6443	301356606	HospitalDischargeOrdersWrittenDate	20241212	20241212		7710_HospitalDischargeOrdersWritten[7710: Hospital Discharge Date minus Ir

Feedback Report

with errors and warnings.

Submersion Patient Records Process



Texas Department of State Health Services

Submersion Patient Records

Trauma Registrars:

- Report all near and actual submersions;
- Enter data in the Registry Manual Data Entry System (file upload is not available); and
- Use the **Patient Record Hospital Submersion** option.

Submersion Online Submission



To submit data manually, select "Create Record" from the navigation bar.

Create Record

Create Submersion Record (1 of 2)

After selecting **Create Record** from the **EMSTR** toolbar, click the **"Patient Record - Hospital Submersion" Record Type** from the drop-down menu.

Create Event - Person Info	rmatio	n	
F	Record Inf	formation	
*	Record Type	Please Select	-
		Please Select	
		Patient Record - EMS	- II:
		Patient Record - Hospital	- 11
		Patient Record - Hospital Submersion	
		Patient Record - Hospital TBI/SCI	_
		Patient Record - JP/ME - Submersion	- 11
		Patient Record - JP/ME - TBI/SCI	
		Patient Record - Long Term Acute Care	-
		Datiant Decard Databilitation	· ·

Create Submersion Record (2 of 2)

- Enter the required information indicated by the asterisks (*).
- Once complete, click **"Save"** to save the record.

Create Event	- Person I	nformation						
	Record Inf	ormation						
	*Record Type	Patient Record - Hospital Subm	ersion 💌					
	Add Person							
	*First Name		Middle Name		*Last Name			
	*Birth Date	mm/dd/yyyy	*Gender	Please Select				
	Contact Info	rmation						
	*Street							
	*City		*State	Texas				
	*Zip Code		*Zip Code (Null Values)	Please Select	•			
	*County	Please Select	*Country	USA				
	*Indicates required field							
	Phone Number	Enter Phone	E-Mail					
	Save Ø Car	ncel				× Clear ? Help		



Submersion Question Package (1 of 3)

To add patient record data, complete the **Question Package**.

			Record Summary (Patient)					
Basic Informa	tion	Notes	Notes Details						
Record ID	1000002673		UserName	Entry Date	Notes 🔺				
Record Type	Patient Record - Hospital Submersion		No records found.		•				
Person	crystal test2								
Status	Open	255 characters remaining.							
UUID	a6748cff- 70d5-437c- 99c9- d8752d7d1399	✓ Save							
Notifications	General Notifications								
Edit Patient Info	ormation								
Record Data	Record Data Record History								
	Question Packages								
	-	Juestion Package	Last Update	Updated By	Status				
Consolidate	<u>d</u>				Incomplete				

Question Package

Submersion Question Package (2 of 3)

Enter the required information indicated by the asterisks (*).

Consolidated Question Package -	- Hospital Submersion		
▼ Event			
*Injury/Incident Date and Time	mm/dd/yyyy hh:mm	*Injury/Incident Date and Time (Null Values)	Please Select 🔹
*Incident Street Address			
*Incident State	Texas		
*Incident City		*Incident City (Null Values)	Please Select
*Incident Zipcode		*Incident Zipcode (Null Values)	Please Select
*Incident County	Please Select	*Incident County (Null Values)	Please Select
*Incident Country	Please Select		
Where did the incident occur?	Please Select	Where did the incident occur? (Null Values)	Please Select
Where was Water / Swimming Pool Located? (if applicable)	Please Select	Where was Water / Swimming Pool Located? (if applicable) (Null Values)	Please Select
What activity was the individual doing at the time of incident?	Please Select	What activity was the individual doing at the time of incident? (Null Values)	Please Select
Was this Incident Motor Vehicle Related?	Please Select	Was this Incident Motor Vehicle Related? (Null Values)	Please Select
What type of floatation device was the individual wearing at the time of the incident, if any?	Please Select	What type of floatation device was the individual wearing at the time of the incident, if any? (Null Values)	Please Select
Was the event witnessed?	Please Select	Was the event witnessed? (Null Values)	Please Select

Submersion Question Package (3 of 3)

- Complete the three sections Event, Individual Information, and Hospital Arrival/Discharge.
- Click **"Save"**.

Consolidated Question Package -	- Hospital Submersion			
Event				
Individual Information				
 Hospital Arrival/Discharge 				
The date the individual arrived at the emergency department (ED) or hospital	mm/dd/yyyy			
The date the individual was discharged from the hospital	mm/dd/yyyy	The date the individual was discharged from the hospital (Null Values)	Please Select	
The date the individual was discharged from the emergency department (ED)	mm/dd/yyyy	The date the individual was discharged from the emergency department (ED) (Null Values)	Please Select	
*The individual's disposition at the time of discharge	Please Select	*The individual's disposition at the time of discharge (Null Values)	Please Select	•
*Indicates required field				

Patient Record Summary (1 of 2)

To view the Submersion Patient Record Summary, select "Entity > Hospital > Hospital Patient Submersion Patient Record".



Patient Record Summary (2 of 2)

On this screen you can view the submersion patient records for your facility.

Hospital Facility Hospi	tal Patient Hospital Submersion Patient	Hospital TBI SCI Patient			
(Entities	1 - 2 of 2, Page: 1/1)	► 50 ► + Add	New Entity + Clear filter	2 Export Patient Record Hospital Su	bmersion(s)
Record ID \$	First Name \$	Middle Name \$	Last Name \$	Status \$ Action	
1000001976	Crystalb		Testb	Record Deta	ils
100002673	crystal		test2 Ope	en <u>Recor</u> r <u>eta</u>	ils
	(Entities 1 -	2 of 2, Page: 1/1)	1 → → 50 ×		

To view a specific record, click "Record Details".

Record Details

NOTE – The patient record will be highlighted.

Record Summary Example (1 of 2)

A complete record summary example.

Basic Informa	tion	Notes	Notes Details		
Record ID	1000001976		UserNan	e Entry Date	Notes
Record Type	Patient Record - Hospital Submersion		No records found.		
Person	<u>Crystalb</u> Testb	255 characters remaining.			
Status		✓ Save			
UUID					
Notifications	General Notifications				
dit Patient Info	rmation				
ecord Data	Record History		Question Packages		
	Question	Package	Last Update	Updated By	Status

Record Summary Example (2 of 2)

The **Record History** tab provides record update details.

cord Data Record History			
		Record History	
Time	Event	Message	User
10/11/2023 11:58 AM	Case Property updated	Edit Entity Information updated	Crystal Hospital
10/11/2023 11:56 AM	Question Package updated	Updated Question Package : Consolidated Question Package	Crystal Hospital
09/26/2023 08:43 AM	Case Created	Created Patient: Crystalb Testb	Crystal Hospital

Report Format Review



Texas Department of State Health Services

Accessing Reports

MSTR Welcome,			Home Create	Record Search Record Workflows File Upload Entity Reports Admin Settings Logou
TEXAS Health and Human Services Health Services	Welcome	e to Texas Emergency and Trauma Registry		Submission Status-XML Files No Reportable Data
Workflows				
Workflow Queue		Events		Reports Admin Settings Logout
Recently Accessed Records				Submission Status-XML Files No Reportable Data
Record Id	Name		Record Type	Data Submission
1000002685	CPatien	t TestO	Patient Record - Hos	Additional Reports
1000001532	Test Cr	ystal	Patient Record - Hos	Automar Reports
1000001976	Crystal	b Testb	Patient Record - Hospit	al Submersion
1000002673	crystal	test2	Patient Record - Hospit	al Submersion
544	crystall	nospital2	Hospital	
				More
Resources				
TX EMS/Trauma Home DSHS	TX EMS	Trauma Systems DSHS	NHTSA.gov - Fundam	ental Components of Trauma Care
National EMS Information System	Glossa	CY.	NEMSIS Data Diction	ary
NTDS Data Dictionary	ITDX/I	NTDB Data Dictionary	JP Submersion Data	Dictionary

NEMSIS Webservices User Guide

 NTDS Data Dictionary
 ITDX/NTDB Data Dictionary

 JP TBI SCI Data Dictionary
 Rehab LTAC TBI SCI Data Dictionary

Hospital Reports

Administrators can access the following reports:

- Hospital Data Validity Report;
- Hospital Records Submitted by Submission Date & User;
- Hospital Records Submitted by Admission Month & Year;
- Trauma Care Report;
- Entity Reference Codes; and
- Entity No Reportable Data (NRD) Report.

Report Guide: EMSTR Reports - SHARP Reporting Guide (March 2024)

Common Errors / Issues

- Version number List the software version (v2020 or 2023) in first line of xml file: <ItdxRecords ItdxVersion="Itdx_v2020">
- Glasgow Coma Score (GCS) should be GCS or GCS 40 Both cannot be coded. Use GCS selections and code GCS 40 as Not known / Not recorded.
- Co-morbidity codes should comply with software version used.
- Record numbers for errors should be listed on feedback report.

If facility DSHS ID number is not activated, notify injury.web@dshs.texas.gov

Account Management



Texas Department of State Health Services

IAMOnline Home Page

Account management is available through IAMOnline.



Forgot Password (1 of 2)

- If you forget your password, you can reset it on your own.
- From the IAMOnline sign-in page, type your username in the **"Username"** box.

TEXAS Health and Human Services
IAMOnline - Sign In
Username
Keep me signed in
Next
Forgot Password? (HHS/DSHS Emails Only)
<u>Request account as non-HHS employee, or</u> register organization
Sign Acceptable Use Agreement

Forgot Password (2 of 2)



Reset Your Password (1 of 3)

Choose the **"Email"** or **"Phone"** method and click the **"Select"** button.



Reset Your Password (2 of 3)

- After selecting either Phone or Email, the system will prompt you to receive a code via SMS or Email.
 - NOTE The phone option was selected in this example.
- Select the "Receive a code via SMS" button to receive a verification code.



Reset Your Password (3 of 3)

- Step 1 Once you receive your verification code, enter it in the "Enter Code" box.
- Step 2 Select the **"Verify"** button.

TEXAS Health and Human Services	
Verify with your phone	
⊘ john.test7@gmail.com	
(8) John testy wynan com	
A code was sent to +1 XXX-XXX-8931. Enter the code below to verify.	
Carrier messaging charges may apply	
Enter Code	
1	
<u></u>	
Verify	2
<u>Verify with something else</u> Back to sign in	
Create a new account as a citizen	
Request account as non-HHS employee, or register organization	

IAMOnline Password Reset (1 of 2)

- After you enter your verification code, the system will redirect you to the Reset your IAMOnline password page.
- Step 1 Enter your new password in the "New password" box.
- Step 2 Re-enter your password in the "Re-enter password" box.



IAMOnline Password Reset (2 of 2)

Once you create a new password and re-enter your password, select the **"Reset Password"** button.

Reset your IAMOnline password	
Ø john.test7@gmail.com	
Password requirements:	
At least 8 characters	
At least 8 characters A lowercase letter	
An uppercase letter	
A number	
A symbol	
No parts of your username	
Does not include your first name	
Does not include your last name	
Your password cannot be any of your last 6 passwords	
At least 1 day(s) must have elapsed since you last changed your pass	word
lew password	
	-
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e-enter password	
e-enter password	C
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Reset Password Complete

After resetting your password, you will be logged in, and the system will redirect you to the **My Apps** dashboard.







Your account will lock after multiple incorrect password attempts. The system will send an email notifying you the account will automatically unlock after 30 minutes.



If you do not remember your password after the account unlocks, please reset your password.

Update Account (1 of 2)

TEXAS Realth and Human Services	Q Search your apps	DEV IAMOnline
🔒 My Apps	My Apps	
Acceptable User Agreem		
My Workflows: DEV & T		
My Applications		DEV IAMOnline
Add section 🕀		

Settings

Sign out

Preferences

Recent Activity

- On the right side of your **IAMOnline** dashboard, click the arrow to display the menu.
- Select the "Settings" link.

Update Account (2 of 2)

- Click the **"Edit"** button in the **Personal Information** section.
- Update your personal information:
 - Add a phone number;
 - Add details; and
 - Adjust security methods, including password and security questions.

Account	
L Personal Information	Edit

Edit

Injury Prevention Unit Websites

- Injury Prevention Unit: <u>dshs.texas.gov/injury-prevention</u>.
- EMSTR: <u>dshs.texas.gov/injury-prevention/ems-trauma-registries</u>.
- Hospital Registry: <u>dshs.texas.gov/injury-prevention/ems-trauma-</u> <u>registries/hospital</u>.
- IAMOnline Help: gatewayaw.hhs.state.tx.us/publicHelpGuide/Content/Q External/EXT HomePage.htm.
- New Platform Resources: <u>EMSTR New Platform Resources | Texas</u> <u>DSHS</u>.



Email – injury.web@dshs.texas.gov.

Data requests – <u>injury.epi@dshs.texas.gov</u>.

Thank You!

Trauma Services Registry Hospital Data Management

injury.web@dshs.texas.gov