# EMERGENCY MEDICAL SERVICES AND TRAUMA REGISTRIES JUSTICE OF THE PEACE/MEDICAL EXAMINER TRAUMATIC BRAIN INJURY/SPINAL CORD INJURY DATA DICTIONARY 2024



TEXAS Health and Human Services

Texas Department of State Health Services

## Contents

Introduction	3
Texas Standard Inclusion Criteria	3
Usage	4
Common Null Values	4
Entity Name	5
Individual's First Name	6
Individual's Middle Name/Initial	7
Individual's Last Name	8
Individual's Home Address	9
Individual's City of Residence	. 10
Individual's State of Residence	. 11
Individual's Zip Code of Residence	. 12
Individual's County of Residence	. 13
Individual's Country of Residence	. 14
Individual's Date of Birth	. 15
Individual's Gender	. 16
Individual's Sex	. 17
Individual's Race	. 18
Individual's Ethnicity	. 19
Individual's Phone Number	. 20
Individual's Email	. 21
Event Type	. 22
Traumatic Brain Injury	. 23
Spinal Cord Injury	
Injury/Incident Date and Time	. 25
Incident State	. 26
Incident County	. 27
Injury Occurred	. 28
Individual's Cause of Death	. 30
Individual's Manner of Death	
General Informational Page	. 33

# Introduction

The Texas Department of State Health Services (DSHS) Emergency Medical Services and Trauma Registries (EMSTR) Justice of the Peace (JP)/Medical Examiner (ME) Traumatic Brain Injury (TBI)/Spinal Cord Injury (SCI) Data Dictionary establishes the Texas registry data exchange standard and serves as the EMSTR operational definitions. In accordance with the **Texas Administrative Code, Title 25, Part 1, Chapter 103**, JPs and MEs should report all individuals satisfying the inclusion criteria described in this document to the **EMSTR online reporting system**. An entity shall submit data to EMSTR within ninety (90) days of the identification of a reportable event. All entities should submit reportable data at least quarterly, though EMSTR recommends monthly electronic data submissions.

## **Texas Standard Inclusion Criteria**

**Definition** – To ensure consistent data collection, a patient or decedent is defined as an individual sustaining an injury meeting the following criteria:

## Traumatic Brain Injury (TBI)

A TBI, or intracranial injury, is an injury to the brain by an external force or mechanism that consists of varying degrees from mild to moderate to severe and can cause long term effects and/or death. These types of intracranial injuries can include, but are not limited to:

- Anoxia due to submersion.
- Shaken infant syndrome.
- Intracranial hemorrhage of a newborn.
- Concussion.
- Unspecified intracranial injury without loss of consciousness.

# Spinal Cord Injury (SCI)

An SCI is physical damage to the spinal cord that can interfere with normal motor, sensory, or autonomic functions. An SCI involves damage to any part of the spinal cord and can also include damage to the nerves at the end of the spinal cord. Types of spinal cord injuries can include, but are not limited to:

- Injury to the cauda equina (nerve roots at the lower end of the spinal cord).
- Unspecified injury to the sacral spinal cord.
- Disease of the spinal cord.
- Other incomplete lesions at the C4 level of the cervical spinal cord.
- Unspecified cord compression.

# Usage

**Definition:** An indication of when the data element is expected to be collected. A Null Value is an option provided to the practitioner when the answer to a required field is unknown or has not been documented.

- Not applicable: This data element applies if, at the time of individual care documentation, the information requested was "Not applicable" to the individual, the hospitalization, or the individual care event.
- Not known/Not recorded: This data element applies if, at the time of individual care documentation, the information was "Not recorded" (to the individual, family, or health care provider) or no value for the element was known for the individual.

#### **Additional Information**

- Mandatory: must be completed and does not allow null values.
- Required: must be completed and allows null values.
- Optional: does not need to be completed.

#### **Common Null Values**

**Definition:** JPs and MEs should use these values with each of the data elements described in this document to accept the null values.

#### **Field Values**

- 1. Not applicable.
- 2. Not known/Not recorded.

# **Entity Name**

**Definition:** The name of the reporting entity.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is mandatory. If this element is not completed, the entity's record will not pass validation or be accepted into the new platform.
- The entity's DSHS number (DSHS ID) will auto-fill once the correct entity is selected. This is a non-editable field.
- To locate the DSHS (facility) Identification Number, please refer to the instructions on how to run the Entity Reference Code Report.

## dshs.texas.gov/sites/default/files/injury/EMSTR%20Resources/SHARP\_Report-Guide\_Update\_Mar2024.pdf

#### **Associated Edit Checks**

## **Individual's First Name**

**Definition:** The individual's first name. The term "individual" is used throughout this document as plain language for the person to whom the injury occurred.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is mandatory.
- The maximum entry length is 50 characters.
- If the individual's name is not known, please enter UNKNOWN for this element.

#### **Associated Edit Checks**

# Individual's Middle Name/Initial

Definition: The individual's middle name or initial.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is optional.
- The maximum entry length is 50 characters.

#### **Associated Edit Checks**

# Individual's Last Name

**Definition:** The individual's last name.

#### **Field Values**

• Relevant data for this element.

#### Additional Information

- This element is mandatory.
- The maximum entry length is 50 characters.
- If the individual name is not known, please enter UNKNOWN for this element.

#### **Associated Edit Checks**

# **Individual's Home Address**

**Definition**: The individual's home address.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is mandatory.
- The maximum entry length is 50 characters.
- If the individual's address is not known, please enter UNKNOWN for this element.

#### **Associated Edit Checks**

# Individual's City of Residence

**Definition**: The individual's city, township, or village of residence.

#### **Field Values**

• Relevant data for this element.

#### Additional Information

- This element is required.
- The maximum entry length is 50 characters.
- If the individual's city is not known, please enter UNKNOWN for this element.

#### **Associated Edit Checks**

# Individual's State of Residence

Definition: The state (or District of Columbia) where the individual resides.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• If the incident occurred outside of the U.S., select "Non-U.S. Country."

- Not applicable.
- Not known/Not recorded.

# Individual's Zip Code of Residence

**Definition:** The individual's zip/postal code of primary residence.

#### **Field Values**

• Relevant data for this element.

#### Additional Information

- This element is required.
- May be stored as a 5- or 9-digit code (XXXXX-XXXX) for the U.S. or Canada, or it can be stored in the postal code format of the applicable country.

#### **Associated Edit Checks**

• If the patient's zip code and corresponding residence county do not pass validation, the entity may report the zip code as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

- Not applicable.
- Not known/Not recorded.

# Individual's County of Residence

**Definition:** The county or parish where the individual resides (or best approximation).

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is mandatory.

#### **Associated Edit Checks**

• If the patient's postal zip code and corresponding residence county are not passing validation, the zip code may be reported as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

# Individual's Country of Residence

**Definition:** The country where the individual resides (or best approximation).

#### **Field Values**

- Mexico.
- Canada.
- USA.

#### Additional Information

• This element is required.

#### **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# Individual's Date of Birth

**Definition:** The individual's date of birth.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is required.
- Collected as MM/DD/YYYY.
- If date of birth is unknown, select "Not known/Not recorded."

#### **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# **Individual's Gender**

**Definition:** The individual's gender.

#### **Field Values**

- Female.
- Female-to-Male, Transgender Male.
- Male.
- Male-to-Female, Transgender Female.
- Other, neither exclusively male nor female.
- Unknown (unable to determine).

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# **Individual's Sex**

**Definition:** The individual's sex.

#### **Field Values**

- Female.
- Female-to-Male, Transgender Male.
- Male.
- Male-to-Female, Transgender Female.
- Other, neither exclusively male nor female.
- Unknown (unable to determine).

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# **Individual's Race**

**Definition:** The individual's race.

#### **Field Values**

- American Indian/Alaska Native.
- Asian.
- Black or African American.
- Native Hawaiian.
- White.
- Other.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# Individual's Ethnicity

**Definition:** The individual's ethnicity.

#### **Field Values**

- Hispanic or Latino.
- Not Hispanic or Latino.

## **Additional Information**

• This element is required.

## **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# Individual's Phone Number

**Definition:** The individual's contact phone number.

#### **Field Values**

• Relevant data for this element.

#### Additional Information

- This element is optional.
- To be collected as XXX-XXX-XXXX.

#### **Associated Edit Checks**

# Individual's Email

**Definition:** The individual's contact email.

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

- This element is optional.
- To be collected as XXX@XXX.XXX.

#### **Associated Edit Checks**

# **Event Type**

**Definition:** The type of event being reported.

#### **Field Values**

• This element will auto-populate to TBI/SCI.

#### **Additional Information**

• This is a non-editable field.

#### **Associated Edit Checks**

# **Traumatic Brain Injury**

**Definition:** A traumatic brain injury was suspected or confirmed.

#### **Field Values**

- Yes.
- No.

## **Additional Information**

• This element is mandatory.

## **Associated Edit Checks**

# **Spinal Cord Injury**

**Definition:** A spinal cord injury was suspected or confirmed.

#### **Field Values**

- Yes.
- No.

#### **Additional Information**

• This element is mandatory.

#### **Associated Edit Checks**

# Injury/Incident Date and Time

**Definition:** The date and time the injury/incident occurred.

#### **Field Values**

• Relevant data for this element

#### **Additional Information**

- This element is required.
- Collected as MM/DD/YYYY and HH:MM AM/PM.
- Estimates of injury date/time should be based on reports by the individual, witness, family, or health care provider.

#### **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# **Incident State**

**Definition:** the state (or District of Columbia) where the individual was found or to which the unit responded (or best approximation).

#### **Field Values**

• Relevant data for this element.

#### Additional Information

• This element is required.

#### **Associated Edit Checks**

• If the incident occurred outside of the U.S., select "Non-U.S. Country."

- Not applicable.
- Not known/Not recorded.

# **Incident County**

**Definition:** The county or parish where the individual was found or to which the unit responded (or best approximation).

#### **Field Values**

• Relevant data for this element.

#### **Additional Information**

• This element is required.

#### **Associated Edit Checks**

• If the incident postal zip code and corresponding incident county are not passing validation, the zip code may be reported as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

# **Injury Occurred**

**Definition:** The secondary mechanism (or external factor) that caused the injury event.

#### **Field Values**

- Assault: fight/brawl.
- Bicyclist: collision with an 18-wheeler.
- Bicyclist: collision with a car.
- Bicyclist: collision with a truck.
- Bicyclist: collision with another specified motor vehicle.
- Blunt Force: head and neck injuries.
- Blunt Force: head injury.
- Blunt Force: head, neck, and trunk injuries.
- Blunt Force: injuries (not elsewhere specified).
- Blunt Force: neck injury.
- Blunt Force: spinal cord injury.
- Complications of blunt force injury of head.
- Complications of blunt force injuries.
- Complications of blunt force injuries (not elsewhere specified).
- Complications of blunt force injury of neck.
- Complications of cerebral artery stroke.
- Complications of gunshot wounds.
- Complications of multiple blunt force injuries.
- Complications of spinal cord injury.
- Complications of traumatic brain injury.
- Ejection due to motor vehicle collision driver/passenger.
- Fall from height greater than 10 ft.
- Fall from ladder.
- Fall from stairs or steps.
- Fall not elsewhere specified.
- Firearm: law enforcement.
- Firearm: accidental.
- Firearm: assault.
- Firearm: self-inflicted.
- Gunshot wound to head.
- Hanging.
- Intraoral gunshot wound.

- Motor vehicle: (not elsewhere specified).
- Motor vehicle: collision w/ 18-wheeler.
- Motor vehicle: collision w/ car.
- Motor vehicle: collision w/ other specified motor vehicle.
- Motor vehicle: collision w/ stationary object.
- Motorcycle: collision w/ 18-wheeler.
- Motorcycle: collision w/ car.
- Motorcycle: collision w/ other specified motor vehicle.
- Motorcycle: collision w/ stationary object.
- Motorized scooter: collision w/ truck.
- Multiple gunshot wounds.
- Other penetrating injuries to head.
- Other penetrating injuries to head and neck.
- Other penetrating injuries to neck.
- Other penetrating injuries to trunk.
- Other specified motor vehicle collision not elsewhere specified.
- Pedestrian struck by motor vehicle.
- Penetrating spinal cord injury.

#### **Additional Information**

• This element is required.

## **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# Individual's Cause of Death

**Definition:** The individual's cause of death.

#### **Field Values**

- Blunt force head injuries.
- Blunt force injuries.
- Blunt force injuries and their sequelae.
- Blunt force injuries including asphyxia due to external compression of the neck.
- Blunt force injuries of the head and neck.
- Blunt force injuries of the head, neck, trunk, and extremities.
- Blunt force injuries of the head, trunk, and extremities.
- Choking.
- Complication of cervical spine fractures with cervical spinal cord injury.
- Complications of a seizure disorder.
- Complications of near drowning.
- Complications of remote blunt force head trauma.
- Complications of subdural hemorrhage due to fall.
- Contact gunshot wound of head.
- Drowning.
- Drowning and hypothermia in conjunction with the toxic effect of methamphetamine.
- Drowning in association with acute and/or chronic alcoholism.
- Drowning in association with chronic seizure disorder.
- Drowning in conjunction with toxic effect of phencyclidine.
- Drowning in the setting of blunt force injuries and acute ethanol intoxication.
- Gunshot wound of head.
- Gunshot wound of head and neck.
- Gunshot wound of neck.
- Gunshot wound of the chest.
- Gunshot wound of the torso.
- Gunshot wounds not elsewhere specified.
- Homicidal violence including strangulation, blunt force injuries, and sharp force injuries.
- Hypertensive and atherosclerotic cardiovascular disease.
- Hypertensive and atherosclerotic cardiovascular disease in combination with injuries.
- Intraoral gunshot wound.
- Intraoral gun wound of the head.

- Multiple blunt force injuries.
- Multiple gunshot wounds.
- Multiple gunshot wounds of the head and trunk.
- Other.
- Subdural hemorrhage.

## **Additional Information**

- This element is required.
- The maximum entry length is 50 characters.

# **Associated Edit Checks**

• None.

- Not applicable.
- Not known/Not recorded.

# **Individual's Manner of Death**

**Definition:** The individual's manner of death.

#### **Field Values**

- Accidental/Unintentional.
- Homicide/Assault.
- Legal Intervention.
- Suicide/Self Inflicted.
- Undetermined.

#### **Additional Information**

• This element is mandatory.

#### **Associated Edit Checks**

# **General Informational Page**

# **General Information**

The Emergency Medical Services and Trauma Registries (EMSTR) is comprised of four registries: the EMS Registry; the acute Traumatic Injury Registry; the Traumatic Brain Injury Registry/Spinal Cord Injury Registry; and the Submersion Registry. EMSTR is a statewide surveillance system collecting reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities. Texas is home to one of the largest EMS registries in the U.S. with more than 4 million records submitted annually.



Texas Department of State Health Services

# **Our Goals**

- Provide a robust registry reporting framework for recording reportable traumas;
- Reduce the burden of injury to the public resulting from preventable occurrences using trend analysis; and
- Provide data as close to real-time as possible for local, state, and national leadership use.

# **Our Mission**

- Improve Texans' health, safety, and well-being through good stewardship of public resources with a focus on core public health functions.
- The Injury Prevention Unit works to understand how injuries impact Texans. By providing injury and violence data and education, we can help you lead the way on injury prevention in homes, workplaces, and communities.

# **Contact Information**

#### EMSTR

Texas Department of State Health Services 1100 West 49<sup>th</sup> Street Mail Code 1922 Austin, Texas 78756 Phone: 800-242-3562

Injury.web@dshs.texas.gov

dshs.texas.gov/injury-prevention

EMS and Trauma Registries dshs.texas.gov/injuryprevention/ems-trauma-registries