# EMERGENCY MEDICAL SERVICES AND TRAUMA REGISTRIES

# HOSPITAL TRAUMATIC BRAIN INJURY/SPINAL CORD INJURY DATA DICTIONARY 2025



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# Introduction

The Texas Department of State Health Services (DSHS) Emergency Medical Services and Trauma Registries (EMSTR) designed the Hospital Traumatic Brain Injury (TBI) / Spinal Cord Injury (SCI) Data Dictionary. It sets 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, hospitals 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 an individual's discharge from their facility. 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 or death. These 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. SCIs 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; and
- Unspecified cord compression.

# **Usage**

**Definition:** Indicates when the data element is expected to be collected.

#### **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:** Hospitals should use these values with each of the data elements described in this document to accept the null values. 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.

#### **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's 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 (or 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 Individual lives outside of the United States, select "Non-U.S. Country."

- Not applicable.
- Not known / Not recorded.

# **Individual's Zip Code of Residence**

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

#### **Field Values**

Relevant data for this element.

#### **Additional Information**

- This element is required.
- The Zip Code may be stored as a 5- or 9-digit code (XXXXX-XXXX) for U.S. or Canada or 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**

- USA.
- Mexico.
- Canada.

# **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 the date of birth is unknown, select Not known / Not recorded.

# **Associated Edit Checks**

• None.

- Not applicable.
- Not known / Not recorded.

# **Individual's Social Security Number**

**Definition:** The individual's Social Security number.

# **Field Values**

• Relevant data for this element.

# **Additional Information**

- This element is optional.
- Collected as XXX-XXX-XXXX.

# **Associated Edit Checks**

# **Individual's Sex**

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

# **Field Values**

- Female.
- Male.
- 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 (TBI) 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 (SCI) 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 and 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 United States, 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**

• None.

- Not applicable.
- Not known / Not recorded.

# **Secondary Mechanism of Injury**

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

#### **Field Values**

- Cut or Pierce.
- Drowning or Submersion.
- Fall.
- Firearm.
- Machinery.
- Motor Vehicle Motorcyclist.
- Motor Vehicle Non-Traffic.
- Motor Vehicle Occupant.
- Motor Vehicle Other.
- Motor Vehicle Pedal Cyclist.
- Motor Vehicle Pedestrian.
- Motor Vehicle Unspecified.
- Natural/Environmental.
- Not Documented.
- Other Land Transport.
- Other Specified.
- Other Specified, Not Elsewhere Classifiable.
- Other Transport.
- Overexertion.
- Pedal Cyclist, Other.
- Pedestrian, Other.
- Poisoning.
- Struck By/Against.
- Suffocation.
- Unspecified.

#### **Additional Information**

This element is mandatory.

#### **Associated Edit Checks**

None.

# **General Information Page**

# **General Information**

The Emergency Medical Services and Trauma Registries (EMSTR) includes 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.



#### **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.
- 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/injuryprevention/Emma-trauma-registries



dshs.texas.gov/injury-