



Department of Health
Division of State EMS

STAC Registry Subcommittee

May 28, 2025 Troy, NY

Mission, Vision and Values



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Mission

To protect and promote health and well-being for all, building on a foundation of health equity.

Vision

New York is a healthy community of thriving individuals and families.

Values

Public Good • Integrity • Innovation • Collaboration • Excellence • Respect • Inclusion

Health

Health is a state of optimal physical, mental and social well-being.

Statement on Health Equity

Health equity is foundational to everything we do to help all people achieve optimal physical, mental and social well-being. Everyone at the Department of Health shares responsibility for achieving health equity and eliminating health disparities.

Agenda

- Upload Update
- Non-Trauma Center Data
- NYS Trauma Data Dictionary Edit Proposal
- PCR availability
- Vendor Transition Updates

2025 Workgroup Team Members: Phase 1

- Aikaterini Hadoulis, HHC
- Bethlehem Emmons, UHS
- Deb Iorio, NYU- Long Island
- Helen Morris, HHC, Bellevue
- Jasmine Adderly, Albany Med
- Jill Rivera, HHC, Jacobi
- Joanne Salvagno, Upstate Med
- Julia Czyzak, Maimonides
- Marcia Lewis, HHC
- Margaret Vercruysse, University of Rochester, Strong Memorial
- Marisol Rendon, HHC, Jacobi
- Miranda Wasilenko, Upstate Med
- Gloria Musilli, Northwell - Cohen's Childrens
- Susan O'Connell, Northwell Huntington Hospital

Revisions for 2026

- EMS prehospital fields additional information edits
- Trauma team activation field additional information
- Location of procedures picklist
- ED discharge date/time clarifications

NY Prehospital

Add clarification for prehospital procedures:

"Collect prehospital treatments initiated by the transporting agency should be included. Do not include procedures performed by other EMS agencies or referral facilities."

Not Applicable

- Clarification for field state: Not Applicable
- Use **Not Applicable** (only for patients arriving by private vehicle/walk-in)

Additional Information edits for EMS pre-hospital treatments

If the patient is transported **directly to your hospital from the scene**:

- record EMS care provided from the scene to your hospital.
- (including BLS, ALS and/or aviation transport PCR documents)

If the patient is **transferred to your hospital from a referring hospital**:

- Record EMS care provided during transport from the referring hospital to your facility (including BLS, ALS and/or aviation transport PCR documents)
- Do not include pre-hospital treatments performed on the way to the Referring facility from the scene/referring facility.

EMS Prehospital Treatments: Airway Management

Added examples of alternative airway device based on most frequently seen devices

Alternative airway device (most frequently used)

- e.g: Dual Lumen tube: King-Air tube, Combi-Tube, LMA, Retroglottic device, iGel)

Emergency Department

Trauma Team Activation

Additional information was added to collect the **FINAL** level of activation called at your facility

- **Rationale:** Helps determine the resource actually use for initial patient resuscitation
- Allows for system evaluation of resources provided to patient
- Centers are encouraged to record activation upgrades/downgrades at their center to support PI and resource utilization review

Location of Procedures

The following locations will be added to the pick list for the location of procedures:

- Observation/Clinical Decision unit
- Telemetry/Stepdown
- Most frequently suggested selections

Actual ED discharge date/time

This field is used to calculate the length of stay in the ED (Time from the ED arrival to hospital admission/death if in the ED)

Identifying a ED LOS reference

- Specifications manual for Joint Commission National Quality Measures (v2024B)
- [ED Departure Date \(v2024B\)](#) ☐

Patients in Observation

For patients who are placed into observation services in a bed **outside the ED**, e.g., inpatient bed, select the time that the patient is transferred to another hospital and actually leaves your hospital (*Discharge Time*) and not the date of departure from the emergency department.

Data fields to use to identify ED departure time

Data fields representing ED Departure Time in electronic documentation for this specific episode of care are acceptable to use as long as the fields are easily understood to mean departure. Information found in an electronically interfaced event log or Admit/Decision/Transfer (ADT) is acceptable provided this information is part of the submitted medical record covering the arrival to discharge date being abstracted.

Examples:

Patient departed

Patient transferred off the floor (OTF)

Check out time

Transported to

Data Entry Clarification

When the time documented is obviously in error (not a valid format/range or outside of the parameters of care [after the *Discharge Time*]) **and** no other documentation is found that provides this information, the abstractor should select “ND”

FAQs

Goal: To create a FAQ document/section for the NYS trauma registry page

A survey link will be published/sent out to request/suggest a FAQ clarification SUBMIT a scenario contribution

EMS PCR Availability: Data collection

EMS PCR data availability is being queried statewide
Compare PCR database and NYS registry database to
prepare a comparison of EMS submission data and
hospital submission data

Vendor Transition

- Registry Software transition tips

Software
security and
procurement

Transition
timeline
planning

End User
training

Data Quality
Plan



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TQIP Data Quality Audit Filter

- More than 1% of patients with an ISS of 75
- More than 5% of AIS codes with a severity of 9
- More than 10% of patients with an anomalous (BMI >100 or <10) or an unknown BMI
- Atypical % of records reported with Major Complications (Adults <1% or >15%; Pediatrics > 4%; Level III>7%)
- Average Initial ED/hospital Temperature $\leq 36^{\circ}\text{C}$
- More than 10% of patients undergoing trauma activation with an unknown Initial ED/hospital Temperature
- More than 10% of patients with an unknown Length of Stay (LOS)
- More than 10% of patients with an unknown Initial ED/hospital Systolic Blood Pressure (SBP)
- More than 10% of patients with an unknown Initial ED/hospital Pulse
- More than 10% of patients with an unknown Initial ED/hospital GCS Motor
- More than 10% of patients with an unknown Pre-hospital Cardiac Arrest
- More than 10% of patients with unknown Pre-Existing Conditions
- More than 1% of patients with unknown Hospital Events

Sample Facility TQIP submission validation

Facility Name:			
TQP Facility ID:			
Date Range: 01			
Data Submission Deadline			
Data issue	%	out of range	corrective action
More than 1 % of patients with an ISS of 75		No	
More that 1% of AIS codes with a severity of 9		No	
More than 10% with anomalous BMI > 1000 or < 10 or unknown)		YES	
Atypical Percentage with major complications < 1% or > 15% adults		No	
Avg initial ED/hospital temp < 36		No	
More than 10% of patients with highest level trauma activation with unknown initial ED/hosp temp		No	
More than 10% of patients with unknown LOS		No	
More than 10% of patients with initial ED/hospital SBP		No	
More than 10% of patients with unknown HR		No	
More than 10% of patients with unknown GCS motor		No	
More than 10% of patients with unknown pre-hospital cardiac arrest		No	
More than 10% of patients with unknown pre-exisiting conditions		No	
More than 1% of patients with unknown hospital events		No	



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Questions?



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