Death Registration

Field Service Representatives
Earnie Painter & Somayeh Arabpour
Agenda

- Introduction
- Statutes & Codes
- Criminal Background Check (CBC) for TxEVER Access
- Certifying Cause of Death
- Best Practices
- Resources
Introduction
A **death certificate** is a permanent legal record of an individual's death and is extremely important to the family of the deceased person.

The information recorded on the death certificate is used to apply for insurance benefits, to settle pension claims, and to transfer title of real and personal property. Information recorded on a death certificate provides evidence of the fact of death and can be produced as evidence in a court of law.
The information recorded on the death certificate is also used for:

- Medical research efforts
- Death statistics
- Health officials can identify regional health issues and public health trends
- Effectively determine which medical resources are needed
- Determines what programs get priority for government funding
Statutes & Codes
**Person Required to File**

The person in charge of interment or in charge of removal of a body from a registration district for disposition shall:

(1) Obtain and file the death certificate or fetal death certificate;
(2) Enter on the certificate the information relating to disposition of the body;
(3) Sign the certificate; and
(4) File the certificate electronically as specified by the state registrar.

Health and Safety Code 193.002
5 days to medically certify
Certifier must complete medical certification no later than 5 days after receiving death certificate or provide notification to funeral director, or person acting as such. *(HSC 193.005b)*

10 days to register w/ State
A Certificate of Death (VS-112) must be filed within 10 days of death in Texas for every death in Texas. Must be filed w/ the local registrar in the district where death occurred/body was found. *(HSC 193.003a)*
Criminal Background Check (CBC)
Criminal Background Check (CBC)

• All individuals needing TxEVER access are required to complete a Criminal Background Check per HSC 191.071.

• **Exempt**: Licensed funeral home director, physician, nurse, or physician assistant

• **Non-Exempt**: All other TxEVER users will have to complete this requirement in accordance with statute
Criminal Background Check (CBC)

• Please email FieldServices@dshs.texas.gov to obtain the flyer with instructions on fingerprinting services.

• The flyer will contain the DSHS Service Code that is required to set up your fingerprint appointment.

• After fingerprints have been submitted, request a purchasing receipt from IdentoGO. Do not throw away your receipt.
Criminal Background Check (CBC)

CBC 3-step Process for requesting TxEVER access (new user account)

**Step 1:** The new user completes fingerprinting with IdentoGO

**Step 2:** Email the required information to FieldServices@dshs.texas.gov requesting TxEVER access. In the email, please include for the new user:
- Full Legal Name
- DOB
- Copy of IdentoGo receipt as attachment

**Step 3:** Wait and receive approval for TxEVER access before proceeding with account creation.
Certifying Causes of Death
Certifying Causes of Death

1. Log in to TxEVER (https://txever.dshs.texas.gov/TxEverUI/Welcome.htm)
Certifying Causes of Death

2. Death > Function > Medical Data Entry
Certifying Cause of Death

**Medical 2**: Cause of death, manner of death, and other contributing factors

**Medical 3**: Injury information
VIEWS messages appear to assist with providing good causes of death (spelling and proper causes of death).
Certifying Causes of Death

Cause of Death section has 2 parts and follows national standard set by CDC

![Image of a death certificate form](image-url)
Certifying Causes of Death

Cause of Death

• Section where medical certifier reports the final diseases or conditions that resulted in death
• Use your best medical judgement!
• This section directly informs mortality and cause of death statistics used to improve public health outcomes
Certifying Causes of Death

Cause of Death: Part I

• 4 lines (a, b, c, d), but don’t need to use all lines

• Record, in reverse chronological order, the causal chain of events or conditions leading to death
  • It should read like a story in reverse order
  • Each condition listed should have caused the condition listed on the line above
Certifying Causes of Death

Cause of Death: Part I
Immediate Cause
• Appears 1st on Part I, line (a)
• Disease or condition that directly preceded death
• Do not list methods of death (i.e. cardiac arrest, respiratory rest)
Certifying Causes of Death

Cause of Death

Interval Between Onset and Death
• Interval between presumed onset of the condition (not date of diagnosis) and time of death
• Use specific or general terms. (i.e.)
  • 15 minutes, 5 hours, 4 days, 12 years
  • Minutes, hours, days, years
  • Unknown, approximately ___
Certifying Causes of Death

Other Significant Conditions

- Appears in Part II
- Other significant conditions contributing to the death, but not resulting in the underlying cause in Part I
Certifying Causes of Death

Injury Information

- Indicate whether the injury was related to transportation (including role of decedent)

- Report other injury information (date, time, location, work-relation)

- Describe how injury occurred
  - Used by JPs to effectively report Hurricane Harvey deaths
  - Provides valuable details about circumstances of death
Practice: Hurricane Sandy

• A 28-year-old male died when a tree fell on him during Hurricane Sandy. He suffered multiple trauma, including a fractured skull causing cerebral contusion. Emergency medical service and police reports indicated he thought the hurricane had passed and was walking his dogs.
Certifying Causes of Death

Practice: Hurricane Sandy
(a) ______________
(b) ______________
(c) ______________

Other significant conditions: _______________________
Injury Info: ________________________________
Certifying Causes of Death

Practice: Hurricane Sandy
(a) Cerebral contusion
(b) Fractured Skull
(c) Blunt impact to head

Other significant conditions: N/A
Injury Info: Decedent was struck by a falling tree during Hurricane Sandy
Best Practices
Best Practices

• Don’t report mechanisms of death (i.e. cardiac arrest, respiratory arrest, asystole)
• Don’t use terms like “old age” “senescence” or “infirmity”
• Don’t use abbreviations
• Don’t report multiple conditions per line
• Don’t continue the sequence in Part II
• Don’t copy directly from discharge summary or autopsy report
• Don’t provide a list of every single ailment
Best Practices

• Use the information available to you (medical record, autopsy report, people familiar with case, medical training)
• Use best medical judgement
• Report an underlying cause
• Be specific as possible
• Report a logical sequence
• If etiology or COD is unknown, state it is unknown
## Best Practices

### Fields that can be UNKNOWN/N/A for Record Type IDENTIFIED

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix/First Name/Middle Name/Suffix (Decedent)</td>
<td>TAB(keyboard button) through each field</td>
</tr>
<tr>
<td>For ANY Time of Death Type, Time of death can be...</td>
<td>?</td>
</tr>
<tr>
<td>Decedent’s Birthplace: State/Country</td>
<td>Click checkbox&gt; Select UNKNOWN</td>
</tr>
<tr>
<td>SSN</td>
<td>Select unknown when starting record/can change in Demo tab 1</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Select UNKNOWN</td>
</tr>
<tr>
<td>Street Address</td>
<td>Type, NOT AVAILABLE</td>
</tr>
<tr>
<td>State/Country</td>
<td>Click checkbox, select UNKNOWN</td>
</tr>
<tr>
<td>City</td>
<td>Type, UNKNOWN</td>
</tr>
<tr>
<td>Inside City Limits</td>
<td>Select, UNKNOWN</td>
</tr>
<tr>
<td>Mother and Father fields (all except last name)</td>
<td>TAB(keyboard button) through each field</td>
</tr>
<tr>
<td>Mother/Father Last Name</td>
<td>Type, NOT AVAILABLE</td>
</tr>
</tbody>
</table>
Best Practices

• If there is a field that is not required and it is yellow, the system will think you are not done/it is unresolved.

• Please acknowledge the field using the TAB button on your keyboard. After doing so, the field will turn white.
Best Practices

• The yellow box at the top of the record indicates the field in which your cursor is in; NOT if the field has been resolved. As you move through the different fields, the field at the top will change.

• This will NOT prevent you from moving forward.
Best Practices

Unresolved/Stakeholder List

• Preview record details in death registration process
• Current status of the record
TxEVER 90 days of Inactivity

• TxEVER has a security feature that deactivates an account if the user has not logged in for 90 days.

• Security feature to continue to safeguard the system
Ways to prevent 90-day inactivity deactivation:

• Set a calendar reminder to log in every other month.

If deactivated:

• Immediately contact the local administrator at your location in TxEVER who is responsible for all user management and can reactivate your account
• If your local administrator is unavailable, contact TxEVER Help-Desk
Resources

CDC Resources: CDC App

Cause of Death Quick Reference Guide

• Contains example scenarios and CODs
• Based off of CDC Physicians’ Handbook on Medical Certification of Death
• Available on Apple App Store and Android Google Play Store
Resources

CDC Resources: CDC Training

Cause of Death Reporting Online Training
CDF Resources: CDC Training

Cause of Death Reporting Online Training

- Accredited for Physicians (CMEs), Non-Physicians (Certificate of Participation), Nurses (CNEs)
Resources

VSS Resources: User Guides

• Death Registration Guidelines and Item-by-Item for TxEVER medical certification and amendments

• Available on Vital Statistics website: https://dshs.texas.gov/vs/field/TxEVER/guides.aspx
Texas A&M Health: USA Center for Rural Public Health Preparedness

- VSS created Cause of Death Training hosted by Texas A&M
- Available courses found on website:
  https://www.rural-preparedness.org/campus/index.aspx
## Texas A&M Health: USA Center for Rural Public Health Preparedness

<table>
<thead>
<tr>
<th>USA Center</th>
<th>Register</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course Name</strong></td>
<td></td>
</tr>
<tr>
<td>Death Certificate and Cause of Death Reporting in Times of Disaster</td>
<td>Enroll</td>
</tr>
<tr>
<td>Death Certificate and Cause of Death Reporting Justices of the Peace</td>
<td>Enroll</td>
</tr>
<tr>
<td>Death Certificate and Cause of Death Reporting-Physician Training</td>
<td>Enroll</td>
</tr>
<tr>
<td>Emergency Management Coordinator Mass Fatality Incident Training</td>
<td>Enroll</td>
</tr>
<tr>
<td>Emergency Management Coordinator Mass Fatality Incident Training Accessible Course</td>
<td>Enroll</td>
</tr>
<tr>
<td>Just in Time- Death Certificates in Times of Disaster</td>
<td>Enroll</td>
</tr>
<tr>
<td>Justice of the Peace Mass Fatality Incident Training</td>
<td>Enroll</td>
</tr>
<tr>
<td>Justice of the Peace Mass Fatality Incident Training Accessible</td>
<td>Enroll</td>
</tr>
<tr>
<td>Local Health Department Mass Fatality Incident Training</td>
<td>Enroll</td>
</tr>
<tr>
<td>Local Health Department Mass Fatality Incident Training Accessible</td>
<td>Enroll</td>
</tr>
<tr>
<td>TxPHRAT Training</td>
<td>Enroll</td>
</tr>
</tbody>
</table>
Resources

• **TxEVER Help-Desk** for TxEVER support:
  
  • [Help-TxEVER@dshs.Texas.gov](mailto:Help-TxEVER@dshs.Texas.gov)
  • (512) 776-3490
• Partner’s Page - https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners

• Medical Certifiers - https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners/medical-certifiers

• Partner Forms - https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners/partner-forms

• FAQ - https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners/txever-frequently-asked-questions
Thank you!

FieldServices@dshs.texas.gov
Office of Injury Prevention Training

Leslie Alvarez, Texas Violent Death Reporting System Manager
Sarah Blezinger, Child Fatality Review State Coordinator
Gavin Sussman, EMS and Trauma Registries Manager
Objectives

- Understand the TVDRS, CFRT, and State EMS/TR programs.
- Describe the role of justices of the peace (JPs) in injury prevention through quality death reporting.
- Summarize the importance of data in shaping public health initiatives.
What is the role of JPs?

• TVDRS: Provide investigation reports (via open records requests) that contain information about the injury and events prior to injury.
• CFRT: Join your regional/local CFR team to collaborate with other agencies to prevent future child fatalities.
• State EMS/TR: Register for the EMS/TR to input TBI/SCI/submersion data.
• Death Certificates: Provide thorough and quality data about deaths.

TVDRS Overview
Texas joined the Center for Disease Control and Prevention’s (CDC) National Violent Death Reporting System (NVDRS) in January 2019.

The national system links insights about violent death data including why they occurred. It collects more than 600 unique data elements from multiple sources into a usable database.

Violent death is defined as a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community as defined by the CDC.

Program Mission: Use violent death data to inform decisions that can help avoid future deaths.

TVDRS Background

Law enforcement (LEs), medical examiners (MEs), and JPs collect valuable information about violent deaths. However, it is challenging to link this data to provide a complete picture of a violent death.

Collected data elements provide a comprehensive background about violent deaths, such as:

- Relationship problems;
- Mental health conditions and treatment;
- Toxicology results; and
- Life stressors (e.g., money- or work-related problems or physical health problems).
TVDRS Process (continued)

- TVDRS will request inquest reports of violent death.
- JPs will receive open records requests from TVDRS.
- If a JP office has an established records request procedure, TVDRS will follow this procedure.

TVDRS’ Purpose

- Inform decision-makers about the scale, trends, and characteristics of violent deaths.
- Educate communities about circumstances that may contribute to violence.
- Help decision-makers and program planners develop and enhance comprehensive violence prevention efforts to maximize benefits.
How is TVDRS Unique?

- TVDRS gathers and links detailed circumstances from violent death incidents from multiple sources:
  - Death certificates;
  - Medical examiner (ME) reports;
  - Law enforcement (LE) reports;
  - Toxicology reports; and
  - Justices of the peace (JP) reports.

- Information from all sources placed into one incident.
- An incident may include multiple individuals.
- Staff enter only non-identifiable demographic victim data into the NVDRS system.

TVDRS Data Elements

DEATH CERTIFICATE:
- Age;
- Sex;
- Race/Ethnicity;
- Place of residence;
- Where injury occurred;
- Where death occurred;
- Veteran status;
- Date/time of death;
- Cause of death;
- Manner of death;
- Pregnancy status; and
- Employment details.

ME/JP REPORTS:
- Narrative of incident;
- Demographics;
- Wound location;
- Specific weapon information;
- Relationships among persons involved;
- Circumstances relevant to incident;
- Manner/cause of death; and
- Relevant medical history.

TOXICOLOGY —
- Presence/absence of alcohol and/or drugs in victims/suspects and specifics if detected.

Over 600 unique possible data elements; some information/details will overlap.
### TVDRS – 2020 Manner of Death

#### 2020 Violent deaths, N = 2,739

<table>
<thead>
<tr>
<th>Manner of Death</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>1,292</td>
<td>47.17%</td>
</tr>
<tr>
<td>Homicide</td>
<td>1,287</td>
<td>46.99%</td>
</tr>
<tr>
<td>Undetermined Intent</td>
<td>100</td>
<td>3.65%</td>
</tr>
<tr>
<td>Legal Intervention</td>
<td>44</td>
<td>1.61%</td>
</tr>
<tr>
<td>Unintentional firearm – self-inflicted</td>
<td>11</td>
<td>0.40%</td>
</tr>
<tr>
<td>Unintentional firearm – inflicted by another person</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Unintentional firearm – unknown who inflicted</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

*Counts lower than 5 are suppressed for confidentiality.

### TVDRS – 2020 Manner by Race and Ethnicity

#### 2020 Violent Deaths, N = 2,739

<table>
<thead>
<tr>
<th>Suicide or intentional self-harm</th>
<th>White NH</th>
<th>Hispanic</th>
<th>Black NH</th>
<th>Asian/Pacific Islander</th>
<th>Two or more races</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>688</td>
<td>380</td>
<td>145</td>
<td>69</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Homicide</td>
<td>636</td>
<td>421</td>
<td>20</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Undetermined intent</td>
<td>29</td>
<td>30</td>
<td>33</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Legal intervention (by police or other authority)</td>
<td>7</td>
<td>18</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
**TVDRS – 2020 Manner by Weapon Type**

**2020 Violent Deaths, N = 2,739**

- **Suicide**
  - Firearm: 715
  - Hanging: 363
  - Poisoning: 111
  - Sharp Object: 26
  - Blunt Object: 17
  - Unknown: 6
  - Fall: 8
  - Motor Vehicle: 12
  - Drowning: 0
  - Other: 0

- **Homicide**
  - Firearm: 1065
  - Hanging: 91
  - Poisoning: 81
  - Sharp Object: 63
  - Blunt Object: 9
  - Unknown: 0
  - Fall: 22
  - Motor Vehicle: 7
  - Drowning: 0
  - Other: 0

- **Legal intervention (by police or other authority)**
  - Firearm: 28
  - Hanging: 0
  - Poisoning: 0
  - Sharp Object: 0
  - Blunt Object: 0
  - Unknown: 13
  - Fall: 0
  - Motor Vehicle: 0
  - Drowning: 0
  - Other: 0

**TVDRS – Suicide Circumstances**

**2020 Suicides, N = 1,291**

<table>
<thead>
<tr>
<th>Suicide Circumstance</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim had a history of suicidal thoughts or plans</td>
<td>316</td>
<td>24.36%</td>
</tr>
<tr>
<td>Victim left a suicide note</td>
<td>226</td>
<td>17.49%</td>
</tr>
<tr>
<td>Victim has history of attempting suicide</td>
<td>155</td>
<td>12.00%</td>
</tr>
<tr>
<td>Victim disclosed their thoughts to another person</td>
<td>139</td>
<td>10.76%</td>
</tr>
</tbody>
</table>
### TVDRS – Mental Health and Substance use

#### 2020 Suicides, N = 1,291

<table>
<thead>
<tr>
<th>Mental Health Circumstance</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim currently has mental health problem</td>
<td>384</td>
<td>29.72%</td>
</tr>
<tr>
<td>Victim perceived as depressed</td>
<td>280</td>
<td>21.67%</td>
</tr>
<tr>
<td>Victim had non-alcohol related substance abuse problem</td>
<td>173</td>
<td>13.39%</td>
</tr>
<tr>
<td>Victim ever treated for mental health</td>
<td>171</td>
<td>13.24%</td>
</tr>
<tr>
<td>Victim had alcohol dependence or alcohol problem</td>
<td>143</td>
<td>11.07%</td>
</tr>
<tr>
<td>Victim currently in treatment for mental health problem</td>
<td>130</td>
<td>10.06%</td>
</tr>
</tbody>
</table>

---

### TVDRS Expansion

- In 2020, TVDRS collected data from Harris, Dallas, Tarrant, and Bexar Counties.
- TVDRS collected data for all violent deaths – suicide, homicide, undetermined, and unintentional firearm.
- The 2020 goal was to collect 40% of all Texas violent deaths.
- In 2021, TVDRS expanded to collect 60% of all Texas violent deaths. 2021 expansion counties include: Travis, El Paso, Collin, Fort Bend, Montgomery, Denton, Nueces, Bell, Williamson.
- By 2027, TVDRS will include all 254 counties in Texas.
- Note: If you haven’t received communication from TVDRS, that means we have not expanded to your county just yet. 😊
CFRT Overview

Texas Child Fatality Review Team

CFRT Background

• Texas Family Code, Chapter 264 establishes the State Child Fatality Review Team (SCFRT) Committee and local CFRTs.

• CFRTs use a public health approach to child fatality review in Texas.

• Today, local CFRTs cover 95% of Texas.
CFRT Process

- Texas Department of State Health Services (DSHS) distributes death certificate data to local CFRTs quarterly.
- Teams review injury or unexpected deaths in the county where the illness/injury occurred.
- Teams review natural deaths based on the county of residence.
- Team members compile agency information for case review meetings.
- Teams enter case review data into the National Center for Fatality Review & Prevention Case Report System.

CFRT Data Elements

- Demographics:
  - Last name, first name, middle name;
  - City, state, county, ZIP code of residence;
  - Date of birth, date of death, age at death, sex, race; and
  - Birth certificate number, death certificate number.
- Parent Information:
  - Mother’s first, middle, last, and maiden name;
  - father’s first, middle, and last name; and
  - Parental dates of birth.
- Death/Incident Information:
  - Date, time, location of incident;
  - Injury deaths: how injury occurred, was this a transportation injury; and
  - Manner, cause, place of death, conditions contributing to the death.
- Autopsy Information – if an autopsy was performed, ME name, type, license number, and contact information.
**CFRT’s Purpose**

- Accurately identify and record the cause of every child death;
- Collect uniform and accurate statistics on child deaths;
- Identify circumstances surrounding deaths that could prevent future deaths and inform preventive efforts;
- Promote collaboration and coordination among participating agencies;
- Improve criminal investigation and prosecution of child death cases;
- Implement cooperative protocols for the investigation of child deaths;
- Provide a confidential forum for agencies to meet and discuss common issues or resolve conflicts;
- Propose needed changes in legislation, policies, and procedures; and
- Identify and address public health issues.

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**Child Death in Texas**

- From 2017-2019, there were 11,195 child deaths (age 17 and under).
  - Natural deaths, including perinatal conditions, congenital anomalies, cancer (n = 7,370);
  - Accidents (n = 1,750);
  - Suicide and Homicide (n = 1,101); and
  - Undetermined, unknown, and pending (n = 974).

Texas Child Death Rate, All Causes of Death, Ages 0-17

![Graph showing the rate of child deaths from all causes in Texas from 2015 to 2019.](image)


Texas Child Death Rate, Natural Cause of Death, Ages 0-17

![Graph showing the rate of child deaths from natural causes in Texas from 2015 to 2019.](image)

Trends in Injury Child Death Rates by Manner of Death, Texas, Ages 0-17


Trends in Accidental Child Death Rates by Age Groups, Texas, Ages 1-17

Recommendations to the Governor and Legislature:
1. Amend statute to include appropriate child safety seat (CSS) requirements and recommendations be required in new parent resource pamphlet;
2. Amend statute to require Medical Transportation Programs provide an appropriate CSS to children during transport and that motor vehicle operators receive annual child passenger safety education;
3. Pass legislation requiring fencing around new swimming pools;
4. Fund a public educational campaign on means restriction;
5. Require that law enforcement report all child deaths by suicide to the Department of Family and Protective Services (DFPS);
6. Fund a CFRT coordinator in each public health region; and
7. Require new parent education be delivered with targeted injury prevention messaging.

Recommendation to DFPS
1. Provide an educational campaign on bathtub drowning prevention.

EMS/TR Overview
The Texas State EMS and Trauma Center Registries (EMS/TR) includes four registries:
• Emergency Medical Service Registry;
• Hospital Trauma Registry;
• Traumatic Brain Injury (TBI)/Spinal Cord Injury (SCI) Registry; and
• Submersion Registry.

The EMS/TR are statewide passive surveillance systems that collect reportable event data from EMS providers, hospitals, JPs, MEs, and rehabilitation facilities.

**Important Note:** Reporting is mandatory (Texas Administrative Code, Title 25, Part 1, Chapter 103, Rule 103.6)

**EMS/TR Process**

• JPs report all TBI, SCI, and submersions to the EMS/TR online reporting system (Note: Paper records are no longer accepted);
• JPs are not required to report any data to the online reporting system if the ME in their region handles all inquests; and
• In the event a JP completes an inquest and suspects any of the above reportable injuries, the case must be reported into the system within 90 days.
EMS/TR Data Elements

- Demographics:
  - Last name, first name, middle name or initial;
  - City, state, county, ZIP code of individual’s residence; and
  - Date of birth, sex, race, ethnicity.

- JP/ME Information:
  - Name and DSHS ID for reporting entity;
  - Date of death;
  - How injury occurred (e.g., fall, motor vehicle crash, other);
  - Cause of death (e.g., blunt force, drowning, gun shot wound); and
  - Manner of death (e.g., accidental, homicide, self-inflicted).

- Event:
  - Incident date, time, street address;
  - Incident, state, city, county, country, ZIP code; and
  - Incident circumstances pertaining to either submersion or TBI/SCI event.

EMS/TR’s Purpose

- Capture and collect TBI, SCI, and submersion event data points from sources not captured in other data sets, specifically the EMS/TR registry.

- Receive, analyze, and report TBI, SCI, and submersion event information from JPs and MEs which may not have been reported by hospitals.
Conclusion

• Providing accurate death certificate data, informs programming and reduces deaths;
• Submitting accurate data into registries or providing requested reports provides a complete picture. This picture allows new developments or changes to reduce injury and deaths;
• Be thorough;
• Be accurate; and
• Be detail-oriented.

Resources

Texas VDRS Website (dshs.texas.gov/tvdrs).
Texas CFRT Website (dshs.texas.gov/mch/cfrt).
National CFRT Website (ncfrp.org).
Texas EMS/TR Website (dshs.texas.gov/injury/registry).
Questions?

Thank you!

tvdrs@dshs.texas.gov
injury.web@dshs.texas.gov
cftr@dshs.texas.gov