The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

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Diagram

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**Memorandum**

**TO:** Acute Care Hospital Chief Executive Officers

**FROM:** Teryl Smith, RN, MPH, Director, Bureau of Health Care Safety and Quality

**RE:** Submission of Trauma Data

**DATE:** July 23, 2025

Please note that this memorandum supersedes the memorandum issued on June 12, 2024, for calendar year 2024 submission of trauma data.

The purpose of this memo is to provide updated guidance to all hospitals that offer emergency services and are required to submit data to the State Trauma Registry system for patients who receive medical care for traumatic injuries within Massachusetts hospitals.

As required by 105 CMR 130.851 (C), a hospital providing trauma services as a designated trauma center must provide the designated trauma center data set specified in Department guidelines.

As required by 105 CMR 130.852 (A), a hospital that is not a designated trauma center that seeks to provide emergency services must also provide the trauma service hospital data set specified in this guideline.

For calendar year 2025 trauma submissions, one patient admission definition for inclusion criteria, four new data elements, five data elements’ data element values, and data entry clarifications from the American College of Surgeons Nation Trauma Data Standard have been added. None of these change the meaning of the data elements but provide minor clarification.

**Trauma Patient**

A Trauma Patient is defined as a patient sustaining a traumatic injury and meeting the following criteria for diagnosis:

**International Classification of Diseases, 10th Edition-Clinical Modification (ICD-10-CM):**

* S00 – S99 with 7th character modifiers of A, B, or C only (injuries to specific body parts – initial encounter)
* T07 (Unspecified multiple injuries)
* T14 (Injury of unspecified body region)
* T20 – T28 with 7th character modifier of A only (Burns by specific body parts – initial encounter)
* T30 – T32 (Burn by TBSA percentages)
* T79.A1 – T79.A9 (upper extremity) with 7th character modifier of A only (Traumatic compartment syndrome (extremity only) – initial encounter)

**Exclude the following isolated injuries from submissions:**

* S00 (Superficial injuries of the head)
* S10 (Superficial injuries of the neck)
* S20 (Superficial injuries of the thorax)
* S30 (Superficial injuries of the abdomen, pelvis, lower back, and external genitals)
* S40 (Superficial injuries of the shoulder and upper arm)
* S50 (Superficial injuries of the elbow and forearm)
* S60 (Superficial injuries of the wrist, hand, and fingers)
* S70 (Superficial injuries of the hip and thigh)
* S80 (Superficial injuries of the knee and lower leg)
* S90 (Superficial injuries of the ankle, foot, and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

**AND**

**Patient Admission Definition:**

* Patient sustained one or more traumatic injuries within 14 days of initial hospital encounter **AND**;
* Hospital inpatient admission; **OR**
* Observation stay admission; **OR**
* Transfer patient from one acute care hospital to another acute care hospital (includes inpatient or observation or emergency department); **OR**
* Transfer or discharged patient to hospice (e.g., hospice facility, hospice unit, home hospice); **OR**
* Death resulting from traumatic injury (independent of hospital admission source or hospital transfer status) **OR**
* Patient directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention)

**Note**: When coding all the variable fields, use the best code to describe the direct injury or the information surrounding how the injury occurred. Avoid using non-specified codes unless there is no other code that is better suited for the field after reviewing all the necessary documentation around the injury.

\*Consistent with ACS, in-house traumatic injuries sustained after initial ED/Hospital arrival and before hospital discharge at the index hospital (the hospital reporting data), and all data associated with that injury event, are excluded.

**How to Submit Data**

The specifications for how hospitals submit trauma data, including full file layout information, file components, edit specifications, and future technical specifications, may be found under the State Trauma System heading at:

<https://www.mass.gov/service-details/state-trauma-registry-data-submission>

Hospitals are required to submit trauma data quarterly. Calendar year 2024 trauma data submissions are due per the following schedule:

|  |  |  |
| --- | --- | --- |
| **Quarter** | **Reporting Period** | **Data File Submission Deadline** |
| CY 2025 Q1 | January 1-March 31 | August 22 |
| CY 2025 Q2 | April 1-June 30 | September 12 |
| CY 2025 Q3 | July 1-September 30 | December 12 |
| CY 2025 Q4 | October 1-December 31 | March 13 |

\* All dates are approximate and subject to change by the Department.

If the Department notifies a hospital that it is required to resubmit data because the submission was rejected or as part of a data verification process, the hospital must submit its data no later than 30 days following the date of the notice to resubmit.

**Data Elements to be Reported to the Department**

Please refer to the attachment for the data elements that are required to be reported to the Department.

The Department requests that hospitals contact the state trauma registry when there are any changes in trauma registry personnel, email addresses, or changes in designation. The contact information needed is as follows: the name of the trauma registry contact(s), phone number(s), email address(es) and title(s). Please submit updated contact information to [MDPH\_TraumaRegistry@mass.gov](mailto:MDPH_TraumaRegistry@mass.gov).

For questions regarding the Trauma registry, please contact [MDPH\_TraumaRegistry@mass.gov](mailto:MDPH_TraumaRegistry@mass.gov).