IDAHO TIME-SENSITIVE EMERGENCY REGISTRY – TRAUMA REPORTING STANDARDS

Version 2025 – 01.1

Applicable to injuries occurring during 2025

A Publication of the
Idaho Time-Sensitive Emergency Registry

Idaho TSE Registry
Trauma, Stroke, STEMI

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VERSION INFORMATION

Version	Date	Change
2025 – v1.0	2024-12-06	None. Date released.
2025 – v1.1	2025-01-20	Updated schema files and documentation.

PREFACE

The Idaho “Time-Sensitive Emergency Registry – Trauma Reporting Standards” outlines data reporting and submission standards for traumatic injuries, including state inclusion/exclusion criteria, for all participating facilities in Idaho. This document may be of particular use to Idaho facilities that abstract cases at their facility and submit these data to the Time-Sensitive Emergency Registry.

The Time-Sensitive Emergency Registry, a program of the Idaho Hospital Association, collects and analyzes data describing incidence, severity, causes and outcomes of time-sensitive emergencies, and other such data needed to evaluate the health system’s response to these events. The Idaho Hospital Association is an authorized contractor of the Idaho Department of Health and Welfare for trauma registry in Idaho.

Per Title 57, Chapter 20 of Idaho code, the Time-Sensitive Emergency Registry is also responsible for:

1. Establishing the data elements and data dictionary, including child specific data elements that hospitals must report, and the time frame and format for reporting by adoption of rules in the manner provided in chapter 52, title 67, Idaho Code;
2. Supporting, where necessary, data collection and abstraction by providing:
    a. A data collection system and technical assistance to each hospital; and
    b. Funding or, at the discretion of the department, personnel for collection and abstraction for each hospital.

The Idaho Department of Health and Welfare, Bureau of Emergency Medical Services and Preparedness (BEMSP) contracts with, and provides funding to, the Idaho Hospital Association (IHA) to maintain a statewide trauma registry.

SUGGESTED CITATION: Eck R, Morawski BM, Rycroft RK. Time-Sensitive Emergency Registry – Trauma Reporting Standards, Version 2025 – 01.1. Boise, ID: Idaho Hospital Association Time-Sensitive Emergency Registry; January 2025.

SUBMISSION GUIDANCE

Idaho code requires that each licensed hospital shall report qualifying cases of traumatic injury to the Time-Sensitive Emergency (TSE) Registry within 180 days of treatment.

However, to improve the timeliness and overall utility of time-sensitive emergency data, the TSE Registry recommends that licensed hospitals report each qualifying case of traumatic injury to the TSE Registry **within 90 days of treatment**, i.e., on a quarterly basis.

CREATING FILES

Facilities should submit XML files to the TSE Registry. **XML files submitted to the TSE Registry should align with specifications as defined in this document and the provided definition files:**

1. **IdahoExtension_2025.xsd**

These data submission specifications can also be found here: https://healthandwelfare.idaho.gov/providers/idaho-time-sensitive-emergency/education-and-resources.

NAMING FILES

Additionally, we request that XML files submitted to the TSE Registry follow the below-described naming conventions.

Timing	Format	Example
Quarterly (preferred)	FacilityName_YYYY_QN.xml	Portneuf_2025_Q1.xml
Monthly	FacilityName_YYYYMM.xml	Portneuf_202501.xml
Annually	FacilityName_YYYY.xml	Portneuf_2025.xml

If your file is a resubmission, please use the same initial file name and append the term "_resubmit" to the end of the file name, e.g. Portneuf_202501.xml –> Portneuf_202501_resubmit.xml. If multiple resubmissions are required for a particular file, we may additionally add "_resubmit2", "_resumit3", etc.

Please **do not** include special characters in the file name, e.g. / \ & # ! ~ % { }. For additional documentation around this point, please see https://www.mtu.edu/umc/services/websites/writing/characters-avoid/

SUBMITTING FILES

Please securely submit files via NeoCertified to IdahoTSE@teamiha.org and contact IdahoTSE@teamiha.org with any questions about establishing a NeoCertified account. More information regarding NeoCertified can be found at https://neocertified.com/sso/.

TECHNICAL REFERENCE DOCUMENTS

Except for Idaho-specific fields, the Idaho trauma data standard conforms with the National Trauma Data Standard Data Dictionary. Because the National Trauma Data Standard Data Dictionary is freely available elsewhere, this data dictionary solely describes reporting requirements for fields solely collected by the Idaho TSE Registry. A description of other fields collected by the Idaho TSE Registry and the National Trauma Data Bank may be found in the American College of Surgeons National Trauma Data Standard Data Dictionary for 2025 Admissions (link below).

Facilities and vendors can reference the following documents to aid in defining their XML file for submission:

1. Schema File
   a. **Idaho**
      - IdahoExtension_2025.xsd. The Idaho extension to be used in conjunction with the ITDX schema (ITDX_Schema_2025.xsd).

2. Idaho Time-Sensitive Emergency Registry – Trauma Reporting Standards – 2025 v1.1

Any facility or vendor who has questions, concerns, or general feedback on the above documents should contact the Time-Sensitive Emergency Registry at IdahoTSE@teamiha.org.

ADDITIONAL EXTERNAL REFERENCE DOCUMENTS

1. American College of Surgeons, National Trauma Data Standard Data Dictionary – 2025 Admissions: https://acs.wufoo.com/forms/w9mursp02j3zmf/ *(Log-in required)*
2. Trauma Vendor Alliance, International Trauma Data Exchange (ITDX) Data Dictionary – 2025 as published by ESO: https://www.eso.com/wp-content/uploads/2024/08/ITDXDataDictionary_2025.pdf

INCLUSION/EXCLUSION CRITERIA

Effective 01/01/2025

Definition: Injury data should be reported to the Idaho TSE Registry on all patients who sustained an acute traumatic injury (with a qualifying external cause of injury ICD-10 CM code) that meets the criteria outlined in this document.

To ensure consistent data collection across Idaho, a trauma patient is defined as a patient sustaining a traumatic injury and meeting the following criteria:

INCLUSION CRITERIA:

At least one of the following injury diagnostic codes defined in the International Classification of Diseases, Tenth Revision (ICD-10-CM):

- **S00-S99** with 7th character modifiers of A, B, or C ONLY (injury to specific body parts-initial encounter)
- **T07** with unspecified multiple injuries
- **T14** with injury of unspecified body region
- **T20-T28** with 7th character modifier of A ONLY (burns by specific body parts-initial encounter)
- **T30-T32** with burn by total body surface area (TBSA)
- **T33-34** frostbite
- **T68** hypothermia
- **T71** asphyxiation
- **T75.1** drowning and nonfatal submersion
- **T75.4** electrocution
- **T79.A0-T79.A9** with 7th character modifier of A ONLY (Traumatic Compartment Syndrome-initial encounter)

AND

- Was admitted to your hospital as an inpatient, under observation status, or sent to the operating room (then PACU and home)

OR

- Died as a result of the traumatic injury

OR

- Was transferred to or from one acute care hospital to another acute care hospital regardless of the mode of transport

OR

- Left the acute care hospital Against Medical Advice (AMA), and an intent to admit or transfer was documented in the medical record

EXCLUSION CRITERIA:

A traumatic injury should not be reported to the Idaho TSE Registry if the traumatic injury meets any of the following criteria:

- Poisoning, toxic effects, other and unspecified effects of external causes
    - Poisoning by, adverse effects of, and underdosing of drugs, medicaments and biological substances should **not** be reported
        - **T36-T50**
    - Toxic effects of substances chiefly nonmedical as to source should **not** be reported
        - **T51-T65**
    - Other and unspecified effects of external causes should **not** be reported
        - **T75.89, T66-T67, & T69-T70**
- Sequelae (late effects) of injuries. Sequelae are represented using the same range of injury diagnosis codes (S-T) but with the 7th character code of D (subsequent encounter) through S (sequela)
- Superficial injuries (e.g., contusions with intact skin surface, abrasions) if these are the only injuries
    - **S00, S10, S20, S30**, **S40, S50, S60, S70, S80, S90**
- Foreign body entering through orifice
    - Effects of foreign body entering through natural orifice should **not** be reported
        - **T15-T19**
- Overexertion by lifting, twisting, pushing, or bending over
    - Overexertion and strenuous or repetitive movements should **not** be reported
        - **X50**
- Pathological fractures (fractures due to osteoporosis, neoplasms, etc. that are non-traumatic)
    - Pathological fractures should **not** be reported
        - **M80, M84.4-M84.7**

ADDITIONAL NOTES ON INCLUSION/EXCLUSION CRITERIA

Unlike NTDB inclusion/exclusion criteria, there is **no maximum duration of time** from injury to presentation for care that would exclude a patient from the Idaho TSE Registry.

Unlike NTDB which opted to not collect information on burns for 2021 admissions, the Idaho TSE Registry **will continue to collect information on burns**, as there is no other statewide mechanism by which to do so.

Starting on January 1, 2023, the patients with a **single extremity, single bone, single break fracture/dislocation from a ground level fall** who otherwise qualify for inclusion (qualifying injury code, qualifying external cause of injury code, and was admitted, died, or was transferred) in the TSE Registry **are reportable**. Prior to January 1, 2023, these cases were excluded from TSE Registry reportability.

SPECIAL INSTRUCTIONS FOR MECHANISM OF INJURY RELATED TO SUSPECTED OR CONFIRMED ABUSE

When a qualifying injury (see inclusion criteria) is the result of confirmed (T74.) or suspected (T76.) adult and child abuse, neglect, or other maltreatment, the T74. or T76. code should be captured as the appropriate mechanism of injury code(s) in the external cause of injury field. In the event of multiple external causes of injury, Idaho Trauma Registry will follow the National Trauma Data Standard (NTDS) guidance regarding hierarchy for coding the external cause of injury data item.

DESCRIPTION OF TSE REQUIREMENT DESIGNATION VALUES FOR TSE TRAUMA DATA ELEMENTS

The table below describes how data elements or fields are to be reported to the Time-Sensitive Emergency Registry. The reporting requirements for trauma data elements range from "critical", i.e., those that must be completed for each reportable traumatic event submitted to the Time-Sensitive Emergency Registry, to "optional" and "XML Only", elements that are provided in the XML specification only. The "TSE Requirement" is reflected in the "2025 Data Elements Table" and in the "2025 Data Dictionary" in the description of each element. All possible requirements are listed in the **first column** of the table below. The **second column** of the table below describes each "TSE Requirement" designation in detail.

TSE Requirement	Designation Description
Critical	Critical fields are intended to support XML validation. These fields are required to uniquely identify the record and characterize it. Critical fields include – but are not limited to – last modified date and time of record, patient identifiers (first and last name), and fields that inform reportability criteria (ICD-10-CM diagnosis codes, external cause of morbidity codes, ED discharge disposition codes).
Required	Required fields are fields that are required to calculate programmatic metrics and to conduct population-level trauma surveillance, including linking patient events across data sources, e.g. linking traumatic events reported by a facility with death certificate data. Examples of these fields include injury date and time and arrival date and time, and patient date of birth. Missing values for required fields will not cause an XML validation failure. However, as these values align with state and registry reporting requirements, if these values are available, please make every effort to report them.
Optional	Optional fields are elements that are on the State of Idaho's abstraction form and available in national standards (XML) but are not required. Facilities can complete these fields if they want to provide additional data to the TSE Registry or track these items for their facility.
Supplemental	Supplemental fields are fields that are only populated as a condition of a response to another question. For example, industry and occupation are conditional on the injury being work-related. Supplemental fields are a mixture of *required* and *optional* fields.
Calculated	Calculated fields are populated using values provided in other fields, e.g. the field "type of injury" is calculated from required field "ICD-10-CM external cause code." Some calculated fields may be overwritten or populated manually, e.g. age when date of birth is unknown or unavailable.
Assigned	Assigned fields are those that are populated by the database or data entry system and can't be overwritten manually, e.g. date and time of last record update.
XML only	XML fields are elements that are **not** on Idaho's abstraction forms but are included in the national XML specification. They are not required but included to align Idaho's XML specifications with national XML specifications and so facilities can track data in these fields if desired.

2025 DATA ELEMENTS TABLE

XSD Identifier	Data Element Name	NTDB or Idaho Data Element	TSE Requirement
C_9901	Incident Revision Date	NTDB	Assigned
C_9902	Patient ID	NTDB	Assigned
C_9903	Facility ID	NTDB	Assigned
D_1001	Patient Last Name	**Idaho**	Critical
D_1002	Patient First Name	**Idaho**	Critical
D_1003	Patient Middle Name	**Idaho**	Optional
D_1004	Social Security Number	**Idaho**	Required
D_1201	Patient's Home ZIP/Postal Code	NTDB	Required
D_1202	Patient's Home Country	NTDB	Required
D_1203	Patient's Home State	NTDB	Required
D_1204	Patient's Home County	NTDB	Required
D_1205	Patient's Home City	NTDB	Required
D_1206	Alternate Home Residence	NTDB	Supplemental
D_1207	Date of Birth	NTDB	Required
D_1208	Age	NTDB	Calculated
D_1209	Age Units	NTDB	Calculated
D_1210	Race	NTDB	Required
D_1211	Ethnicity	NTDB	Required
D_1212	Sex	NTDB	Required
DG_0601	Comorbid Conditions	NTDB	Optional
DG_0602	ICD-10-CM Injury Diagnosis	NTDB	Critical
DG_1001	Diagnosis Memo	**Idaho**	Optional
ED_0401	ED/Hospital Arrival Date	NTDB	Critical
ED_0402	ED/Hospital Arrival Time	NTDB	Critical
ED_0403	Initial ED/Hospital Systolic Blood Pressure	NTDB	Required
ED_0404	Initial ED/Hospital Pulse Rate	NTDB	Required
ED_0405	Initial ED/Hospital Temperature Celsius	NTDB	Required
ED_0406	Initial ED/Hospital Respiratory Rate	NTDB	Required
ED_0407	Initial ED/Hospital Respiratory Assistance	NTDB	Required
ED_0408	Initial ED/Hospital Oxygen Saturation	NTDB	Required
ED_0409	Initial ED/Hospital Supplemental Oxygen	NTDB	Required
ED_0410	Initial ED/Hospital GCS - Eye	NTDB	Required
ED_0411	Initial ED/Hospital GCS - Verbal	NTDB	Required
ED_0412	Initial ED/Hospital GCS - Motor	NTDB	Required
ED_0413	Initial ED/Hospital GCS - Total	NTDB	Calculated
ED_0414	Initial ED/Hospital GCS Assessment Qualifiers	NTDB	Required
ED_0415	Initial ED/Hospital Height	NTDB	Optional
ED_0416	Initial ED/Hospital Weight	NTDB	Optional
ED_0417	Drug Screen	NTDB	Required
ED_0419	Alcohol Screen	NTDB	Required
ED_0420	Alcohol Screen Results	NTDB	Required
ED_0422	ED Discharge Disposition	NTDB	Required
ED_0424	ED Discharge Orders Written Date	NTDB	Required
ED_0425	ED Discharge Orders Written Time	NTDB	Required
ED_0426	ED Discharge Physical Date	NTDB	Required
ED_0427	ED Discharge Physical Time	NTDB	Required
ED_0428	Initial Field GCS 40 - Eye	NTDB	Optional
ED_0428	Initial ED/Hospital GCS 40 - Eye	NTDB	Optional
ED_0429	Initial Field GCS 40 - Verbal	NTDB	Optional

XSD Identifier	Data Element Name	NTDB or Idaho Data Element	TSE Requirement
ED_0429	Initial ED/Hospital GCS 40 - Verbal	NTDB	Optional
ED_0430	Initial Field GCS 40 - Motor	NTDB	Optional
ED_0430	Initial ED/Hospital GCS 40 - Motor	NTDB	Optional
ED_0431	Trauma Team Involvement	NTDB	Optional
ED_0432	Highest Activation	NTDB	Required
ED_0433	Trauma Surgeon Arrival Date	NTDB	Optional
ED_0434	Trauma Surgeon Arrival Time	NTDB	Optional
ED_0436	Primary Trauma Service Type	NTDB	Optional
ED_1000	Direct Admission	**Idaho**	Required
ED_1001	Readmission	**Idaho**	Optional
ED_1007	Initial ED/Hospital Diastolic Blood Pressure	NTDB	Required
ED_1008	Initial ED/Hospital Temperature Fahrenheit	**Idaho**	Required
ED_1012	Revised Trauma Score	**Idaho**	Calculated
ED_1020	Initial Hospital / ED Vital Signs / Medical Screening Exam Time	**Idaho**	Optional
ED_1022	Initial Hospital / ED Vital Signs / Medical Screening Exam Date	**Idaho**	Optional
ED_1025	Level of Trauma Team Activated	**Idaho**	Required
ED_1026	Placed On Ventilator Date	**Idaho**	Optional
ED_1027	Placed On Ventilator Time	**Idaho**	Optional
F_0901	Primary Payer Source	NTDB	Required
H_1000	Hospital Created Date	**Idaho**	Assigned
H_1001	Hospital Created Time	**Idaho**	Assigned
H_1003	Medical Record Number	**Idaho**	Required
H_1006	Hospital Transferred From	**Idaho**	Supplemental
H_1007	Hospital Transferred From Name	**Idaho**	Supplemental
H_1008	Hospital Transferred To	**Idaho**	Supplemental
H_1009	Registrar	**Idaho**	Required
HP_0501	ICD-10-CM Hospital Procedures	NTDB	Optional
HP_0502	Procedure Start Date	NTDB	Optional
HP_0503	Procedure Start Time	NTDB	Optional
I_0201	Injury Incident Date	NTDB	Critical
I_0202	Injury Incident Time	NTDB	Required
I_0203	Work-Related	NTDB	Required
I_0204	Patient Occupational Industry	NTDB	Supplemental
I_0205	Patient Occupation	NTDB	Supplemental
I_0206	ICD-10-CM Primary External Cause Code	NTDB	Critical
I_0207	ICD-10-CM Place of Occurrence External Cause Code	NTDB	Required
I_0208	ICD-10-CM Additional External Cause Code	NTDB	Optional
I_0209	Incident Location ZIP Code	NTDB	Required
I_0210	Incident Country	NTDB	Required
I_0211	Incident State	NTDB	Required
I_0212	Incident County	NTDB	Required
I_0213	Incident City	NTDB	Required
I_0214	Protective Device	NTDB	Required
I_0215	Child Specific Restraint	NTDB	Supplemental
I_0216	Airbag Deployment	NTDB	Required
I_0220	Trauma Type	NTDB	Required
I_1000	Patient Occupational Industry - Other	**Idaho**	Optional
I_1001	Patient Occupation - Other	**Idaho**	Optional
I_1002	Injury Description	**Idaho**	Supplemental
IS_0701	AIS Predot Code	NTDB	Required

XSD Identifier	Data Element Name	NTDB or Idaho Data Element	TSE Requirement
IS_0702	AIS Severity	NTDB	Required
IS_0703	ISS Body Region	NTDB	Calculated
IS_0704	AIS Version	NTDB	Assigned
IS_0705	Injury Severity Score	NTDB	Calculated
IS_1001	Trauma Injury Severity Score (TRISS)	**Idaho**	Calculated
O_0801	Total ICU Length of Stay	NTDB	Optional
O_0802	Total Ventilator Days	NTDB	Optional
O_0803	Hospital Discharge Orders Written Date	NTDB	Required
O_0804	Hospital Discharge Orders Written Time	NTDB	Required
O_0805	Hospital Discharge Date	NTDB	Required
O_0806	Hospital Discharge Time	NTDB	Required
O_0807	Hospital Discharge Disposition	NTDB	Required
P_0301	EMS Dispatch Date	NTDB	Optional
P_0302	EMS Dispatch Time	NTDB	Optional
P_0303	EMS Unit Arrival Date at Scene or Transferring Facility	NTDB	Required
P_0304	EMS Unit Arrival Time at Scene or Transferring Facility	NTDB	Optional
P_0305	EMS Unit Departure Date from Scene or Transferring Facility	NTDB	Optional
P_0306	EMS Unit Departure Time from Scene or Transferring Facility	NTDB	Optional
P_0307	Transport Mode	NTDB	Required
P_0308	Other Transport Mode	NTDB	Required
P_0309	Initial Field Systolic Blood Pressure	NTDB	Optional
P_0310	Initial Field Pulse Rate	NTDB	Optional
P_0311	Initial Field Respiratory Rate	NTDB	Optional
P_0312	Initial Field Oxygen Saturation	NTDB	Optional
P_0313	Initial Field GCS - Eye	NTDB	Optional
P_0314	Initial Field GCS - Verbal	NTDB	Optional
P_0315	Initial Field GCS - Motor	NTDB	Optional
P_0316	Initial Field GCS Total	NTDB	Optional
P_0317	Inter-Facility Transfer	NTDB	Required
P_0320	Pre-hospital Cardiac Arrest	NTDB	Optional
P_0325	UUID	NTDB	Optional
P_1000	EMS Agency ID Number	**Idaho**	Required
P_1001	EMS Agency Name	**Idaho**	Required
PM_5104	Packed Red Blood Cells	NTDB	Required
Q_1001	Complications	NTDB	Optional
SD_1501	Software Vendor	NTDB	Optional
SD_1502	Software Product	NTDB	Optional
SD_1503	Software Version	NTDB	Optional
SSR_1101	National Provider Identifier	NTDB	Optional

2025 DATA DICTIONARY DESCRIBING IDAHO-SPECIFIC DATA ITEMS

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Diagnosis Memo

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
DG_1001	Diagnosis Memo			Optional

Description

Text field providing space for registrars to add clarifying information for diagnosis-related ICD-10 codes.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: DG_1001	XML Tag: DiagnosisMemo
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Direct Admission

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
ED_1000	Direct Admission			Required

Description

Indicates whether the patient was directly admitted to the hospital rather than being admitted through the emergency department.

Coding Instructions

Format or Allowable Values

1 Yes
2 No

Used in Metrics

Notes

XML Specifications

XML ID: ED_1000	XML Tag: DirectAdmission
Required in XML:	Data Type:xs:integer
Accepts Common Nulls:	Minimum: 1 Maximum:2

EMS Agency ID Number

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
P_1000	EMS Agency ID Number			Required

Description
EMS agency ID or license number.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: P_1000	XML Tag: EMSAgencyID
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

EMS Agency Name

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
P_1001	EMS Agency Name			Required

Description
The name of the EMS agency.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: P_1001	XML Tag: EMSAgencyName
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Hospital Created Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
H_1000	Hospital Created Date			Assigned

Description

Date data entry for the trauma incident was initiated.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: H_1000	XML Tag: HospitalCreatedDate
Required in XML:	Data Type:xs:date
Accepts Common Nulls:	Minimum: 1990 Maximum:2030

Hospital Created Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
H_1001	Hospital Created Time			Assigned

Description

Time data entry for the trauma incident was initiated.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: H_1001	XML Tag: HospitalCreatedTime
Required in XML:	Data Type:xs:time
Accepts Common Nulls:	Minimum: Maximum:

Hospital Transferred From

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
H_1006	Hospital Transferred From			Supplemental

Description

The Medicare ID number of the acute care hospital from which the patient was transferred by ambulance to your hospital.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: H_1006	XML Tag: HospitalTransferredFrom
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Hospital Transferred From Name

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
H_1007	Hospital Transferred From Name			Supplemental

Description

The name of the hospital transferred from.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: H_1007	XML Tag: HospitalTransferredFromName
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Hospital Transferred To

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
H_1008	Hospital Transferred To			Supplemental

Description

The Medicare ID number of the acute care hospital to which the patient was transferred by ambulance from your hospital.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: H_1008	XML Tag: HospitalTransferredTo
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Initial ED/Hospital Temperature Fahrenheit

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
ED_1008	Initial ED/Hospital Temperature Fahrenheit			Required

Description

First recorded temperature (in degrees Fahrenheit) in the ED/hospital within 30 minutes or less of ED/hospital arrival.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: ED_1008	XML Tag: TemperatureFahrenheit
Required in XML:	Data Type:xs:decimal
Accepts Common Nulls:	Minimum: 50 Maximum:113

Initial Hospital / ED Vital Signs / Medical Screening Exam Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
ED_1022	Initial Hospital / ED Vital Signs / Medical			Optional

Description

The date the initial vital signs or medical screening exam occurred.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: ED_1022	XML Tag: MSEDate
Required in XML:	Data Type:xs:datetime
Accepts Common Nulls:	Minimum: 1990 Maximum:2030

Initial Hospital / ED Vital Signs / Medical Screening Exam Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
ED_1020	Initial Hospital / ED Vital Signs / Medical			Optional

Description

The time the initial vital signs were recorded and/or medical screening exam occurred.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: ED_1020	XML Tag: MSETime		
Required in XML:	Data Type:xs:time		
Accepts Common Nulls:	Minimum:	Maximum:	

Injury Description

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
I_1002	Injury Description			Supplemental

Description

Text field for describing the circumstances surrounding an injury that are used for External Cause Coding (what happened and where it happened).

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: I_1002	XML Tag: InjuryDescriptionText
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Level of Trauma Team Activated

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
ED_1025	Level of Trauma Team Activated			Required

Description

Indicates the highest level of activation by EMS or hospital personnel.

Coding Instructions

Please include the highest level of activation by EMS or hospital personnel, even if the activation level was downgraded after the patient arrived at your hospital.

Format or Allowable Values

1 Priority 1 Trauma
2 Priority 2 Trauma
3 Priority 3 Trauma
4 Not Activated

Used in Metrics

Notes

XML Specifications

XML ID: ED_1025	XML Tag: TraumaTeamLevel
Required in XML:	Data Type:xs:integer
Accepts Common Nulls:	Minimum: 1 Maximum:9

Medical Record Number

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
H_1003	Medical Record Number			Required

Description

Unique number that identifies a patient's records across multiple admissions to a given hospital.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: H_1003	XML Tag: MedicalRecordNumber
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Patient First Name

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
D_1002	Patient First Name			Critical

Description
Patient's first name.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: D_1002	XML Tag: PatientFirstName
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Patient Last Name

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
D_1001	Patient Last Name			Critical

Description
Patient's last name.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: D_1001	XML Tag: PatientLastName
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Patient Middle Name

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
D_1003	Patient Middle Name			Optional

Description
Patient's Middle Name.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: D_1003	XML Tag: PatientMiddleName
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Patient Occupation - Other

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
I_1001	Patient Occupation - Other			Optional

Description

Patient's occupation if other than one found listed in NTDS – Patient's Occupation (XSD Identifier – I_0205)

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: I_1001	XML Tag: PatientOccupationOther
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Patient Occupational Industry - Other

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
I_1000	Patient Occupational Industry - Other			Optional

Description

Patient's industry if other than one found listed in NTDS PATIENT'S OCCUPATIONAL INDUSTRY (XSD Identifier - I_0204)

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: I_1000	XML Tag: PatientOccupationalIndustryOther
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Placed On Ventilator Date

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
ED_1026	Placed On Ventilator Date			Optional

Description

Date patient first placed on ventilator, including pre-hospital care

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: ED_1026	XML Tag: VentilatorDate
Required in XML:	Data Type:xs:date
Accepts Common Nulls:	Minimum: 2023 Maximum:2030

Placed On Ventilator Time

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
ED_1027	Placed On Ventilator Time			Optional

Description

Time patient first placed on ventilator, including during pre-hospital care

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: ED_1027	XML Tag: VentilatorTime
Required in XML:	Data Type:xs:time
Accepts Common Nulls:	Minimum: Maximum:

Readmission

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
ED_1001	Readmission			Optional

Description

Indicates whether the patient was readmitted to the hospital within 30 days of initial discharge for any reason related to the trauma incident

Coding Instructions

Format or Allowable Values

1 Yes
2 No

Used in Metrics

Notes

XML Specifications

XML ID: ED_1001	XML Tag: Readmission
Required in XML:	Data Type:xs:integer
Accepts Common Nulls:	Minimum: 1 Maximum:2

Registrar

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
H_1009	Registrar			Required

Description

The name of the registrar abstracting the trauma case for submission to ITR.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: H_1009	XML Tag: Registrar
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Revised Trauma Score

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
ED_1012	Revised Trauma Score			Calculated

Description

A component of TRISS (probability of survival score).
Additional detail is provided in Appendix B.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: ED_1012	XML Tag: RevisedTraumaScore
Required in XML:	Data Type:xs:decimal
Accepts Common Nulls:	Minimum: 0 Maximum:8

Social Security Number

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
D_1004	Social Security Number			Required

Description

Patient's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: D_1004	XML Tag: SocialSecurityNumber
Required in XML:	Data Type:xs:string
Accepts Common Nulls:	Minimum: Maximum:

Trauma Injury Severity Score (TRISS)

Item #	Element Name	Image Trend Label	Year Introduced	Required Status
IS_1001	Trauma Injury Severity Score (TRISS)			Calculated

Description

TRISS is a method used to estimate probability of survival - Pr(s) - as a function of injury severity (ISS), revised trauma score (RTS), patient age, and type of injury (blunt or penetrating), using a logistic model. Additional details describing how TRISS is calculated are found in Appendix B of this document.

Coding Instructions

Format or Allowable Values

Used in Metrics

Notes

XML Specifications

XML ID: IS_1001	XML Tag: Triss
Required in XML:	Data Type:xs:decimal
Accepts Common Nulls:	Minimum: 0 Maximum:1

2025 Data Dictionary Change Log Notes

Starting with 2025 data submission, Idaho will only create the data dictionary information for those data elements that are specific to Idaho and not part of NTDB and ITDX data specifications.

For national changes, please refer to the NTDB change log that is included in the NTDB 2025 Data Dictionary: https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/

Elements not changed beyond general changes

- XSD Identifier - H_1003 – Medical Record Number
- XSD Identifier - D_1001 – Patient Last Name
- XSD Identifier - D_1002 – Patient First Name
- XSD Identifier - D_1003 – Patient Middle Name
- XSD Identifier - D_1004 – Social Security Number
- XSD Identifier - ED_1001 – Readmission
- XSD Identifier - P_1000 – EMS Agency ID Number
- XSD Identifier - ED_1012 – Revised Trauma Score
- XSD Identifier - IS_1001 – Trauma Injury Severity Score (TRISS)
- XSD Identifier - ED_1000 – Direct Admission
- XSD Identifier - H_1000 – Hospital Created Date
- XSD Identifier - H_1001 – Hospital Created Time
- XSD Identifier - H_1006 – Hospital Transferred From
- XSD Identifier - H_1008 – Hospital Transferred To
- XSD Identifier - I_1000 – Patient Occupational Industry - Other
- XSD Identifier - I_1001 – Patient Occupation - Other
- XSD Identifier - ED_1008 – Initial ED/Hospital Temperature Fahrenheit
- XSD Identifier - ED_1022 – Initial Hospital / ED Vital Signs / Medical Screening Exam Date
- XSD Identifier - ED_1020 – Initial Hospital / ED Vital Signs / Medical Screening Exam Time
- XSD Identifier - H_1009 – Registrar
- XSD Identifier - DG_1001 – Diagnosis Memo
- XSD Identifier - I_1002 – Injury Description
- XSD Identifier - H_1007 – Hospital Transferred From Name
- XSD Identifier - P_1001 – EMS Agency Name
- XSD Identifier - ED_1025 – Level of Trauma Team Activated
- XSD Identifier - ED_1026 – Placed On Ventilator Date
- XSD Identifier - ED_1027 – Placed On Ventilator Time

APPENDIX A: TIME-SENSITIVE EMERGENCY REGISTRY – TRAUMA ABSTRACTION FORM

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IDAHO TRAUMA REGISTRY - Abstraction Form

Hospital:		**Registrar:**	**Date:**	**TR#**

Patient Demographics

NAME:				**MR#**	
				SSN#	
DOB:	**Age:**	**Gender:** M F		**ZIP:**	**City:**

Race: White ▪ Black ▪ Asian ▪ American Indian ▪ Hawaiian/Pacific Islander▪ Other Race ▪ Not Known

Ethnicity: Hispanic ▪ Non-Hispanic ▪ Not Known

Injury Information

Injury Date: **Time:**			**Zip or City/State/County:**				
Injury Description (what happened):							
Place/Site of Injury Code (Y92.X):							
Mechanism/Cause of Injury Code(s):							

Safety:	*Seatbelt?*	Y / N: 3pt Lap Shoulder	*Airbag Present?* Y / N Not Known	
	Child Restraint? Y / N: Infant Child Booster		*Airbag Deployed?* Y / N Front Side Other	
Helmet	Protective Gear	NONE	Not Known	Other:

Pre-Hospital Information

Transport mode to your hospital: Ground EMS ▪ Heli ▪ Fixed-Wing ▪ POV/Walk-in ▪ Police ▪ Other

EMS Agency Name:					

Transferred from another hospital by EMS: Y / N		**Name of Hospital:**	
Readmission within 30 days: Y / N		**Direct Admit:** Y / N	

Trauma Priority Activation

Date:		**Time:**		**Priority**	1 2 3	Not Known/Not Recorded/Not Activated	
Upgrade/Downgrade?				**Date/Time:**			

ED / Hospital Information

ED/Hospital Arrival	**Date:**		**Time:**				
ED D/C Orders	**Date:**		**Time:**				
ED Discharge	**Date:**		**Time:**				

ED Discharge Disposition *(if applicable)*: Floor ▪ Observation ▪ Telemetry ▪ OR ▪ ICU ▪ Transferred to Another Hospital ▪ Died ▪ AMA ▪ Other (jail, mental health etc.) ▪ N/A (Direct Admit)

Name of Short Term Hosp Transferred to:					
Transferred by: Amb Helicopter FW Other					

ED/Hospital Vital Signs

*If admitted through the ED, use ED values or Not Known if values were not recorded. If **Direct Admit**, use the first floor value.*

Initial Assessment	**Date:**		**Time:**				

Pulse:	SBP / DBP:	Resp Rate:	Respiration Assisted: Y / N
02 Saturation:	Supplemental O2: Y / N		Temperature:

GCS Eye:	GCS Verbal:	GCS Motor:	GCS Total:
Qualifier: Eye Obstruction ▪ Intubated ▪ Chemically Sedated ▪ Chemically Paralyzed ▪ Valid GCS ▪ Not Known			
Tested for Alcohol: Yes / No / Not Known BAC:			
Tested for Drugs: Not Tested/ None /Not Known			
Drugs: AMP / MDMA / OPI / OXY / TCA / BAR / BZO / COC / mAMP / PCP / MTD / THC / Other:			
Blood Product History **Was packed red blood cells administered w/in the first 4 hours?**			
Date:	Time:	Volume PRBC (cc's/mLs):	
Date:	Time:	Volume PRBC (cc's/mLs):	
Date:	Time:	Volume PRBC (cc's/mLs):	
Date:	Time:	Volume PRBC (cc's/mLs):	

Injury Diagnosis Information

Injury Diagnosis ICD-9/10 Codes AND other Diagnosis findings from Radiology, Emergency Dept, Operative reports, etc.:

ICD-10	AIS	Diagnosis

Outcome Information

Hospital D/C Orders Written	**Date:**		**Time:**		
Hospital Discharge (or Death)	**Date:**		**Time:**		
Total ICU Days	**Start Date:**		**Stop Date:**		
Total Vent Days	**Start Date:**		**Stop Date:**		

Discharge Location: Home ▪ Home w/Home Health ▪ Short Term General Hosp ▪ SNF ▪ IP Rehab ▪ Intermediate Care (ICF) ▪ Long Term Care (LTCH) ▪ Hospice ▪ Psych Hosp ▪ Court/Law ▪ AMA ▪ Expired

Name of Short Term Hosp Transferred to:

Transferred by: Amb Helicopter FW Other

Work Related: Y / N	Industry:	Occupation:

Primary Payer:

APPENDIX B: FORMULAS APPLIED TO CALCULATED FIELD VALUES

XML Data Item Name	Calculation
Age	Age = Incident Date (Injury Incident Date) - Date of Birth (PatientDateofBirth), rounded down to full year
Age Units	This is automatically calculated based on Age. If patient is ≥ 12 months old, the units will be displayed in years. If patient < 12 months old, the age unit will display days or months.
Initial ED/Hospital GCS - Total	This element is not calculated it is manually entered by the user
Initial ED/Hospital GSC - Total Calc	This is automatically calculated based on adding the sum of the following three data elements together: GCS Total = Glasgow Eye + Glasgow Verbal + Glasgow Motor Can be manually entered with individual values for Eye, Verbal, Motor are not available.
Injury Severity Score	ISS is calculated as the sum of the squares of the AIS severity scores for the three highest scoring of six body regions. Only the highest AIS score in each body region is used. ISS = (Highest AIS severity score in 1st region)² + (Highest AIS severity score in 2nd region)² + (Highest AIS severity score in 3rd region)². The ISS score takes values from 0 to 75. If an injury is assigned an AIS of 6 (un-survivable injury), the ISS score is automatically assigned to 75.
Revised Trauma Score	Calculated: RTS = 0.9368*GCSc+0.7326*SBPc+0.2908*RRc Glasgow Coma Score total points (GCSc): 13-15 = 4; 9-12 = 3; 6-8 = 2; 4-5 = 1; 3 = 0 Respiratory Rate (RRc): 10-29 = 4; >29 = 3; 6-9 = 2; 1-5 = 1; 0=0 Systolic Blood Pressure (SBPc): >89 = 4; 76-89 = 3; 50-75 = 2; 1 - 49 = 1; 0 = 0
Intentionality of Injury	Intentionality of Injury is based on the ICD-10-CM external cause of injury code matrix published by the Centers for Disease Control and Prevention. Possible responses include: Unintentional, Undetermined, Self-Inflicted, Assault, Other, Not Known More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm

<table>
<tr><th>XML Data Item Name</th><th>Calculation</th></tr>
<tr><td>Trauma Injury Severity Score (TRISS); Probability of survival</td><td>TRISS is a method used to estimate probability of survival - Pr(s) - as a function of injury severity (ISS), revised trauma score (RTS), patient age, and type of injury (blunt or penetrating), using a logistic model.

Pr(s) = 1 / (1+e^{-b}), where:
e = 2.7183
b = b0 + b1(RTS) + b2(ISS) + b3(AGEIndex)

b0, b1, b2, and b3 are weights derived from study data.
RTS is the Revised Trauma Score on Admission; ISS is the Injury Severity Score; and AGEIndex = 1 if patient age is >54 years, and AGEIndex = 0 if patient age is ≤ 54 years.

<table>
<tr><th colspan="4">The TRISS regression weights for AIS-90-based norms are defined below:</th></tr>
<tr><td></td><td>b0</td><td>b1 (RTS)</td><td>b2(ISS)</td></tr>
<tr><td>Blunt</td><td>-.44990</td><td>0.8085</td><td>-0.0835</td></tr>
<tr><td>Penetrating</td><td>-2.5355</td><td>0.9934</td><td>-0.0651</td></tr>
</table>

The adult blunt-injured coefficients (AGEIndex = 0) are also for both blunt and penetrating-injured pediatric patients (< 15 years old).

TRISS will be calculated only if GCS, SBP, unassisted respiratory rate, AIS with sufficient injury detail to prevent AIS=9, age and type of injury are recorded.</td></tr>
<tr><td>Mechanism of Injury</td><td>Mechanism of Injury is based on the ICD-10-CM external cause of injury code matrix published by the Centers for Disease Control and Prevention.

Possible responses include, but are not limited to: Falls, Drowning, All transport, Fires, Machinery

More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm</td></tr>
<tr><td>Type of Trauma</td><td>Type of trauma is based on ICD-10-CM external cause of injury codes (primary) and the CDC Injury Matrix. Possible responses include: Penetrating, Burn, Blunt, Other, Not Known

More information on CDC injury matrices can be found here:
https://www.cdc.gov/nchs/injury/injury_matrices.htm</td></tr>
<tr><td>ISS Body Region</td><td>This is calculated from first digit of AIS Pre-dot code, and will be one of six body regions:
Head, Face, Chest, Abdomen, Extremity, External</td></tr>
</table>

APPENDIX C: TABLE OF EMS AGENCY NAMES AND CODES

EMS Agency License Number	EMS Agency Name
5601	Aberdeen / Springfield Fire District
6800	Acute Rescue and Transport, Inc.
8407	Ada County Paramedics
3100	Agrium CPO Emergency Response Team
8426	Air St. Luke's
3524	Albion Quick Response
5109	Alert 2 Up River Ambulance
4138	American Medical Response
7185	Asotin County Fire District #1
8799	Atlanta Emergency Medical Services
6228	Back Country Medics
8611	Bannock County Ambulance District
3473	Bannock County Sheriff
9619	Bannock County Sheriff's Search & Rescue
7602	Bear Lake County Ambulance Service
7605	Bingham County Search & Rescue
7603	Blackfoot Fire Department
2425	Boise BLM Smokejumpers
2499	Boise National Forest
8142	Bonner County Emergency Medical Services
4725	Bonneville County Sheriff's Search & Rescue
7102	Boundary Volunteer Ambulance Service
3324	Bruneau QRU
3502	Buhl Fire Department EMS Division
3507	Burley Fire Department
10002	BYU-Idaho Emergency Medical Services
7503	Camas County Ambulance
4311	Cambridge Ambulance
7527	Carey Quick Response Unit
5604	Caribou County Emergency Medical Services
10005	Caribou-Targhee National Forest
7410	Cascade Rural Fire & EMS
3528	Castleford Quick Response Unit
3719	Central Fire District
9928	City of Bliss Department of QRU
7601	City of Chubbuck Fire Department
3330	City of Fruitland / Payette County Paramedics
8705	City of Idaho Falls Ambulance Service
9535	City of Jerome Fire Department
7213	City of Riggins Ambulance
3517	City of Rocks / Almo QRU Inc.
2544	City of Sun Valley Fire Department
7702	Clark County Ambulance
6103	Clark Fork Valley Ambulance Service, Inc.

EMS Agency License Number	EMS Agency Name
10011	Classic Air Care, LLC - dba Classic Air Medical
7219	Clearwater County Ambulance
6723	Clearwater Paper Fire Department
5210	Clearwater Quick Response Unit
5310	Council Valley Ambulance
3225	Craigmont Quick Response and Extrication
3229	Culdesac Q R U
7212	Deary Ambulance
3539	Declo Q R U
3515	Dietrich Quick Response Unit, Inc.
7423	Donnelly Ambulance - ILS
5430	East Boise County Ambulance District
1730	Elk Bend Quick Response Unit
5201	Elk City Ambulance Inc.
6919	Elmore Ambulance Service-ALS
7511	Elmore County Ambulance
7522	Emergency Response Ambulance-ALS
3325	Emmett Fire Department
3538	Filer Quick Response Unit
4429	Fireline Medics LLC
2626	Fort Hall Fire & EMS District
7614	Franklin County Ambulance Association
3612	Franklin County Fire District
7704	Fremont County Emergency Medical Services
10015	Front Line EMS, LLC
7391	Garden Valley Fire Protection District
8144	Gateway Fire Protection District-Amb
7306	Gem County Emergency Medical Services
7218	Genesee Community Ambulance
5415	Gibbonsville Quick Response
8867	Glenwood Caribel Volunteer Fire District
7504	Gooding County Emergency Medical Services
9508	Gooding Fire Department
2551	Gowen Field Fire Department
7305	Grand View Ambulance Service
5710	Greater Swan Valley Fire Protection Dist. #2
3954	Hagerman Fire Protection District
2541	Hailey Fire Department
10009	Hall Mountain Volunteer Fire Department
7104	Harrison Community Ambulance
5302	Homedale Ambulance
5402	Horseshoe Bend Ambulance
4733	Idaho Army National Guard (IDARNG) Emergency Medical Services
8310	Idaho Bureau of Land Management
6480	Injury Care EMS
7727	INL Fire Department-ALS

EMS Agency License Number	EMS Agency Name
7216	J-K Ambulance
7202	Kamiah Ambulance
7506	Ketchum Fire Department
2422	Kiewit Mining Group, Inc.
7215	Kooskia Ambulance
8146	Kootenai County Emergency Medical Services
7403	Kuna Rural Fire District
5706	Leadore EMTs, Inc.
6559	Lemhi Inter-Facility Transfer (LIFT)
8210	Lewiston Fire Department - ALS
1036	Life Flight Network, LLC
7507	Life Run Ambulance-ALS
10006	Lifestar EMS & Rescue, Inc.
7509	Lincoln County EMS
7707	Lost River EMT's Inc
3219	Lowell QRU
7708	Madison County Ambulance
8520	Magic Valley Paramedics
5312	Marsing Ambulance Service Inc.
7427	McCall Fire & Emergency Medical Services
3216	McCall Smokejumpers
3512	Meadows Valley Emergency Services
3431	Micron Technology, Inc.
5317	Midvale Ambulance
1539	Mini-Cassia Search and Rescue Unit, Inc.
3505	Minidoka County Fire Protection Dist
4638	Monsanto Fire & Rescue
7203	Moscow Fire Department-AMB
7818	MRW EMS
7714	Mud Lake Ambulance
3321	New Plymouth QRU
7204	Nezperce Ambulance Inc.
7709	North Custer Hospital District
10003	Northern Idaho National Forests, USFS
3120	Northside Fire District
3530	Oakley Quick Response Unit Inc.
4610	Oneida County Ambulance
88888	Out of State Known
5918	PACT EMS
7303	Parma Ambulance Service
10008	Patronus Medical Services at Gozzer Ranch
3645	Payette City Fire
6356	Portneuf Medical Center
7206	Potlatch Ambulance
5221	Powell QRU
7620	Power County Emergency Medical Services

EMS Agency License Number	EMS Agency Name
3501	Prairie QRU and Fire, Inc.
2147	Prichard / Murray Volunteer Fire Dept
7114	Priest Lake Emergency Medical Technicians, Inc.
5509	Raft River Fire Protection District
3720	Roberts Fire District QRU
3529	Rock Creek Quick Response Unit
8728	Rocky Mountain Holdings, LLC
9540	Rupert City Fire / Rescue
4120	Sagle Fire District
7711	Salmon Advanced EMT's
9703	Salmon Search & Rescue
6615	Salmon-Challis National Forest
5945	Sam Owen Fire District
2130	Sandpoint Fire Department
10004	Sawtooth National Forest
2145	Schweitzer Fire District
4612	SERV 1
7617	Shelley - Firth QRU
7807	Shoshone County EMS Corporation-ILS
3124	Shoshone County Fire Protection District #1
3135	Shoshone County Fire Protection District #2
3111	Silver Mountain Ski Patrol
7712	South Custer County Ambulance
2126	St. Joe EMS Inc.
7113	St. Maries Ambulance
3116	St. Maries Fire Protection District
7207	St. Mary's Hospital Ambulance - ALS
5510	Stanley Ambulance
7208	Syringa General Hospital Ambulance - ILS
6232	Tahoe QRU
6665	Tamarack Ski Patrol
3705	Teton County Fire Protection District
6034	Teton County Sheriff's Search & Rescue
4701	Thompson Creek Ambulance
7479	Treasure Valley Emergency Medical Services System
8327	Treasure Valley Paramedics
7217	Troy Volunteer Ambulance
2542	Twin Falls Fire & Rescue
3770	USDA
10014	Victory EMS
8304	Weiser Ambulance District
3543	Wendell Rural Fire District EMS Division
3545	West Cassia Q R U
3503	West End Fire & Rescue
8730	West Pend Oreille Fire District
5618	Westside Fire District

EMS Agency License Number	EMS Agency Name
2230	White Bird Quick Response Unit
4018	Wilderness Medics, Inc.
3434	Wilderness Ranch Fire Protection District
3231	Winchester Quick Response Unit
5855	Wolf EMS and Rescue
7512	Wood River Fire & Rescue
88888	**Out-of-State – Known**
9999	**Unknown**