

Texas GETAC Trauma System Committee

- Jorie Klein, RN
- Lori Boyett, BSN
- Lisa Price, BSN
- Alex Ramos, BSN
- Karla Hosick, BSN
- Christi Reeves, BSN
- Scott Christopher, BSN
- Brian Eastridge, MD, FACS
- Raji Gandhi, MD, MPH, FACS
- Kathy Rogers, RN, MSN
- Lori Vinson, RN, MSN
- Robert Winchell, MD, FACS
- Elmo Lopez, CEO

Texas EMS/Trauma Registry

Hospital Data Request

Injury Epidemiology & Surveillance Branch
Environmental Epidemiology and Disease Registries Section
Department of State Health Services

(e): injury.web@dshs.state.tx.us

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Texas EMS/Trauma Registry

This summary report only includes data on hospital records that were reported to the registry through a passive surveillance system. Additionally, these data are based on hospitalizations, not patients, such that if a patient was hospitalized more than once or transferred between facilities, both hospital records will be included.

In this report:

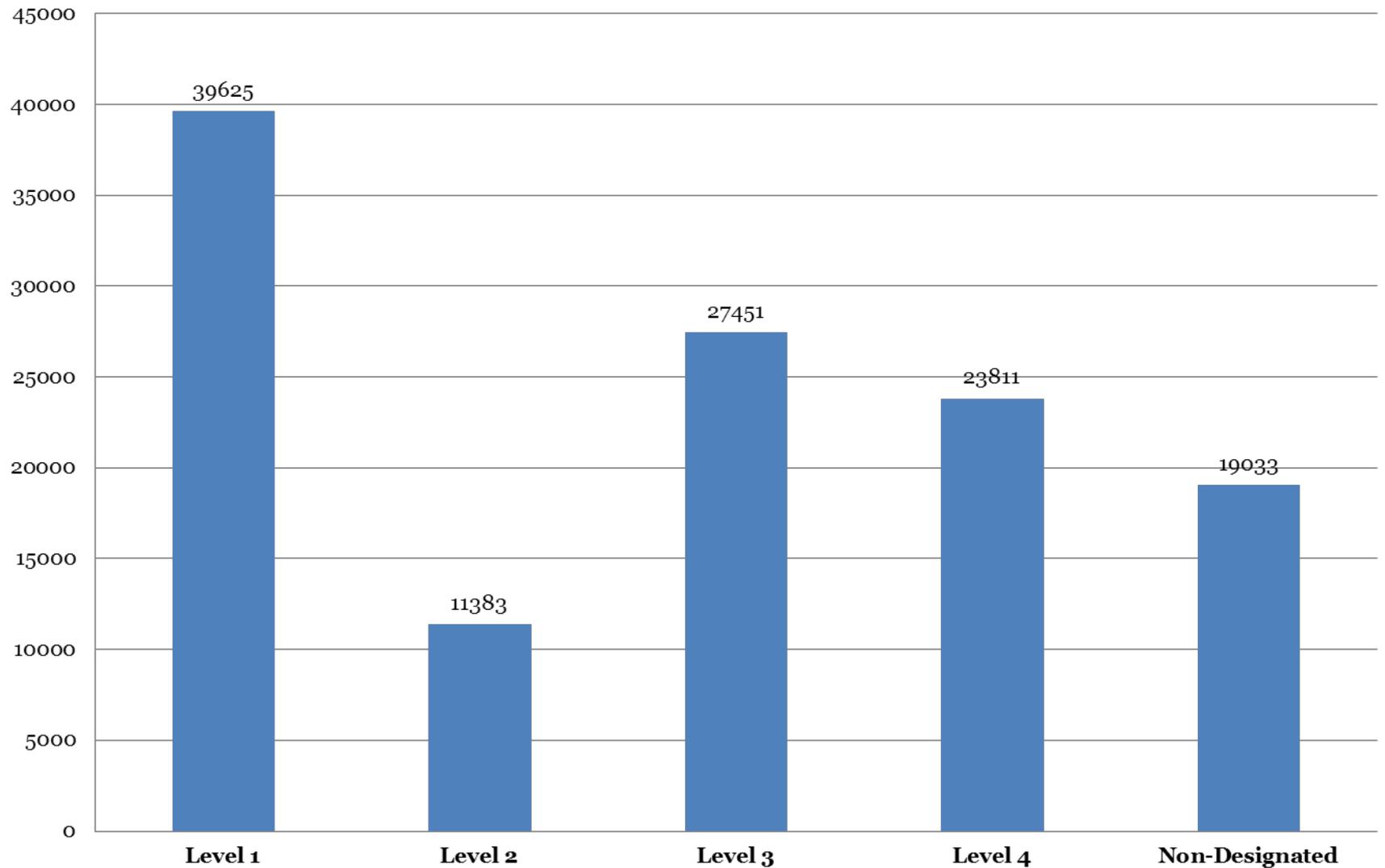
- 2013 data are provisional and may change as more reports are received

Number of Hospitals Reporting Data to the EMS/ Trauma Registry 2013 by Designation Level

Designation	Number
Level 1	16
Level 2	10
Level 3	46
Level 4	177
Non-Designated	329
Total	578

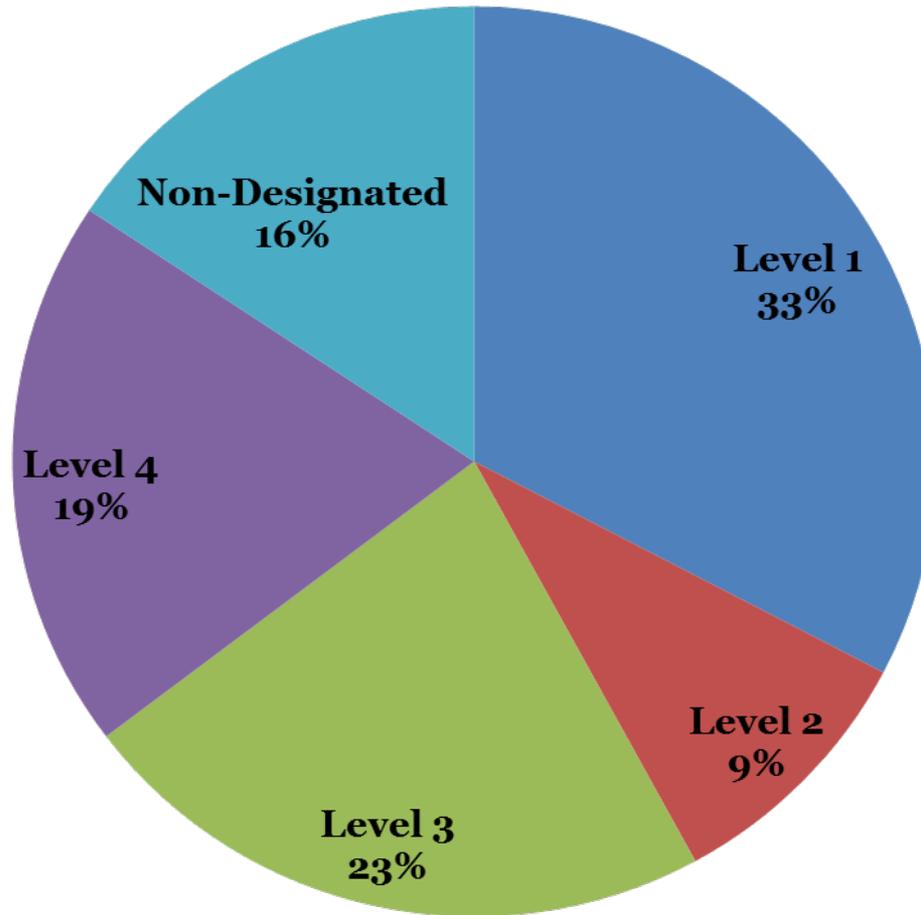
Hospitalizations by Trauma Center Level, Texas 2013

N=121,303



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2013 Billed Hospital Charges

Sum of Charges	\$4,408,911,772.00
Average Charge	\$47,491.40
Median Charge	\$25,330.00
Minimum Charge	\$50.00
Maximum Charge	\$9,014,220.00

- Responses of \$999,999 and \$9,999,999 or less than \$50 were defined as invalid
- 23.5% or 28,467 records were missing or invalid

Condition at Discharge, Texas 2013

Death	3064
Good Recovery	57,801
Moderate Disability	26,279
Severe Disability	1660
Persistent Vegetative State	16
Unknown	32,483
Total	121,303

Trauma Incidents by Age Compared to NTDB 2012 Annual Report



Texas Trauma Incidents by Age

N=117,122

NTDB 2012 Annual Report Incidents by Age

N=773,299

Age	Incidents	Percent	Deaths	Case Fatality Rate	Incidents	Percent	Deaths	Case Fatality Rate
< 1 year	1686	1.440%	32	1.8980%	9469	1.224%	188	1.9854%
1 - 4	5636	4.812%	81	1.4372%	26790	3.464%	431	1.6088%
5 - 9	5092	4.348%	29	0.5695%	26404	3.414%	216	0.8181%
10 - 14	4883	4.170%	35	0.7168%	29276	3.786%	279	0.9530%
15 - 19	7239	6.181%	188	2.5970%	56558	7.314%	1721	3.0429%
20 - 24	8959	7.650%	249	2.7793%	67970	8.790%	2512	3.6957%
25 - 34	14099	12.039%	433	3.0711%	100576	13.006%	3500	3.4800%
35 - 44	11436	9.765%	321	2.8069%	81537	10.544%	2560	3.1397%
45 - 54	12653	10.804%	352	2.7819%	96609	12.493%	3355	3.4728%
55 - 64	11335	9.679%	385	3.3966%	83375	10.782%	3154	3.7829%
65 - 74	9970	8.513%	306	3.0692%	60667	7.845%	2981	4.9137%
75 - 84	12895	11.011%	423	3.2803%	71492	9.245%	4322	6.0454%
85	11222	9.582%	431	3.8407%	62476	8.079%	4129	6.6089%
NK/NR	7	0.006%	2	28.5714%	100	0.013%	60	60.0000%
Total	117112	100%	3274	2.7896%	773299	100%	29408	3.8029%



Trauma Hospitalizations by Age, Texas 2013

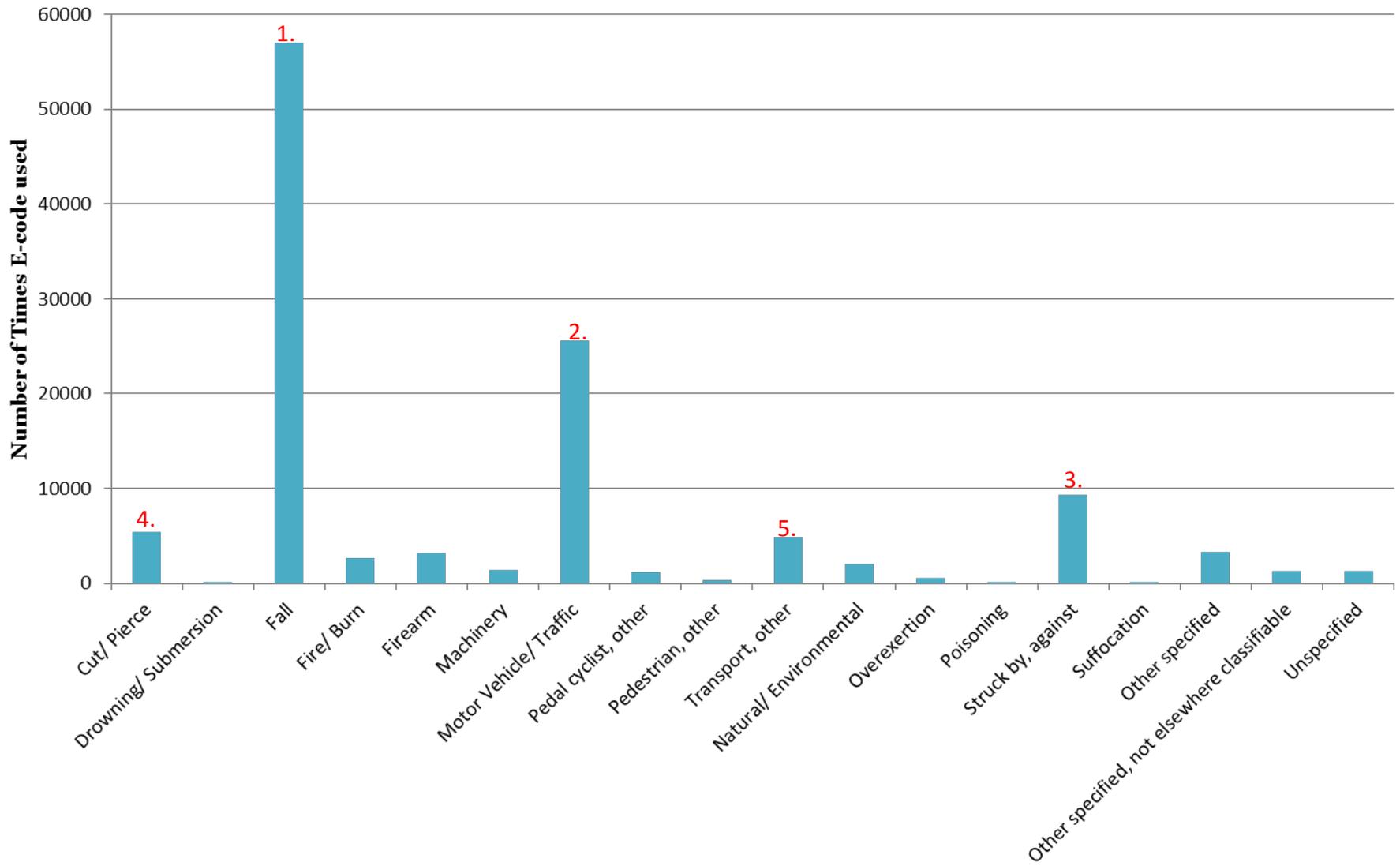
Age	Hospitalizations	Percent	Deaths	Case Fatality Rate
<1	1867	1.54%	47	2.52%
1-4	5338	4.40%	63	1.18%
5-9	5658	4.66%	31	0.55%
10-14	4865	4.01%	39	0.80%
15-19	6787	5.60%	165	2.43%
20-24	8711	7.18%	243	2.79%
25-34	14548	11.99%	392	2.69%
35-44	11461	9.45%	325	2.84%
45-54	12423	10.24%	381	3.07%
55-64	12235	10.09%	370	3.02%
65-74	11266	9.29%	310	2.75%
75-84	13807	11.38%	457	3.31%
85+	12276	10.12%	438	3.57%
Unknown	61	0.05%	0	0.00%
Total	121303	100%	3261	2.69%

Mechanism of Injury, Texas 2013

External Cause of Injury	E-code count	Percent
Cut/ Pierce	5373	4.49%
Drowning/ Submersion	131	0.11%
Fall	56959	47.55%
Fire/ Burn	2705	2.26%
Firearm	3245	2.71%
Machinery	1352	1.13%
Motor Vehicle/ Traffic	25644	21.41%
Pedal cyclist, other	1234	1.03%
Pedestrian, other	360	0.30%
Transport, other	4838	4.04%
Natural/ Environmental	2028	1.69%
Overexertion	557	0.46%
Poisoning	142	0.12%
Struck by, against	9350	7.81%
Suffocation	29	0.02%
Other specified	3321	2.77%
Other specified, not elsewhere classifiable	1257	1.05%
Unspecified	1270	1.06%
Total	119795	100%

- *Not mutually exclusive*
- *Records contain up to five ICD-9 e-codes; these counts are the number of times each cause of injury code was reported, not the number of hospitalizations*
- *Based on a framework detailed by the Centers for Disease Control and Prevention. For more details, visit http://www.cdc.gov/nchs/injury/injury_tools.htm*

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Top 5 Non-Fatal Injury Categories

Rank	Cause of Injury	#	%
1	Fall	54,755	47.93%
2	Motor vehicle/ traffic	23,948	20.96%
3	Struck by, against	9024	7.90%
4	Cut/ pierce	5228	4.58%
5	Transport, other	4711	4.12%

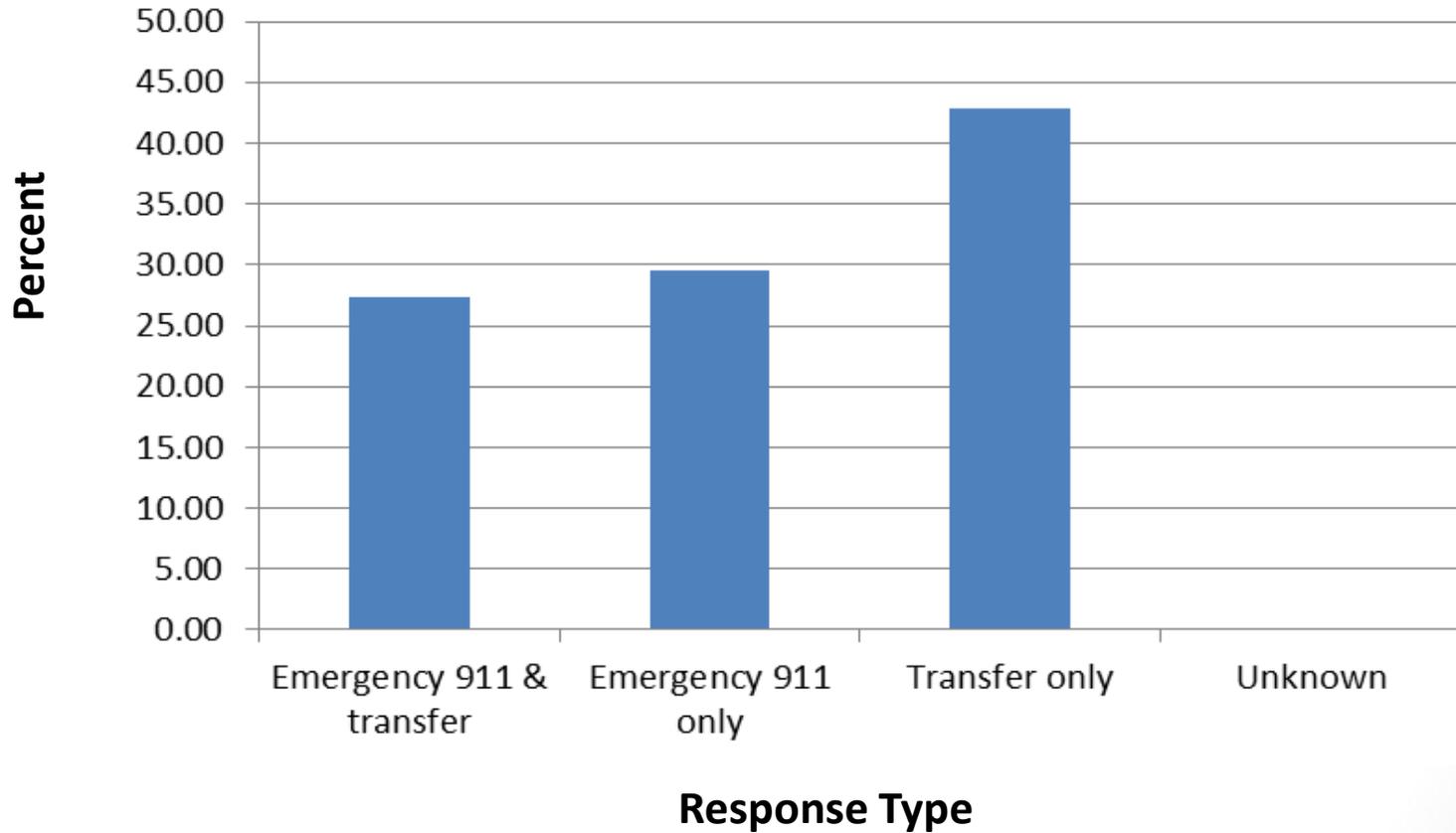
Top 5 Fatal Injury Categories

Rank	Cause of Injury	#	%
1	Fall	1132	35.18%
2	Motor vehicle/ traffic	1110	34.49%
3	Firearm	457	14.20%
4	Struck by, against	127	3.95%
5	Other, specified	72	2.24%

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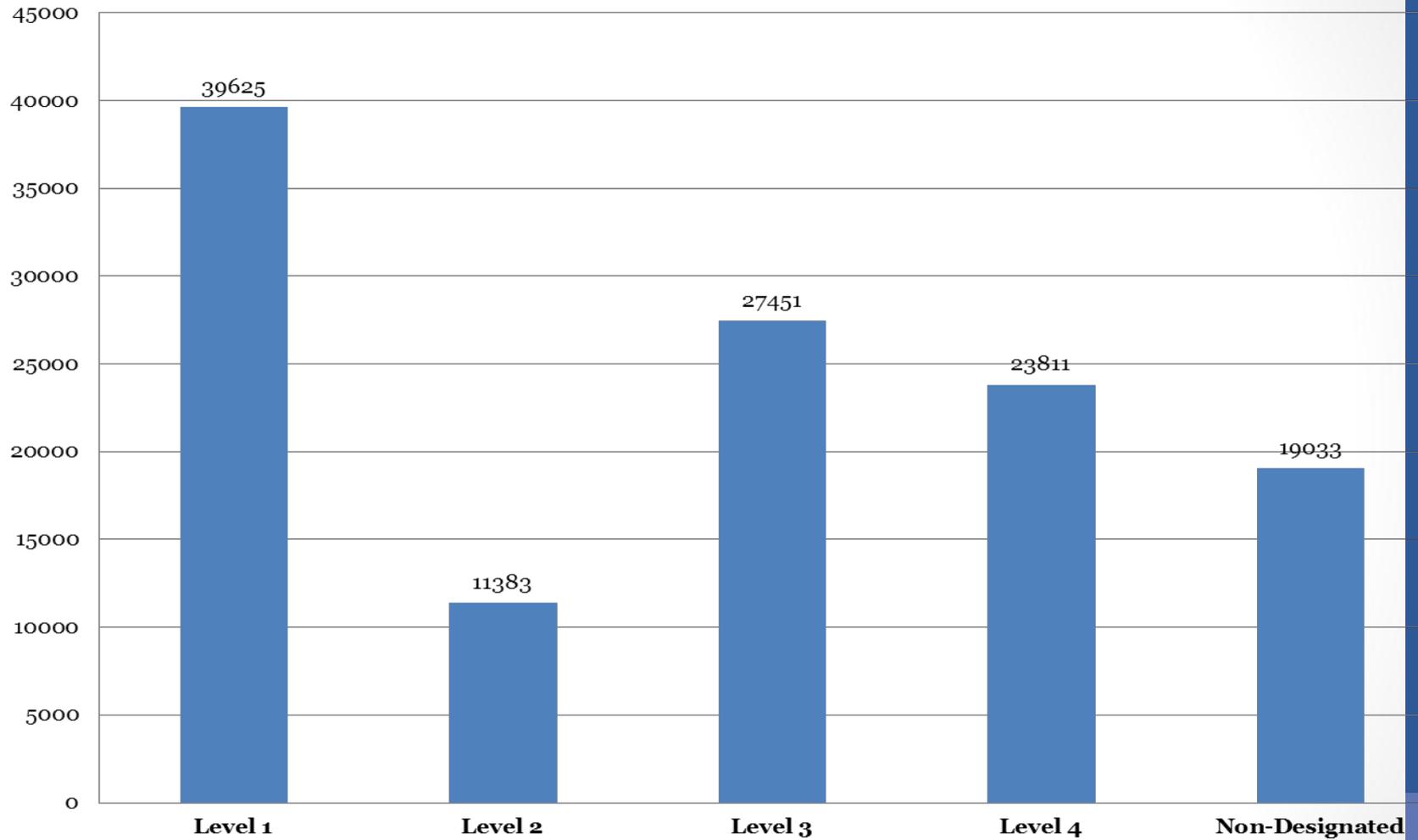
Figure 1

EMS Agencies in Texas by Response Type



Hospitalizations by Trauma Center Level, Texas 2013

N=121,303



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*



Trauma System Committee

- Review of current DSHS EMS and Trauma System Rules, in Title 25 of the Texas Administrative Code, Chapter 157, and make recommendations to DSHS with regard to the process for applying for trauma facility designation

GETAC

Trauma System Strategic Plan Revisions

- Brian Eastridge, MD
- Jane Guerrero, RN, DSHS

Trauma Registry Workgroup Members

Purpose

- ▶ Liaison to GETAC
 - Trauma System Committee
 - ▶ Open Communication Lines
 - ▶ Forum For Stakeholder Participation
 - ▶ Define Issues or Barriers To Registry Participation
 - ▶ Develop Solutions To Improve Registry Participation
 - ▶ Develop Strategies To Improve Data Quality
 - ▶ Drive Changes in System Development
- 

Trauma Registry Workgroup Meeting

- Issues identified with legacy data
- Define opportunities to improve data moving forward
- Recommendations
 - NTDB data definitions/submission criteria
 - Validation process for Texas = NTDB
 - All NTDB elements mandatory for Texas
 - Recommend implementation date of January 2015
 - Stand Alone EDs
- EMS discussion

Trauma Medical Director's Best Practice Workgroup

- Brian Eastridge
- Purpose: Define Trauma Care / Program Management / Oversight Best Practice Models
 - TMD Job Descriptions
 - Trauma PI
 - Geriatric Trauma
 - Massive Transfusion
 - Telemedicine Opportunities in Trauma
 - Other Trauma Related Opportunities

Non-Physician Provider Workgroup

- Kelly Stowell
- Purpose: Define Opportunities For Non-Physician Providers in Trauma Programs
 - Job Description Language
 - Organizational Structures
 - Orientation Manuals
 - Expectations / Training
 - Skills Credentialing / Development

Regional Advisory Council Development Workgroup

- Proposal
- RACS Provide an Update on Progress of Activities and Accomplishments Including Barriers
- A-H in May
- I-N in August
- O - V

Trauma Registrars Workgroup

- Irene Lopez, RN, BSN
- Purpose: Define the Development Needs of The Texas Trauma Registrars
 - Job Description Language
 - Organizational Structure / Clinical Ladder Programs
 - Educational Development
 - Data Management Needs

Electronic Medical Record Workgroup

- Courtney Edwards, RN, BSN, MSN, MPH & Wendi McNabb, RN, MSN
- Purpose: Define Best Practice Model For Integration and Implementation
 - Trauma Resuscitation Documentation
 - Trauma H&P
 - Trauma In-Patient Documentation
 - Guidelines For Implementation / Development

Pediatric Trauma Coding

- Lori Vinson, RN, MSN
- Purpose: Define Variances in Pediatric Trauma Coding
 - PI Variances
 - Child Abuse Coding
 - Educational Plan / Integration with Registrars
 - Other Opportunities as Defined

Impact of Alcohol in Trauma Specific To Texas

- Karla Hosick, RN, BSN & Christie Reeves, RN, BSN
- Purpose: Define the Various Process For Defining Alcohol Involved in Trauma
 - Define How It is Being Done Currently
 - Define Opportunities for Improvement
 - Define Recommendations For Best Practice

Trauma System Committee

- Review rule Chapter 157, 157.11 (m)(9) to address the requirements for EMS reports at the time of patient drop off, the requirement of delivery for a complete EMS report, and how to improve the sharing of the outcome data of that patient with the EMS service.

Trauma System Committee

- Trauma center designation request for specialty services

Feedback / Communication

- GETAC/ACS Region VI - Ronald Stewart, MD
- EMS – Alex Ramos, BSN
- RAC Chairs - Raj Gandhi, MD, FACS
- TTCF - TTCF Chair / Courtney Edwards / Kathy Rogers
- ENA - Sally Snow / Kathy Rogers
- Pediatrics - L. Vinson
- Level IV – C. Reeves / J. Klein
- Level III – L. Price
- Level II – L. Boyett
- Level I – B. Eastridge, MD / J. Klein
- Injury Prevention – K. Hosick

Reports / Updates

- TETAF
- Texas EMS Registry

Public Comment

Actions Taken

- Recommendations for GETAC Committee Structure
- Announcements
- Next meeting date
- Agenda for next meeting – Vice Chair



There's nothing a little attitude
and the right pair of boots
can't do.

-Alexis Delp

Thank you for
your
presence,
commitment,
gifts of service
and gifts of
knowledge.

Trauma System
Committee