

SEPTEMBER 2022

LINKING 2021 CRASH DATA WITH EMS/TR RECORDS



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Prepared by Sarah Bowers, MSPH
Epidemiologist
Emergency Medical Services and Trauma Registries (EMS/TR)
Office of Injury Prevention
Texas Department of State Health Services

Reviewed by Gavin Sussman, EMT-B, OEC-T, BSPH
Group Manager, EMS/TR
Office of Injury Prevention
Texas Department of State Health Services

Reviewed by Jia Benno, MPH
Manager, Office of Injury Prevention
Texas Department of State Health Services

Contents

INTRODUCTION 2

 Background and Significance..... 2

 Project Objective 2

Methodology 3

 Inclusion Criteria 3

 Exclusion Criteria 3

Data Linkage Process 4

 Overview..... 4

 Matching Variables Used for Probabilistic Data Linkage 4

2021 Date Linkage Summary..... 5

Missing Records in Data Sets Before and After Linkage..... 6

Descriptive Statistics of Linked Dataset (Crash-EMS/TR) 7

 Demographic Variables 7

 Trauma Variables 7

 EMS Variables 9

 Crash Variables 10

Conclusion16

INTRODUCTION

Background and Significance

Motor vehicle traffic fatalities remain a major public health concern. In 2021, Texas experienced an increase in motor vehicle fatality numbers. The 4,489 death toll was an increase of 15.22% from the 3,896 deaths recorded in 2020. In 2021, there were 15,764 serious injury crashes in Texas with 19,448 people sustaining a serious injury.¹

This report linked three databases from two different state agencies to better understand motor vehicle crash causes and outcomes. By understanding the nature of the problem, motor vehicle traffic crash injuries can be prevented. Success in reducing crash-related deaths and injuries depends largely on a surveillance system that allows better monitoring of occurrence, causes, and impacts on society.

The Texas Department of State Health Services (DSHS) Office of Injury Prevention (OIP) Emergency Medical Services and Trauma Registries (EMS/TR) epidemiologists linked the Texas Department of Transportation's (TxDOT) Crash Records Information System (CRIS) data with EMS records and trauma reported records to create a linked dataset. For this report, EMS/TR used 2021 data for all three datasets.

Project Objective

To link crash data with statutorily reportable injury and event data.

- Crash Data – TxDOT's CRIS
- EMS Data – DSHS EMS records
- Trauma Hospital Data – DSHS Trauma records

¹ Texas Department of Transportation, 2022 ftp.txdot.gov/pub/txdot-info/trf/crash_statistics/2021/01.pdf.

Methodology

Inclusion Criteria

DSHS Trauma Data

- Motor Vehicle Traffic-related International Classification of Diseases 10 Clinical Modifications (ICD10-CM) in Cause of Injury Field: V1-V89, X81, X82, X83, Y02, Y08, Y32, Y36, Y37, Y38

DSHS EMS Data

- Motor Vehicle Traffic-related ICD10-CM in Cause of Injury Field: V1-V89, X81, X82, X83, Y02, Y08, Y32, Y36, Y37, Y38

TxDOT Crash Data

- Chief Complaint: Traffic Transportation Incident, Automated Crash Notification

Exclusion Criteria

Records with transfers were excluded from both Trauma and EMS data.

Data Linkage Process

Overview

DSHS conducted a probabilistic data linkage using Match*Pro. The **National Cancer Institute** developed Match*Pro and it is available for free. Match*Pro conducts probabilistic linkages based on the Fellegi-Sunter model. The Fellegi-Sunter Model uses a decision-theoretic approach establishing the validity of principles. The model's goal is to estimate a 'match probability' for each dataset comparison, which quantifies the likelihood the two records represent the same entity.

DSHS first linked CRIS data to the EMS registry database, then CRIS data was linked to the Trauma registry. These datasets were then combined to create the final linked CRIS-EMS-Trauma dataset.

Matching Variables Used for Probabilistic Data Linkage

	Matching Variables*
Crash to Trauma	First Name, Last Name, Middle Name, Birth Date, Incident County, Incident Date, Age
Crash to EMS	First Name, Last Name, Middle Name, Birth Date, Incident County, Incident Date, Age
Crash to EMS to Trauma	Unique ID (created by linking crash_ID, unit_nbr, and prsn_nbr)

*Matching variables are variables EMS/TR used as criteria for data linkage.

2021 Data Linkage Summary

Dataset	N total (in full dataset before linkage)	N total (transportation related injuries subset)	N linked pairs (based on the data linking algorithm)	N linked de-duplicated pairs
Crash	1,591,148	1,480,738	-	-
EMS	4,567,864	184,025	110,191	-
Trauma	153,135	26,081	16,071	-
Crash to EMS to Trauma	-	-	10,501	10,469

Number of pairs (records) in linking data sets, by year							
Dataset	2014	2015	2016	2018	2019	2020	2021
Crash to EMS	28,806	63,179	72,304	118,029	175,896	99,618	110,191
Crash to Trauma	11,886	16,262	17,829	15,283	16,587	17,379	16,071
Crash to EMS to Trauma	3,119	5,075	6,367	6,667	10,418	12,047	10,501

*In 2015, passengers were added to the crash data.

**In 2018, chief complaint was added to select traffic-related records along with ICD codes.

Missing Records in Datasets Before and After Linkage

	Before Linking (Crash-EMS-Trauma)					
	Trauma Linking Subset		EMS Linking Subset		Crash Linking Subset	
Matching Variable	Count	%	Count	%	Count	%
Last Name	0	0	1	0.0005	5045	0.34
First Name	0	0	1	0.0005	4247	0.29
Birth Date	11	0.04	3,112	1.69	444,481*	30.02*
Incident Date	21	0.08	27,024	14.68	0	0.00

*Birth date among passengers in the crash data is not captured.

	After Linking (Crash-EMS-Trauma)					
	Trauma		EMS		Crash	
Matching Variable	Count	%	Count	%	Count	%
Last Name	0	0	0	0	0	0
First Name	0	0	0	0	1	0.01
Birth Date	8	0.08	8	0.08	1844	17.61
Incident Date	0	0	1	0.01	0	0

Descriptive Statistics of Linked Dataset (Crash-EMS/TR)

Percentages in some tables may not equal 100% due to rounding. Values less than 5 are suppressed to reduce the likelihood of a breach of confidentiality.

Demographic Variables

GENDER	COUNT	% of all Linked Records
Male	6,574	62.81
Female	3,882	37.09
Not Recorded	13	0.12
Total	10,469	100.00

RACE/ETHNICITY	COUNT	% of all Linked Records
White (non-Hispanic)	4,895	46.76
Hispanic	2,861	27.33
Black (non-Hispanic)	1,860	17.77
Other (non-Hispanic)	195	1.86
Missing	658	6.29
Total	10,469	100.00

AGE GROUP (YEARS)	COUNT	% of all Linked Records
0-17	778	7.43
18-24	1,729	16.52
25-44	3,777	36.08
45-64	2,604	24.87
65+	1,573	15.03
Missing	8	0.08
Total	10,469	100.00

Trauma Variables

PRIMARY METHOD PAYMENT	COUNT	%
Medicaid	899	8.59
Medicare	1,256	12.00
Other Government	272	2.60

PRIMARY METHOD PAYMENT	COUNT	%
Private/Commercial Insurance	3,872	36.99
Self- Pay	2,717	25.95
Not Known/Not Recorded	465	4.44
Other	984	9.40
Missing	*	*
Total	10,469	100.00

HOSPITAL DISPOSITION	COUNT	%
Deceased/Expired	238	2.27
Discharged to home or self-care	5,822	55.61
Transferred to other short-term facility	100	0.96
Transferred to inpatient rehabilitation	800	7.64
Transferred to skilled nursing facility	306	2.92
Transferred to long term care hospital	84	0.80
Left against medical advice or discontinued care	117	1.12
Other	410	3.92
Not Applicable*	2,591	24.75
Not Recorded	*	*
Total	10,469	100.00

*Not Applicable for hospital disposition is reported if emergency department (ED) disposition is: left against medical advice, deceased, discharged home or self-care, hospice, court/ law enforcement, or inpatient rehab.

LOCALLY CALCULATED INJURY SEVERITY SCORE* (ISS)	COUNT	%
Very Low (0-8)	4,200	40.12
Low (9-15)	3,686	35.21
High (16-24)	1,607	15.35
Very High (25-75)	976	9.32
Total	10,469	100.00

*Decided by the [Association for the Advancement of Automotive Medicine \(AAAM\)](#).

When establishing the ISS criteria, the AAAM mapped a series of anatomically defined injury descriptions according to:

- i. Energy dissipation
- ii. Threat to life
- iii. Treatment period
- iv. Incidence
- v. Permanent impairment

EMS Variables

CHIEF COMPLAINT AT DISPATCH	COUNT	%
Traffic transportation incident	8,535	81.53
Traumatic injury	256	2.45
Air medical transport	445	4.25
Transfer/Interfacility/Palliative Care	418	3.99
Other	815	7.78
Total	10,469	100.00

CHIEF COMPLAINT LOCATION	COUNT	%
Abdomen	200	1.91
Back	404	3.86
Chest	444	4.24
Extremity-Lower	1,156	11.04
Extremity-Upper	532	5.08
General/Global	2,718	25.96
Genitalia	7	0.07
Head	786	7.51
Neck	206	1.97
Not Applicable	26	0.25
Not Recorded	3,990	38.11
Total	10,469	100.00

EMS TRANSPORT METHOD	COUNT	%
Air Medical-Fixed Wing	17	0.16
Air Medical-Rotor Craft	763	7.29
Ground-Ambulance	8,105	77.42
Ground-Other Not Listed	16	0.15

EMS TRANSPORT METHOD	COUNT	%
Not Applicable	229	2.19
Not Recorded	1339	12.79
Total	10,469	100.00

INCIDENT PATIENT DISPOSITION	COUNT	%
Patient treated transported by EMS	9,530	91.03
Patient treated transferred care to another EMS professional	508	4.85
Other*	431	4.12
Total	10,469	100.00

*Other includes patient dead at scene, patient refused evaluation/care, no treatment/transport required, released against medical advice, etc.

INCIDENT SEASON	COUNT	%
Spring (March, April, May)	2,869	27.41
Summer (June, July, August)	2,924	27.93
Fall (September, October, November)	2,599	24.83
Winter (December, February, January)	2,076	19.83
Missing	*	*
Total	10,469	100.00

RESPONSE TIME (Minutes)	COUNT	MEAN	MEDIAN
Traffic-related (linked crash-EMS-trauma)	10,464	10.62	8.0
EMS all 911 responses (EMS dataset)	4,341,536	18.27	8.0

Crash Variables

MANNER OF COLLISION*	COUNT	%
One motor vehicle - going straight	4,089	39.06
Angle - both going straight	1,562	14.92
Opposite direction - one straight-one left turn	986	9.42
Same direction - both going straight-rear end	878	8.39
Opposite direction - both going straight	792	7.57

MANNER OF COLLISION*	COUNT	%
Same direction - one straight-one stopped	516	4.93
Other	1,646	15.72
Total	10,469	100.00

INJURY SEVERITY ID*	COUNT	%
Incapacitating injury	4,706	44.95
Non-incapacitating injury	2,796	26.71
Possible injury	2,083	19.90
Killed	495	4.73
Not injured	337	3.22
Unknown	52	0.50
Total	10,469	100.00

*ftp.dot.state.tx.us/pub/txdot-info/trf/crash_statistics/automated/standard-extract.xlsx

Conclusion

This report should inform TxDOT about the 2021 linked data statistical results and offer an opportunity to identify new topics for further studies. DSHS anticipates the information in this report will be useful to identify motor vehicle crash causes and set priorities to reduce morbidity, injury severity, and cost arising from motor vehicle traffic crashes. This data will be useful in supporting community-based highway safety programs.

Finally, this report will help researchers to further explore motor vehicle traffic crash causes, prevalence, and consequences.

Emergency Medical Services and Trauma Registries

dshs.texas.gov/injury/registry