Arizona Department of Health Services Bureau of Emergency Medical Services and Trauma System



EMS Report: Trauma 2016

Prepared by:

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Data Sources:

Arizona Prehospital Information & EMS Registry System (AZ-PIERS)-Version 2 Arizona Hospital Discharge Database (HDD)

Purpose:

The purpose of this report is to provide EMS agencies with the data needed to describe, and improve the prehospital care of trauma patients. This report can be used to evaluate ongoing Quality Assurance initiatives on the following trauma performance measures:

- 1. Pre-hospital recognition of traumatic injury;
- 2. EMS on-scene time;
- 3. Documentation of trauma triage criteria;
- 4. Documentation of vital signs;
- 5. Documentation of airway management;
- 6. Transportation to a designated trauma facility.

Methodology:

The Arizona Prehospital Information & EMS Registry System (AZ-PIERS) and the Hospital Discharge Database (HDD) were linked for events occurring from January 1, 2014, to December 31, 2015. A total of 105,013 trauma patients were identified from the HDD using principal diagnosis codes between 800 and 859 for ICD-9 or S00 to T34 and T79 for ICD-10. These patients made up 143,277 trauma encounters in the AZ-PIERS.

Limitations:

- 1. If a patient received trauma care from more than one submitting EMS agency, that patient would be counted multiple times (once for each EMS agency encounter). Therefore, EMS data variables describe EMS trauma encounters and not trauma patients.
- 2. The HDD does not collect data from federal healthcare facilities (Indian Health Services and Veteran Administration hospitals) or from out-of-state hospitals; therefore, patients transported to these facilities are not included.

AZ-PIERS data variables associated with report:

Possible Injury (E09_04) Date/Time Vital Signs Taken (E14_01) Providers Primary Impression (E09_15) Revised Trauma Score (E14_27)

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Unit Arrived on Scene Data/Time (E05_06) Respiratory Rate (E14_11)

Arrived at Patient Data/Time (E05_07) Systolic Blood Pressure (E14_04)

Transfer of Patient Care Date/Time (E05_08) Total Glasgow Coma Score (E14_19)

Unit Left Scene Date/Time (E05_09) Body Temperature (E14_20)

Type of Scene Delay (E02_08) Procedures (D04_03)

Incident/Patient Disposition (E20_10) Procedure Successful (E19_06)

Trauma Triage Criteria (IT11_1) Number of Procedure Attempts (E19_05)

Population

A total of 143,277 EMS encounters were reported to the AZ-PIERS, for patients with hospital confirmed traumatic injuries, during the years 2014 (66,850) and 2015 (76,427).

Trauma encounters were identified in the Hospital Discharge Database through an ICD-9 diagnosis of 800 to 959 or an ICD-10 diagnosis of S00 to T34 or T79.

Injury Present:

EMS personnel indicated that the encounter was related to injury or a traumatic event (E09_04) in 36.7% of cases. The injury present indicator was missing for about 57% of all trauma encounters.

Improvement Opportunity

Injury Present	Count	Percent
Total EMS encounters	143,277	100%
Yes	52,518	36.7%
No	9,073	6.3%
Unknown/Missing	81,686	57.0%

Provider Primary Impression (Top 10):

EMS providers indicated a primary impression (E09_15) of traumatic injury in 37.1% of trauma encounters.

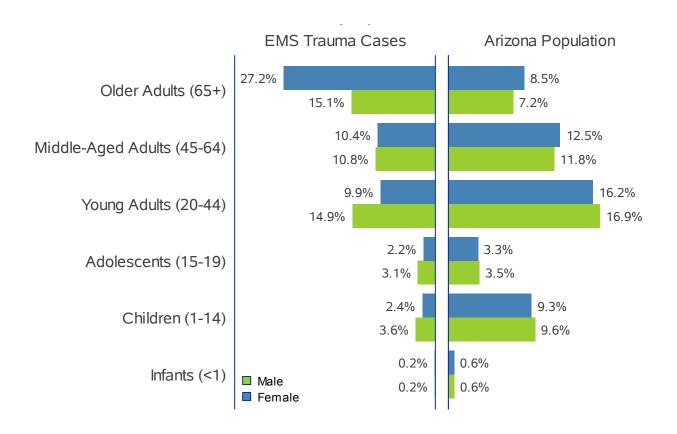
Among encounters with a primary impression of traumatic injury, EMS providers documented that the encounter was related to injury or a traumatic event (E09 04) in less than half (48%).

The primary impression was not documented for 26% of EMS trauma encounters.

Provider Primary Impression	Count	Percent
Traumatic injury	47,613	37.1%
Pain	30,574	23.8%
Altered level of consciousness	3,421	2.7%
Other	3,022	2.4%
Unknown Problem	2,611	2.0%
Behavioral/psychiatric disorder	2,053	1.6%
Other Illness/Injury	1,873	1.5%
Displaced Fracture: Closed	1,622	1.3%
No Apparent Illness/Injury	1,565	1.2%
Weakness	1,259	1.0%
Not Documented	32,869	25.6%

Improvement Opportunity

Demographics



Older adults (65+) make up a disproportionately large number of trauma encounters as compared to the Arizona population, and older females make up 27% of all trauma encounters.

	Overall		Gender			
Ago Catogory			Male		Female	
Age Category	Count	Percent	Count	Percent	Count	Percent
Total	143,273	100.0%	68,320	47.7%	74,953	52.3%
Older Adults (65+)	60,583	42.3%	21,580	15.1%	39,003	27.2%
Middle-Aged Adults (45-64)	30,342	21.2%	15,447	10.8%	14,895	10.4%
Young Adults (20-44)	35,567	24.8%	21,385	14.9%	14,182	9.9%
Adolescents (15-19)	7,646	5.3%	4,501	3.1%	3,145	2.2%
Children (1-14)	8,596	6.0%	5,145	3.6%	3,451	2.4%
Infants (<1)	539	0.4%	262	0.2%	277	0.2%

<u>Note</u>: 4 cases with no documented age or date of birth from either the HDD or the AZ-PIERS were excluded.

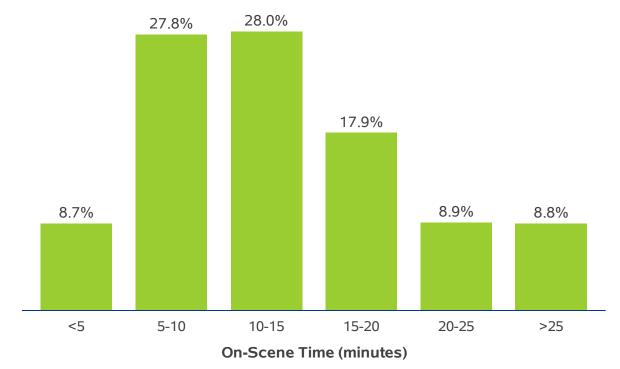
On-Scene Time

93% of trauma encounters had a valid onscene time documented.

On-Scene Time	N	Percent
Valid/Documented	133,275	93.0%
Invalid/Not Documented	10,002	7.0%

The median on-scene time for a trauma encounter was 12 minutes, and 82% had an on-scene time of 20 minutes or less.

On-Scene Time (minutes)	Count	Percent	Cumulative Percent
Total	133,275	100.0%	_
<5	11,640	8.7%	8.7%
5-10	37,003	27.8%	36.5%
10-15	37,357	28.0%	64.5%
15-20	23,802	17.9%	82.4%
20-25	11,807	8.9%	91.3%
>25	11,666	8.8%	100.0%



Note: Missing, negative, and scene times greater than 200 minutes were excluded

Note: On-Scene time was calculated from the arrived patient data/time (Eo5_o7) to either the transfer of patient care date/time (Eo5_o8) or the unit left scene data/time (Eo5_o9). When arrived patient data was unavailable the unit arrived at scene date/time (Eo5_o6) was used.

On-Scene Time Delay

There were 29,004 (20.2%) trauma encounters with either a reason for delay (E02_08) documented (6,117) or a on-scene time of greater than 20 minutes with no reason for delay documented (22,887).

	Count	Percent
Total On-Scene Time Delays	29,004	100.0%
Reason Documented	6,117	21.1%
< 20min	3,848	13.3%
≥ 20min	2,129	7.3%
No on-scene time documented	140	0.5%
No Reason Documented + on-scene time ≥ 20min	22,887	78.9%

Improvement Opportunity

The top 5 most commonly documented reasons for delay were other, staff delay, safety, and extrication > 20 minutes and distance.

Reason for On-Scene Time Delay*	Count	Percent
Other	4,126	67.5%
Staff Delay	923	15.1%
Safety	500	8.2%
Extrication >20 min.	330	5.4%
Distance	273	4.5%
Patient Access	180	2.9%
Vehicle Crash	70	1.1%
Traffic	60	1.0%
Directions	54	0.9%
Crowd	50	0.8%
Vehicle Failure	50	0.8%
Weather	39	0.6%
Language Barrier	31	0.5%
Diversion	12	0.2%
Law Enforcement Assistance Required	11	0.2%
HazMat	2	0.0%

^{*}EMS agencies are able to select multiple reasons for delay; therefore, percentages do not add up to 100%.

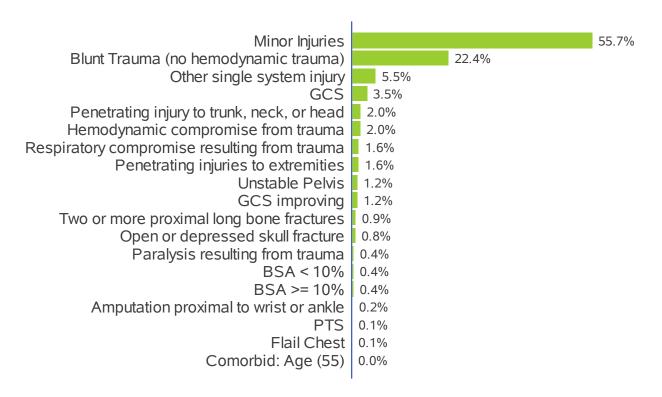
Trauma Triage Criteria

Trauma triage criteria (IT11_1) were documented for 2.1% of trauma encounters.

Trauma Triage Criteria	Count	Percent
Total	143,277	100.0%
Documented	3,060	2.1%
Not documented	140,217	97.9%

Improvement Opportunity

The most commonly documented trauma triage criteria were minor injuries and blunt trauma.

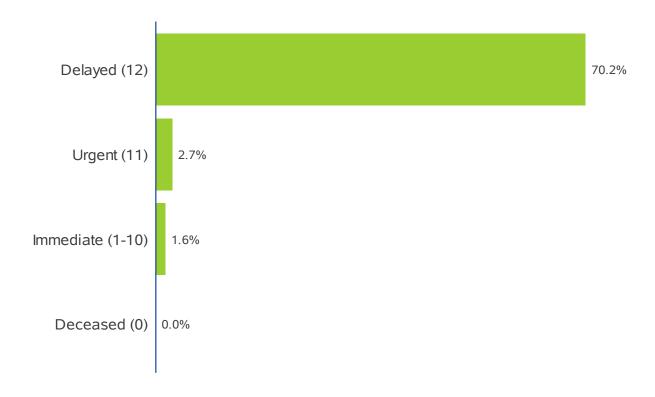


Note: Trauma Triage Criteria is a multiselect variable; therefore, percentages may not add up to 100%

Revised Trauma Score

The Revised Trauma Score (RTS) (E14_27) is a physiological scoring system based on the patients initial vital signs. A low RTS is associated with increased injury severity.

The majority of trauma encounters had a Revised Trauma Score of "Delayed (12)", indicating low trauma severity.



	Count	Percent
Total	143,277	100.0%
Delayed (12)	100,619	70.2%
Urgent (11)	3,894	2.7%
Immediate (1-10)	2,288	1.6%
Deceased (o)	45	0.0%
Not Documented	36,431	25.4%

Documentation of Vital Signs

Vitals of the RTS:

The three vital measures used to calculate a trauma patients Revised Trauma Score are the initial Respiratory Rate (E14_11), Systolic Blood Pressure (E14_04) and Total Glasgow Coma Score (E14_19).

The Glasgow Coma Score is the least documented assessment for the Revised Trauma Score.

Trauma Patient Vitals	Count	Percent
Respiratory Rate		
o (o)	326	0.2%
1 (1-5)	107	0.1%
2 (6-9)	142	0.1%
3 (>29)	2,107	1.5%
4 (10-29)	131,791	92.0%
Not Documented	8,804	6.1%
Systolic Blood Pressure		
o (o)	398	0.3%
1 (1-49)	87	0.1%
2 (50-75)	558	0.4%
3 (76-89)	1,559	1.1%
4 (>89)	132,596	92.5%
Not Documented	8,079	5.6%
Glasgow Coma Score		
o (3)	862	0.6%
1 (4-5)	204	0.1%
2 (6-8)	563	0.4%
3 (9-12)	1,954	1.4%
4 (13-15)	96,098	67.1%
Not Documented	43,596	30.4%

Improvement Opportunity

Body temperature:

Body temperature (E14_20) was documented for only 11.8% of trauma encounters.

Body Temperature	Count	Percent
Total	143,277	100.0%
Documented	16,843	11.8%
Not Documented	126,434	88.2%

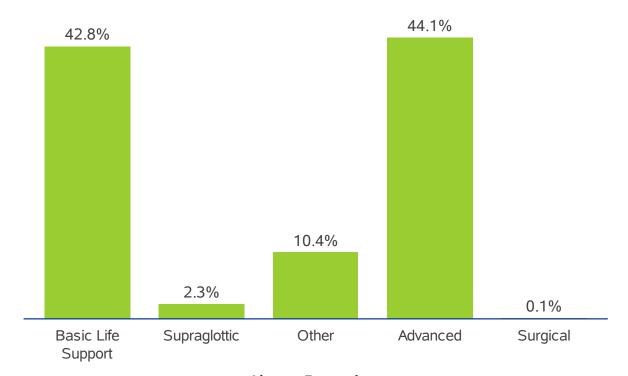
Body Temperature	Count	Percent
Very Low (< 35°C)	485	2.9%
Low (35°C-35.9°C)	1,133	6.7%
Normal (36°C-37.9~°C)	14,898	88.5%
High (=> 38°C)	327	1.9%

Improvement Opportunity

Airway Procedures

1,087 (0.8%) trauma encounters received airway procedures in the prehospital setting. A total 1,765 airway procedures (D04_03) were performed.

Airway Procedure Given	N	Percent
Total	143,277	100.0%
Yes	1,087	0.8%
None Documented	142,190	99.2%



Airway Procedure

Note: Airway procedure type definitions

	Type of Airway Procedure			
Basic Life Support		Bagged (via BVMask); Bagged (via tube); Cleared, Opened, or Heimlich;		
		Nasopharyngeal; Oropharyngeal; Suctioning		
		Endotracheal Intubation; Intubation Confirm Colorimetric ETCO2; Intubation		
	Advanced	Confirm Esophageal Detector Device/Bulb (EDD); Intubation of Existing		
Tracheostomy Stoma; Nasotracheal Intubation; Rapid Sequence In		Tracheostomy Stoma; Nasotracheal Intubation; Rapid Sequence Intubation		
Advanced Life CPAP; Direct Laryngoscopy; ECO2 Monitoring; Foreign Body Removal;		CPAP; Direct Laryngoscopy; ECO2 Monitoring; Foreign Body Removal; Gastric		
Support	Other	Tube Inserted Nasally; Gastric Tube Inserted Orally; Extubation; Nebulizer		
		Treatment; Ventilator		
	Supraglottic	Combitube; King LT Blind Insertion Airway Device; Laryngeal Mask		
	Surgical	Surgical Cricothyrotomy; Needle Cricothyrotomy		

Airway Procedures

Successes:

Of the 1,765 airway procedures given, 39.7% were Basic Life Support and 59.2% of all airway procedures were successful (E19_06).

Type of Airway	_	otal	Successful					
Procedure	Total		Yes		No		Unknown/Missing	
Procedure	N	Percent	N	Percent	N	Percent	N	Percent
Total	1765	100.0%	1045	59.2%	104	5.9%	616	34.9%
Basic Life Support	700	39.7%	313	44.7%	39	5.6%	348	49.7%
Advanced Life Support	1065	60.3%	732	68.7%	65	6.1%	268	25.2%
Advanced	739	41.9%	485	65.6%	42	5.7%	212	28.7%
Other	264	15.0%	203	76.9%	16	6.1%	45	17.0%
Supraglottic	55	3.1%	42	76.4%	5	9.1%	8	14.5%
Surgical	7	0.4%	2	28.6%	2	28.6%	3	42.9%

Intubation:

Intubated	N	Percent
Yes	365	0.3%
No/Not Documented	104,673	99.7%

A total of 365 (0.3%) trauma patients received 485 intubation procedures in the pre-hospital setting.

Type of Injury	N	Percent
Total	365	100.0%
Traumatic Brain Injury	158	43.3%
Other head, face and neck	49	13.4%
Other Injury	107	29.3%
Missing	51	14.0%

More than half of intubated patients had a hospital confirmed Traumatic Brain Injury and an additional 14% had either a head, face, or neck injury.

Hospital Outcomes

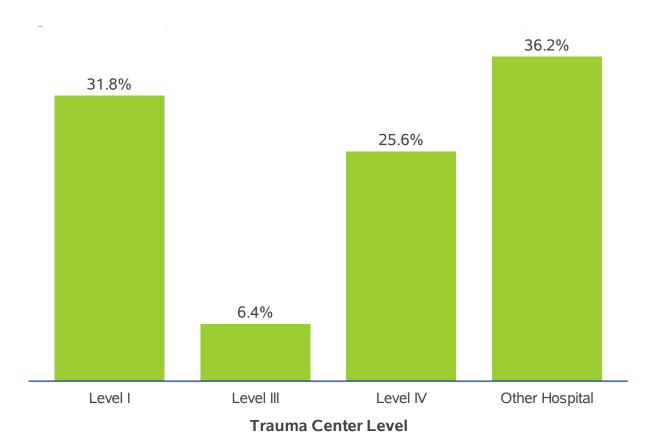
The 143,277 EMS trauma encounters reported to the AZ-PIERS in 2014 and 2015 represent a total of 105,013 patients at the hospital level.

The remainder of the report describes hospital outcome data at the patient level.

Hospital Destination:

64% of EMS trauma patients were transported to a designated trauma center.

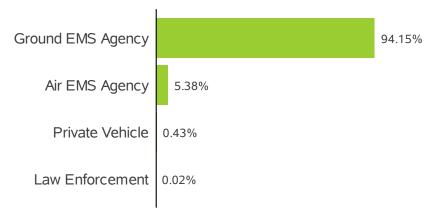
Trauma Center Level	Count	Percent
Level I	33,413	31.8%
Level III	6,729	6.4%
Level IV	26,889	25.6%
Other Hospital	37,982	36.2%



Note: trauma center level represents the final hospital destination for patients with an interfacility transfer

Mode of Transport

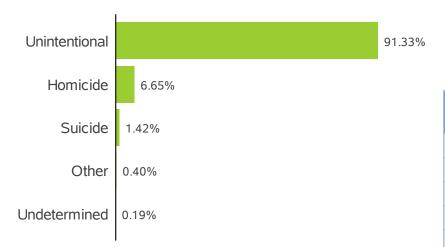
94.7% of EMS trauma patients were transported to the hospital by ground EMS.



Mode of Transport to Hospital	Count	Percent
Ground EMS Agency	35,993	92.6%
Air EMS Agency	1,726	4.4%
Private Vehicle	1,100	2.8%
Law Enforcement	20	0.0%
Unknown	3	0.0%

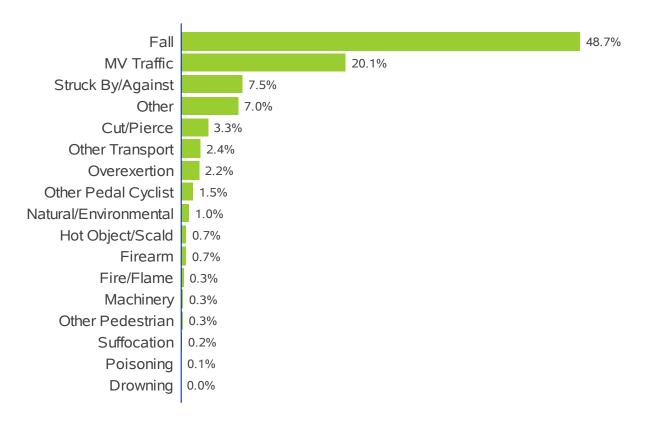
Intent of Injury

91.3% of EMS trauma patients had an unintentional injury.



Intent of Injury	Count	Percent	
Unintentional	94,145	91.3%	
Homicide	6,860	6.7%	
Suicide	1,465	1.4%	
Other	413	0.4%	
Undetermined	199	0.2%	

Mechanism of Injury



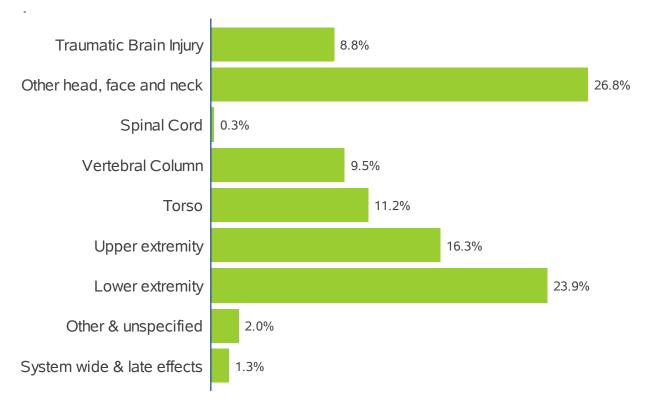
Almost half of all EMS trauma patients were treated for a fall injury.

	Count	Percent
Fall	51,157	48.7%
MV Traffic	21,139	20.1%
Struck By/Against	7,897	7.5%
Other	7,378	7.0%
Cut/Pierce	3,483	3.3%
Other Transport	2,522	2.4%
Overexertion	2,350	2.2%
Other Pedal Cyclist	1,587	1.5%
Natural/Environmental	1,064	1.0%
Hot Object/Scald	714	0.7%
Firearm	684	0.7%
Fire/Flame	361	0.3%
Machinery	306	0.3%
Other Pedestrian	263	0.3%
Suffocation	182	0.2%
Poisoning	62	0.1%
Drowning	14	0.0%
Missing	3,850	3.7%

Body Region of Injury

The Centers for Disease Control and Prevention, Barell Injury Diagnosis Matrix* is used to classify traumas by body region and nature of injury using the ICD-9-CM principal diagnosis code.

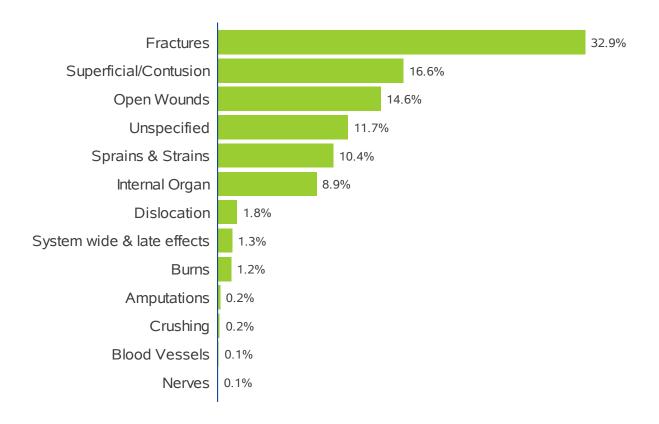
Currently there is no standardized matrix for classifying body region and nature of injury using ICD-10-CM codes; therefore, data for hospital discharges after October, 1st, 2015 could not be included the body region and nature of injury analyses.



The most commonly injured body regions were the head, face and neck and the upper and lower extremities.

	Count	Percent
Traumatic Brain Injury	8,002	8.8%
Other head, face and neck	24,446	26.8%
Spinal Cord	246	0.3%
Vertebral Column	8,704	9.5%
Torso	10,209	11.2%
Upper extremity	14,876	16.3%
Lower extremity	21,812	23.9%
Other & unspecified	1,843	2.0%
System wide & late effects	1,206	1.3%

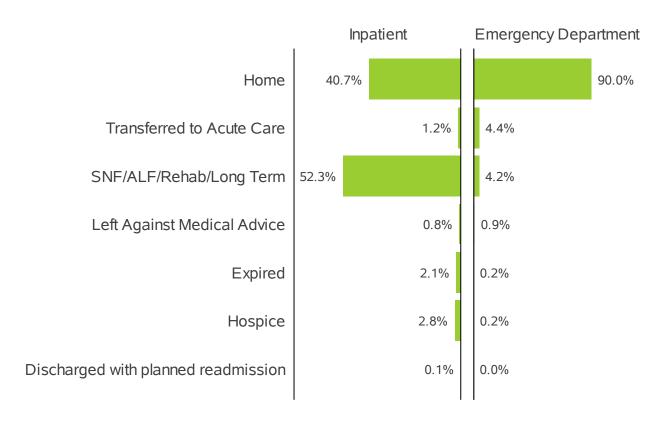
Nature of Injury



The most common nature of injury for EMS trauma patients was fractures, followed by superficial injuries/contusions and open wounds.

	Count	Percent
Fractures	30,022	32.9%
Superficial/Contusion	15,183	16.6%
Open Wounds	13,335	14.6%
Unspecified	10,665	11.7%
Sprains & Strains	9,465	10.4%
Internal Organ	8,093	8.9%
Dislocation	1,624	1.8%
System wide & late effects	1,206	1.3%
Burns	1,127	1.2%
Crushing	228	0.2%
Amputations	212	0.2%
Blood Vessels	123	0.1%
Nerves	61	0.1%

Discharge Disposition



73% of EMS trauma patients were discharged from the Emergency Department (ED), and 27% were admitted to the hospital.

The majority (90%) of ED patients were discharged home. The majority of inpatients (52.3%) were discharged to either a skilled nursing, rehab or long term care facility.

The median length of stay for hospital inpatients was 4 days.

Discharge Disposition	Ov	erall	Inpatient		Emergency Department	
	Count	Percent	Count	Percent	Count	Percent
Home	80,704	76.9%	11,431	40.7%	69,273	90.0%
SNF/ALF/Rehab/Long Term	17,909	17.1%	14,671	52.3%	3,238	4.2%
Transferred to Acute Care	3,721	3.5%	335	1.2%	3,386	4.4%
Hospice	973	0.9%	791	2.8%	182	0.2%
Left Against Medical Advice	910	0.9%	211	0.8%	699	0.9%
Expired	743	0.7%	587	2.1%	156	0.2%
Discharged with Planned Readmission	53	0.1%	39	0.1%	14	0.0%

Hospital Charges

The median hospital charge for an EMS trauma patient was \$9,267 and the total hospital charges for 2014 and 2015 combined were \$2.8 billion.

Total Hospital Charges								
N		Total Charges	Median	Minimum	Maximum	25th Percentile	75th Percentile	
105,0	12	\$2,834,802,449	\$9,267	\$o	\$4,403,596	\$3,880	\$27,854	

Payer Source:

The majority of hospital charges were billed to Medicare.

Payer Type	Count	Percent
Medicare	45,344	43.2%
AHCCCS/Medicaid	23,397	22.3%
Private Insurance	22,021	21.0%
Self-Pay	7,935	7.6%
Other	4,014	3.8%
Workers Compensation	2,301	2.2%

