

Georgia Trauma Registry 2019 Annual Report

Office of EMS and Trauma

Vision

A Healthy and Safe Georgia – exceptional patient outcomes through comprehensive, statewide, integrated, data–driven, equitable, and people–centered Emergency Medical Services and time–sensitive systems of care.

Mission

The mission of the Georgia Office of EMS and Trauma is to reduce death and disability by providing regulation, guidance, and leadership to enable the assessment, planning, development, and promotion of statewide Emergency Medical Services and time– sensitive systems of care.

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Introduction

The Georgia Trauma Annual Report 2019 is a demographic epidemiological analysis of the Georgia Trauma Registry data for the year 2019 based on data downloaded on August 1, 2021. The Designated Trauma Centers (DTC) in Georgia participate in the National Trauma Data Bank (NTDB). In 2019, Georgia had 31 DTC; 6 facilities were designated at Level I, 11 were Level II, 7 were Level III, and 7 were designated at Level IV. Included in facility totals are one Level I pediatric facility and two Level I pediatric facilities. A total of 34,419 trauma cases were reported in 2019 from 31 DTC in Georgia. Facility information such as trauma levels is provided to allow readers to have an overall picture of the Georgia Designated Trauma Centers (Appendix 1). Trauma registry criteria are provided in the Appendix 2. This report provides analysis of time to definitive care, patient's demographic information, injury characteristics, payment sources, intents, mortality, and outcomes.

The mission of the Georgia trauma system is to save lives and provide the best possible outcomes through improved trauma care and injury prevention. The Georgia Trauma Registry is dedicated to collect trauma data and provide useful information to benefit the public health of Georgia's citizens.

The purpose of this report is to inform the medical community, the public, and the decision makers about issues that characterize the most recent state of care for trauma patients. Implications of this report are wide in areas including epidemiology, injury prevention, research, education, acute care, resource allocation, and policy decision. The Georgia Department of Public Health, Office of EMS and Trauma would like to thank all the trauma centers that contributed data. Many thanks go to the Georgia trauma coordinators, trauma registrars and staff for their great efforts in collecting data and improving data quality.

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Summary

Hospitals

- 31 designated trauma hospitals submitted data in 2019.
 - 5 Level I adult centers and 1 Level 1 pediatric center.
 - 9 Level II adult centers and 2 Level 2 pediatric centers.
 - 7 Level III adult centers.
 - 7 Level IV adult centers.

Age

- The frequency of injuries initially peak in ages 18 to 30, primarily from MVTrelated incidents, and peak again between the ages of 56 and 61, when falls begin to increase.
- Fall-related injuries spike in children aged 0-9 and adults over the age of 60.
- Males account for 66.6% of all incidents up to age 70; after age 70, most patients are female.

Mechanism of Injury

The mechanism of injury was based on NTDB published reference 'External Cause of Injury Matrix and Trauma Type Map (<u>https://www.facs.org/quality-programs/trauma/tgp/center-programs/ntdb</u>).

- Falls account for 44.3% of cases in the registry data. The frequency of Fall related injuries increases in children under age 9 and adults over the age of 60.
- Motor vehicle traffic related (MVT) injuries account for 30.2% of cases in the registry data. The frequency of MVT injuries peak between age 18 to 29.
- Firearm injuries account for 6.7% of cases in the registry data and peak between age 18 to 30.
- Suffocation, firearm, and drowning/submersion injuries have the highest case fatality rates, with suffocation at 57.1%, firearm at 16.5%, and drowning/submersion at 11.1%.

Injury Severity Score

The Injury Severity Score (ISS) is a system for numerically stratifying injury severity. The ISS system has a range of 1-75, and injury severity increases with a higher score. This

report groups ISS 1-8 as minor; 9-15 as moderate; 16-24 as severe; and greater than 24 as very severe.

- Almost half (45.1%) of the trauma registry patients suffered minor injuries and about one-third (37.3%) have moderate injuries.
- Case fatality rates increase with injury severity, with the most severe group experiencing a case fatality rate of almost 29.8%.
- Median Length of Stay (LOS) increases for each consecutive severity grouping.
- Median Ventilator Days increase for each consecutive severity grouping.
- Median Intensive Care Unit (ICU) Days increase for each consecutive severity grouping.

Mortality

- The overall mortality rate is 4.0%.
- Case fatality rates are highest in the patient age group 20-24.
- The male case fatality rate (4.9%) is much higher than female case fatality rate (2.6%).
- The largest number of deaths is caused by motor vehicle traffic injuries, followed by firearm injuries and fall-related injuries.
- Firearm, suffocation, and drowning/submersion have the highest case fatality rates.
- Firearm injuries have the highest case fatality rate at 16.5% among the selected mechanisms (top six) shown in the report.

Payment

- Medicare is the largest payment source at 27.0%.
- Private/Commercial insurance is the second largest category at 21.8%.
- Self-Pay is the third largest category at 18.7%.
- Medicaid is the fourth largest category at 11.6%.

Facility Information

All facilities seeking designation status are expected to meet specific criteria as set forth by the Department of Public Health, Office of EMS and Trauma (OEMST). The department utilizes the document, "Resources for Optimal Care of the Injured Patient", published by the American College of Surgeons. All designated hospital must submit trauma registry data to the OEMST and maintain a performance improvement process with thorough documentation.

Level I Trauma Facility – is the highest level of trauma center designation and offers the greatest level of comprehensive trauma care, from prevention through rehabilitation.

Level I facilities have the major responsibility for leading in trauma education, research, and planning. Facilities that meet Level I criteria will be academic facilities.

Level II Trauma Facility – can provide the same level of clinical care as a Level I, but usually does not have the focus on research, education, and systems planning. Some patients with very complex injuries, such as replantation, may require transfer to a Level I center.

Level III Trauma Facility – provides trauma assessment, resuscitation, emergency surgery, stabilization and if needed, transfer of patients requiring more definitive care to Level I or II centers. Well trained emergency department physicians and general surgeons are required.

Level IV Trauma Facility – provides advanced trauma life support and stabilization of patients received in their facility. Well trained mid-level providers may assist to expedite the transfer of patients requiring more definitive care to Level I or II centers. Level IV centers may be a clinic or hospital in a remote or rural area and may or may not have a physician available 24 hours a day.

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l able 1		
	Facilities by Level	
Level	Number	Percent
I	6	19.4
II	11	35.5
	7	22.6
IV	7	22.6
Total	31	100.0
More than half of the designated trauma facilities are either a Level I or Level II trauma center.		



Table 2		
Incidents by Facility Level		
Level	Number	Percent
	17,608	51.2
I	13,649	39.7
=	2,697	7.8
IV	465	1.4
Total	34,419	100.0
About 90% trauma patients were treated in		
Level I or Level II trauma facilities.		

Figure 1





Prehospital Information

The goal of the Emergency Medical Services (EMS) system is to prevent further injury, initiate resuscitation, and provide safe and timely transport of the injured patient. Patients should be transported directly to the center most appropriately equipped and staffed to handle the patient's injuries. The tables and graphs in this section display data indicating where patients came from before arriving at a designated trauma center.

Table 3		
Incidents by EMS Region		
EMS Region	Frequency	Percent
R1	2,546	7.4
R2	1,838	5.3
R3	15,901	46.2
R5	3,697	10.7
R6	3,209	9.3
R7	971	2.8
R8	757	2.2
R9	3,535	10.3
R10	1,965	5.7
Total	34,419	100.0
The frequency of trauma patients in Table 3 represents the number of patients treated in designated trauma centers located in different EMS regions. In 2019, there were no designated trauma centers in EMS Region 4. Facilities in EMS Region 3 treated		

the most trauma patients (46.2%).

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Table 4				
	Frequency	of Patien	ts by	
the L	ocation the	Patient A	rived From	
Frequency	ISS<=15	ISS>15	Total	Percent
Scene	17,865	4,363	22,228	64.7
Referring	6,670	1,296	7,966	23.2
Hospital				
Home	2,625	214	2,839	8.3
Other	719	55	774	2.3
Not	29	3	32	0.1
Applicable				
Unknown	434	80	514	1.5
Total	28,342	6,011	34,353	100.0
Frequency missing = 66.				

Figure 4



Time to Definitive Care Analysis

In the trauma registry data, 22,228 cases (64.7%) reported the patient arrived from the 'Scene' of the injury, which are the original data sources for **Scene Group** (S Group). Additionally, 7,966 cases (23.2%) reported the patient arrived from a 'Referring Hospital', which are the original data sources for **Referring Group** (R Group).

For Patients from the 'Scene' of the Injury: S Group

There are 22,228 cases reported to have arrived from the '**Scene**' of the injury. Among these 22,228 cases, 19,763 cases were linked with a Prehospital Provider data. Among these 19,763 cases, 18,481 cases have the Emergency Medical Service (EMS) provider's role as '**Transport from Scene to Facility**'. These 18,481 cases are the data sources of the **S Group**.

<u>Time from EMS Dispatch Time to EMS Scene Arrival Time (Tables 5A1, 5A2, 5A3)</u> Among these 18,481 cases, 15,969 cases (86.4%) have valid values in the four fields: EMS

Dispatch Date, EMS Dispatch Time, EMS Scene Arrival Date, and EMS Scene Arrival Time. Among these 18,481 cases, **13.6% of the cases have missing data in at least one of the four fields.** The data in the 15,969 cases is used to calculate the median time from EMS Dispatch to EMS Scene Arrival.

Table 5A1			
S Group, All ISS, Median Time from EMS Dispatch Time to EMS Scene Arrival Time			
Hospital Level	Frequency	Median Total Time	
1	7,814	0:09:00	
2	6,846	0:08:00	
3	1,177	0:08:00	
4	132	0:09:00	
Total	15,969	0:09:00	
Time Format is HH:MM:SS (the following tables have the same Time Format). The hospitals are the destination Hospitals. The median total time from EMS Dispatch Time to EMS Scene Arrival Time is 9 minutes.			

Table 5A2		
S Group, ISS <=15, Median Time from EMS Dispatch Time to EMS Scene Arrival Time		
Hospital Level	Frequency	Median Total Time
1	5,893	0:09:00
2	5,568	0:08:00
3	1,075	0:08:00
4	106	0:09:30
Total	12,642	0:09:00

Table 5A3

S Group, ISS >15, Median Time from EMS Dispatch Time to EMS Scene Arrival Time		
Hospital Level	Frequency	Median Total Time
1	1,921	0:09:00
2	1,278	0:08:00
3	102	0:08:00
4	26	0:08:00
Total	3,327	0:08:00
For more severely injured patients (ISS >15), the median total time from EMS Dispatch Time to the EMS Scene Arrival Time is 1 minute shorter than that of minor and moderate injured patients (ISS <=15).		

<u>Time from EMS Scene Arrival Time to EMS Scene Departure Time (Tables 5B1, 5B2, 5B3)</u>

Among these 18,481 cases, 15,914 cases (86.1%) have valid values in the four fields: EMS Scene Arrival Date, EMS Scene Arrival Time, EMS Scene Departure Date, and EMS Scene Departure Time. Among these 18,481 cases, **13.9% of the cases have missing data in at least one of the four fields.** The data from these 15,914 cases is used to calculate the median time from EMS Scene Arrival Time to EMS Scene Departure Time.

Table 5B1		
S Group, ISS All, Median Time from EMS Scene Arrival Time to EMS Scene Departure Time		
Hospital Level	Frequency	Median Total Time
1	7,783	0:18:00
2	6,825	0:16:00
3	1,174	0:18:00
4	132	0:17:00
Total	15,914	0:17:00
The median total time from EMS Scene Arrival Time to EMS Scene Departure Time is 17 minutes.		

Table 5B2		
S Group, ISS <=15, Median Time from EMS Scene Arrival Time to EMS Scene Departure Time		
Hospital Level	Frequency	Median Total Time
1	5,871	0:19:00
2	5,551	0:17:00
3	1,072	0:18:00
4	106	0:18:00
Total	12,600	0:18:00

Table 5B3		
S Group,	ISS >15, Median T	ime from
EMS	Scene Arrival Tim	ne to
EMS	Scene Departure	Time
Hospital Level	Frequency	Median Total Time
1	1,912	0:16:00
2	1,274	0:15:00
3	102	0:18:00
4	26	0:15:00
Total	3,314	0:16:00
For more severely injured patients (ISS >15), median total time		
from EMS Scene Arrival Time to EMS Scene Departure Time is 2		
minutes shorter than that of minor and moderate injured patients		
	(ISS <=15).	

<u>Time from EMS Scene Departure Time to Hospital Emergency Department (ED)</u> <u>Arrival Time (Tables 5C1, 5C2, 5C3)</u>

Among these 18,481 cases, 15,927 cases (86.2%) have valid values in the four fields: EMS Scene Departure Date, EMS Scene Departure Time, ED Arrival Date, and ED Arrival Time. Among these 18,481 cases, **13.8% of the cases have missing data in at least one of the four fields.** The data from these 15,927 cases is used to calculate the median time from EMS Scene Departure Time to the Hospital ED Arrival Time.

Table 5C1		
S Group, ISS All, Median Time from EMS Scene Departure Time to Hospital ED Arrival Time		
Hospital Level	Frequency	Median Total Time
1	7,792	0:24:00
2	6,830	0:24:00
3	1,173	0:21:00
4	132	0:16:00
Total	15,927	0:24:00
The median total time from EMS Scene Departure Time to Hospital ED Arrival Time is 24 minutes.		

Table 5C2		
S Group, ISS <=15, Median Time from EMS Scene Departure Time to Hospital ED Arrival Time		
Hospital Level	Frequency	Median Total Time
1	5,878	0:24:00
2	5,555	0:25:00
3	1,071	0:22:00
4	106	0:16:00
Total	12,610	0:24:00

Table 5C3			
S Group,	S Group, ISS >15, Median Time from		
EMS Scene Departure Time to			
Ho	spital ED Arrival Ti	me	
Hospital Level	Frequency	Median Total Time	
1	1,914	0:22:00	
2	1,275	0:20:00	
3	102	0:14:00	
4	26	0:10:00	
Total	3,317	0:21:00	
For more severely injured patients (ISS >15), median total time			
from EMS Scene Departure Time to Hospital ED Arrival Time is 3			
minutes shorter than that of minor and moderate injured patients			
(ISS <=15).			

Time from EMS Dispatch Time to Hospital ED Arrival Time (Tables 5D1, 5D2, 5D3) Among these 18,481 cases, 15,997cases (86.6%) have valid values in the four fields: EMS Dispatch Date, EMS Dispatch Time, ED Arrival Date, and ED Arrival Time. Among these 18,481 cases, **13.4% of the cases have missing data in at least one of the four fields.** The data from these 15,997 cases is used to calculate the median time from EMS Dispatch Time to Hospital ED Arrival Time.

Table 5D1		
S Group, ISS All, Median Time from EMS Dispatch Time to Hospital ED Arrival Time		
Hospital Level	Frequency	Median Total Time
1	7,832	0:54:00
2	6,856	0:51:00
3	1,177	0:51:00
4	132	0:45:30
Total	15,997	0:52:00
The median total time from EMS Dispatch Time to Hospital ED Arrival Time is 52 minutes.		

Table 5D2		
S Group, ISS <=15, Median Time from EMS Dispatch Time to Hospital ED Arrival Time		
Hospital Level	Frequency	Median Total Time
1	5,906	0:55:00
2	5,576	0:52:00
3	1,075	0:52:00
4	106	0:48:00
Total	12,663	0:53:00

Table 5D3		
S Group, ISS >15, Median Time from EMS Dispatch Time to Hospital ED Arrival Time		
Hospital Level	Frequency	Median Total Time
1	1,926	0:50:00
2	1,280	0:44:30
3	102	0:44:00
4	26	0:40:00
Total	3,334	0:47:00
For more severely injured patients (ISS >15), median total time from EMS Dispatch Time to Hospital ED Arrival Time is 6 minutes shorter than that of minor and moderate injured patients (ISS <=15).		

For Patients from Referral Hospital: R Group

There are 7,966 cases reported to have arrived from a 'Referring Hospital'. Among these 7,966 cases, 7,920 cases were linked with Referring Hospital data. Among these 7,920 cases, 4,465 cases were linked with Prehospital Provider data. Among these 4,465 cases, 3,107 cases have the EMS provider's role as 'Transport from Scene to Facility'. These 3,107 cases are used for analysis for R Group time analysis.

Time from EMS Dispatch to EMS Scene Arrival Time (Tables 6A1, 6A2, 6A3)

Among these 3,107 cases, 580 cases (18.7%) have valid values in the four fields: EMS Dispatch Date, EMS Dispatch Time, EMS Scene Arrival Date, and EMS Scene Arrival Time. Among these 3,107 cases, **81.3% of the cases have missing data in at least one of the four fields.** The data with these 580 cases is used to calculate the median time from EMS Dispatch Time to EMS Scene Arrival Time.

Table 6A1		
R Group, ISS All, Median Time from EMS Dispatch Time to EMS Scene Arrival Time		
Hospital Level	Frequency	Median Total Time
1	358	0:09:00
2	217	0:09:00
3	5	0:13:00
Total	580	0:09:00
The median total time from EMS Dispatch Time to		
Scene Arrival Time is 9 minutes, which is the same as that		
in the S Group.		

Table 6A2		
R Group, ISS <=15, Median Time from EMS Dispatch Time to EMS Scene Arrival Time		
Hospital Level	Frequency	Median Total Time
1	264	0:09:00
2	174	0:09:00
3	4	0:11:00
Total	442	0:09:00

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Table 6A3		
R Group, ISS >15, Median Time from EMS Dispatch Time to EMS Scene Arrival Time		
Hospital Level	Frequency	Median Total Time
1	94	0:09:00
2	43	0:08:00
3	1	0:16:00
Total	138	0:09:00
Both the more severely injured patients (ISS >15) and minor and moderate injured patients (ISS <=15) have the same median total time from EMS Dispatch Time to EMS Scene Arrival Time.		

<u>Time from EMS Scene Arrival Time to EMS Scene Departure Time (Tables 6B1, 6B2, 6B3)</u>

Among these 3,107 cases, 573 cases (18.4%) have valid values in the four fields: EMS Scene Arrival Date, EMS Scene Arrival Time, EMS Scene Departure Date, and EMS Scene Departure Time. Among these 3,107 cases, **81.6% of the cases have missing data in at least one of the four fields.** The data with these 573 cases is used to calculate the median time from EMS Scene Arrival Time to EMS Scene Departure Time.

Table 6B1		
R Group, ISS All, Median Time from EMS Scene Arrival Time to EMS Scene Departure Time		
Hospital Level	Frequency	Median Total Time
1	352	0:18:00
2	216	0:16:00
3	5	0:20:00
Total	573	0:17:00
The median total time from EMS Scene Arrival Time to EMS Scene Departure Time is 17 minutes, which is the same as that of S Group.		

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Table 6B2		
R Group, ISS <=15, Median Time from EMS Scene Arrival Time to EMS Scene Departure Time		
Hospital Level	Frequency	Median Total Time
1	261	0:19:00
2	173	0:16:00
3	4	0:20:30
Total	438	0:18:00

Table 6B3		
R Group, ISS >15, Median Time from EMS Scene Arrival Time to EMS Scene Departure Time		
Hospital Level	Frequency	Median Total Time
1	91	0:16:00
2	43	0:16:00
3	1	0:14:00
Total	135	0:16:00
For more severely injured patients (ISS >15), median total time from EMS Scene Arrival Time to EMS Scene Departure Time is 2 minutes shorter than that of minor and moderate injured patients (ISS <=15).		

<u>Time from EMS Scene Departure Time to Referral Hospital Arrival Time (Tables 6C1, 6C2, 6C3)</u>

Among these 3,107 cases, 526 cases (16.9%) have valid values in the four fields: EMS Scene Departure Date, and EMS Scene Departure Time, Referral Hospital Arrival Date, and Referral Hospital Arrival Time.

Among these 3,107 cases, **83.1% of the cases have missing data in at least one of the four fields.** The data from the 526 cases is used to calculate the median time from EMS Scene Departure Time to Referral Hospital Arrival Time.

Table 6C1		
R Group, ISS All, Median Time from EMS Scene Departure Time to Referral Hospital Arrival Time		
Hospital Level	Frequency	Median Total Time
1	316	0:18:00
2	205	0:19:00
3	5	0:16:00
Total	526	0:18:00
The median total time from EMS Scene Departure Time to Referral Hospital Arrival Time is 18 minutes.		

Table 6C2							
R Group, ISS <=15, Median Time from EMS Scene Departure Time to Referral Hospital Arrival Time							
Hospital Level Frequency Median Total Time							
1	234	0:18:00					
2 163 0:19:00							
3 4 0:14:00							
Total	Total 401 0:18:00						

Table 6C3						
R Group, ISS >15, Median Time from EMS Scene Departure Time to Referral Hospital Arrival Time						
Hospital Level	Hospital Level Frequency Median Total Tim					
1	82	0:17:00				
2	2 42 0:18:30					
3	3 1 0:23:00					
Total 125 0:18:00						

Time from Referral Hospital Arrival Time to the Final Destination Hospital ED Arrival Time (Tables 6D1, 6D2, 6D3)

Among these 3,107 cases, 2,396 cases (77.1%) have valid values in the four fields: Referral Hospital Arrival Date, Referral Hospital Arrival Time, final destination Hospital ED arrival Date, and final destination Hospital ED arrival Time. Among these 3,107 cases, 22.9% of the cases have missing data in at least one of the four fields. The data from the 2,396 cases is used to calculate the median time from Referral Hospital Arrival Time to the final destination Hospital ED Arrival Time.

Table 6D1					
R Group, ISS All, Median Time from Referral Hospital Arrival Time to the Final Destination Hospital ED Arrival Time					
Hospital Level	Frequency	Median Total Time			
1	1,755	4:38:00			
2	634	4:49:00			
3	7 11:30:00				
Total	2,396 4:41:00				
The median total time from Referral Hospital Arrival to Destination Hospital ED Arrival is 4 hours and 41 minutes.					

l able 6D2						
R Group, ISS <=15, Median Time from Referral Hospital Arrival Time to the Final Destination Hospital ED Arrival Time						
Hospital Level	ospital Level Frequency Median Total Time					
1	1,331	4:49:00				
2	2 524 4:59:00					
3	3 5 11:30:00					
Total 1,860 4:53:00						

Table 6D3					
R Group, ISS >15, Median Time from Referral Hospital Arrival Time to the Final Destination Hospital ED Arrival Time					
Hospital Level Frequency Median Total Time					
1	424	3:59:30			
2	110	3:57:00			
3	2	21:53:00			
Total 536 3:59:30					
For more severely injured patients (ISS >15), median total time from the Referral Hospital Arrival Time to the final destination Hospital ED Arrival Time is about 53 minutes shorter than that of minor and moderate injured patients (ISS <=15).					

<u>Time from EMS Dispatch Time to the Final Destination Hospital ED Arrival Time</u> (Tables 6E1, 6E2, 6E3)

Among these 3,107 cases, 583 cases (18.8%) have valid values in the four fields: EMS Dispatch Date, EMS Dispatch Time, final destination Hospital ED arrival Date, and final destination Hospital ED arrival Time. Among these 3,107 cases, **81.2% of the cases have missing data in at least one of the four fields.** The data from the 583 cases is used to calculate the mean and median time from EMS Dispatch Time to the final destination Hospital ED Arrival Time.

Table 6E1						
R Group, ISS All, Median Time from EMS Dispatch Time to the Final Destination Hospital ED Arrival Time						
Hospital Level Frequency Median Total Time						
1	361	5:07:00				
2	2 219 5:40:00					
3	3 3 12:53:00					
Total	583 5:23:00					

Table 6E2							
R Group, ISS <=15, Median Time from EMS Dispatch Time to the Final Destination Hospital ED Arrival Time							
Hospital Level Frequency Median Total Time							
1	265	5:35:00					
2 177 5:45:00							
3 2 11:06:30							
Total	Total 444 5:40:30						

R Group, ISS >15, Median Time from EMS Dispatch Time to the Final Destination Hospital ED Arrival Time					
Hospital Level	I Level Frequency Median Total Time				
1	96	4:17:00			
2	42	4:40:30			
3	1	36:31:00			
Total	139	4.24.00			

from EMS Dispatch Time to the final destination Hospital ED Arrival Time is about 76 minutes shorter than that of minor and moderate injured patients (ISS <=15).

Demographic Information

Demographics are used to identify age groups and genders that may be at high risk for certain injuries. With this type of information, injury prevention programs can focus on the causes of injuries, a target audience, and specific regions of the state.

Table 7					
Incidents by Age					
Age Group	Number	Percent	Deaths	Case Fatality Rate	
<1	470	1.4	12	2.6	
1-4	976	2.8	11	1.1	
5-9	1,416	4.1	9	0.6	
10-14	1,290	3.7	18	1.4	
15-19	1,938	5.6	75	3.9	
20-24	2,209	6.4	123	5.6	
25-34	4,373	12.7	202	4.6	
35-44	3,404	9.9	140	4.1	
45-54	3,485	10.1	154	4.4	
55-64	4,070	11.8	178	4.4	
65-74	4,041	11.7	158	3.9	
75-84	3,830	11.1	156	4.1	
>=85	2,916	8.5	133	4.6	
NK/NR	1	0.0	1	100.0	
Total	34,419	100.0	1,370	4.0	
Case Fatality Rate in age group 20-24 is the highest (5.6%).					







Table 8						
	ncidents	and Cas	e Fatality	Rate by	Age and Ge	ender
Age	Number (Female)	Number (Male)	Deaths (Female)	Deaths (Male)	Case Fatality Rate (Female)	Case Fatality Rate (Male)
<1	208	262	5	7	2.4	2.7
1-4	417	559	4	7	1.0	1.3
5-9	607	809	4	5	0.7	0.6
10-14	414	876	8	10	1.9	1.1
15-19	521	1,417	13	62	2.5	4.4
20-24	564	1,645	23	100	4.1	6.1
25-34	1,176	3,197	30	172	2.6	5.4
35-44	965	2,439	26	114	2.7	4.7
45-54	1,108	2,377	41	113	3.7	4.8
55-64	1,575	2,495	39	139	2.5	5.6
65-74	2,023	2,018	55	103	2.7	5.1
75-84	2,355	1,475	54	102	2.3	6.9
>=85	2,103	813	69	64	3.3	7.9
NK/NR	0	1	0	1	0.0	100.0
Total	14,036	20,383	371	999	2.6	4.9
The Incidents number of males (20,383) is much higher than that of female (14,036).						

The Incidents number of males (20,383) is much higher than that of female (14,036). Male Case Fatality Rate (4.9%) is higher than female Case Fatality Rate (2.6%). In the female population, the Case Fatality Rate in age group 20-24 is the highest (4.1%). In the male population, the Case Fatality Rate in age group equal or above 85 is the highest (7.9%).

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Table 9					
Incidents by Alcohol Use					
Number	Percent				
21,530	62.6				
9,421	27.4				
2,496	7.3				
903	2.6				
57	0.2				
11	0.0				
34,418	100.0				
Frequency missing = 1. The incidents number of Alcohol level beyond legal limit (confirmed by test) is 2,496 (7.3%).					
	Use Number 21,530 9,421 2,496 903 57 11 34,418 Alcohol level b 5 (7.3%).				



Table 10					
Incidents by Drug Use					
Drug Code	Frequency	Percent			
No (Not Tested)	26,626	77.4			
No (Confirmed by Test)	3,275	9.5			
Yes (Confirmed by Test [Illegal Use Drug])	2,382	6.9			
Not Applicable	1,610	4.7			
Yes (Confirmed by Test [Prescription	509	1.5			
Drug])					
Unknown	16	0.0			
Total	34,418	100.0			
Frequency missing = 1. The incidents number of illegal drug use (confirmed by test) is 2,382 (6.9%).					



Figure 10

Primary Payment Source						
Primary Payor	Frequency	Percent				
Medicare	9,287	27.0				
Private/Commercial Insurance	7,514	21.8				
Self-Pay	6,428	18.7				
Medicaid	4,004	11.6				
Blue Cross/Blue Shield	1,234	3.6				
No Fault Automobile	1,014	3.0				
Other Government	794	2.3				
Workers Compensation	535	1.6				
Other	123	0.4				
Not Billed (For Any Reason)	4	0.0				
Unknown	3,481	10.1				
Total	34,418	100.0				
Frequency missing = 1. The most frequent primary payor is Medicare (27%).						

Table 11



Figure 11

Injury Characteristics

Mechanism of injury or causes of injury are identified and tracked in the trauma registry. Some age groups may be identified as at risk for certain injuries such as motor vehicle crashes or falls. This information is also used to target injury prevention programs. In some cases, road improvements, pedestrian walkways and driving laws have been improved to reduce injury.

Table 12				
Incidents by	Mechanis	m of Inju	ıry	
Mechanism	Number	Percent	Deaths	Case Fatality
				Rate
Fall	15,147	44.3	366	2.4
Motor vehicle traffic	10,333	30.2	519	5.0
Firearm	2,294	6.7	379	16.5
Struck by, against	1,992	5.8	22	1.1
Cut/pierce	1,398	4.1	18	1.3
Transport, other	873	2.6	15	1.7
Other specified and classifiable	459	1.3	7	1.5
Pedal cyclist, other	395	1.2	6	1.5
Natural/environmental, Bites and	260	0.8	1	0.4
Stings				
Machinery	248	0.7	2	0.8
Pedestrian, other	214	0.6	10	4.7
Natural/environmental, Other	132	0.4	1	0.8
Overexertion	122	0.4	0	0.0
Other specified, not elsewhere	80	0.2	5	6.3
classifiable				
Fire/flame	79	0.2	2	2.5
Unspecified	71	0.2	2	2.8
Hot object/substance	56	0.2	0	0.0
Drowning/submersion	9	0.0	1	11.1
Suffocation	7	0.0	4	57.1
Poisoning	1	0.0	0	0.0
Total	34,170	100.0	1,360	4.0
Frequency missing = 249. The largest number of incidents is caused by fall injuries, followed by motor vehicle traffic injuries and firearm injuries. Among these top three				

injuries, firearm injury has the highest case fatality rate (16.5%).



Figure 12B



Incidents by Selected Mechanism of Injury and Age								
Age	Fall	Motor vehicle traffic	Firearm	Struck by, against	Cut/pierce	Transpor t, other		
<1	246	34	2	17	1	2		
1-4	523	135	19	49	19	31		
5-9	764	275	22	90	24	61		
10-14	424	287	64	153	31	143		
15-19	270	833	324	197	84	101		
20-24	211	1,057	441	146	160	71		
25-34	536	1,994	709	312	401	135		
35-44	689	1,436	331	312	279	97		
45-54	1,029	1,398	211	288	190	95		
55-64	1,895	1,351	106	223	127	71		
65-74	2,710	892	40	119	69	47		
75-84	3,188	466	16	56	11	15		
>=85	2,662	175	8	30	2	4		
NK/NR	0	0	1	0	0	0		
Total	15,147	10,333	2,294	1,992	1,398	873		
For people age less than 15 years and older than 54 years, the number of fall injuries is higher than motor vehicle traffic injuries. For people age between 15 to 54 years, the number of motor vehicle traffic injuries is higher than fall injuries.								

Table 13



Figure 13

Cas	e Fatality	Rate by Sel	ected Mec	hanism of	Injury and	Age
Age	Fall	Motor vehicle traffic	Firearm	Struck by, against	Cut/pierce	Transport , other
<1	0.4	14.7	0.0	0.0	0.0	0.0
1-4	0.4	0.7	10.5	0.0	0.0	0.0
5-9	0.0	2.5	9.1	0.0	0.0	0.0
10-14	0.0	3.1	7.8	0.0	0.0	0.7
15-19	0.4	2.5	14.5	0.5	1.2	2.0
20-24	0.9	4.4	14.1	0.7	1.9	4.2
25-34	1.3	3.9	14.1	1.6	1.0	0.7
35-44	1.5	4.0	17.8	0.3	1.1	2.1
45-54	1.7	5.5	22.7	0.7	1.6	2.1
55-64	2.0	7.4	24.5	1.8	3.1	2.8
65-74	2.8	7.1	30.0	4.2	0.0	0.0
75-84	3.5	7.3	50.0	3.6	0.0	6.7
>=85	3.8	11.4	87.5	3.3	0.0	25.0
NK/NR	0.0	0.0	100.0	0.0	0.0	0.0
Total	2.4	5.0	16.5	1.1	1.3	1.7
Among the	six selecte	d mechanisms	, the highest of	case fatality r	ate is in firear	m injuries.

Table 14



Figure 14

Incidents and Case Fatality Ra	ate by Mee	chanism	of Injury and	d Gender	
Mechanism	Percent	Percent	Case	Case	
	(Female)	(Male)	Fatality	Fatality	
			Rate	Rate (Male)	
F _11	57.0	05.0	(Female)	0.4	
	57.9	35.0	1.8	3.1	
Motor vehicle traffic	28.7	31.3	3.7	5.9	
Firearm	2.3	9.8	15.1	16.8	
Struck by, against	3.0	7.8	0.7	1.2	
Cut/pierce	1.7	5.8	2.6	1.0	
Transport, other	2.2	2.8	1.0	2.1	
Other specified and classifiable	0.5	1.9	2.7	1.3	
Pedal cyclist, other	0.6	1.6	1.3	1.6	
Natural/environmental, Bites and	1.0	0.6	0.7	0.0	
stings					
Machinery	0.2	1.1	0.0	0.9	
Pedestrian, other	0.6	0.6	2.4	6.2	
Natural/environmental, Other	0.5	0.3	0.0	1.5	
Overexertion	0.3	0.4	0.0	0.0	
Other specified, not elsewhere	0.2	0.2	6.7	6.0	
classifiable					
Fire/flame	0.2	0.3	3.8	1.9	
Unspecified	0.1	0.3	6.7	1.8	
Hot object/substance	0.2	0.2	0.0	0.0	
Drowning/submersion	0.0	0.0	0.0	16.7	
Suffocation	0.0	0.0	50.0	60.0	
Poisoning	0.0	0.0	0.0	0.0	
Total	100.0	100.0	2.6	4.9	
The percent of fall injuries in female (57	.9%) is muc	h higher th	an that in male	(35.0%). The	
percent of firearm injuries in male (9.8%	6) is much h	igher than	that in female	(2.3%). Case	
fatality rate in male (4.9%) is much higher than that in female (2.6%).					

Table 15



Figure 15B



	Table 16						
Incidents a	nd Case Fata	ality Rate by	Injury Severi	ty Score (ISS)			
ISS	Number	Percent	Deaths	Case Fatality Rate			
1-8	15,523	45.1	160	1.0			
9-15	12,833	37.3	246	1.9			
16-24	3,505	10.2	206	5.9			
>24	2,518	7.3	751	29.8			
NK/NR	40	0.1	7	17.5			
Total	34,419	100.0	1,370	4.0			
Minor injuries (45.1%) and moderate injuries (37.3%) account for 82.4 percent of all the injuries. Very severe injuries have the highest case fatality rate (29.8%).							





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1	ncidents	by Injury	Soverity S	Score (ISS	Δa	9
Age	ISS 1-8	ISS 9-15	ISS 16- 24	ISS >24	ISS NK/NR	Total
<1	228	166	41	35	0	470
1-4	672	229	47	25	3	976
5-9	1,156	169	55	36	0	1,416
10-14	897	275	65	49	4	1,290
15-19	977	589	203	166	3	1,938
20-24	969	703	275	262	0	2,209
25-34	2,057	1,345	521	443	7	4,373
35-44	1,621	1,088	390	301	4	3,404
45-54	1,551	1,199	442	292	1	3,485
55-64	1,715	1,590	477	284	4	4,070
65-74	1,487	1,877	413	259	5	4,041
75-84	1,302	1,946	356	222	4	3,830
>=85	891	1,657	219	144	5	2,916
NK/NR	0	0	1	0	0	1
Total	15,523	12,833	3,505	2,518	40	34,419
The largest number (443) of very severe injuries (ISS >24) is in age group 25-34.						





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Case Fatality Rate by Injury Severity Score (ISS) and Age						
Age Group	ISS 1-8	ISS 9-15	ISS 16-24	ISS >24	NK/NR	Total
<1	0.9	0.6	4.9	20.0	0.0	2.6
1-4	0.0	0.4	6.4	20.0	66.7	1.1
5-9	0.0	0.6	7.3	11.1	0.0	0.6
10-14	0.2	0.4	1.5	26.5	25.0	1.4
15-19	0.5	1.5	6.4	28.9	0.0	3.9
20-24	1.1	0.9	6.2	34.0	0.0	5.6
25-34	1.1	1.5	5.2	29.6	14.3	4.6
35-44	0.8	0.9	3.3	34.6	0.0	4.1
45-54	1.2	1.8	6.3	29.5	100.0	4.4
55-64	2.0	1.8	5.7	30.6	25.0	4.4
65-74	1.5	2.3	4.6	28.2	20.0	3.9
75-84	1.2	2.6	8.1	27.5	0.0	4.1
>=85	1.5	3.3	10.0	29.9	0.0	4.6
NK/NR	0.0	0.0	100.0	0.0	0.0	100.0
Total	1.0	1.9	5.9	29.8	17.5	4.0
	The largest	total case fat	ality rate (5.69	%) is in age g	roup 20-24.	

Georgia Trauma Registry 2019 Annual Report



Figure 18B



		Table 19			
Incidents and	Incidents and Case Fatality Rate by Work-Related Injury				
Work-Related Injury	Number	Percent	Deaths	Case Fatality Rate	
False	32,944	95.7	1,346	4.1	
True	1,395	4.1	21	1.5	
Unknown	80	0.2	3	3.8	
Total	34,419	100.0	1,370	4.0	
There are 1,395 incidents reported as true work-related injuries, which account for 4.1 percent of all injuries.					





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Incidents and Case Fatality Rate by Intent				
Intent	Number	Percent	Deaths	Case Fatality Rate
Unintentional	30,145	87.6	952	3.2
Assault	3,405	9.9	242	7.1
Self-inflicted	447	1.3	124	27.7
Undetermined	330	1.0	39	11.8
Other	66	0.2	11	16.7
Total	34,393	100.0	1,368	4.0
Frequency missing = 26. Most of the injuries are unintentional injuries (87.6%). Assault injuries account for 9.9% of all the injuries. The case fatality rate of self-inflicted is the highest (27.7%).				





Incidents and Case F	Fatality Rate	by Top 40	Injury Pla	ces
ICD10 Injury Place	Total	Percent	Dead	Fatality
Unspecified place or not applicable	4,556	13.2	121	2.7
Unspecified street and highway	4,388	12.7	217	4.9
Local residential or business street	3,530	10.3	178	5.0
Unspecified place in single- family (private) house	2,001	5.8	88	4.4
Unspecified place in unspecified non-institutional (private) residence	1,842	5.4	74	4.0
State road	1,425	4.1	91	6.4
Other place in single-family (private) house	1,164	3.4	53	4.6
Interstate highway	958	2.8	57	5.9
Garden or yard in single- family (private) house	946	2.7	39	4.1
Other place in unspecified non-institutional (private) residence	705	2.0	20	2.8
Garden or yard of unspecified non-institutional (private) residence	613	1.8	16	2.6
Bedroom of single-family (private) house	611	1.8	31	5.1
Unspecified place in nursing home	550	1.6	24	4.4
Bathroom of single-family (private) house	515	1.5	18	3.5
Other recreation area	480	1.4	2	0.4
Parking lot	479	1.4	32	6.7
Kitchen of single-family (private) house	425	1.2	10	2.4
Bedroom of unspecified non- institutional (private) residence	420	1.2	17	4.0
Private driveway to single- family (private) house	366	1.1	14	3.8

Table 21

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Unspecified place in apartment	338	1.0	21	6.2
Bathroom of unspecified	333	1.0	5	1.5
private residence single-				
family or house				
Unspecified place in prison	332	1.0	3	0.9
Other specified places	330	1.0	8	2.4
Other trade areas	329	1.0	13	4.0
Bedroom in nursing home	328	1.0	14	4.3
Parkway	321	0.9	24	7.5
Sidewalk	303	0.9	8	2.6
Other paved roadways	254	0.7	4	1.6
Restaurant or cafe	252	0.7	13	5.2
Other specified industrial and	249	0.7	6	2.4
construction area				
Kitchen of unspecified non-	233	0.7	1	0.4
institutional (private)				
residence				
Building [any] under	208	0.6	1	0.5
construction				
Other specified sports and	191	0.6	0	0.0
athletic area				
Supermarket, store or market	190	0.6	5	2.6
Other place in apartment	186	0.5	14	7.5
Unknown	181	0.5	5	2.8
Other wilderness area	171	0.5	3	1.8
Private garage of single-	159	0.5	8	5.0
family (private) house				
Shop (commercial)	156	0.5	10	6.4
Unspecified place in other	152	0.4	4	2.6
specified residential				
Institution				

Table 22				
Incide	ents by AIS S	Severity and	Discharge S	tatus
AIS Severity	Total	Percent	Deaths	Case Fatality Rate %
Maximum	72	0.2	61	84.7
Critical	1,641	4.8	575	35.0
Severe	2,392	7.0	226	9.4
Serious	13,036	37.9	324	2.5
Moderate	13,512	39.3	97	0.7
Minor	3,726	10.8	80	2.1
Total	34,379	100.0	1,363	4.0
Patients with the maximum AIS severity have the highest case fatality rate (84.7%).				

Figure 22A





Table 23					
Incidents k	Incidents by ISS Body Region and Discharge Status				
ISS Body Region	Number	Percent	Deaths	Case Fatality Rate %	
Extremities or Pelvic Girdle	14,114	41.1	193	1.4	
Head or Neck	8,362	24.3	663	7.9	
Chest	5,197	15.1	305	5.9	
External	2,765	8.0	104	3.8	
Abdominal or Pelvic Contents	2,480	7.2	90	3.6	
Face	1,461	4.2	8	0.5	
Total	34,379	100.0	1,363	4.0	
If a patient has multiple injured body regions, only one region with the highest AIS severity is counted. Patients with the highest AIS severity in head or neck region have the highest case fatality rate (7.9%)					

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Figure 23B



Incidents by Protective Devices					
Protective Device	Frequency	Percent			
None	27,118	78.8			
Not Applicable	5,115	14.9			
Helmet	1,569	4.6			
Unknown	495	1.4			
Protective Non- Clothing Gear (e.g., Shin Guard, Padding)	35	0.1			
Protective Clothing	30	0.1			
Other	29	0.1			
Hard Hat	13	0.0			
Eye Protection	11	0.0			
Personal Floatation Device	4	0.0			
Total	34,419	100.0			

Table 24





Outcomes Information

Outcome measurements describe the results of intervention and management of injuries. Positive patient outcomes result from an effective and efficient system of care.

Table 25			
Median Length of Stay (LOS)) in Days by	y	
Mechanism of Inju	ry		
Mechanism	Number	Median	
Fall	14,156	4	
Motor vehicle traffic	9,626	3	
Firearm	1,965	3	
Struck by, against	1,707	2	
Cut/pierce	1,250	2	
Transport, other	793	2	
Other specified and classifiable	414	2	
Pedal cyclist, other	319	2	
Machinery	236	1	
Natural/environmental, Bites and stings	201	2	
Pedestrian, other	197	3	
Natural/environmental, Other	116	2	
Overexertion	109	2	
Other specified, not elsewhere	72	3	
classifiable			
Unspecified	66	2	
Fire/flame	56	1	
Hot object/substance	32	1	
Drowning/submersion	9	2	
Suffocation	7	1	
Patients with fall injuries have the highest median length of stay (4 days).			



Table 26					
Median Length of Stay (LOS) in Days by Injury Severity Score					
ISS	Number	Median			
1-8	13,502	2			
9-15	12,384	4			
16-24 3,383 6					
>24	2,266	9			
NK/NR 29 1					
Median length of stay increases with injury severity scores.					



Table 27			
Median Ventilator Days by	Mechanism o	of Injury	
Mechanism	Number	Median	
Motor vehicle traffic	1,431	4	
Fall	771	4	
Firearm	498	2	
Struck by, against	117	3	
Cut/pierce	96	2	
Transport, other	49	3	
Other specified and classifiable	30	3	
Fire/flame	25	1	
Pedestrian, other	20	4	
Other specified, not elsewhere	14	3	
classifiable			
Unspecified	12	3	
Machinery	9	3	
Natural/environmental, Other	8	4	
Pedal cyclist, other	8	3	
Natural/environmental, Bites and	5	2	
stings			
Suffocation	3	8	
Drowning/submersion	1	4	
Overexertion	1	6	
Inpatients with ventilator days >0. Patients with suffocation injuries have the highest median ventilator days (8 days).			

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Table 28					
Median Ventilator Days by Injury Severity Score (ISS)					
ISS	Number	Median			
1-8	332	2			
9-15	648	3			
16-24	793	4			
>24	1,358	5			
NK/NR	3	2			
Median ventilator days increase as injury severity scores (ISS) increase.					

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Median ICU Days by Mechanism of Injury			
Mechanism	Number	Median	
Fall	3,224	3	
Motor vehicle traffic	3,212	4	
Firearm	778	3	
Struck by, against	381	3	
Cut/pierce	226	3	
Transport, other	181	3	
Other specified and classifiable	67	4	
Pedestrian, other	56	4	
Pedal cyclist, other	52	2	
Natural/environmental, Other	36	2	
Machinery	31	3	
Unspecified	22	3	
Other specified, not elsewhere classifiable	21	3	
Natural/environmental, Bites and stings	15	3	
Fire/flame	12	5	
Drowning/submersion	5	2	
Overexertion	3	2	
Suffocation	3	11	
Inpatients with ICU days > 0. Patients with fire/flame injuries have the highest median ICU days (5 days).			

Table 29

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Median ICU Days by Injury Severity Score (ISS)			
ISS	Number	Median	
1-8	1,395	2	
9-15	2,840	3	
16-24	2,203	4	
>24	1,948	6	
NK/NR	6	4	
Median ICU Days increase with injury severity scores.			

Figure 30



Incidents by ED Discharge Disposition			
ED Disposition	Number	Percent	
Floor Bed (General Admission, Non-	15,639	45.4	
Specialty Unit Bed)			
Intensive Care Unit (ICU)	6,018	17.5	
Operating Room	5,007	14.5	
Home without Services	2,301	6.7	
Transferred to Another Hospital	1,763	5.1	
Telemetry/Step-Down Unit (Less	1,191	3.5	
Acuity than ICU)			
Observation Unit (Unit that Provides	1,101	3.2	
LT 24 Hour Stays)			
Not Applicable	612	1.8	
Died/Expired	539	1.6	
Left Against Medical Advice	88	0.3	
Burn Center	82	0.2	
Other (Jail, Institutional Care, Mental	67	0.2	
Health, etc.)			
Home with Services	8	0.0	
Total	34,416	100.0	
Frequency missing = 3. Less than half of the ED Dispositions were to a floor			
Bed (45.4%). Of the 34,416 trauma registry cases, the Emergency			
Department (ED) disposition mortality rate was 1.6%, representing 539 lives			
lost.			

Table 31



Table 32			
Incidents by Signs of Life			
Signs of Life	Number	Percent	
Arrived with Signs of Life	33,961	98.7	
Arrived with No Signs of Life	456	1.3	
Not Applicable	1	0.0	
Total	34,418	100.0	
Frequency missing = 1. Most (98.7%) patients arrived with signs of life.			



Incidents by Hospital Discharge D	isposition	
Discharge Disposition	Number	Percent
Discharged Home with No Home Services	19,908	57.8
Discharged/Transferred to Inpatient Rehab or Designated Unit	2,931	8.5
Discharged/Transferred to Skilled Nursing Facility (SNF)	2,895	8.4
Discharge/Transferred to Home Under Care of Organized Home Health Service	2,211	6.4
Discharged/Transferred to a Short-Term General Hospital for Inpatient Care	1,264	3.7
Expired	1,018	3.0
Discharged/Transferred to Hospice Care	335	1.0
Left Against Medical Advice or Discontinued Care	335	1.0
Discharged/Transferred to Court/Law Enforcement	324	0.9
Discharged/Transferred to Long Term Care Hospital (LTCH)	179	0.5
Discharged/Transferred to Another Type of Institution not Defined Elsewhere	147	0.4
Discharged/Transferred to a Psychiatric Hospital or Distinct Part Unit of a Hosp	138	0.4
Discharged/Transferred to an Intermediate Care Facility (ICF)	110	0.3
Burn Center	63	0.2
Discharged/Transferred to Another Type of Rehab or LTCF	4	0.0
Not Applicable	2,557	7.4
Total	34,419	100.0
Of the 34,416 trauma registry cases, the Hospital Discharge Disposition mortality rate was 3.0%, representing 1,018 lives lost.		



Appendix 1



Appendix 2

Trauma Registry Inclusion Criteria

Any patient with ICD-10_CM diagnosis code below:

- S00-S99 with 7th character modifiers of A, B, or C. (see exclusions)
- T07 (unspecified multiple injuries)
- T14 (injury of unspecified body region)
- T79.A1 T79.A9 with 7th character modifier of A (Traumatic Compartment Syndrome initial diagnosis)
- Retired ICD-9-CM: any patient with ICD-9-CM diagnosis code between 800.00 – 959.9.

Excluding patients with:

- Diagnosis codes of ICD-10-CM superficial injuries:
 - S00, S10, S20, S30, S40, S50, S60, S70, S80, S90
- Late effect codes with the 7th character modifier of D through S.
- Patients with isolated burn injuries
- Patients with injuries older than 30 days from first ED arrival date
- Retired: diagnosis codes of ICD-9-CM 905 –909.9 (late effects of injury)
- Retired: diagnosis codes of ICD-9-CM 910-924.9 (blisters, contusions, abrasions, and insect bites)
- *Retired: diagnosis codes of ICD-9-CM 930-939.9 (foreign bodies*

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO A QUALIFING DIAGNOSIS CODE LISTED ABOVE

- Admitted to the hospital after discharge from the ED, regardless of length of stay.
- Transferred to or from another facility by ground EMS or Air transport.
- Died, regardless of length of stay.
- DOA: defined as a patient that died from a traumatic injury before hospital arrival.
- Unplanned readmissions, associated with the trauma, within 72 hours of discharge from the first visit.

Additional criteria:

• The Georgia data collection standard for blood utilization includes data for any blood products administered within the first 4 hours from the patient arrival time.

Revised: Blood collection revised 07/10/2019, 12/18/2017 eff. 01/01/2018, 03/01/2016, 05/20/2015, 04/23/2014, 02/14/2013, 12/31/2012 eff. 01/01/2013 Created: 06/26/2002