



Georgia Committee for Trauma Excellence

MEETING MINUTES

Wednesday, November 16, 2017

**JMS Burn Center at Doctors Hospital
Ed Law Conference Room
3651 Wheeler Rd
Augusta, Georgia 30909**

MEMBERS PRESENT	REPRESENTING
Liz Atkins, <i>Chairman</i>	Grady Memorial Hospital
Laura Garlow, <i>Former Chairman</i>	Wellstar Kennestone Regional Medical Center
Karen Hill, <i>Vice-Chair</i>	Children’s Hospital of Atlanta- Egleston
Regina Medeiros, <i>GTC Representative</i>	Augusta University
Tracy Johns, <i>Chairman of Resource Development Subcommittee</i>	Navicent Health Medical Center
Anastasia Hartigan, <i>Chairman of Process Improvement Subcommittee</i>	Doctor’s Hospital
Kristal Smith, <i>Chairman of Injury Prevention Subcommittee</i>	Navicent Health Medical Center
Sabrina Westbrook, <i>Chairman of Emergency Preparedness Subcommittee (conference line)</i>	Clearview Regional Medical Center
Vic Drawdy, <i>Former GTC Representative</i>	Georgia Trauma Commission

OTHERS SIGNING IN	REPRESENTING
Heather Morgan (<i>Via Conference Line</i>)	Athens Regional
Karen Pittard (<i>Via Conference Line</i>)	Athens Regional
Amanda Wright	Augusta University
Kyndra Hain	Augusta University

OTHERS SIGNING IN	REPRESENTING
Tatiana Woods <i>(Via Conference Line)</i>	CHOA Egleston
Kellie Rowker	CHOA Egleston
Nancy Friedel <i>(Via Conference Line)</i>	CHOA Egleston
Tracie Walton	CHOA at Scottish Rite
Mary Alice Aubrey <i>(Via Conference Line)</i>	CHOA at Scottish Rite
Dewayne Joy <i>(Via Conference Line)</i>	CHOA at Scottish Rite
Melanie Cox <i>(Via Conference Line)</i>	Clearview Regional Hospital
Tawnie Campbell <i>(Via Conference Line)</i>	Coliseum Medical Center
Joni Napier <i>(Via Conference Line)</i>	Crisp Regional Hospital
Janann Dunnavant <i>(Via Conference Line)</i>	Crisp Regional Hospital
Kim Moore <i>(Via Conference Line)</i>	Doctors Hospital of Augusta
Tinyhra Harris <i>(Via Conference Line)</i>	Doctors Hospital of Augusta
Laura Lunsford	Doctors Hospital of Augusta
Laura Hunnewell	Effingham Hospital
Lynn Grant <i>(Via Conference Line)</i>	Fairview Park Hospital
Kelli Scott <i>(Via Conference Line)</i>	Grady Burn Center
Kenya Cosby <i>(Via Conference Line)</i>	Grady Burn Center
Barlynda Bryant <i>(Via Conference Line)</i>	Grady Memorial Hospital
Colleen Horne <i>(Via Conference Line)</i>	Gwinnett Medical Center
Rachelle Broom	Gwinnett Medical Center
Rayma Stephens	Gwinnett Medical Center
Gina Solomon	Gwinnett Medical Center
Kim Brown <i>(Via Conference Line)</i>	Hamilton Medical Center
Daphne Stitely <i>(Via Conference Line)</i>	J.D. Archbold Memorial Hospital
Shawna Baggett <i>(Via Conference Line)</i>	J.D. Archbold Memorial Hospital
Farrah Parker	Joseph M. Still Burn Center
Heyward Wells III	Joseph M. Still Burn Center
Karrie Page <i>(Via Conference Line)</i>	Meadows Regional Hospital
Amanda Ramirez	Memorial Health University Medical Center
Leslie Baggett <i>(Via Conference Line)</i>	Midtown Medical Center
Michelle Benton	Morgan Memorial Hospital
Deb Battle <i>(Via Conference Line)</i>	Northeast Georgia Medical Center
Linda Greene <i>(Via Conference Line)</i>	Northeast Georgia Medical Center
Denise Hughes <i>(Via Conference Line)</i>	Northeast Georgia Medical Center
Jaina Carnes <i>(Via Conference Line)</i>	Redmond Regional
Alex Jones <i>(Via Conference Line)</i>	Taylor Regional Hospital
Jim Sargent	Wellstar Atlanta Medical Center
Sarah Hockett <i>(Via Conference Line)</i>	Wellstar Atlanta Medical Center
Rhonda Jones <i>(Via Conference Line)</i>	Wellstar Atlanta Medical Center
Cassandra Burroughs <i>(Via Conference Line)</i>	Wellstar Atlanta Medical Center
Everett Moss II	Wellstar- Cobb
Aruna Mardhekar <i>(Via Conference Line)</i>	Wellstar North Fulton
Brent Amlingmeier <i>(Via Conference Line)</i>	Wellstar North Fulton
Nigel Clift <i>(Via Conference Line)</i>	Wellstar North Fulton
Renee Morgan	DPH/Office of EMS/Trauma
Marie Probst <i>(Via Conference Line)</i>	DPH/Office of EMS/Trauma
Dena Abston	Georgia Trauma Care Commission, Staff
Erin Bolinger	Georgia Trauma Care Commission, Staff
Katie Hamilton	Georgia Trauma Care Commission, Staff
Billy Kunkle	Georgia Trauma Care Commission, Staff
Courtney Terwilliger	Georgia Trauma Commission Member
Lori Mabry	Georgia Trauma Foundation
Kim Kottemann	Life Link of Georgia

OTHERS SIGNING IN	REPRESENTING
Kara Allard Justin Barrett Patricia Newsome Stephanie Gendron	TQIP/NSQIP at Emory Region III RTAC Coordinator Region XI RTAC Coordinator Region IX RTAC Coordinator

CALL TO ORDER

Ms. Laura Garlow called the meeting of the Georgia Committee for Trauma Excellence to order at 11:32PM. Quorum was established with 8 of 9 members present.

MOTION GCTE 2017-11-01:

I make the motion to approve the meeting minutes for August 17, 2017 as presented.

MOTION: Tracy Johns

SECOND: Jim Sargeant

ACTION: The motion ***PASSED*** with no objections, nor abstentions.

DISCUSSION: There was no discussion that followed.

ELECTION OF VICE CHAIR

Ms. Garlow began with the election of vice chair. Tracy Johns did not accept the nomination as she is now assuming the Registry subcommittee role. Nomination for Karen Hill for Vice Chair was accepted and voted upon. Ms. Garlow opened the floor to entertain additional nominees. There were no additional nominees at this time. Ms. Atkins added that we need to think about succession planning and thank you to Karen Hill for her willingness to serve. Ms. Garlow discussed involvement and that there are very labor intensive with the consultative visits and she is very appreciative of all that support GCTE and all that participate and she is very thankful for her time served and the support she received while serving as chair of GCTE. Ms. Garlow encouraged anyone interested in taking on these roles within GCTE to please get involved and be vocal as there needs to be a succession plan in place and a willingness to serve.

Ms. Garlow then asked if everyone approved the nomination of Karen Hill to GCTE Vice-Chair. Approval was unanimous yes. Ms. Garlow then turned the meeting over to the new GCTE chair, Liz Atkins. Ms. Atkins began as chair of GCTE by recognizing Ms. Garlow for her leadership and dedication to GCTE .

Georgia Trauma Foundation

Ms. Lori Mabry

Ms. Mabry let the group know that a care package is being sent to Kathy Sego who is serving currently overseas and will be over the holidays.

Life Link of Georgia

Ms. Kim Kottemann

Ms. Kottemann wanted to remind everyone that if they needed trauma specific numbers from life link for your upcoming consultative visits to please let her know. If you have any education needs or any specific data needs please contact her. Currently Life Link is partnering with the Georgia Hospital Association as they added GHA to the advisory board this year. Please visit the Life Link website or go to www.lifelinkfoundation.org/donatelifehospitalaward/ website for the complete information on the current campaign. There is an online form to complete and those awards will be given out at the patient safety meeting in January 2018. Ms. Atkins confirmed how helpful Lifelink is with data clean

up and thanked Ms. Kottemann for all the support. Ms. Garlow said that at her consultative visit one of the things they recognized were that there were a lot of trauma deaths but very little donors. So Ms. Garlow began separating them out by reason (early death, donors, not medically suitable, or family declinations) so when they were asked why those numbers were so low she was able to explain and it. So think about that as you go into your consultative visits. Ms. Kottemann says CNS and ACS have of late been looking into donor outcomes.

Ms. Atkins asked whom all was in attendance at the recent TQIP conference. She wanted to acknowledge the Registry group and attended the registry piece mainly because Sarah from Grady presented and Ms. Atkins was amazed with the issues still at hand with definitions. Ms. Atkins suggests that until we clean that piece up there will be a significant barrier to making sense out of our collaborative reports and facility reports. One of her suggestions is (also inclusive of level 3 hospitals) level 1's and level 2's that surgeons need to see what goes into the abstracting and where the challenges are. Ms. Atkins sent a surgeon and radiologist to a course and the instructor couldn't believe they were in attendance. So after that, they came back armed and ready to go so if you get anybody on board it needs to be someone interpreting reports at your facility or a surgeon that is opening an abdomen and in there dictating notes so the document can be consistent with what the registrar needs to code correctly. The registrars, thank you, it is a thankless job but much appreciated.

SUBCOMMITTEE REPORTS:

Registry

Tracy Johns

Ms. Johns reported that the subcommittee met this morning. Ms. Probst joined by phone and discussed some updates to the registry inclusion at the state level. In the past (1) we have only included patients with isolated hip fractures in patients under the age of 65 but now the age has been removed so now we have to collect all data on that regardless of age. (2) A patient having a qualifying diagnosis in the ICD-10 range there has been an 'AND' added so you have to report 2 items now to include (reasons) a transfer, death, DOA, admit to ICU, length of stay over 72 hours and readmits. There were discussions on if that 72-hour readmit should be put on the index admission as a readmission and we agreed on that. So if they are back within 72 hours you put the readmit in the readmit tab but we talked about what if it is a re-admit after that. Discussion will need to be held more on this.

Ms. Garlow suggests that we look at planned versus unplanned. Ms. Johns says that should not be considered a readmission and further discussion on these items would occur. There will be no changes to the registry this year or data element changes. We want to add a confidentiality agreement to the registry and they are discussing that and working to protect the data entered into the registry. They are working on developing a timeline for data elements and the process will be shared after development. There were some report errors on non-surgical admits that you had to report by ISS character. Ms. Karen Johnson has figured out ways to fix this and we will distribute her information once it's received. Ms. Probst wanted a reminder to everyone to make sure they are validating their Long Id's. Those have to be correct for the GEMISIS link up. There are some DI training opportunities. Contact DI direct for those courses. Ms. Atkins asked if anyone has done a DIT course they found helpful. Ms. Johns says in 2016 she did a course on how to present your data and it was a helpful course. There are some Registrar training opportunities through the American Trauma Society but you have to be a member of that society to enroll in the courses. Ms. Probst says in the future if we want updates to the registry we need to get them to her or Ms. Morgan at the beginning of a calendar year as that helps with budgeting. There are new PRQ reports but there is a cost to each hospital for those.

The priorities set for the year are; to complete the state data dictionary for the registry and to come up with a timeline and Ms. Medeiros is getting a timeline for a way to consider new data elements

for the state. We want to start a state procedure list that could help with reporting and comparing data. Some items will be facility specific but for the most part there will be commonality. Ms. Johns has some lists from others across the country and she will begin reviewing those.

Ms. Atkins asked if the TQIP resource document include all the ICD-10's. Yes was confirmed. Ms. Atkins asked if you could take back to the Registry committee a discussion about how to handle the washout, emergency vs. operative. Tracy Walton will be co leading the Registry subcommittee so we are getting pediatrics involved. There is a quarterly webinar currently held by Ms. Probst but Ms. Johns is considering adding an additional webinar where we can share ideas. The Registry committee made a formal request to look at the data elements that are required to be completed listed by high, medium, and low and look at how the data is being used and where we can cut back in data as it is hard to keep up with an increase in patient volume. The registry meeting will be every other month.

Injury Prevention (IP):

Kristal Smith

Ms. Smith, as she is the chair for Injury Prevention said the subcommittee met prior to the statewide Stop The Bleed meeting. There are several things in the works. Old business to report upon- there were scholarship requests for the Injury Prevention Coordinator course, the foundation worked to have the meetings more locally to eliminate out of state travel and to host a course in Georgia and it will be held before the March TQIP symposium and meetings at Chateau Élan in Braselton, Georgia. Also working on our participation and we intend to send out a survey to those that we have on our subcommittee list so this gives those people an opportunity to roll off and accept new members. The IP subcommittee has grown and we are working on tackling the top two most important things that the group decides upon. Ms. Smith hopes in the future there will be discussion on best practices. The survey will be sent out within the week and the upcoming Injury Prevention meeting is the first Wednesday in December at 9 A.M.

Lunch Break , Call to Order at 12:54 PM

Education :

Amanda Ramirez

Ms. Ramirez began with discussing the Spring Symposium, if anyone has any suggestions for guest speakers please send those to Ms. Ramirez. An update to scheduled educational courses, most courses have locations and trainers. The RTTDC course(s) still need sponsoring trauma centers to teach and locations. Dr. McNew, chair of COT and Ms. Ramirez are working together on a plan to figure out why RTTDC seems to be a reoccurring issue and we are looking into incentives for physicians. The course is invaluable and the outcome improvements for patients is evident. Currently there is funding for 4 RTTDC courses and no sponsors for them at this time. The TNCC courses are a continued success for us with the scholarship incentive adding to its success. There will be discussions at the subcommittee meeting today about the process for choosing scholarship candidates and the criteria for the candidates.

There are currently some TNCC courses scheduled for early 2018. There is one 1/8 and 1/9/2018 in Brunswick and then on 2/8 and 2/9/18 there is a course set in Cochran, Georgia at Beckley Memorial. There is a STACX conference and webex this week at 10:00 AM eastern time. Centers hosting: Archbold, Augusta, and Wellstar- North Fulton. Ms. Mabry said that there is also a 30-day webinar feature of this course. Each facility will receive the 30-day access. Regionally reach out to one of the host facilities if you would like to set up your center to view them. Mr. Sargeant says the challenge with this is years past there is only one log in. There needs to be scheduling with this feature so everyone that wants to view the webex can be coordinated within the allotted 30 days. EMPC is March 6/7 in Warner-Robbins. Check the foundation website for all the upcoming education opportunities. There are some upcoming course deadlines for some of the March classes. Also, upcoming dates that were mentioned, Trauma Awareness Day, the TQIP Spring Symposium and Memorial in Savannah is hosting a trauma symposium on May 18, 2018.

Dr. Hartigan inquired if Ms. Ramirez had taught one of the recertification courses yet. Dr. Hartigan advised that the newer version does not contain any lectures that the old course structure contained and she felt her class struggled with that piece eliminated. It was important to make sure they were really prepared as the lecture part is missed. Please make sure your students read the entire book. Ms. Johns asked if there would be any recording of the upcoming symposium for those unable to attend. Ms. Mabry believes the symposium talks will be recorded. Mr. Sargent asked about the webinar this week and the registration process. Ms. Mabry says walk in welcome but the registration was to just collect some attendance data.

Ms. Atkins also mentioned that Grady is hosting this coming weekend an ATCN provider course. There will be an instructor course in early December. There is a need to revitalize the instructor ATCN course. There is a huge demand for ATCN courses and there is a possibility of a February course being established. There is a very limited course director pool for this specific course. Ms. Garlow asked if there are other ATLS courses that perhaps we can find some ATCN course instructors to host. Ms. Atkins say with the changes coming for ATLS and the new format we have no information at this time but there will be changes to roll out. There are some pilot sites now. Ms. Atkins appreciates the fact that is much easier to gain access via webinars but the course intent was to have nurses to interact with the physicians. Ms. Stitlely confirmed an EMPC course in Thomasville in March 2018. Ms. Ramirez wants to say that the spring TQIP meeting falls on the same weekend as STN. Ms. Atkins suggests we list out, prioritize all the meetings, and consider this on an annual basis. Ms. Garlow has emailed Ms. Mabry some education suggestions to include report writer and a DI course for planning for 2018. Ms. Johns suggested making some webinars about report writing. It was suggested that we could pick some types of reports and work together on facilitating, like a validation report tag team. There will also be some PCAR dates in 2018 but dates are not confirmed at this time.

Ms. Atkins wanted recognize a recent process with Mr. Sargeant. Both facilities had new registrars beginning so the two of them got their new employees together, the employees learned AIS with Ashley Steele and some registrar processes, and it went really well. Ms. Atkins suggest perhaps this being done on a quarterly basis. If resources can be pulled together this is an effective way to get new employees on board and possibly help with the high turnover rate. Ms. Medeiros asked if we can create a registry checklist. Ms. Garlow advised they have a checklist they use. Ms. Medeiros asked if these individual centers that use these checklists could share them. Ms. Ramirez asked that if we did this would we meet quarterly. Ms. Atkins suggested anything to improve this process. Discussion about Webex and its abilities.

Process Improvement:

Dr. Anastasia Hartigan

Dr. Hartigan reported on two completed projects. SBIRT Trauma registry elements due to no changes to the registry at this point we are comfortable with the recommendations made in August and we believe this information has been uploaded onto the foundations website. Then we defined the SBIRT tool kit and the two components of adolescent and adult version screening. We see these both at this time as complete unless there are any comments or suggestions. The ongoing projects currently are the ED length of stay and transfer out times. We have asked Ms. Morgan and Ms. Marie Probst to attend our next meeting. We compiled all of the information and our findings into a spreadsheet and have 3 delay reasons to report upon. This is for delays greater than 120 minutes. Primary was EMS at 40%, the 2nd was staff at 22% and the third highest was having consultants look at the patients before they left. Ms. Johns asked if there is a way to divide the data by ISS score. Dr. Hartigan says if we can drill down at this report and include those patients that are under triaged. We would like to clarify the expectation of the transfer time benchmark was used. The expectation is if the patient is to be transferred, to start to out the door within 120 minutes. There is plenty to be expanded upon and several unanswered questions that we can discuss at a group and our intent is to eliminate and not increase work for Ms. Probst with the state office. There is value in drilling down what goes in the report. Ms. Johns mentioned some pediatric transfers issues and they should have been sent direct to Children's but come to her facility first. Ms. Johns says this week alone there

have been several patients at her facility that were transferred several times before landing at her facility. Ms. Atkins suggested we look at the data the other way from the receiving centers and that data set. Much discussion about the transfer process and the need to look further into the transfer times and the reasons in delay. Ms. Allard recent research says there are 7 main delay reasons at this time. Although EMS seems to be the largest one there needs to be more defined data points and drill down of the data.

Dr. Hartigan had two more items to report on in regards to the length of stay and was to come up with a PI plan for outlying centers. There was a request for pediatric reports (Quarterly reports) and that is being worked on with Ms. Probst and Ms. Morgan. Ms. Mabry confirmed that the new documents are still not in the foundation website but she will add them as soon as possible. MS. Atkins requested that other subcommittees to please send brief reports on their subcommittees reports presented today.

Emergency Preparedness:

Sabrina Westbrook

Ms. Westbrook wants to encourage everyone to be in touch with his or her local emergency response and EMA directors. This information needs to be prior to a response. Regional Coalition meeting in Friday reported that St. Marys had the joint hospital coalition show up after the recent response. Ms. Westbrooks reported that they showed up 3 months early. Ms. Westbrooks suggested preparing and being ready for this at anytime.

Pediatrics:

Greg Pereira

Ms. Hill reported that they are developing a Pediatric disaster course and will work with the Executive PHIC group. Dr. Santore is on the guidelines committee and is now the chairperson for the pediatric transfer committee. They are working on a guideline of high-risk injuries, emergent and non-emergent injuries.

Georgia Trauma Foundation

Lori Mabry

Ms. Mabry reminded everyone about the Day at the Capitol on February 14th. The research grant will be announced shortly and the award amounts are being discussed in a board meeting tomorrow. Research applications should be out within a couple weeks on this. Ms. Mabry advised all to go to the foundation website and make sure they are up to date and that we have the correct e-mail address.

Georgia Trauma Commission Update

Dena Abston

Ms. Abston reported on the recent readiness cost survey results. There are easily identifiable financial outliers after reviewing the assessment. We are scrubbing the data and we had some centers resubmit some information to us. All information the Commission received was blinded and there were no identifiers. The small work group will get together in the next couple of weeks and look at some of these outliers prior to releasing the report. If you have not at this time been asked to resubmit some data than we do not need any data at this time. Ms. Abston reported on the recent meeting with the Governor. The Governor is working on the amended FY18 budget and the 2019 budget at this time. Ms. Abston also went over the recent articles published in GRITS. Ms. Abston went over upcoming GTC meeting dates and locations. For the upcoming GTC Strategic Planning workshop session Ms. Abston has asked Ms. Zimmerman to come back and facilitate this. Ms. Zimmerman has been doing this for us for 3 years and the focus and the yearly reporting has improved each year.

OEMS/T Update

Renee Morgan

Ms. Morgan reported on updating the re-designation process that is being worked on with Ms. Abston and Ms. Garlow. Final draft is to be reviewed by Dr. O' Neal. Ms. Morgan has a scheduled face to face with Dr. O'Neal soon. If you are in the areas of the military facilities like Fort Stewart, Columbus, Augusta, and you receive calls from them, please help them with what you can. Also in

the works is a template in development for corrective action plans. Also there will be timelines in place for completion in a timely manner. There are currently 29 designated trauma centers.

TC Administrators Group

Liz Atkins

Ms. Atkins reported on the recently held first TC Admin face-to-face meeting at Grady in October. Michelle Wallace, executive at Grady is spearheading this group. Three things we hope this group will be best at assisting and involving themselves are: (1) aligning their assistance with the Commissions' strategic plan (2) the Stop the Bleed program requires lots of volunteers and we have asked for support from the executive offices as this program continues to expand and is very labor intensive and shouldn't fall completely on the trauma program (3) with respect to our collaborative and our registry, many centers are still understaffed and there are some Trauma Program managers in the registry but they are in there for different reasons than the registrar. This group can really own and drive some of these initiatives. The GTC staff will assist the TC group with minutes and agendas.

MOTION GCTE 2017-11-02:

I make the motion to adjourn the meeting.

MOTION: Tracy Johns

SECOND: Anastasia Hartigan

ACTION: The motion ***PASSED*** with no objections, nor abstentions.

DISCUSSION: There was no discussion that followed.

Meeting was adjourned at 2:27 PM.

Minutes By: Erin Bolinger, GTC Staff

<http://www.lifelinkfoundation.org/donatelifehospitalaward>

**Georgia Trauma Registry
Injury Characteristics Report
2014-2016**

Data Resource: Georgia Trauma Registry Data from Designated Trauma Centers.

Data Year: Combined data from year 2014, 2015, and 2016.

Data Reporter: Danlin Luo, Trauma Epidemiologist. Contact email: danlin.luo@dph.ga.gov

Report Date: Jan 11, 2018.

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Table 1

Incidents by Mechanism of Injury				
Mechanism	Total	Percent	Deaths	Case Fatality Rate
FALL	25,064	37.0	834	3.3
MOTOR VEHICLE CRASH	22,486	33.2	1,287	5.7
FIREARM	5,232	7.7	855	16.3
STRUCK BY, AGAINST	4,274	6.3	52	1.2
TRANSPORT, OTHER	3,659	5.4	120	3.3
CUT/PIERCE	2,375	3.5	55	2.3
OTHER SPECIFIED AND CLASSIFIABLE	976	1.4	45	4.6
PEDAL CYCLIST, OTHER	885	1.3	6	0.7
MACHINERY	613	0.9	8	1.3
NATURAL/ENVIRONMENTAL	590	0.9	5	0.8
UNSPECIFIED	482	0.7	10	2.1
PEDESTRIAN, OTHER	365	0.5	30	8.2
OTHER SPECIFIED, NOT ELSEWHERE CLASSIFIABLE	318	0.5	14	4.4
OVEREXERTION	163	0.2	0	0.0
FIRE/BURN	109	0.2	6	5.5
SUFFOCATION	29	0.0	11	37.9
DROWNING/SUBMERSION	16	0.0	3	18.8
POISONING	10	0.0	0	0.0
ADVERSE EFFECTS	8	0.0	0	0.0
Total	67,654	100.0	3,341	4.9

Frequency Missing = 53

Figure 1A

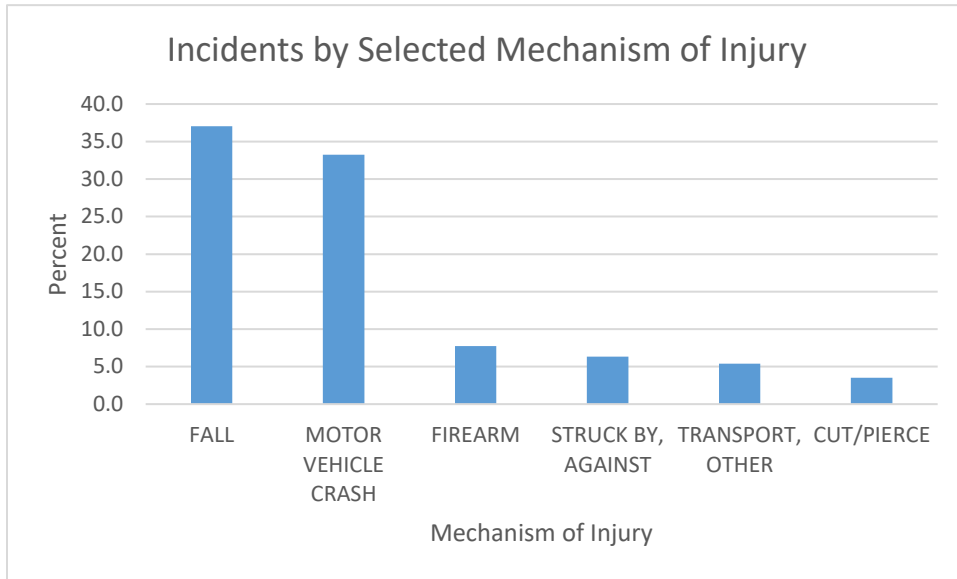


Figure 1B

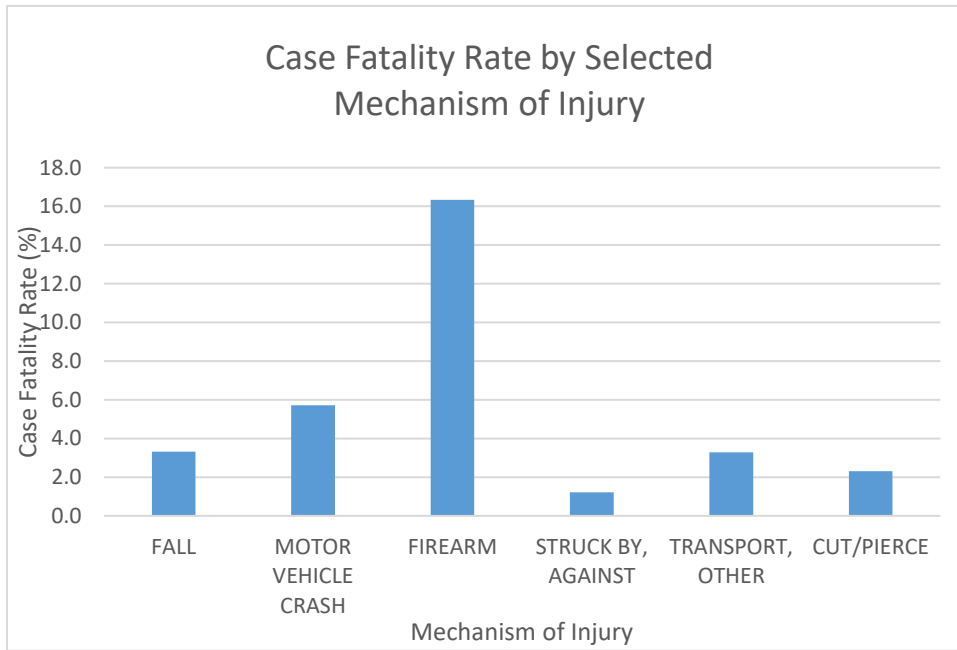


Table 2

Incidents by Selected Mechanism of Injury and Age						
Age	FALL	MOTOR VEHICLE CRASH	FIREARM	STRUCK BY, AGAINST	TRANSPORT, OTHER	CUT/PIERCE
<1	541	63	8	45	10	4
1-4	1,172	351	32	225	58	33
5-9	1,489	522	30	239	222	27
10-14	963	566	74	357	370	50
15-19	594	1,901	689	383	400	168
20-24	505	2,703	1,209	368	370	331
25-34	1,211	4,302	1,534	724	564	611
35-44	1,404	3,056	780	595	468	451
45-54	2,525	3,167	448	617	469	398
55-64	3,635	2,802	268	444	372	180
65-74	3,713	1,770	108	173	201	86
75-84	4,007	953	40	75	110	26
>=85	3,304	328	10	29	45	10
NK/NR	1	2	2	0	0	0
Total	25,064	22,486	5,232	4,274	3,659	2,375

Figure 2

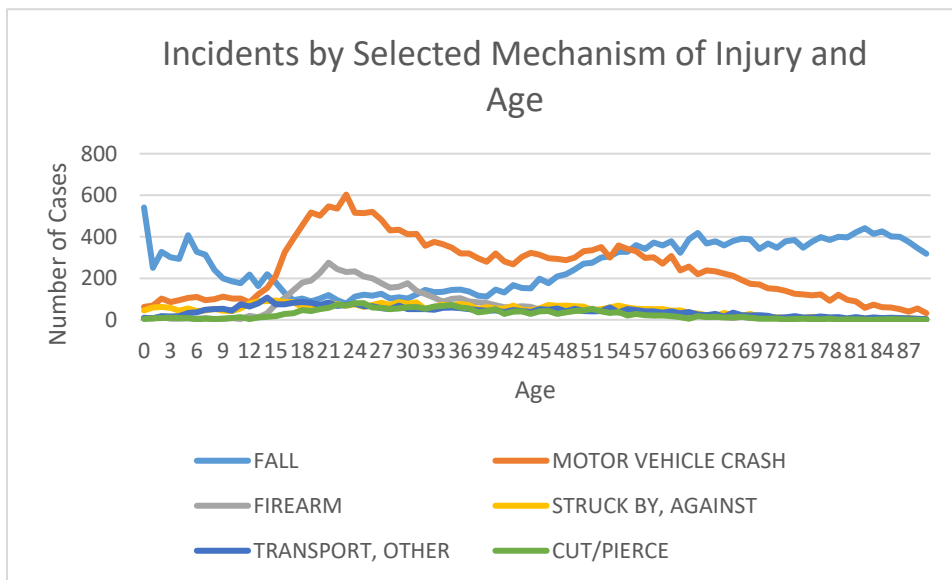


Table 3

Case Fatality Rate by Selected Mechanism of Injury and Age						
Age	FALL	MOTOR VEHICLE CRASH	FIREARM	STRUCK BY, AGAINST	TRANSPORT, OTHER	CUT/PIERCE
<1	0.6	4.8	25.0	2.2	0.0	0.0
1-4	0.1	5.7	15.6	0.9	3.4	0.0
5-9	0.0	3.6	10.0	0.4	0.5	0.0
10-14	0.0	3.7	14.9	0.0	0.8	0.0
15-19	0.8	4.9	14.8	0.5	3.0	1.8
20-24	1.4	4.4	14.4	0.5	3.8	3.3
25-34	1.2	4.5	14.5	0.4	2.8	2.3
35-44	2.4	4.4	17.6	0.7	1.9	3.1
45-54	2.6	5.7	19.4	1.9	2.8	1.3
55-64	3.1	6.6	18.3	2.3	3.8	2.2
65-74	4.1	7.9	35.2	4.6	9.0	2.3
75-84	6.0	12.2	40.0	8.0	12.7	3.8
>=85	6.0	17.4	70.0	3.4	8.9	10.0
NK/NR	100.0	100.0	100.0			
Total	3.3	5.7	16.3	1.2	3.3	2.3

Figure 3

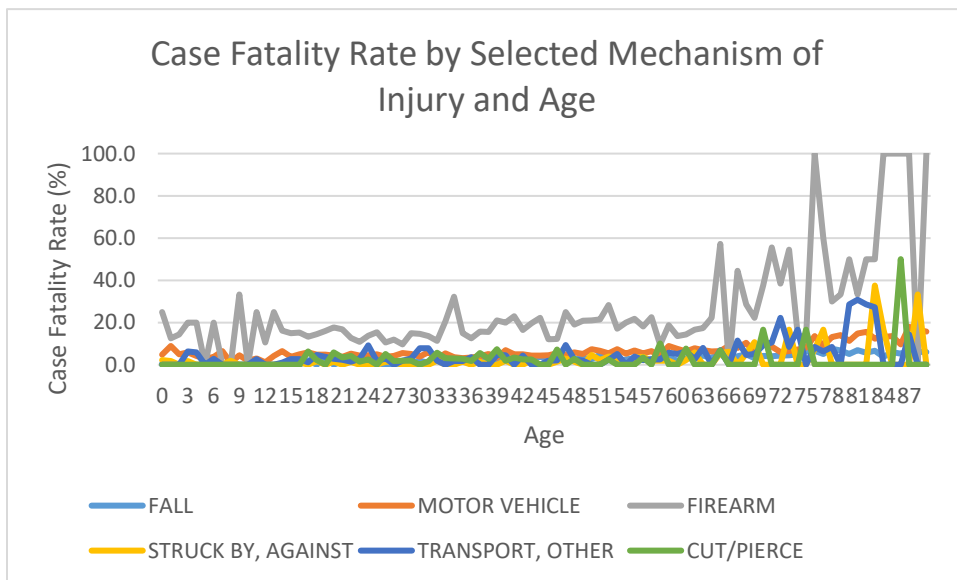


Table 4

Incidents by Selected Mechanism of Injury and Gender				
Mechanism	Percent (Female)	Percent (Male)	Case Fatality Rate (Female)	Case Fatality Rate (Male)
MOTOR VEHICLE CRASH	34.3	32.6	4.5	6.5
FALL	48.5	30.5	3.0	3.6
FIREARM	2.6	10.7	20.2	15.8
STRUCK BY, AGAINST	3.3	8.1	1.2	1.2
TRANSPORT, OTHER	4.6	5.9	2.5	3.6
CUT/PIERCE	1.6	4.6	2.0	2.4
OTHER SPECIFIED AND CLASSIFIABLE	1.1	1.6	4.6	4.6
PEDAL CYCLIST, OTHER	0.8	1.6	0.5	0.7
MACHINERY	0.2	1.3	0.0	1.4
UNSPECIFIED	0.5	0.8	3.2	1.7
NATURAL/ENVIRONMENTAL	1.1	0.7	0.7	1.0
OTHER SPECIFIED, NOT ELSEWHERE CLASSIFIABLE	0.3	0.6	2.9	4.8
PEDESTRIAN, OTHER	0.5	0.6	8.6	8.0
OVEREXERTION	0.2	0.3	0.0	0.0
FIRE/BURN	0.1	0.2	9.7	3.8
SUFFOCATION	0.0	0.0	37.5	38.1
DROWNING/SUBMERSION	0.0	0.0	14.3	22.2
POISONING	0.0	0.0	0.0	0.0
ADVERSE EFFECTS	0.0	0.0	0.0	0.0
Total	100.0	100.0	3.9	5.5

Figure 4A

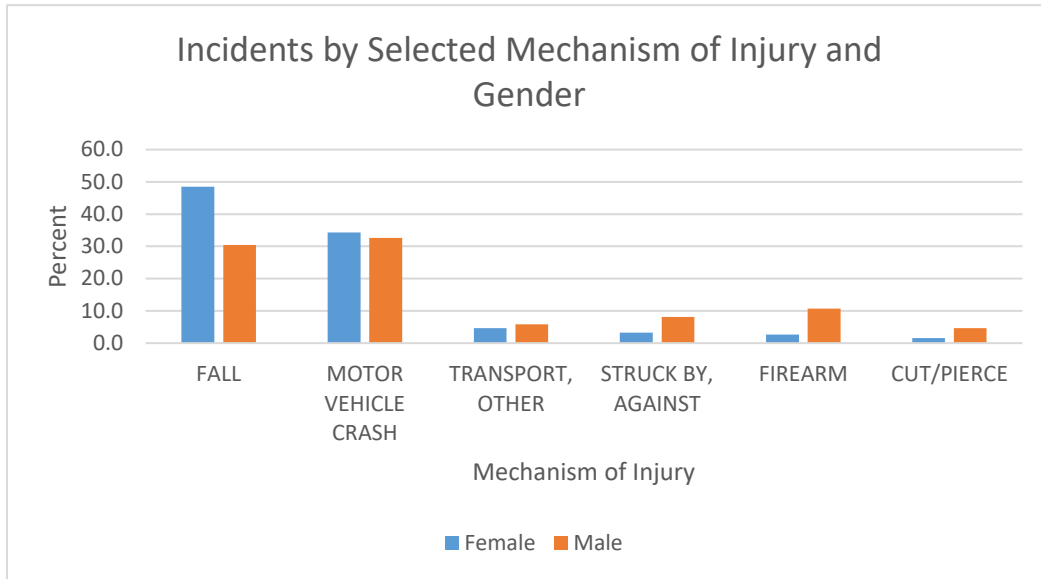


Figure 4B

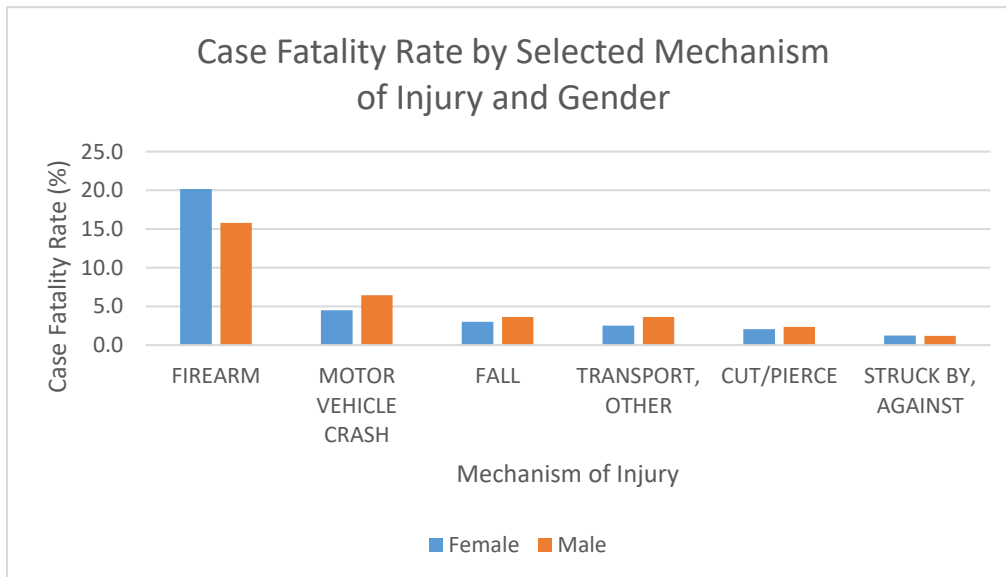


Table 5

Percent of Incidents and Case Fatality Rate by Injury Severity Score (ISS)				
ISS	Frequency	Percent	Deaths	Case Fatality Rate
1-8	30,265	44.7	328	1.1
9-15	23,321	34.4	505	2.2
16-24	8,442	12.5	529	6.3
>24	5,632	8.3	1,966	34.9
NK/NR	47	0.1	21	44.7
Total	67,707	100.0	3,349	4.9

Figure 5A

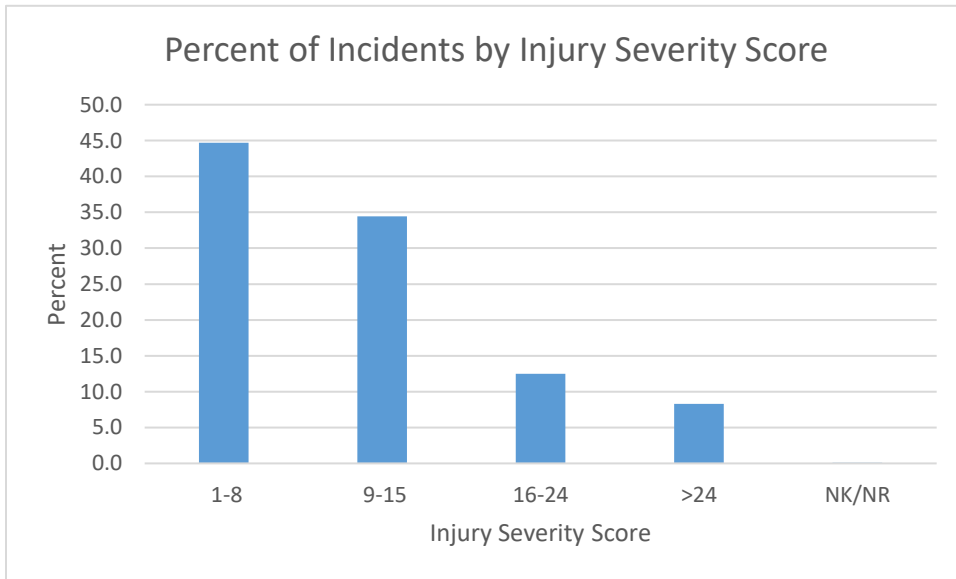


Figure 5B

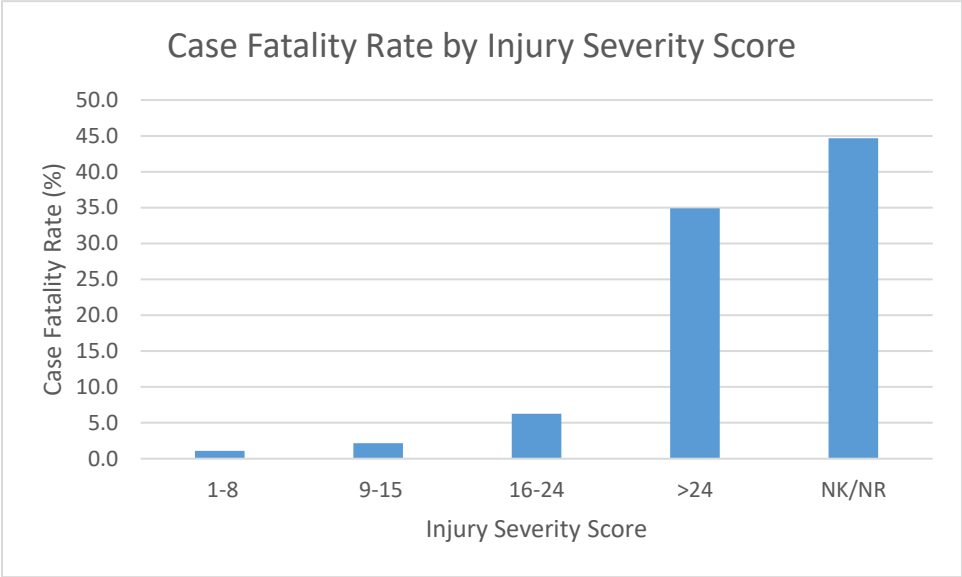


Table 6

Incidents by Injury Severity Score and Age					
Age	ISS 1-8	ISS 9-15	ISS 16-24	ISS >24	ISS Unknown
<1	468	332	144	67	2
1-4	1,338	633	127	92	1
5-9	2,229	494	135	75	0
10-14	1,808	651	160	100	0
15-19	1,960	1,385	569	443	6
20-24	2,320	1,968	798	666	4
25-34	4,119	3,182	1,267	972	4
35-44	3,208	2,411	1,013	648	5
45-54	3,457	2,951	1,118	708	5
55-64	3,246	3,185	1,164	618	10
65-74	2,539	2,417	866	500	4
75-84	2,045	2,157	666	464	4
>=85	1,528	1,555	411	278	2
Unknown	0	0	4	1	0
Total	30,265	23,321	8,442	5,632	47

Figure 6

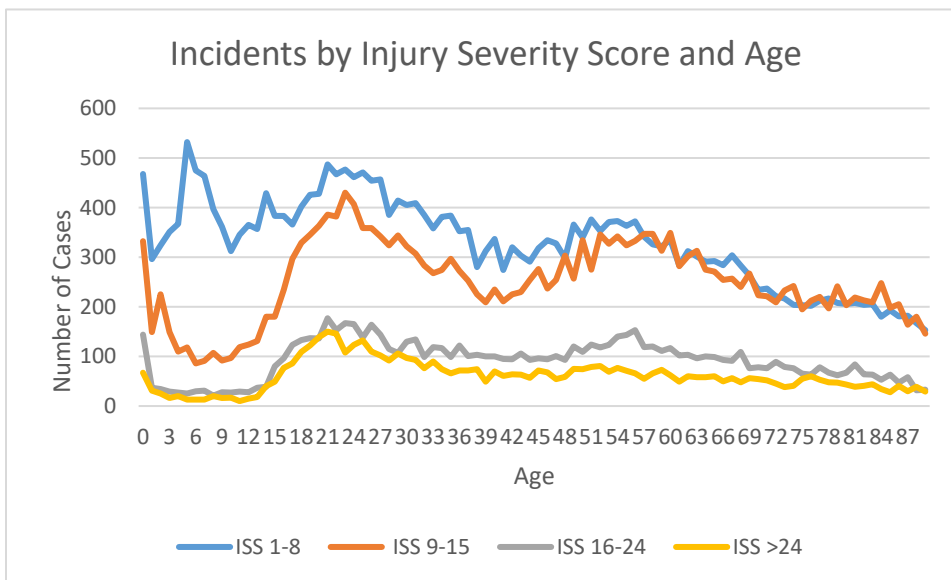


Table 7

Case Fatality Rate by Injury Severity Score and Age						
Age	ISS 1-8	ISS 9-15	ISS 16-24	ISS >24	ISS Unknown	Total
<1	0.0	0.6	2.1	28.4	0.0	2.4
1-4	0.4	0.8	4.7	35.9	0.0	2.2
5-9	0.2	1.2	3.0	20.0		1.0
10-14	0.1	1.2	1.3	26.0		1.4
15-19	1.0	0.9	4.9	36.3	33.3	5.1
20-24	1.5	1.1	6.6	33.3	75.0	5.8
25-34	1.1	1.8	5.6	32.0	25.0	5.1
35-44	0.9	1.7	4.7	34.7	60.0	4.7
45-54	1.3	1.8	5.0	31.2	60.0	4.6
55-64	1.0	2.2	5.4	35.4	30.0	4.7
65-74	1.4	2.9	9.0	37.6	50.0	5.9
75-84	2.2	3.8	9.8	45.3	75.0	7.6
>=85	2.0	4.9	11.7	41.4	50.0	7.2
NK/NR			100.0	100.0		100.0
Total	1.1	2.2	6.3	34.9	44.7	4.9

Figure 7

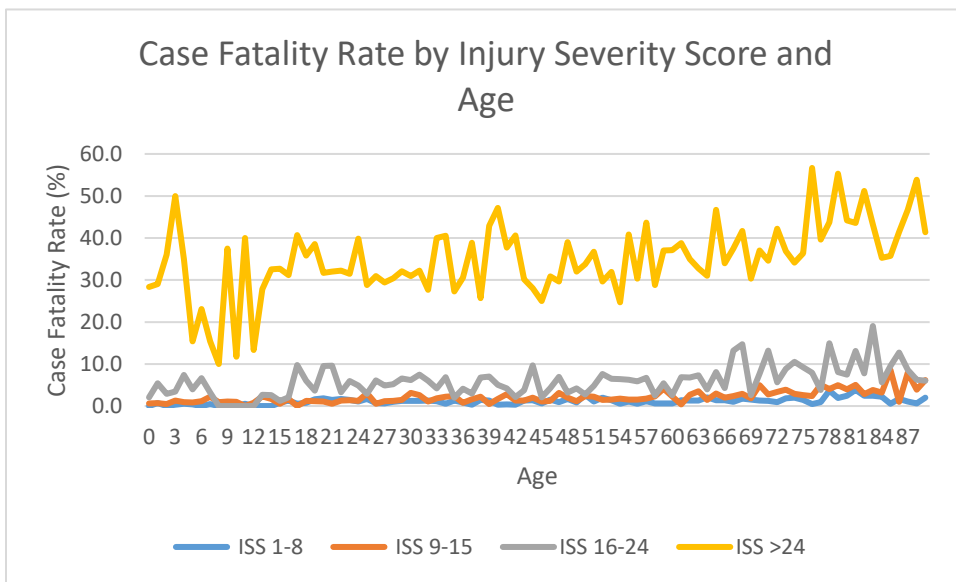


Table 8

Incidents by Work-Related Injury				
Work-Related Injury	Number	Percent	Deaths	Case Fatality Rate
No	65,107	96.2	3,271	5.0
Yes	2,600	3.8	78	3.0
Total	67,707	100.0	3,349	4.9

Figure 8A

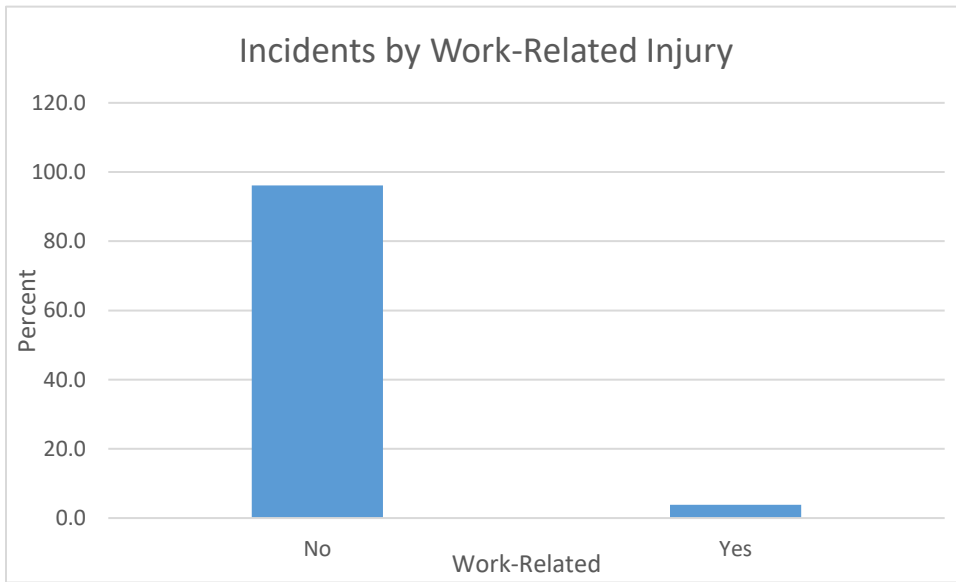


Figure 8B

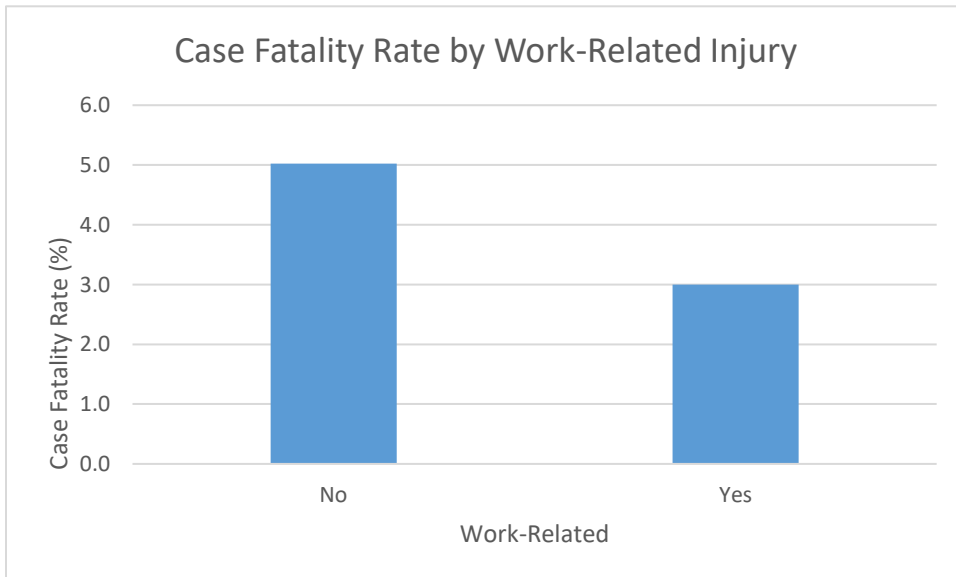
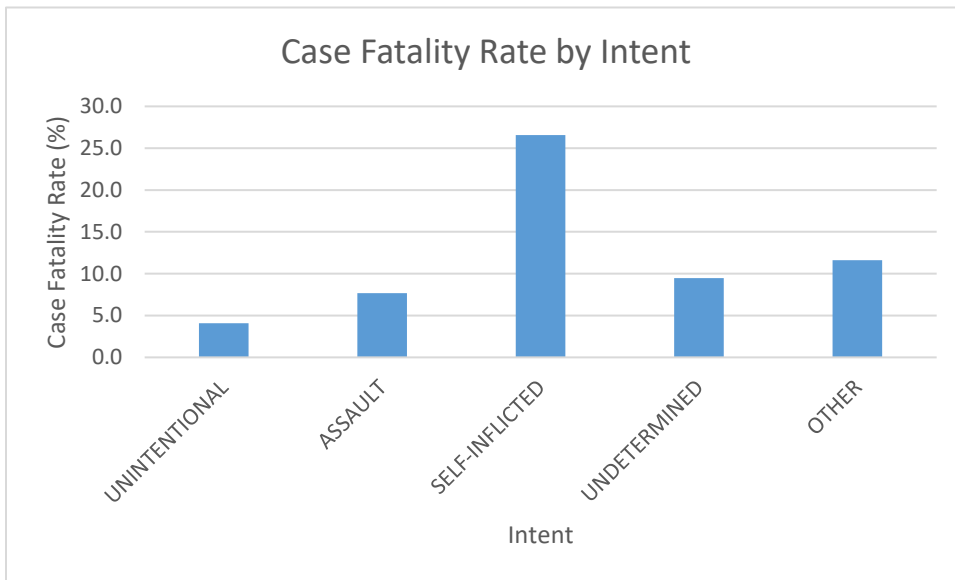


Table 9

Case Fatality Rate by Intent				
Intent	Total	Percent	Deaths	Case Fatality Rate
UNINTENTIONAL	58,065	85.8	2,378	4.1
ASSAULT	7,737	11.4	595	7.7
SELF-INFLICTED	1,111	1.6	295	26.6
UNDETERMINED	634	0.9	60	9.5
OTHER	112	0.2	13	11.6
Total	67,659	100.0	3,341	4.9

Figure 9



*****END*****