



Indiana
Department
of
Health

INDIANA STATE TRAUMA CARE COMMITTEE

08/21/20

Email questions to: indianatrauma@isdh.in.gov

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Housekeeping

- **This meeting was public noticed – anyone can attend.**
- **Submit questions in the chat box or you can unmute your computer.**
- **Please make sure you are on mute if you are not speaking.**

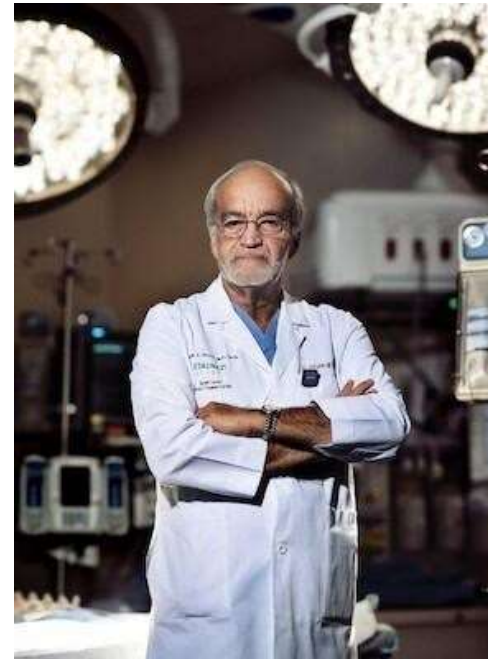
Introduction and approval of meeting minutes

Updates

Katie Hokanson, *Director of Trauma and Injury Prevention*

**This
meeting
has
been
public
noticed**

Trauma Care Committee Losses





**WISHARD MEMORIAL HOSPITAL
FIRST VERIFIED LEVEL I TRAUMA CENTER
IN THE STATE OF INDIANA 1992**



Locations of ACS Verified and "In the Process of ACS Verified" Trauma Centers in Indiana

Trauma Centers *in Indiana*

Level I

Indianapolis

Eskenazi Health
 IU Health Methodist Hospital
 Riley Hospital for Children at IU Health
 Ascension St. Vincent Hospital

Level II

Evansville

Deaconess Hospital
 Ascension St. Vincent - Evansville

Ft. Wayne

Lutheran Hospital of Indiana
 Parkview Regional Medical Center

South Bend

Memorial Hospital of South Bend

Level III

Anderson

Ascension St. Vincent Regional Hospital
 Community Hospital - Anderson

Bloomington

IU Health Bloomington

Crown Point

Franciscan Health - Crown Point

Elkhart

Elkhart General Hospital

Jasper

Memorial Hospital and Health Care Center

Lafayette

Franciscan Health - Lafayette East
 IU Health - Arnett Hospital

Muncie

IU Health - Ball Memorial Hospital

Richmond

Reid Hospital & Health Care Services

Terre Haute

Terre Haute Regional

Terre Haute

Union Hospital - Terre Haute

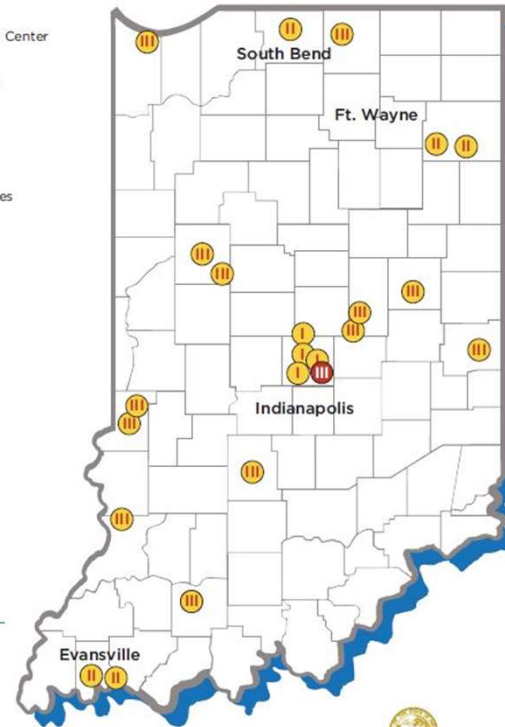
Vincennes

Good Samaritan Hospital

Provisional

Indianapolis

Franciscan Health - Indianapolis



Total Trauma Centers in Indiana*

Level I = 4

Level II = 5

Level III = 13

Provisional = 1

Total = 23

* Total includes current and In Process Trauma Centers



Trauma Center Verification Updates

- **Methodist Hospital – Northlake is no longer a verified trauma center.**
- **Terre Haute Regional has transitioned from a level II to a level III trauma center.**

2021 meeting changes

- **ISTCC will meet quarterly vs. bi-monthly in 2021.**
- **Plan for meetings to be virtual for the foreseeable future.**

Division grant activities

- **Applied but was not awarded U.S. Department of Transportation: State & Local Government Data Analysis Tools to Support Policy & Decision Making for Roadway Safety grant.**
- **Applied but was not awarded Administration for Community Living: 2020 Empowering Communities to Reduce Falls & Falls Risk grant.**

Division grant activities (continued)

- **STOP School Violence Grant Program**
 - If awarded, starts October.
 - \$749,656/year for 3 years.

SHIELD

- SHIELD – safety and health integration in the enforcement of laws on drugs.
- Evidence-based training for law enforcement officers:
 - Syringe and overdose scene safety.
 - COVID-19 safety.
 - Workplace wellness.
- Started in 2003 by Northeastern University School of Law.
 - Evidence-based.
- “Train the trainer” police officers lead the **virtual** sessions.
- Starting program in Indiana this ~~spring~~-fall. Including COVID-19 information.

Division staffing updates

- Overdose Data 2 Action grant – evaluator
 - Moved this to a contract with Wayne State University.
- Andzelika Rzucidlo
 - Moved to IDH Epidemiology Resource Center (ERC).
- Veronica Daye
 - Records Consultant for INVDRS/SUDORS to Injury Prevention Epidemiologist (backfilled Andzelika).
- Navtej Bal
 - Records Consultant for INVDRS/SUDORS
- Brandon Moore
 - Administrative Assistant; left his role at IDH.
- Summer Division Interns:
 - Sydney Whiteford – drug overdose prevention team
 - Abigail Urbanski – INVDRS
 - Tyler Delon – naloxone program
 - Ashley Thompson – trauma & injury prevention team
- Fall division interns:
 - TBD

Stroke center list

- **IC 16-31-2-9.5**
 - **Compile & maintain a list of Indiana hospitals that are stroke certified.**
 - **<https://www.in.gov/isdh/27849.htm>**
 - **Transfer agreements – must be stroke specific.**

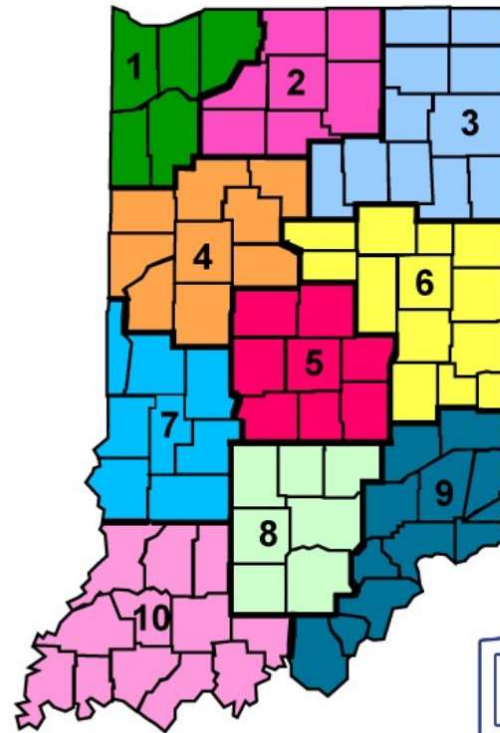
Injury Prevention Updates

- **Creating and disseminating COVID-19 guidance for injury prevention programs.**

Regional Updates

Regional updates

- District 1
- District 2
- District 3
- District 4
- District 5
- District 6
- District 7 – No Update
- District 8 – No Update
- District 9 – No Update
- District 10



District 1

- Working on Stop the Bleed programming and providing a hybrid course for schools.
- Unfortunately, Methodist Northlake lost their verification which leaves the district with Franciscan Health Crown Point as the sole trauma center.
- No meeting scheduled so far.

District 2

- The May 19th D2TRAC meeting was cancelled due to COVID19. We plan to have a meeting in September via Zoom. Invites and details will be sent out to district members by the end of the month.
- There have been leadership changes within the trauma programs at both Memorial and Elkhart. We have several vacant positions and new/interim program staff, so we are working through those challenges currently.
- We are restarting our education and outreach activities, including Stop The Bleed, utilizing reduced class sizes to facilitate physical distancing.

District 3

District 3 met last week (virtually):

Discussed mass casualty (MCI) planning and the use of EMResource

- They will be planning education for the district on using EMResource for MCIs
- Stop the Bleed training kits were purchased by the district Healthcare Coalition for each county
- The Fort Wayne International Airport had their first meeting the previous week to begin planning the 2021 full scale MCI drill for the region
- The Parkview Trauma Symposium in May of 2021 will be primarily Mass Casualty education

Child Maltreatment was discussed, and Lisa described a project that she is leading that includes the development of a weekly clinic where a pediatrician will follow up within a week of suspected child maltreatment cases that presented to the Trauma Centers in Fort Wayne. She is working in coordination with the Community Foundation, the Health Department, Pediatricians from Parkview and Lutheran, and the Parkview Mirro Research Center.

Lisa shared statistics that gunshot wound cases at Parkview for 2020 are equal to all cases for 2019. This is being reported throughout the country. Dr. Sarah Brown, ED physician at Parkview, received EMS data from Dr. Kaufman that showed a high penetrating rate for the region as well. More data is being reviewed.

A trauma registry committee has been developed and the committee is currently developing a state trauma registry course for registrars. Please contact Lisa Hollister at Parkview if you would like to volunteer to assist with course development. They currently have Parkview and ISDH volunteers and more are needed.

District 4

- No district meetings or spring drill since incident command requires 24/7 operation due to the pandemic.
- Franciscan Health Lafayette had departments present info on how preparation assisted in preparing for an emergency disaster and plans moving forward.
- FH Lafayette has increased the amount of airway/breathing supplies in the hospital and hospitals in the district are aware of this capacity.
- No district meeting has been scheduled yet.

District 5

- Meeting was canceled earlier this week.
- We are sending out the corrected 3Q and 4Q 2019 data for review.
- Next meeting is scheduled for November 18th.

District 6

- No meetings have occurred since COVID.
- Next meeting tentatively scheduled for October 14th.

District 10

- The committee discussed data for quarters 3 & 4 for 2019 to examine ED LOS. Data holding steady for the district. Great participation even though via zoom due to COVID. Discussion on how COVID has impacted the trauma centers and collaborating with the state on protocols and how protests are impacting transfers of patients.

Maternal mortality review and violent deaths

Gretchen Martin, *Director, Division of Fatal Review and Prevention and*
Morgan Sprecher, *INVDRS Epidemiologist*

Indiana Maternal Mortality Review

Gretchen Martin, MSW *Director of Fatality Review and Prevention*

Maternal Mortality



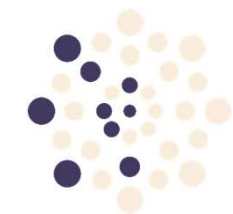
Pregnancy-associated death

- The death of a woman while pregnant or within one year of the termination of pregnancy, regardless of the cause. These deaths make up the universe of maternal mortality; within that universe are pregnancy-related deaths and pregnancy-associated, but not related deaths.



Pregnancy-associated, but not related death

- The death of a woman during pregnancy or within one year of the end of pregnancy, from a cause that is not related to pregnancy (e.g., a pregnant woman dies in an earthquake).



Pregnancy-related death

- The death of a woman during pregnancy or within one year of the end of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

MMRC Goals

To review all pregnancy-associated deaths and provide recommendations that may eliminate preventable maternal deaths, reduce maternal morbidity and improve the population health for women of reproductive age in Indiana.

MMRC Membership

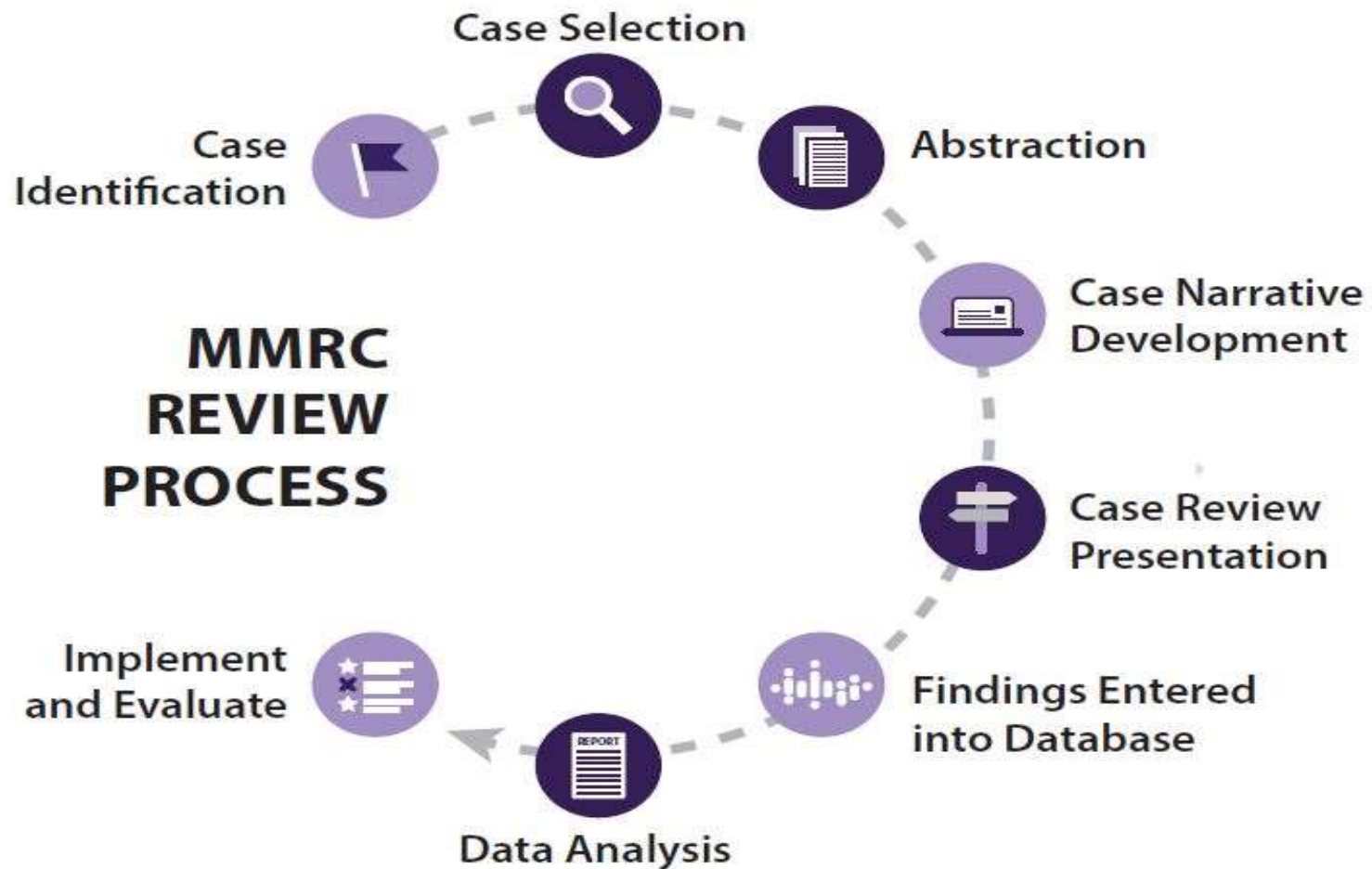
OB/GYNs and MFMs
Family medicine physicians
Perinatal nurses
Anesthesiology
Mental health and substance abuse
Pathologists
Psychiatrists
Cardiologists
Geneticists
Reproductive endocrinologists
Social workers
Nurse midwives
Doula
Medical sociologists
Health and human rights clinic lawyer

Representatives from:

March of Dimes
Family and Social Services Administration
Indiana Hospital Association
Department of Child Services
ISDH Office of Minority Health
Indiana Coalition on Minority Health
Indianapolis Healthy Start
ISDH office of Women's Health
Local Health Department Representatives
ISDH Maternal and Child Health Division
Nurse Family Partnership



Maternal Mortality Review Process



Case Identification

- Death certificate check box
- Linking death certificates
 - females age 10-60
 - fetal death records
 - infant birth or death records
- Hospital coding data from IHA
- Notifications from providers and facilities
- Social media, obituaries

MMRC Asks the Questions:

- Was the death pregnancy-related or pregnancy-associated?
- What was the cause of death?
- Was the death preventable?
- What factors contributed to the death?
- What are recommendations that address the contributing factors?
- What are the expected impacts if those recommendations were acted on?

Intentional Injury: Finalized 2018 Data

Morgan Sprecher, *INVDRS Epidemiologist*

2018 Death Types

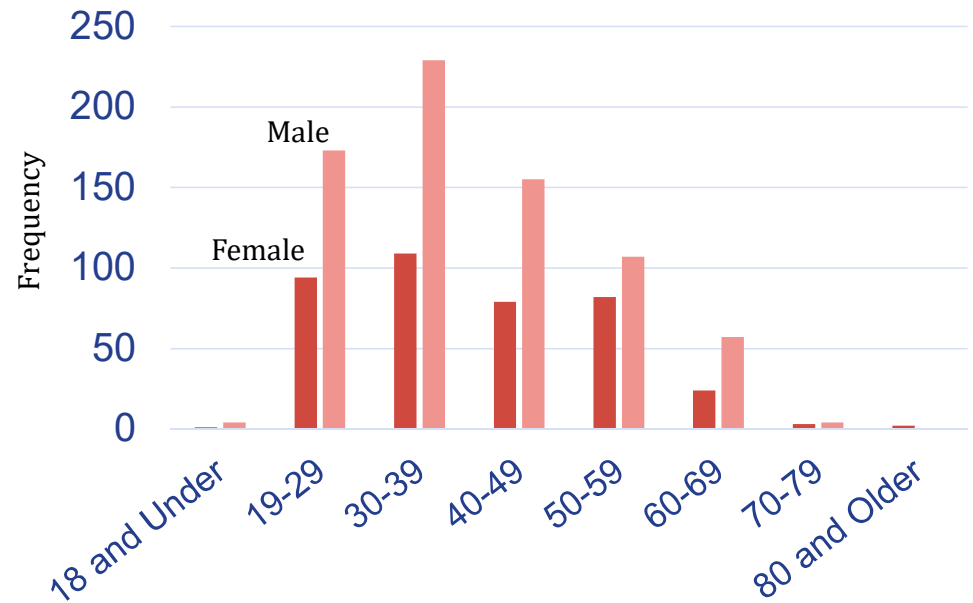
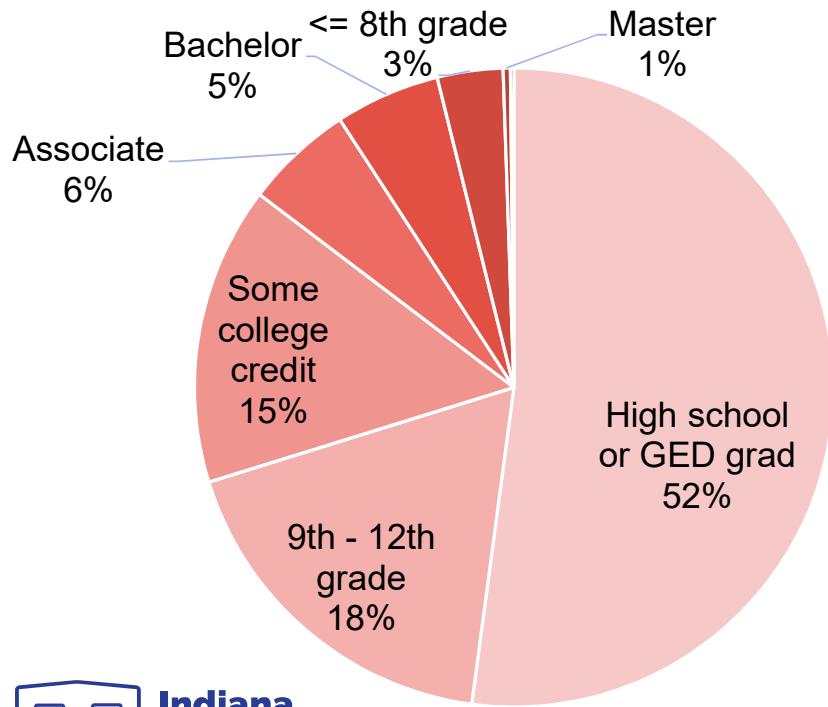
PDO: 1,123

Suicide: 1,079

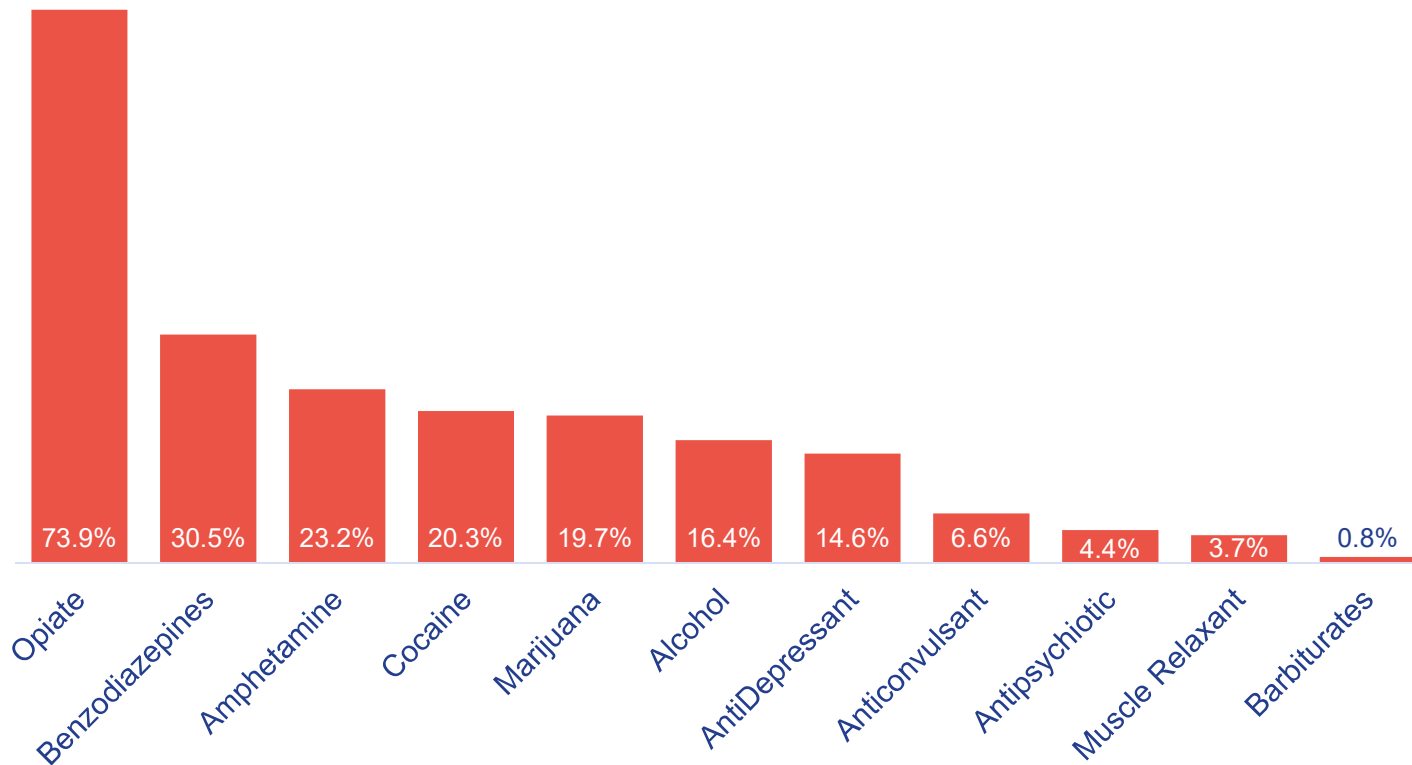
Homicide: 497

Undetermined: 95

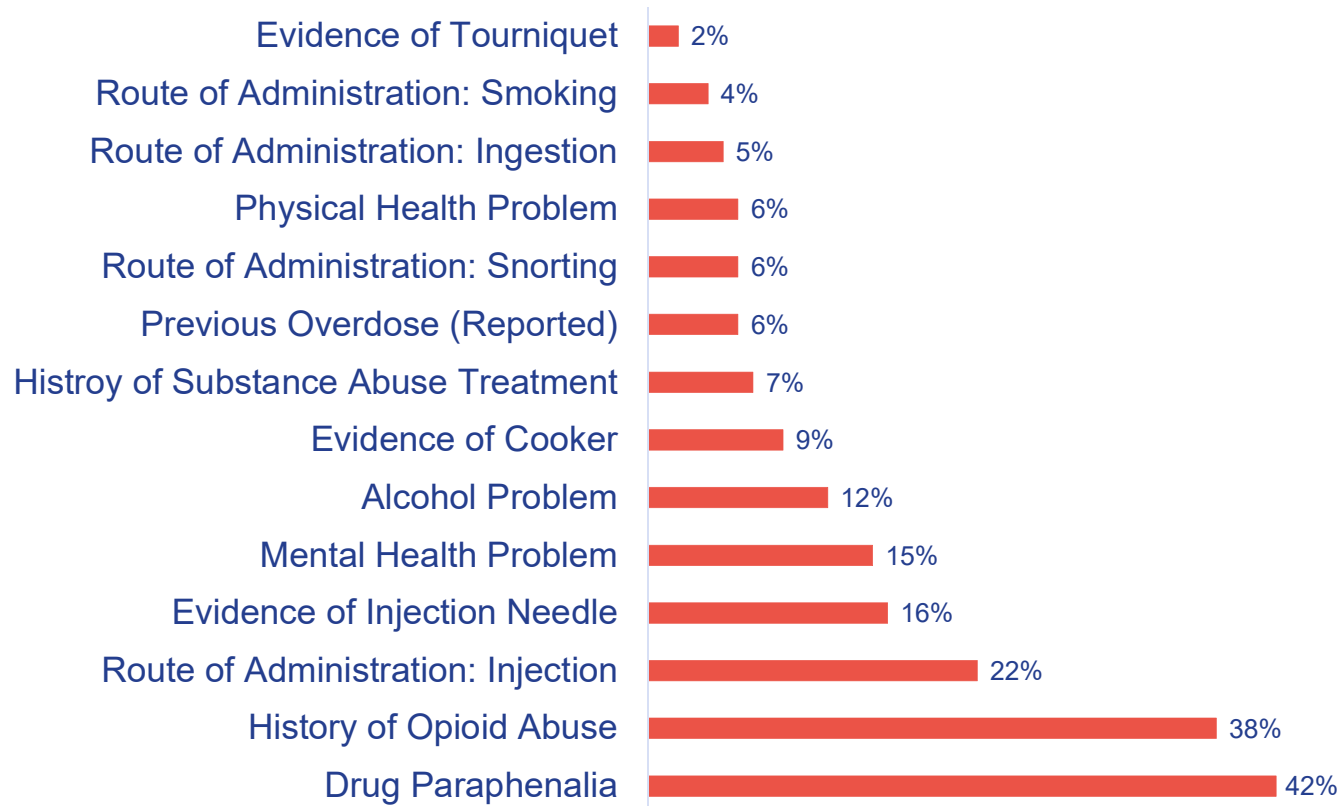
2018 PDO Demographics



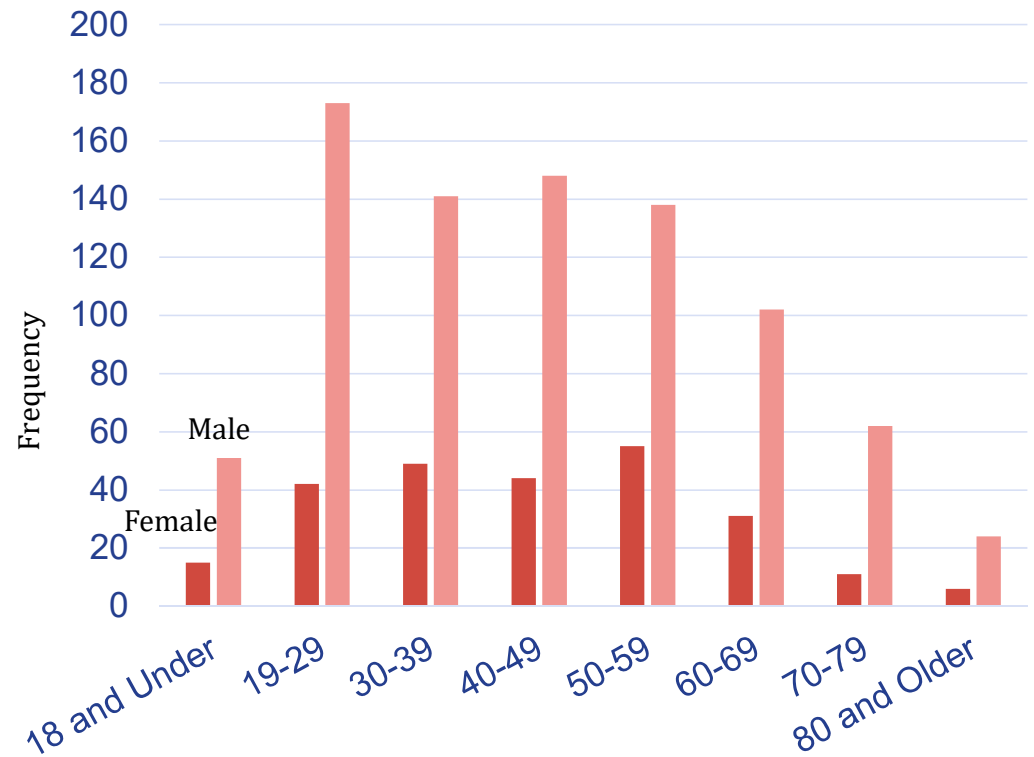
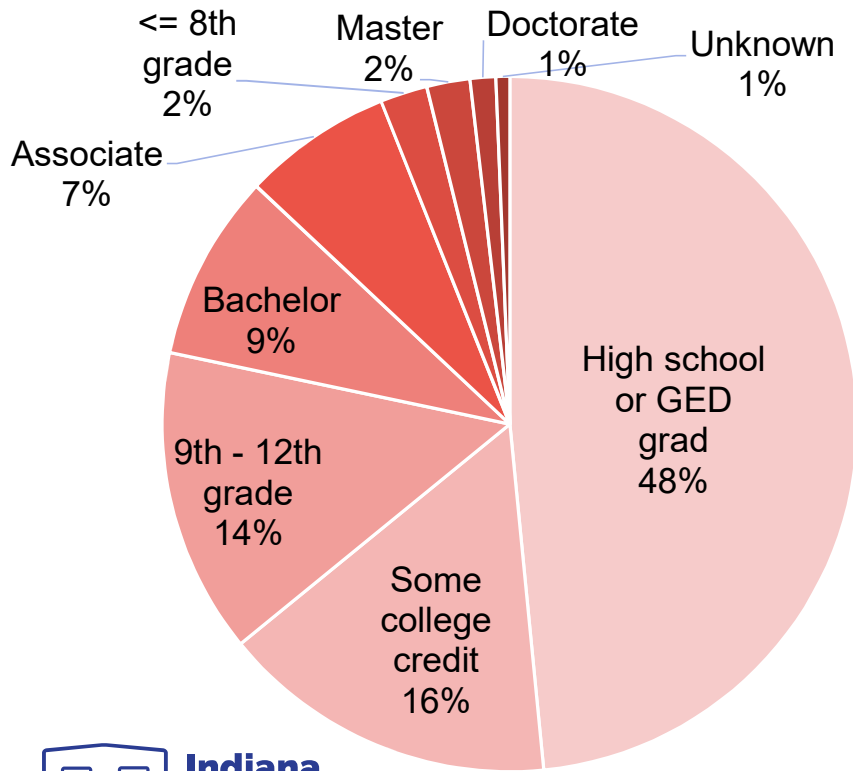
2018 PDO Toxicology



2018 PDO Circumstances



2018 Suicide Demographics



Location of Death



78%
HOUSE/APARTMENT

5%
MOTOR VEHICLE

4%
NATURAL AREA

Type of Weapon



53%
FIREARM

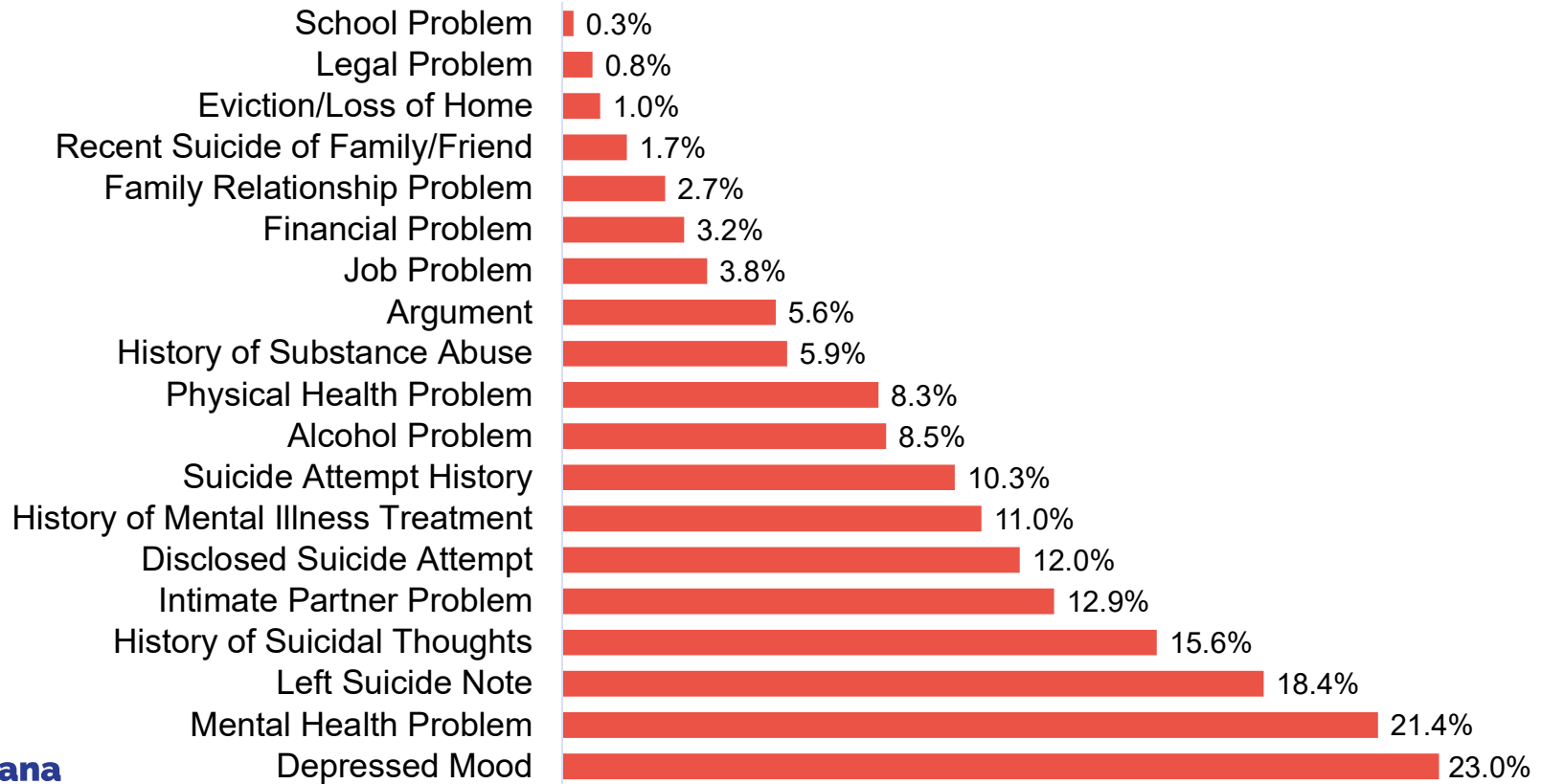


31%
HANGING, STRANGULATION, SUFFOCATION



10%
POISONING

2018 Suicide Circumstances



Indiana Trauma System *Project Updates*

Peter C. Jenkins MD, MSc
August 21, 2020



SCHOOL OF MEDICINE

INDIANA UNIVERSITY

Outline

1. Indiana TQIP – program updates
2. Research update: “Variation in Outcomes of Injured Patients Treated at Non-trauma Hospitals”
3. Extended TQIP – program updates

Indiana TQIP

- Enrolled 4/9 ACS Level I and Level II trauma centers
- Barriers to enrollment?

Variation in Outcomes of Injured Patients Treated at Non-trauma Hospitals

- Peter C. Jenkins, MD, MSc
- Lava Timsina, PhD
- Patrick Murphy, MD, MPH
- Christopher Tignanelli, MD
- Daniel N. Holena, MD, MSCE
- Mark R. Hemmila, MD
- Craig Newgard, MD, MPH

Key Points

- **Question** How much variation in outcomes exists at non-trauma hospitals?
- **Findings**
 - 37,671 patients treated at 101 non-trauma hospitals
 - 4-fold variation in rates of mortality
 - 53-fold variation in transfer rates
 - 2-fold difference in ED length-of-stay of transfer patients
 - Similar variation high-risk cohorts (age >55 years and TBI)
- **Meaning** Trauma quality improvement should include engagement of non-trauma hospitals to reduce variation in outcomes of injured patients treated at those facilities.

Background

- ACS TQIP includes all ACS-COT verified level I and level II trauma centers
- Provides risk-adjusted and reliability-adjusted outcome reports
- Reports guide hospital-specific quality improvement initiatives

But

- ACS TQIP includes a fraction of hospitals that treat injured patients
- Non-trauma centers receive no feedback

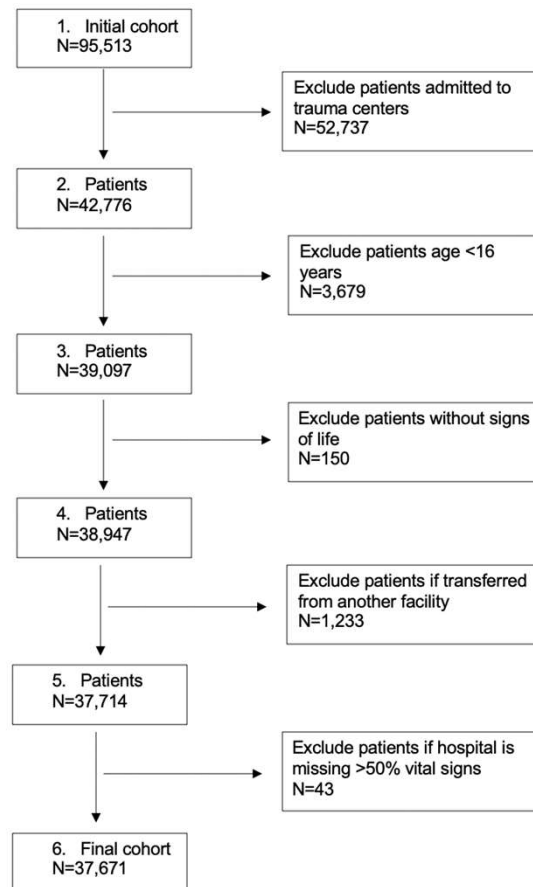
So

- Tested for variation in outcomes at non-trauma hospitals that treat injured patients

Methods

- Indiana trauma registry data (2013-2015)
 - AHA data and ISDH hospital surveys
 - Urban influence codes from U.S. Dept. of Agriculture define “metropolitan” and “non-metropolitan”
- Outcomes
 - Mortality
 - Transfer rates
 - ED LOS among transfer patients
- Risk-adjusted and reliability-adjusted results
- Subgroup analyses of high-risk cohorts (age >55 years and GCS <14) based on Indiana Trauma & Triage Guidelines

Selection for study cohort



Results: Patient Characteristics

	All patients, No.=37,671	Age >55 years No.=24,991	GCS <14 No.=1,560
Age in years, median (IQR)	68 (47-83)	79 (68-86)	62 (38-82)
ECI, median (IQR)	1 (0-1)	1 (0-2)	0 (0-1)
Race (%)			
White	85.1	88.4	81.6
Black	5.5	2.8	8.6
Other	1.8	1.0	2.8
NA/not known	7.0	7.2	6.6
Missing	0.6	0.7	0.5
Female (%)	53.3	64.1	43.1
Payer type (%)			
Medicare	49.1	70.8	44.7
Private/commercial	20.6	13.5	18.5
Medicaid	5.9	2.6	7.7
Other	16.1	5.6	22.7
NA/not known	8.1	7.4	6.3
Missing	0.2	0.2	0.1

Results: Patient Characteristics

	All patients, No.=37,671	Age >55 years No.=24,991	GCS <14 No.=1,560
Mechanism (%)			
Fall	35.7	44.9	23.7
Motor vehicle accident	8.8	5.2	13.0
Firearm	1.5	0.8	1.6
Cut/pierce	2.4	0.7	4.1
Assault	2.1	0.7	2.5
Burn/electrocution	5.0	3.8	4.4
Overdose/poisoning/ adverse reaction	1.8	1.4	1.0
Struck by/against	1.5	0.7	2.6
Pedestrian struck	2.4	1.3	3.3
Other/not known	33.6	35.0	40.0
Missing	5.0	5.4	3.9

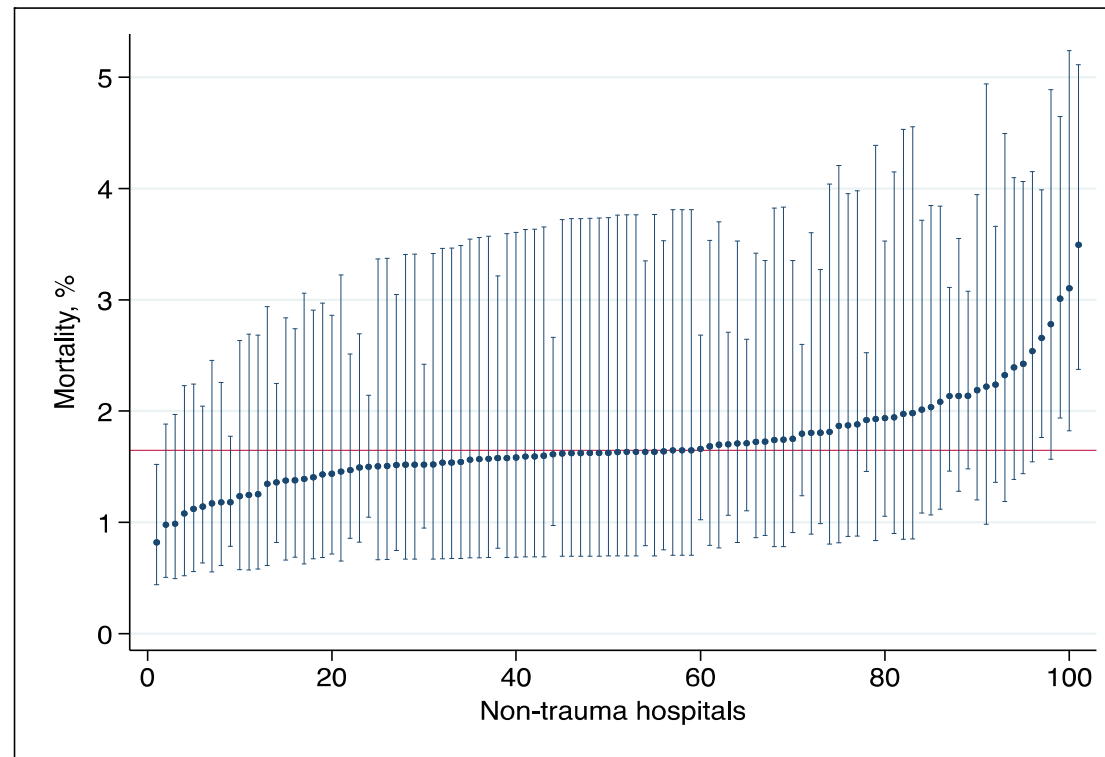
Results: Patient Characteristics

	All patients, No.=37,671	Age >55 years No.=24,991	GCS <14 No.=1,560
Injury Severity Score, median (IQR)	5 (4-9)	8 (4-9)	9 (4-10)
Initial Systolic Blood Pressure, mean (SD)	144.2 (28)	148.5 (29)	141.3 (35)
Initial Heart Rate, mean (SD)	84.3 (18)	81.3 (17)	89.9 (25)
Glasgow coma scale, mean (SD)	14.6 (2)	14.6 (2)	8.4 (4)
General hospital beds, mean (SD)	125 (87)	125 (84)	138 (94)
Teaching hospital (%)	55.8	54.8	64.0
Non-profit hospital (%)	92.1	92.0	92.5
Metropolitan (%)	74.5	75.0	79.4

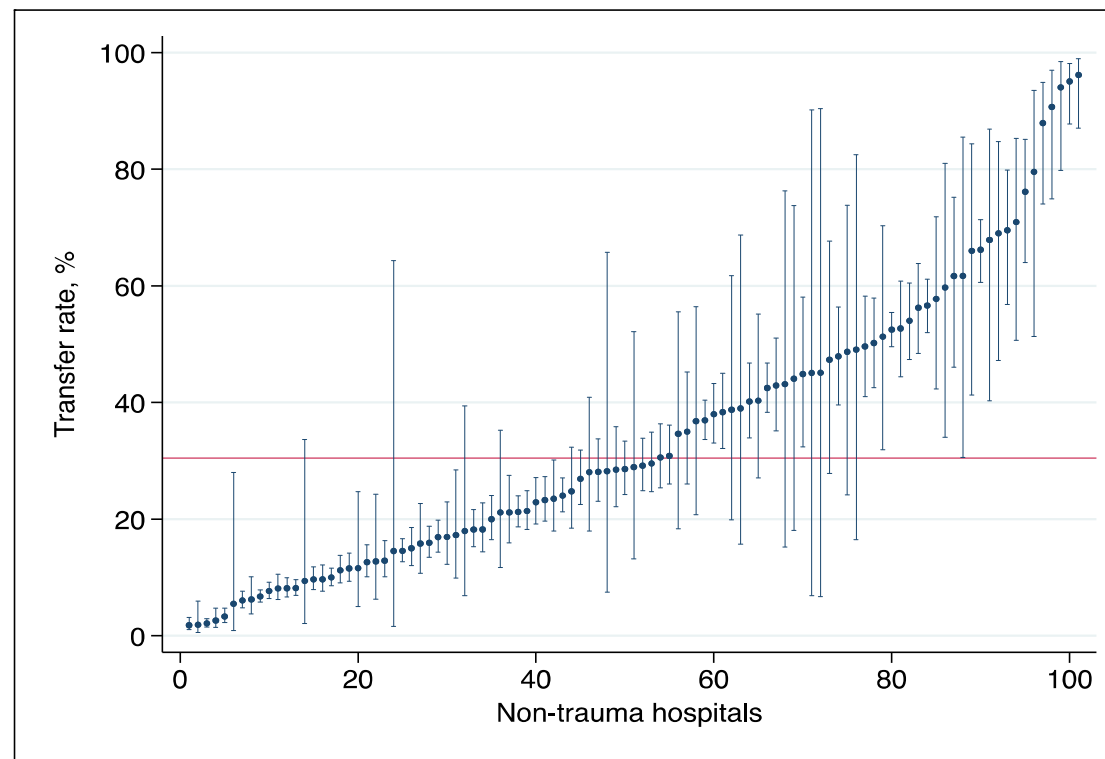
Results: Hospital Characteristics

Characteristic	Data
All hospitals, No.	101
Teaching status, No.	37
Non-profit status, No.	91
Metropolitan, No.	63
General hospital beds, No.	
<50	49
50-100	26
101-150	9
151-200	7
>200	10
Annual trauma volume, median (IQR)	102 (31-230)

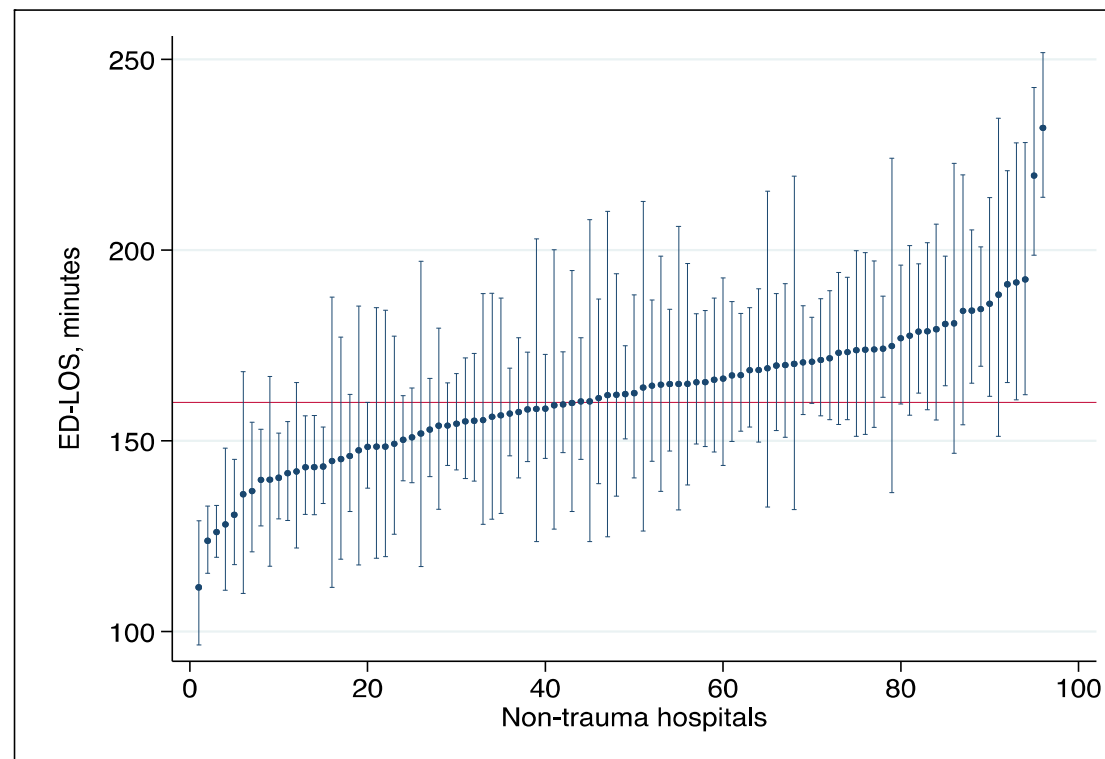
Results: Ranked variation in risk-adjusted and reliability-adjusted mortality of injured patients treated at non-trauma hospitals with 95% CIs and cohort mean (N=101)



Results: Ranked variation in risk-adjusted and reliability-adjusted transfer rates of injured patients treated at non-trauma hospitals with 95% CIs and cohort mean (N=101)



Results: Ranked variation in risk-adjusted and reliability-adjusted Emergency Department length-of-stay (ED-LOS) of injured patients treated at non-trauma hospitals with 95% CIs and cohort mean (N=96)



Results: Summary of hospital outlier statuses by patient cohort, outcome, and metropolitan location

All Hospitals (No.=101)						
	Low Outliers, N			High Outliers, N		
	All patients	Age >55 years	GCS <14	All patients	Age >55 years	GCS <14
Outcome						
Mortality	1	0	2	4	4	4
Transfer	39	38	12	33	27	8
ED-LOS	12	9	6	11	5	3

Results: Association of patient characteristics and outcomes

	Mortality		Transfer		ED-LOS	
	OR	P (95% CI)	OR	P (95% CI)	Coef.	P (95% CI)
Age, years	1.04	<0.001 (1.03, 1.05)	0.98	<0.001 (0.98, 0.98)	0.003	<0.001 (0.003, 0.004)
Race						
White	Ref.	--	Ref.	--	Ref.	--
Black	0.81	0.41 (0.49, 1.34)	1.12	0.08 (0.99, 1.27)	-0.008	0.78 (-0.069, 0.052)
Other	1.36	0.38 (0.68, 2.69)	0.84	0.09 (0.68, 1.03)	0.030	0.55 (-0.068, 0.127)
NA	0.81	0.28 (0.54, 1.19)	0.97	0.59 (0.87, 1.08)	-0.050	0.06 (-0.101, 0.003)
Missing	2.12	0.11 (0.84, 5.34)	1.26	0.16 (0.91, 1.74)	0.070	0.36 (-0.080, 0.220)
Female	0.63	<0.001 (0.52, 0.76)	0.67	<0.001 (0.64, 0.71)	0.145	<0.001 (0.117, 0.172)
Metropolitan	1.70	<0.001 (1.27, 2.27)	0.44	<0.001 (0.41, 0.47)	0.077	<0.001 (0.046, 0.108)

Conclusions

- Widespread variation in outcomes at non-trauma centers with significant outliers
 - Mortality (4-fold)
 - Interfacility transfer (53-fold)
 - ED-LOS (2-fold)
 - GCS <14: mortality varied 6-fold (4.2% to 25.4%)
- Foundational information needed for collaborative quality improvement in this hospital cohort
- Under review at *JAMA Surgery*

Extended TQIP

- “Development of a quality improvement program for injured patients treated at non-trauma hospitals”
- NIH funded – National Center for Advanced Translational Science
 - 2-year Award (UL1 TR002529), 2020-2022
- Beginning interviews at IUH White Hospital (9/22).
 - Design E-TQIP at 5 hospitals
 - Pilot at 2 hospitals
- Plan statewide implementation 2022 (R01 then Anthem)
- Research assistant support by ISDH

Thank you!

Dr. Michael McGee

- Methodist Hospital – Northlake Campus, Gary



CRISIS IN AMERICA!!!!

Michael A. McGee, MD, MPH, FACEP

**Chair, Firearm Violence Prevention Committee for
Diversity, Inclusion & Health Equity Section of ACEP
Chair, 100 BMOA Violence Prevention Action Committee**



**The Epidemic of Firearm-
Violence from a PH Perspective:
Health Disparities and Effects
Upon of Youth!**

Objectives

- Explore the epidemiology of firearm violence in US vs other Countries & the role of the Government.
- Recognize disparities associated with firearm violence.
- Learn the role of FBI Black Homicide Data & National Youth Data associated with gun violence.
- Develop strategies & innovative policies to reduce urban firearm violence.

Public Health Approach

- Define the problem and impact
- Identify the risk and protective factors
- Develop and test mitigation / prevention strategies
- Ensure widespread adoption of effective programs

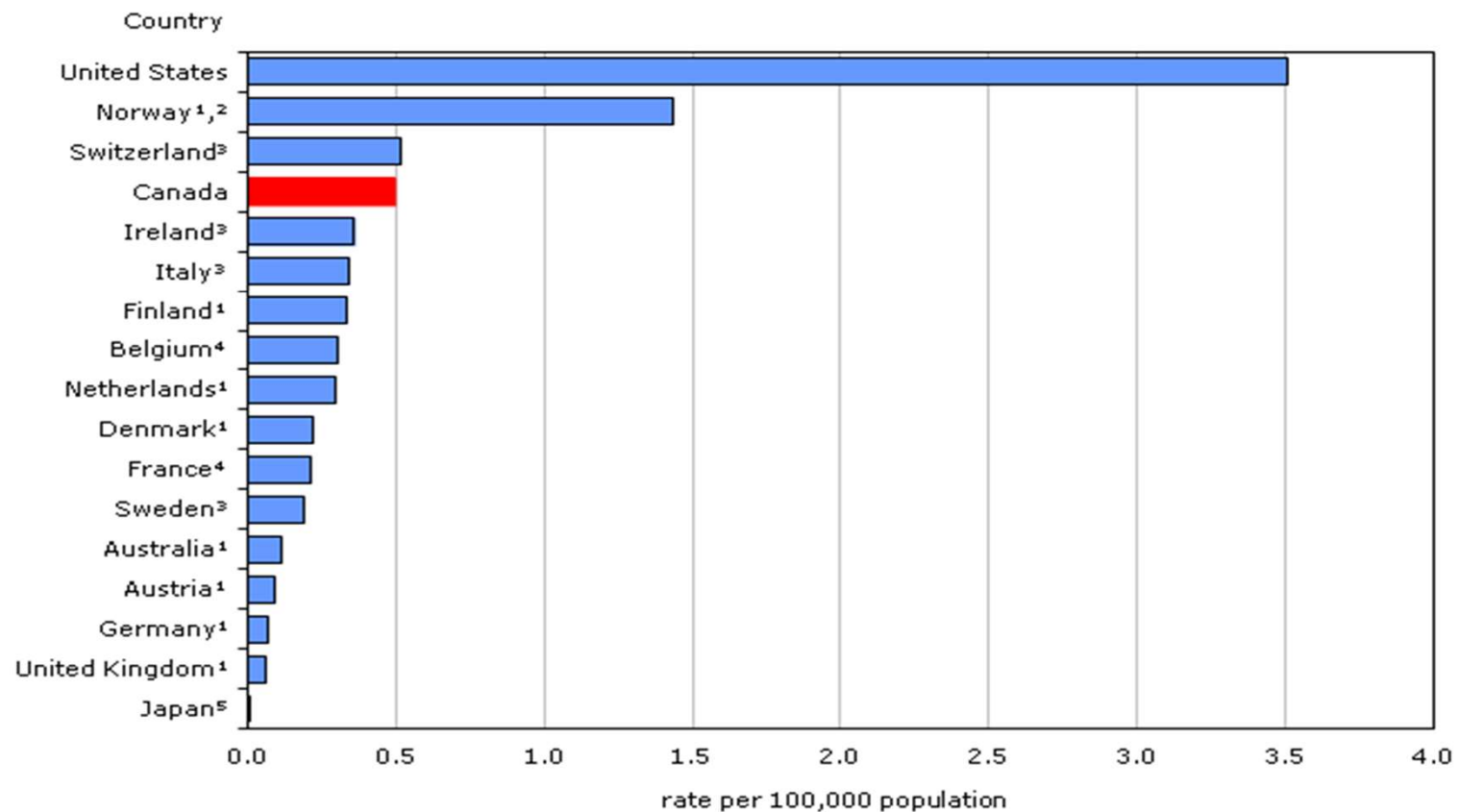
Epidemiology of Gun Violence

United States vs Other Countries

How U.S. gun deaths compare to other countries



Chart 4
Firearm-related homicide rates, by selected countries, 2012



1. Figures reflect 2011 data.

2. Includes 69 homicides committed during the Utoya Island mass shooting in July 2011.

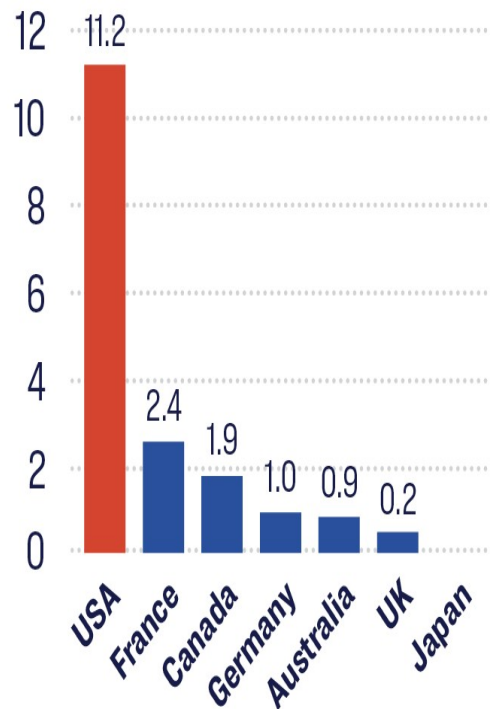
3. Figures reflect 2010 data.

4. Figures reflect 2009 data.

5. Figures reflect 2008 data.

Source: United Nations Office on Drugs and Crime; World Health Organization; Home Office (UK); Australian Institute of Criminology; Federal Bureau of Investigation, Uniform Crime Report; Statistics Canada, Canadian Centre for Justice Statistics, Homicide Survey.

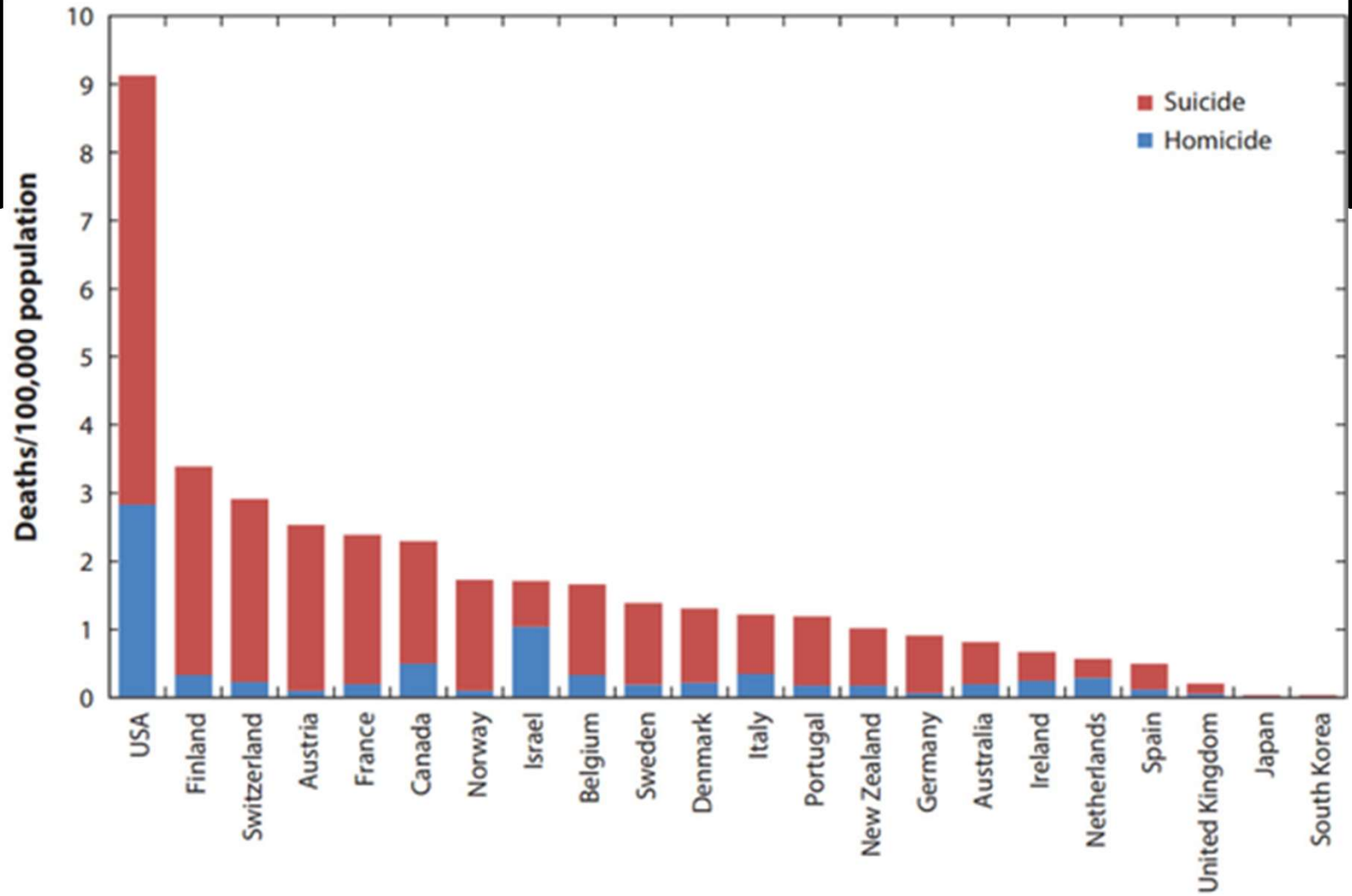
GUN DEATH RATE PER 100,000



**AMERICANS ARE
25 TIMES MORE
LIKELY TO DIE FROM
GUN VIOLENCE
THAN RESIDENTS OF PEER NATIONS**

Source: American Journal of Medicine, 2019

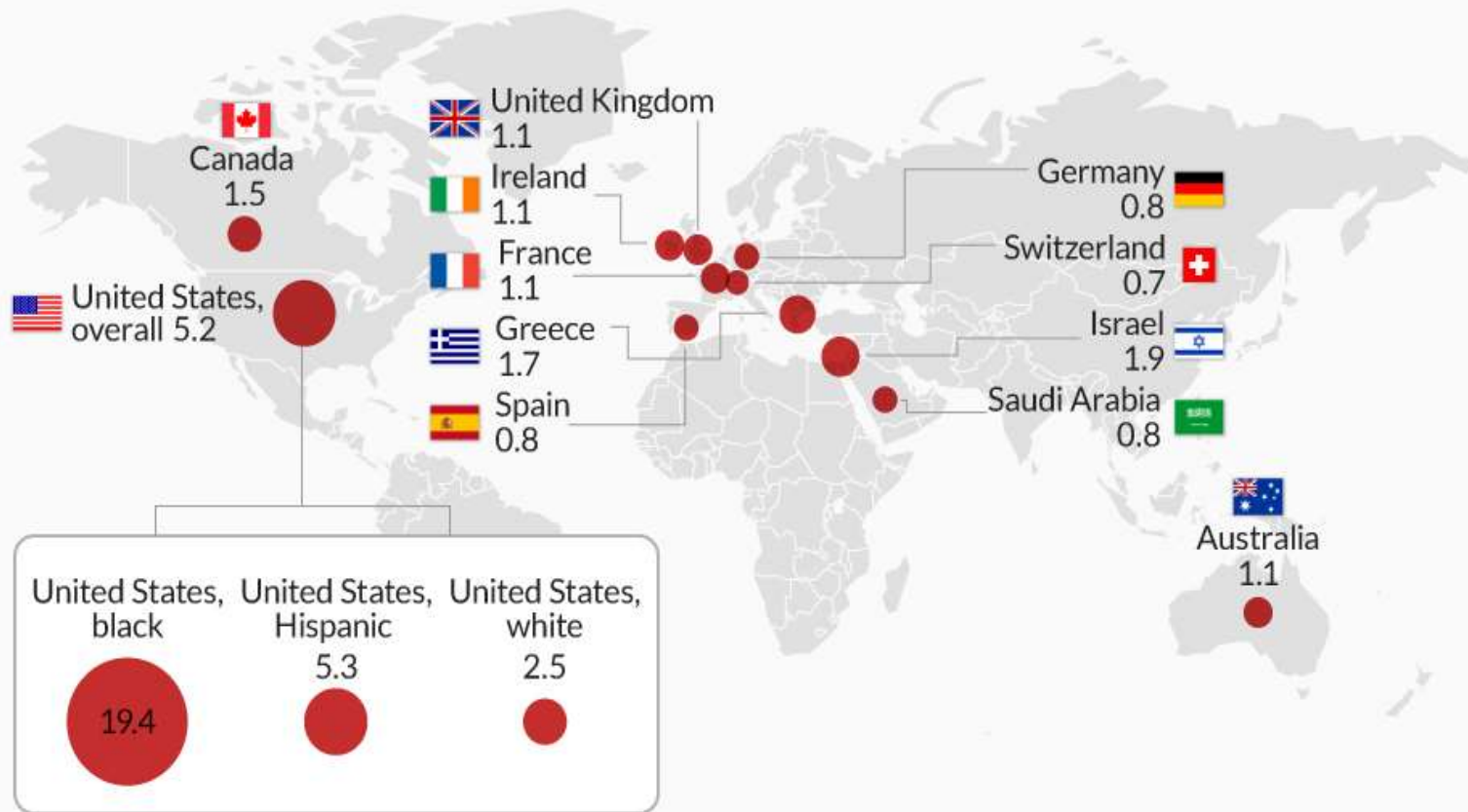
GIFFORDS



Mortality rates for firearm suicide and homicide for selected members of the Organization for Economic Co-operation and Development. Data available at the GunPolicy.org website, <http://www.gunpolicy.org>

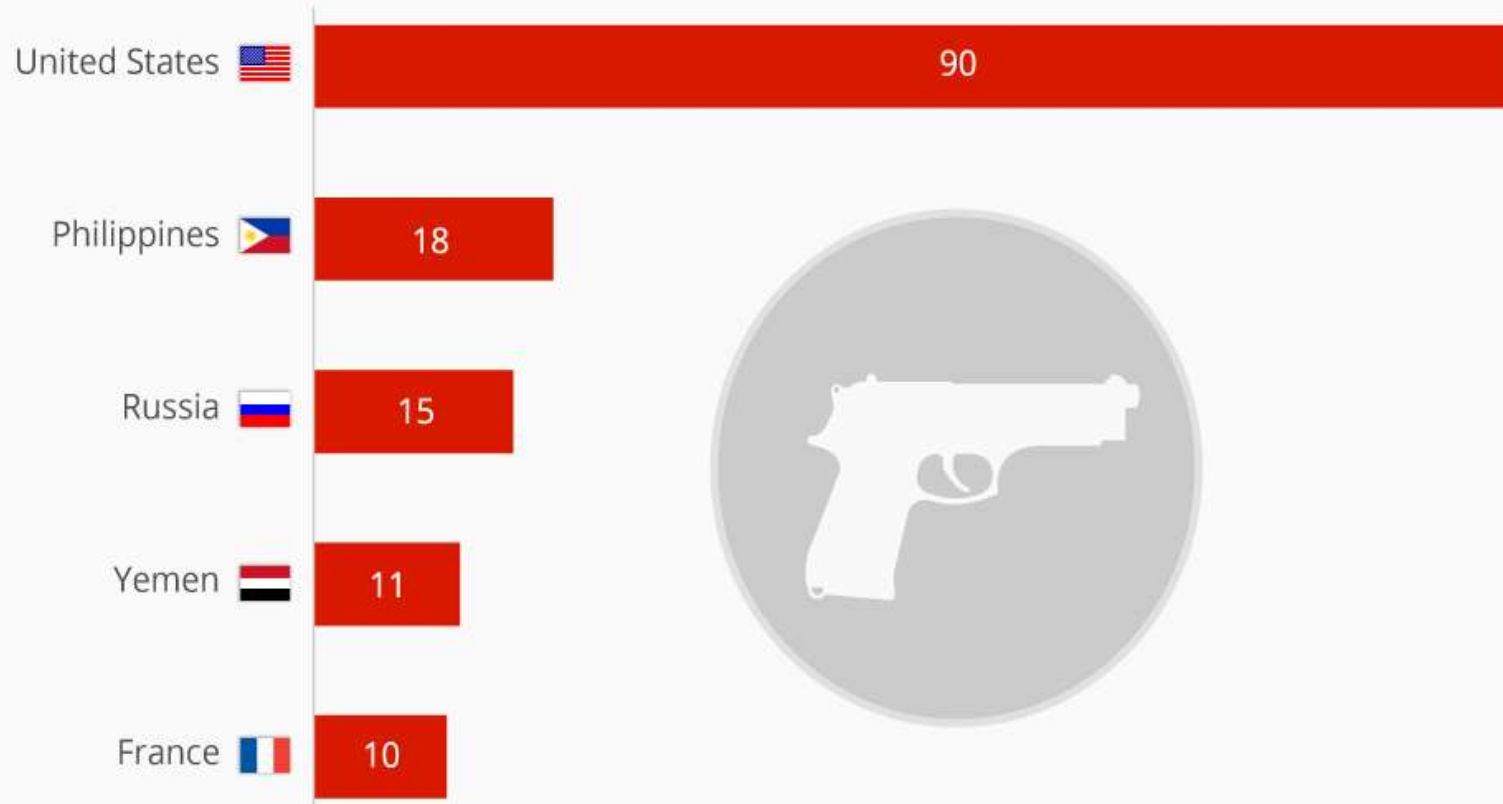
The US murder rate compared to other countries

Homicide deaths per 100,000 of the population (2010-2012 average)



Mass shootings: US the worst in the world by far

Countries with the most mass shootings from 1966-2012

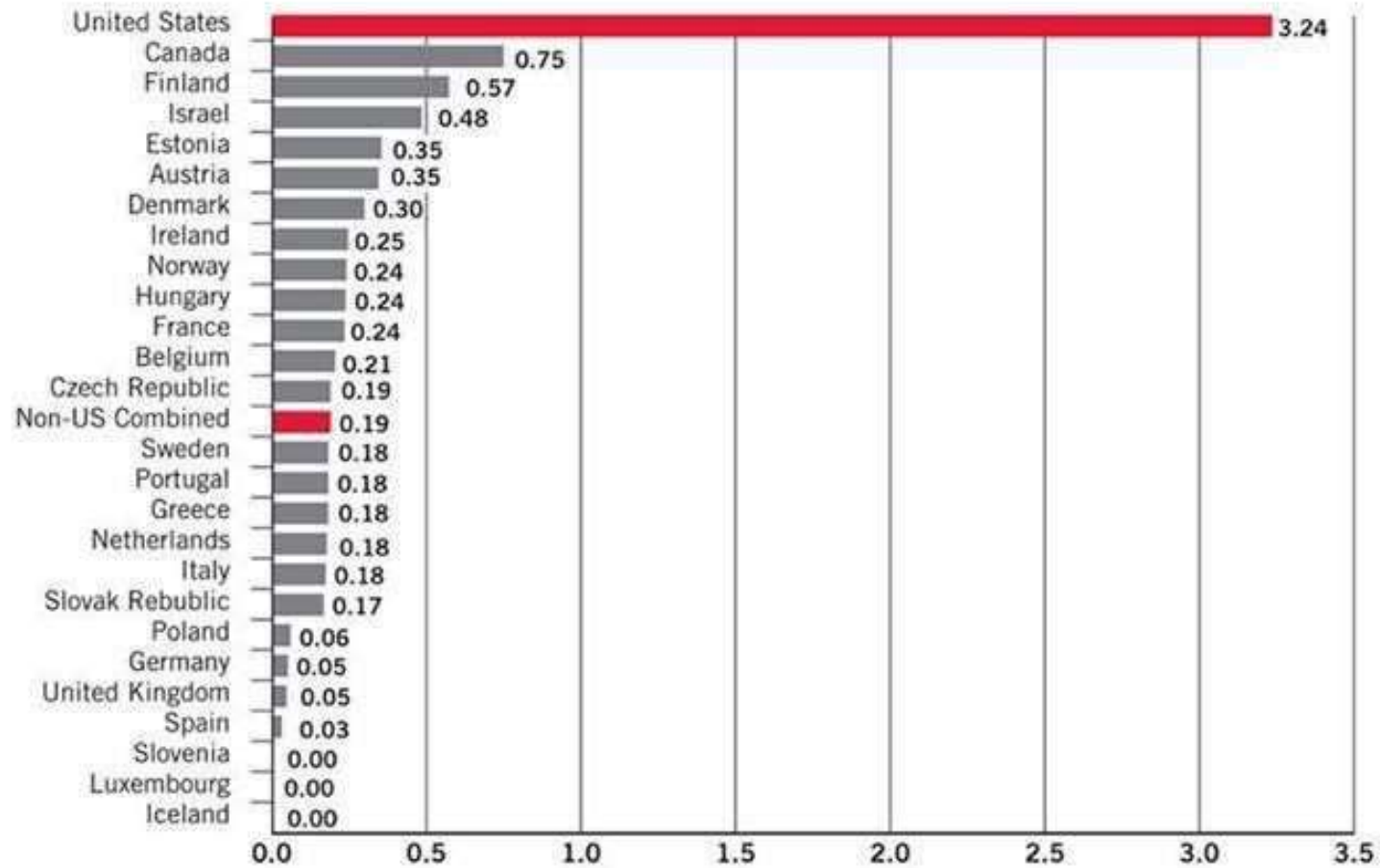


@StatistaCharts Source: CNN

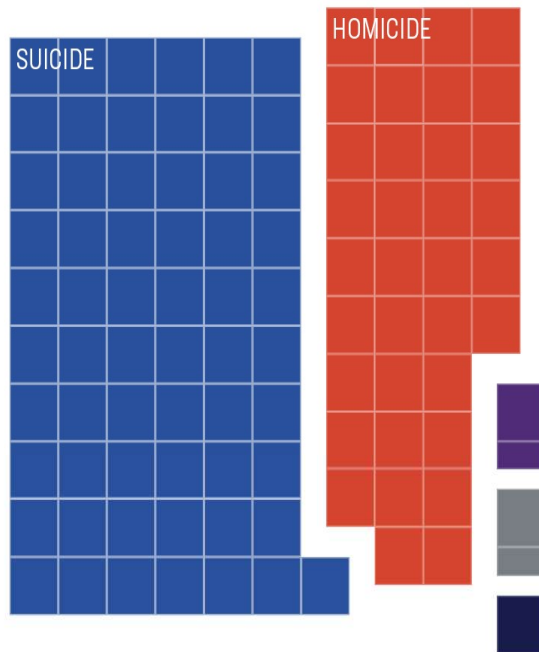
thejournal.ie
READ, SHARE AND SHAPE THE NEWS

statista

Rates of Gun Deaths per 100,000 Children and Teens in High-Income Countries



Suicides



EACH YEAR
36,383 AMERICANS
DIE FROM GUN VIOLENCE

- GUN SUICIDES: 22,274 (61%)
- GUN HOMICIDES: 12,830 (35%)
- LAW ENFORCEMENT SHOOTINGS: 496 (1.4%)
- UNINTENTIONAL SHOOTINGS: 487 (1.3%)
- UNDETERMINED: 295 (0.8%)

Source: CDC WISQARS, 2013-17

GIFFORDS

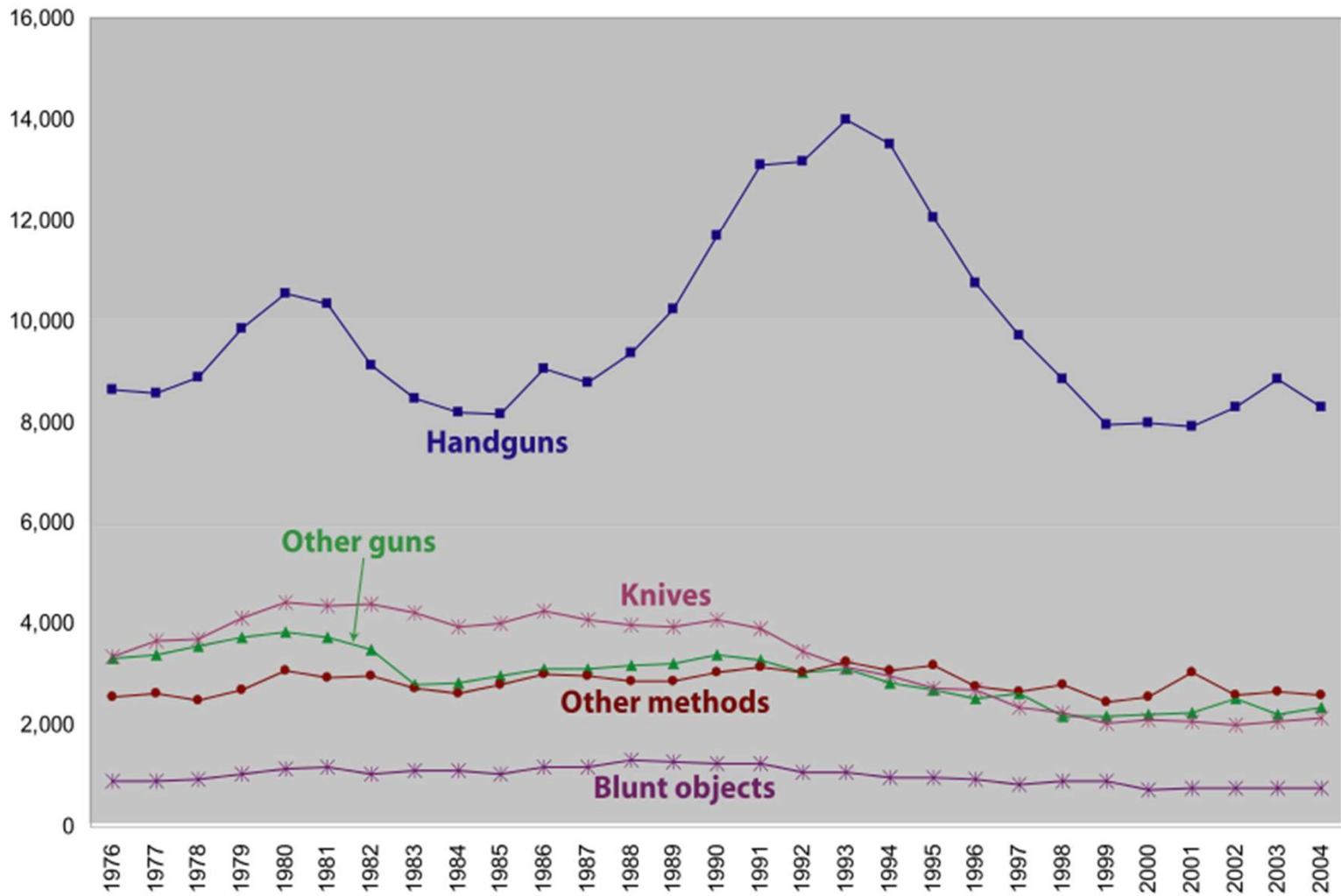
Gun Violence in America Fact Sheet

(average 2003-13)

- **Every day:** 314 people shot
 - 41 are children under 18
- 35,000 people die every year from gun violence
 - 2,300 are children under 18
- 95 People die every day from gun violence
 - 9 are children under 18

**Source: CDC; National Center for Injury Prevention and Control; US Dept of Justice. Firearm Violence 1993-2011. Published May 2013. WISQARS.

Homicides by weapon type



Mental Health and Gun Violence?

- Most gun violence criminals: lack mental wellness (coping skills, anger management, etc)
 - Only 4-6% committed by individual with mental illness (*American Journal of Psychiatry*)
- Vast majority of gun deaths in America are from suicide: People w/mental health: Harm themselves!

More Gun Violence Facts

- Guns used in 80% of incidents at schools taken from home, friend, or relative.

Suicide

- Firearms most common (51% of all)
- "Firearm Access" 3X risk of suicide
- Approximately 1/3 handguns are kept loaded and unlocked and most kids know where guns are kept.

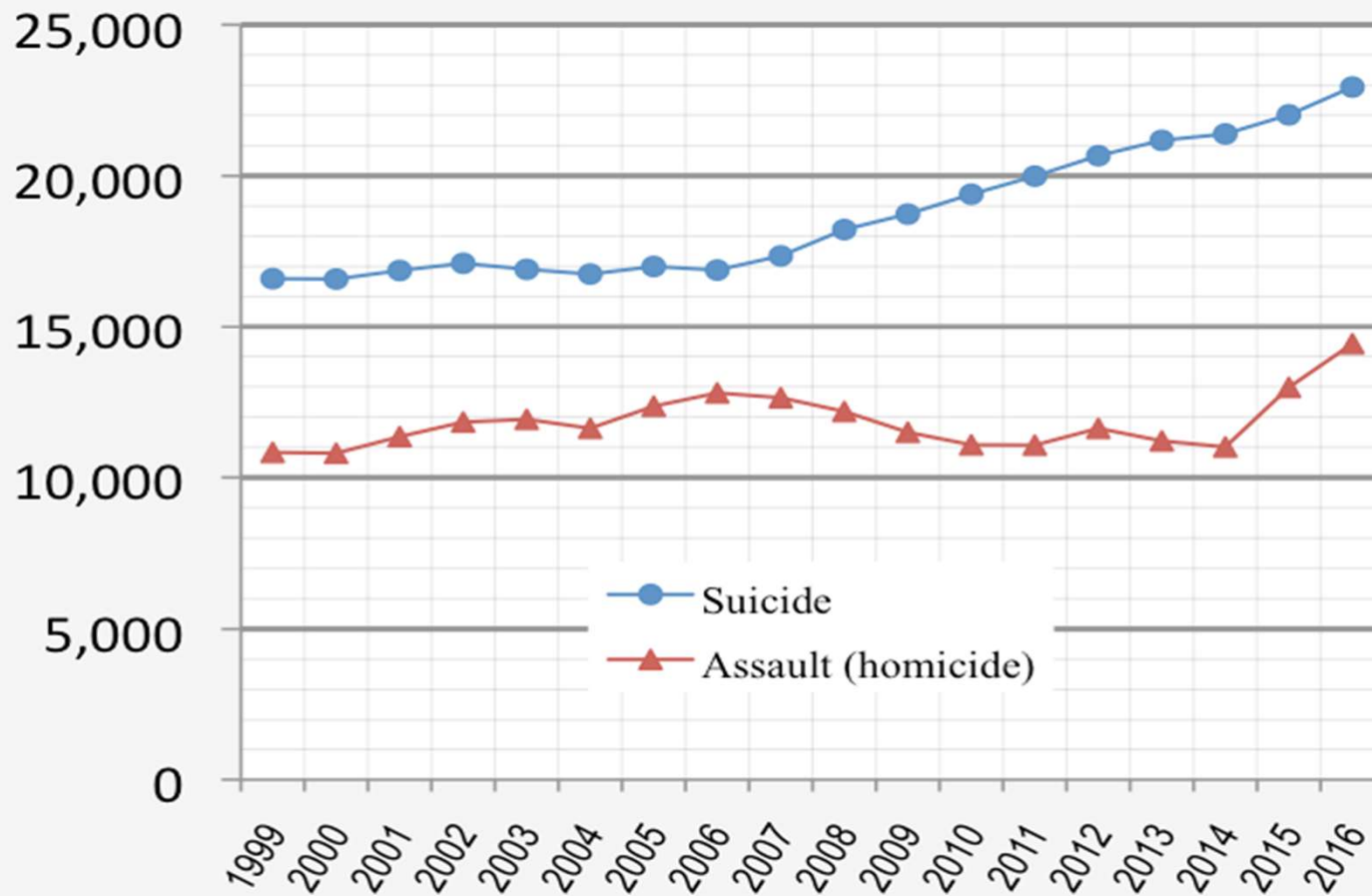
4.6 MILLION CHILDREN



**LIVE IN HOMES WHERE
GUNS ARE UNLOCKED
AND LOADED**

Source: *Journal of Urban Health*, 2018

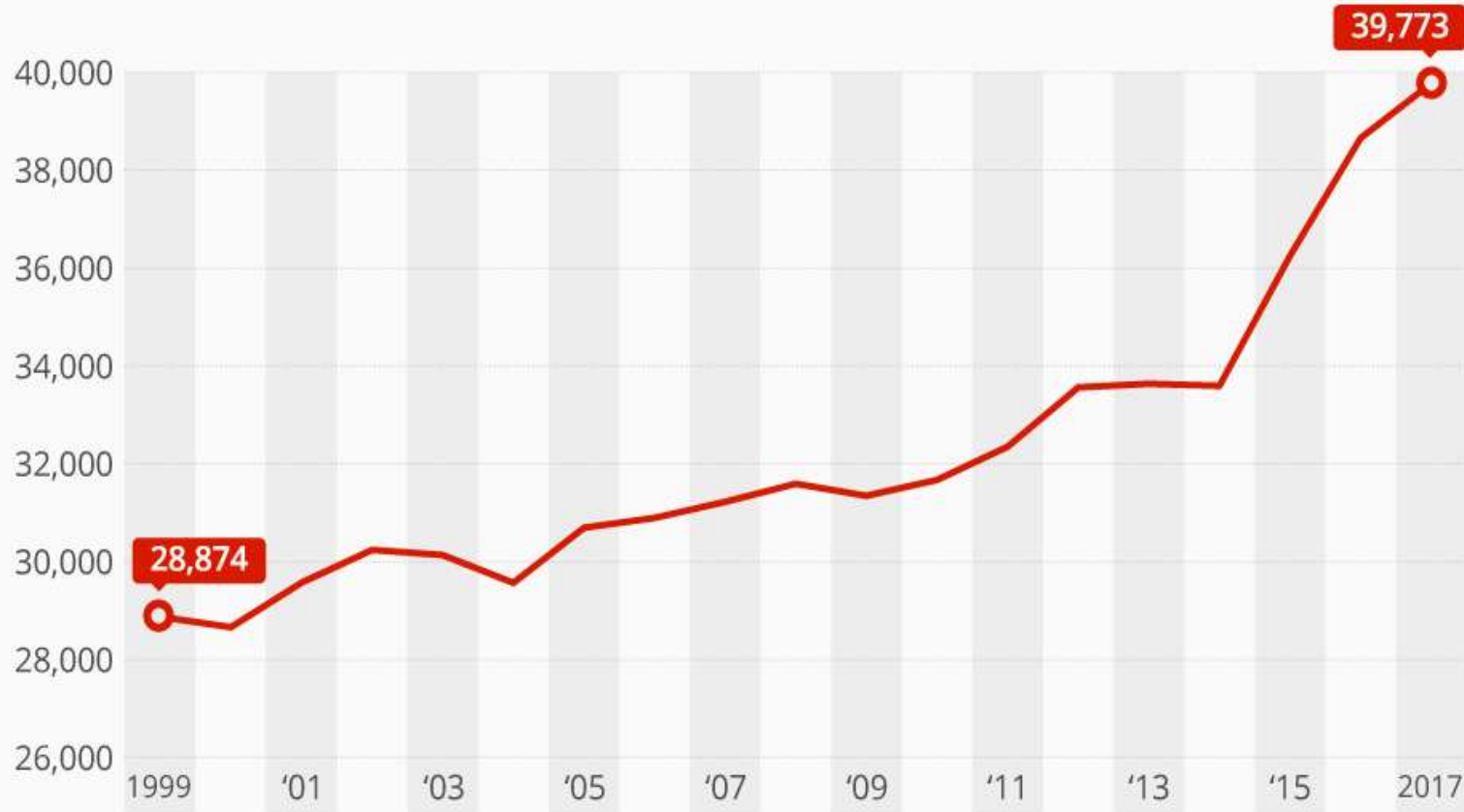
GIFFORDS



Gun-related deaths in the United States

The Steady Rise Of U.S. Gun Deaths

Number of U.S. gun deaths due to firearms (1999-2017)*



* Deaths classified as unintentional, suicide, homicide, undetermined and legal intervention/operations of war.

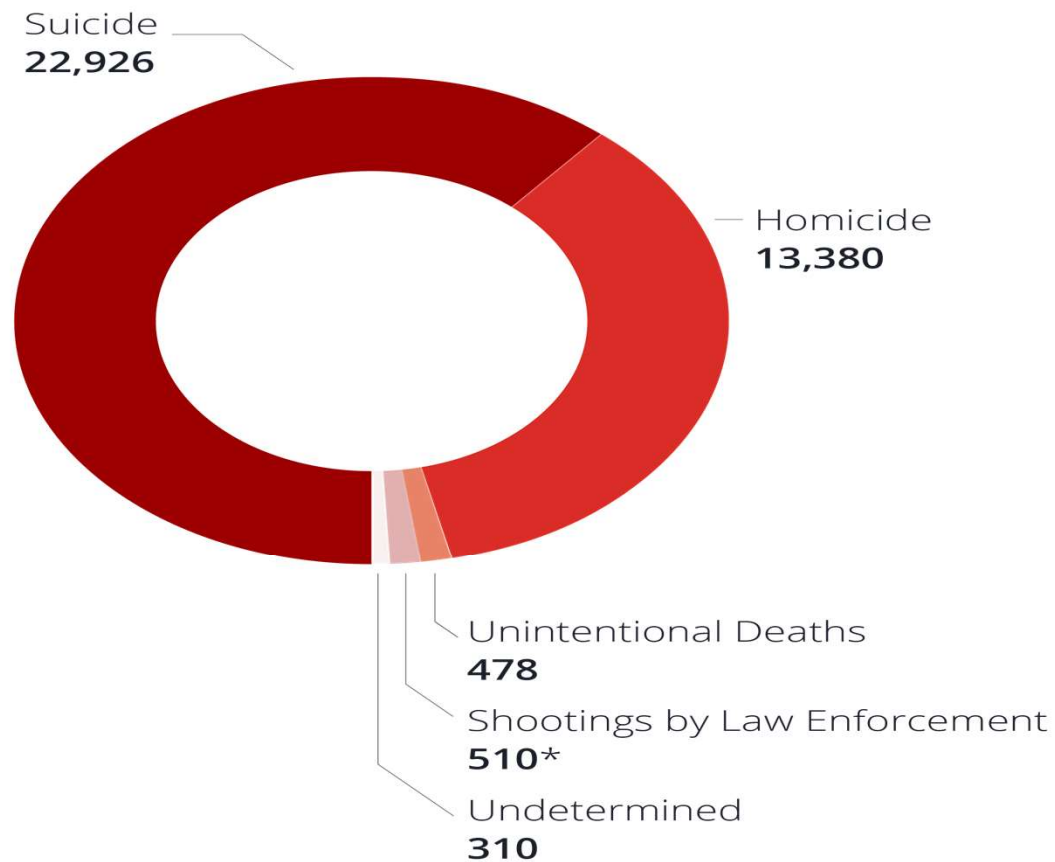
@StatistaCharts

Source: Centers For Disease Control and Prevention

statista

SOURCE: CDC (2014-2018)

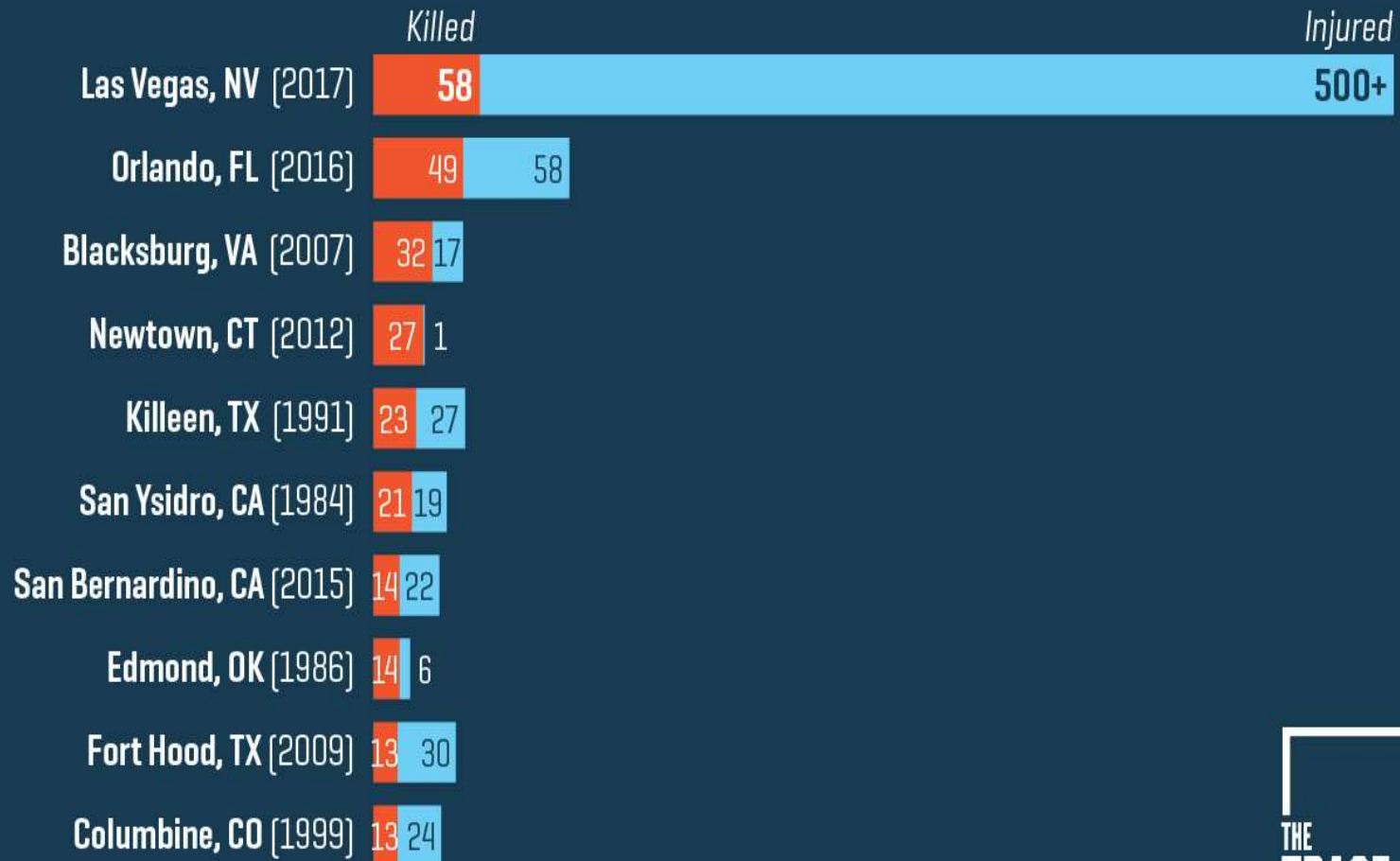
* Shootings by Law Enforcement underreported (988)



Mass Shootings

- Incident in which a lone gunman(s) kills at least 4 people in a public place for motivations excluding robbery or gang violence.
- Weapon of choice: AR-15 Rifles

DEADLIEST MASS SHOOTINGS IN U.S. HISTORY



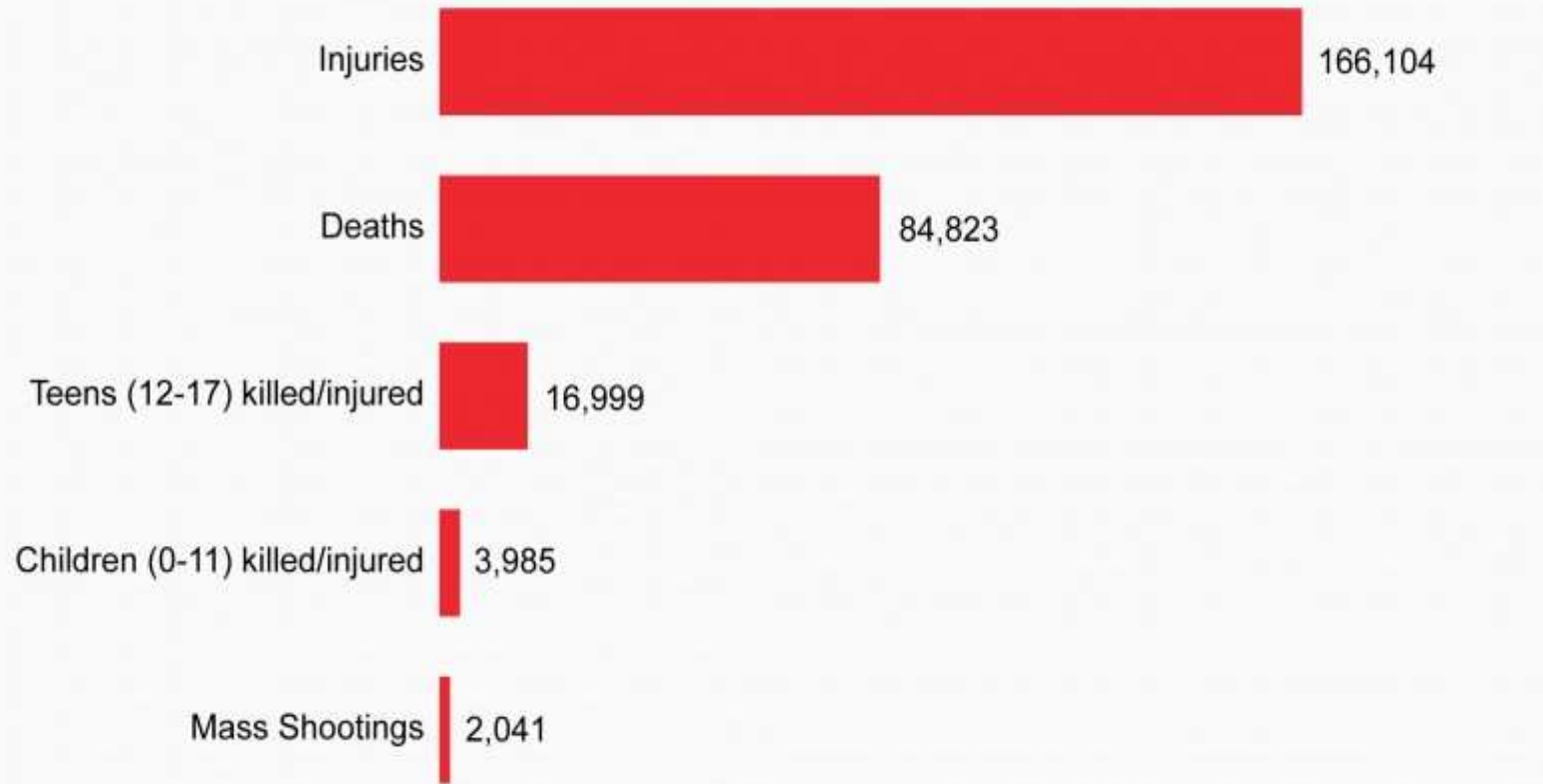
What About Now?

- 2019: Had More Mass Shootings Than Days = 417
- **Gun Violence Archive (GVA):** Nonprof - tracks data
 - JULY 17th: 305 Mass Shootings in 2020
- 2018 (340 mass shootings); 2017 (346); 2016 (382)



85,000 People Killed By U.S. Gun Violence in Five Years

Figures related to gun violence in the U.S. from Jan 2014 to Nov 2019*



* As of Nov 17, 2019

Source: Gun Violence Archive



The Statistics Portal
www.statista.com

GUN VIOLENCE ARCHIVE (GVA)

Evidence Based Research – since 2013

TYPE	Total (2019)	Total (2020): 8/1
Number of all GSW Deaths	15,208	10,312
Injuries related to GSW	29,501	20,757
Number of Children (age 0-11)	692 (killed or injured)	554 K=174 / I=379
Number of Teens (age 12-17)	3068 (killed or injured)	2172 K=574 / I=1,579
Suicide by Gun	21,912 (61.5 % of GSW)	14,124
Unintentional Shootings	1662	1222
Mass Shootings	417	353
Murder/Suicides	614	340
Officer Shot or Killed	223	242
Suspect Shot or Killed by Officer	1,449	1366

THE TRUE COST OF GUN VIOLENCE

A MOTHER JONES INVESTIGATION

50
10
20
70
8,40
50



**GUN VIOLENCE
COSTS OVER**

\$229 BILLION EACH YEAR

GIFFORDS



National

Congress moves to act on gun control amid partisan debate about background checks

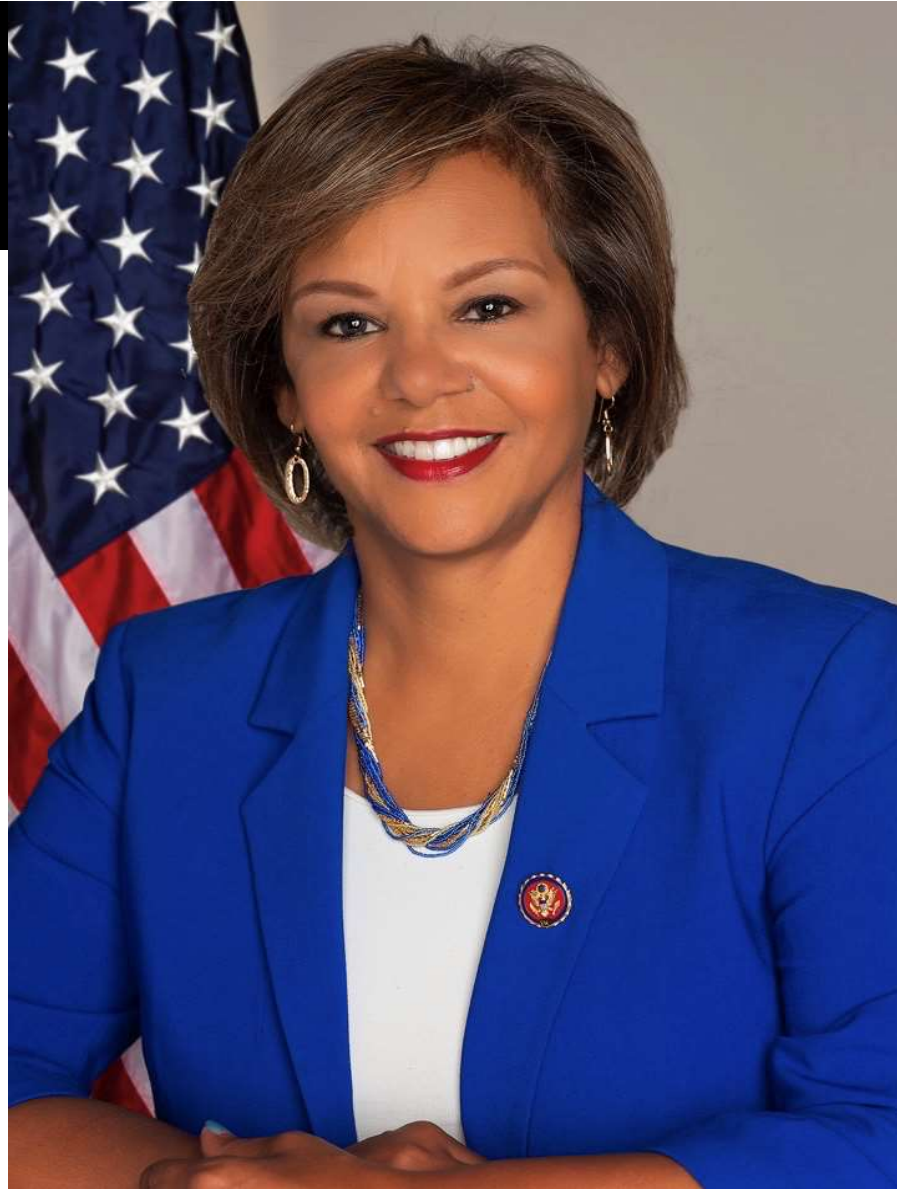
By **Katie Zezima**

February 13, 2019 at 9:27 PM



What about now?

- Feb ' 19: Congress (House) voted for 3 measures:
 - Red Flag Bill (Extreme Risk Protection Orders)
 - Ban on high-capacity ammunition magazines
 - No guns for people w/violent hate crime misdemeanors
- Measures & Universal Gun Control (Senate): **Pend**
- **HOPE IS ON THE HORIZON!** New Development..



KELLY REPORT 2014

GUN VIOLENCE IN AMERICA



WATCH

LOG IN



Robin Kelly releases congressional report on reducing gun violence



Monday, June 30, 2014

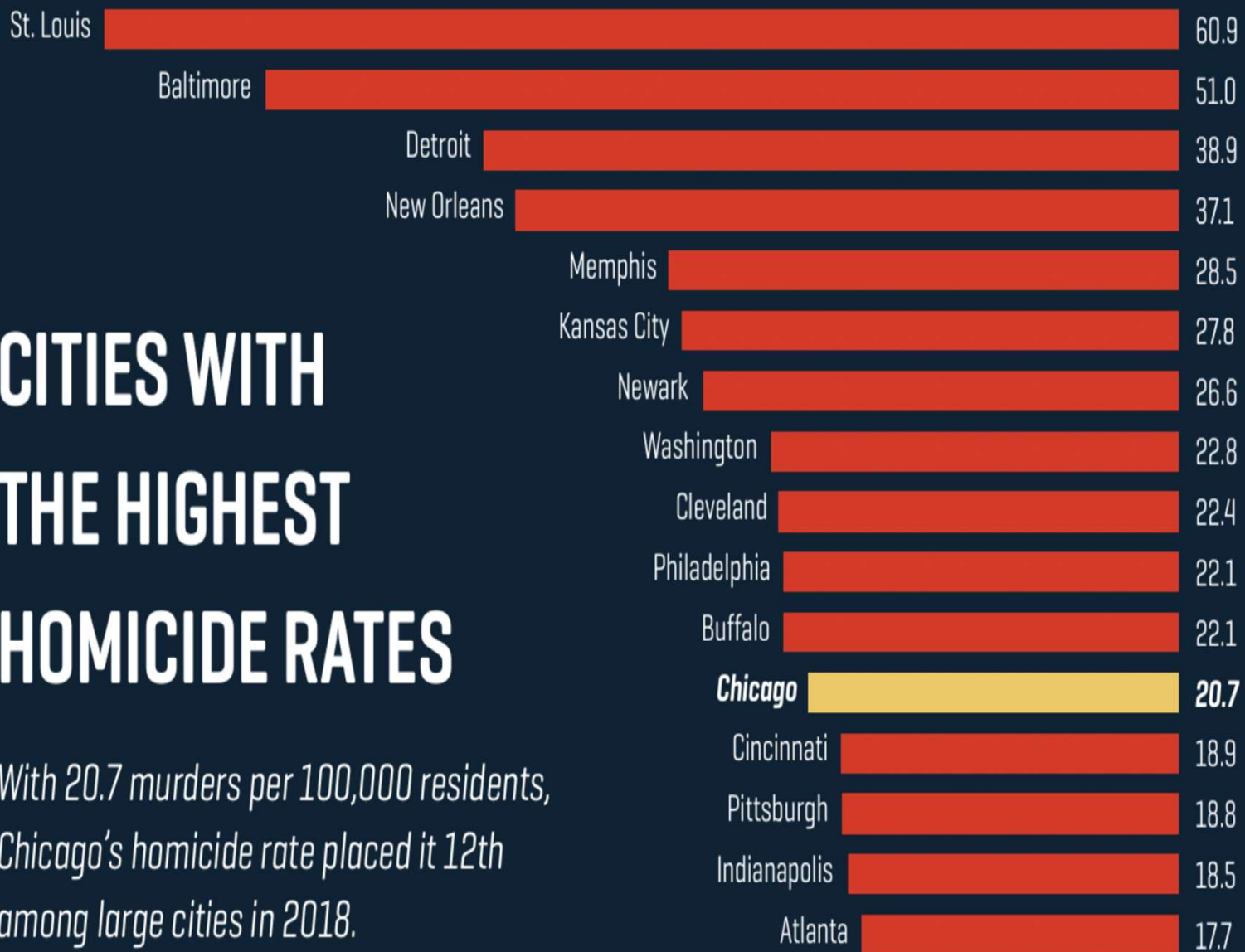
SHARE:

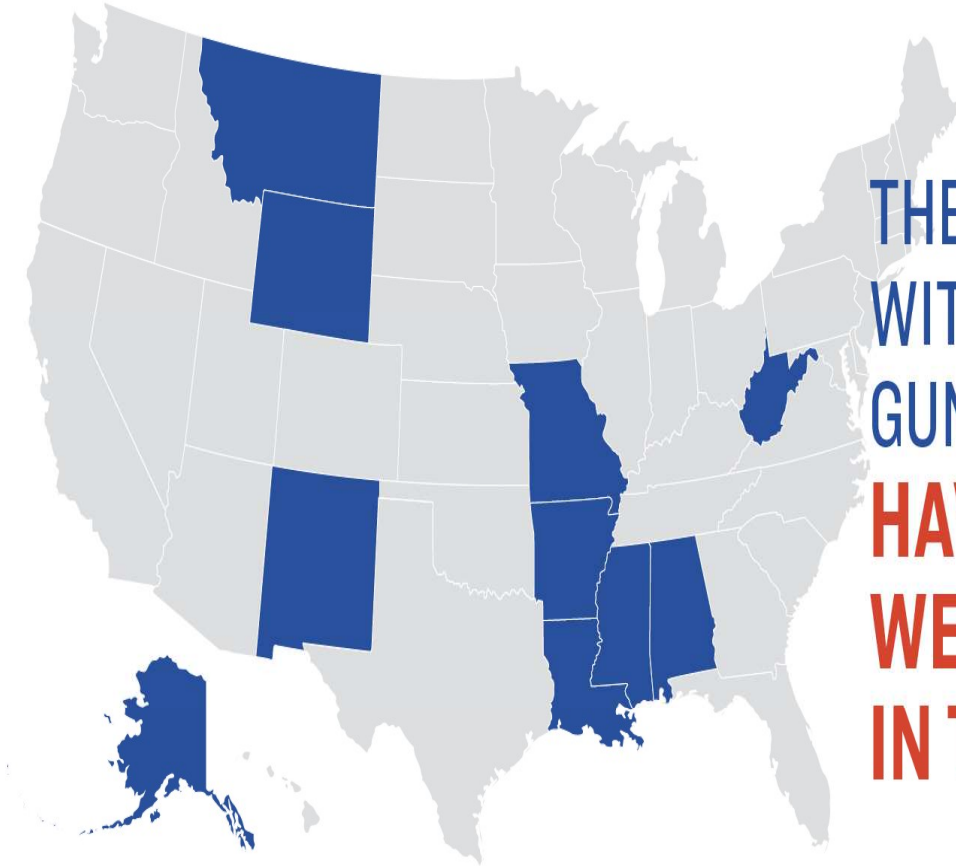


Firearm Violence in US Cities

CITIES WITH THE HIGHEST HOMICIDE RATES

*With 20.7 murders per 100,000 residents,
Chicago's homicide rate placed it 12th
among large cities in 2018.*





THE 10 STATES
WITH THE HIGHEST
GUN DEATH RATES
**HAVE SOME OF THE
WEAKEST GUN LAWS
IN THE NATION**

See if your lawmakers are doing enough
to save lives at gunlawscorecard.org

GIFFORDS

Gun Deaths by State by Population '19

Source: CDC – Highest Firearm Mortality by State

STATE **	Firearm Death Rate per 100K	2018 Deaths	2019 Population
1 Louisiana n/y/n	18.5 (49% of guns in homes)	858	4,652,581
2 Alaska n/n/n	17.5 (56%)	116	735,720
3 Montana n/n/n	16.9 (67.5%)	161	1,074,532
4 Nevada n/y/n	16.1	390	3,087,025
5 Arizona n/n/n	16.1	934	7,275,070
6 Tennessee n/y/n	16	976	6,833,793
7 Mississippi n/n/n	16	455	2,987,895
8 Alabama n/yn	16 (59%)	736	4,898,246
9 Idaho n/n/n	14.1	195	1,790,182
10 N Mexico n/y/n	13.9	267	2,096,034
22 Indiana n/y/n	11.2	705	6,718,616
38 Illinois	8	1,019	12,700,381

**Laws: Firearm registration required (8/50) / permit to carry / permit to purchase

Top 5 States w/Lowest Deaths '18

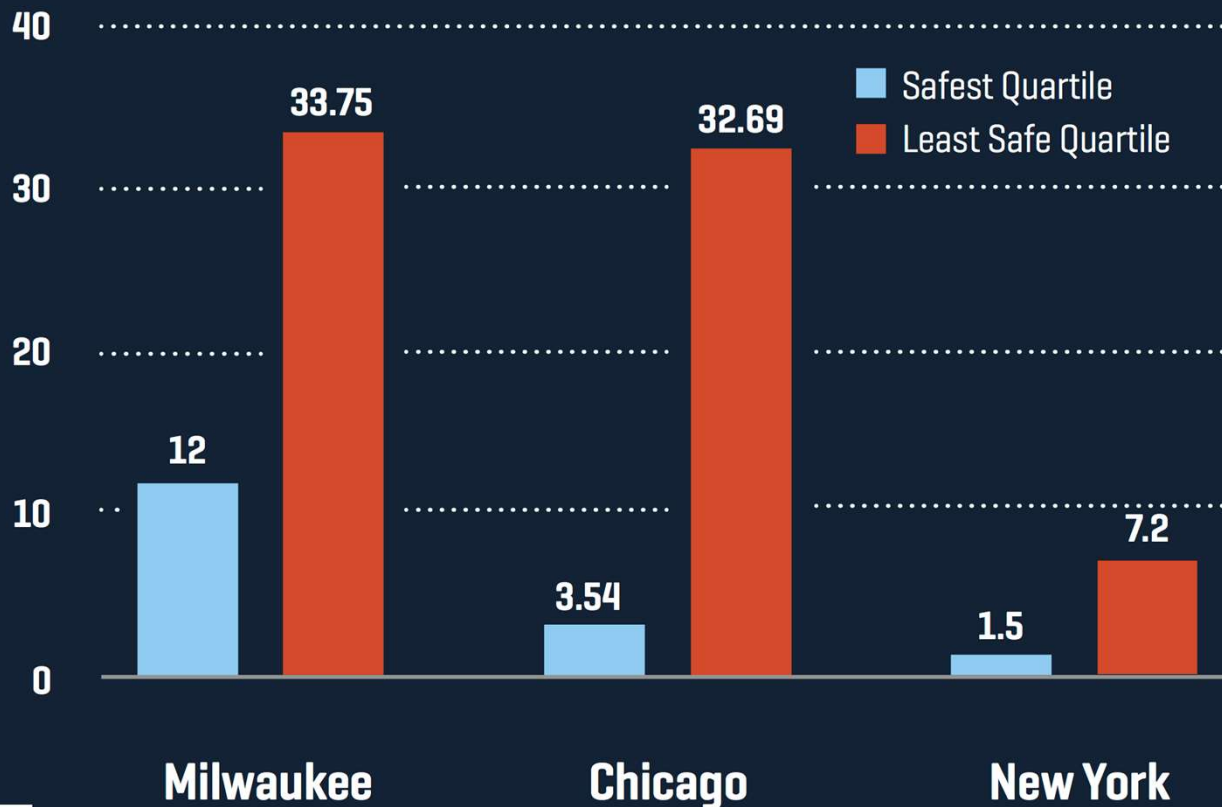
Source: CDC – Lowest Firearm Mortality by State

State **	Firearm Death Rate per 100K	2018 Deaths	2019 Population
1 Hawaii y/y/y	2.1 (12.5% of guns in homes)	28	1,416,589
2 Massachusetts n/y/y	3.4 (14.3%)	224	6,939,373
3 Rhode Island n/y/y	3.6 (15.9%)	39	1,056,738
4 New Jersey y/y/y	5.2	434	8,922,547
5 Connecticut y/y/y	5.3 (22.2%)	187	3,567,871
6 New York y/y/y	5.3 (22.2%)	1019	19,491,339
13 Illinois n/y/y	8	1019	12,700,381
28 Indiana n/y/n	11.2	705	6,718,616

**3 questions: Firearm registration required (8/50) /permit to carry/permit to purchase
 These top 6 states also have the lowest suicide rates in the US.

MURDER RATES IN THE SAFEST AND LEAST SAFE NEIGHBORHOODS

per 100,000 residents (2015)



SOURCE: Milwaukee Police Department, *The Chicago Tribune*, City of New York Crime Map

	% IN POVERTY	% AFRICAN-AMERICAN	HOMICIDE RATE (PER 100,000)
POOREST			
RIVERDALE	61	98	37
FULLER PARK	56	97	63
ENGLEWOOD	42	99	48
WEST GARFIELD PARK	40	96	36
EAST GARFIELD PARK	40	93	42
LEAST POOR			
MOUNT GREENWOOD	3	5	2
EDISON PARK	5	0	0
BEVERLY	5	32	5
NORWOOD PARK	6	.04	7
CLEARING	6	1	4

Health Disparities Associated with Gun Violence

Black lives shatter

United States, murder victims
Per 100,000 population

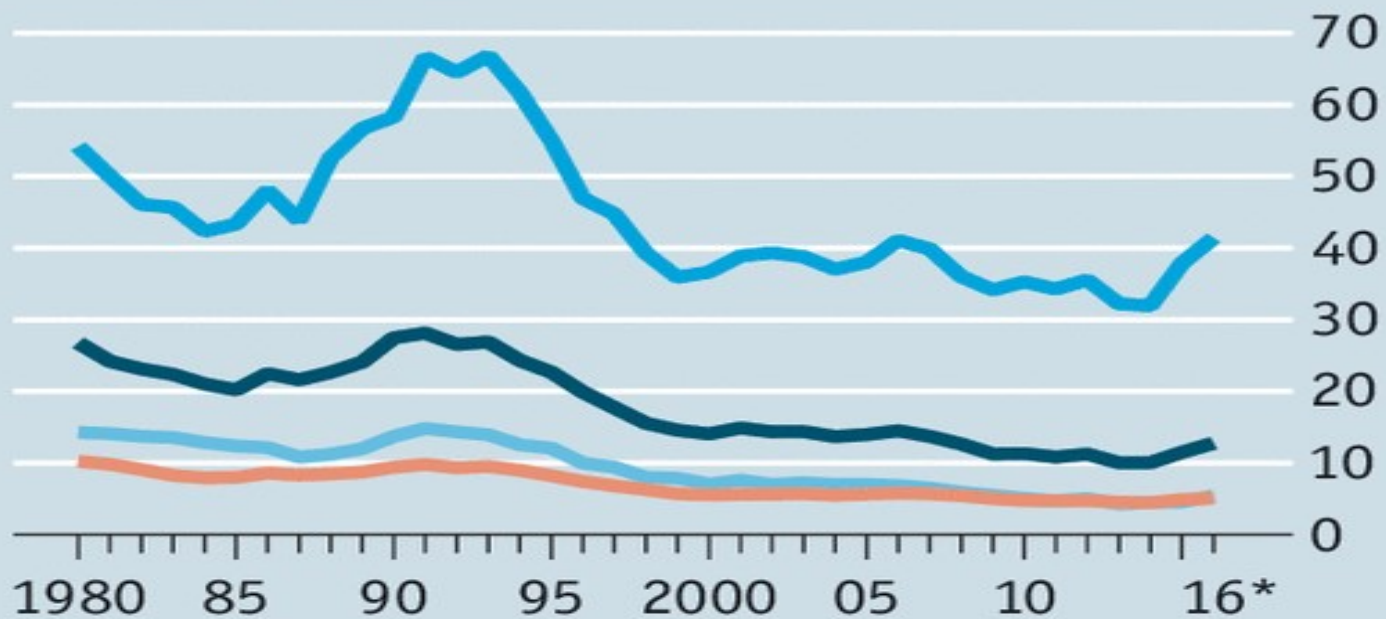
— National total

In 50 big cities

— Blacks

— Non-blacks

— Total



Sources: FBI; Census Bureau via IPUMS; NACJD;
cities' police departments; *The Economist*

*Estimate



Black Homicide Victimization in the United States

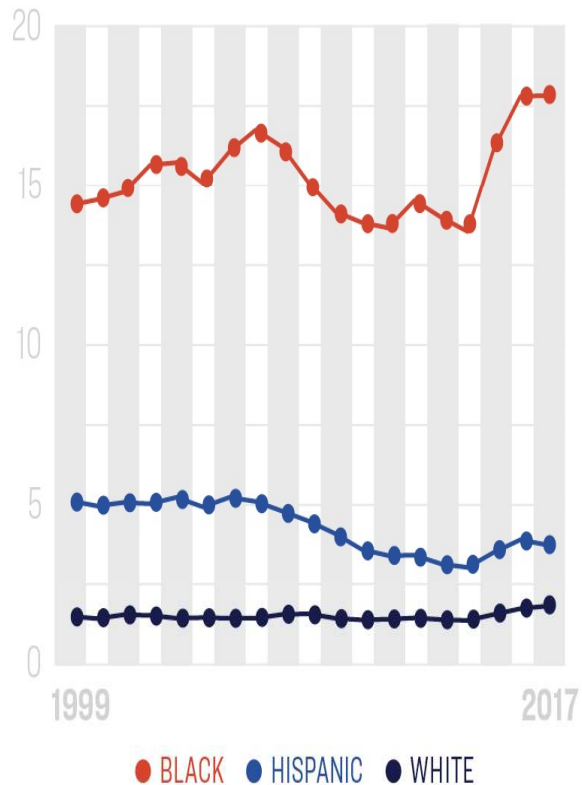
An Analysis of 2016 Homicide Data

WWW.VPC.ORG

Homicide Data for Entire US '16

- **Homicide Rate for Black Victims in US 20.44/100K**
 - Whites was only 2.96/100K
- **In US '16 – 7,756 Black Homicide Victims**
 - **87 % were Male** and (13%) were women
 - **87% (6,505/7,442) killed w/ guns / 540 w/ knives**
- **75% (2,297/3,054) killed by known acquaintance**
 - **757 victims killed by stranger**
- **48% (1,470) homicides motive - altercations**
- **17% (523) - gang-related related**

GUN DEATH RATE 1999-2017 (PER 100K)



**BLACK AMERICANS
ARE 10 TIMES MORE
LIKELY THAN WHITE
AMERICANS
TO BE MURDERED
WITH A GUN**

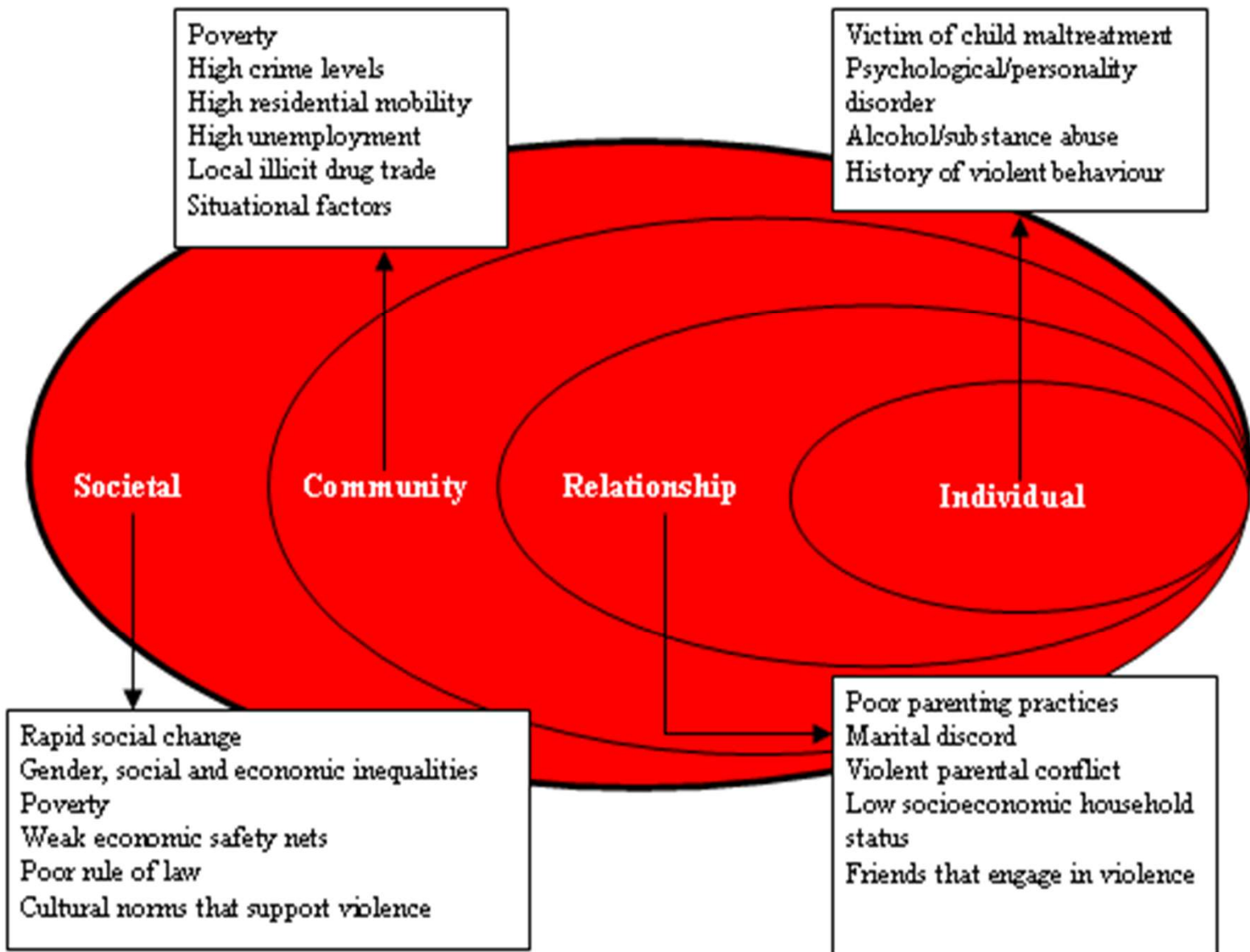
Source: CDC WONDER

GIFFORDS

Disproportionate Impact of Firearm Violence

- Blacks are **13%** of the US Population = 40 Million
- **Black Men (6% of US Population) make up 52% of all gun homicide victims**
- **Violence Perpetuates further Violent Behavior**
 - Study: 26% of Youth witnessed a GSW, 1/2 lost loved one
 - Being shot, shot at, or witnessing GSW: X2 probability that a young person will commit a violent act in 2 yrs

WHY? Underlying Cause.....



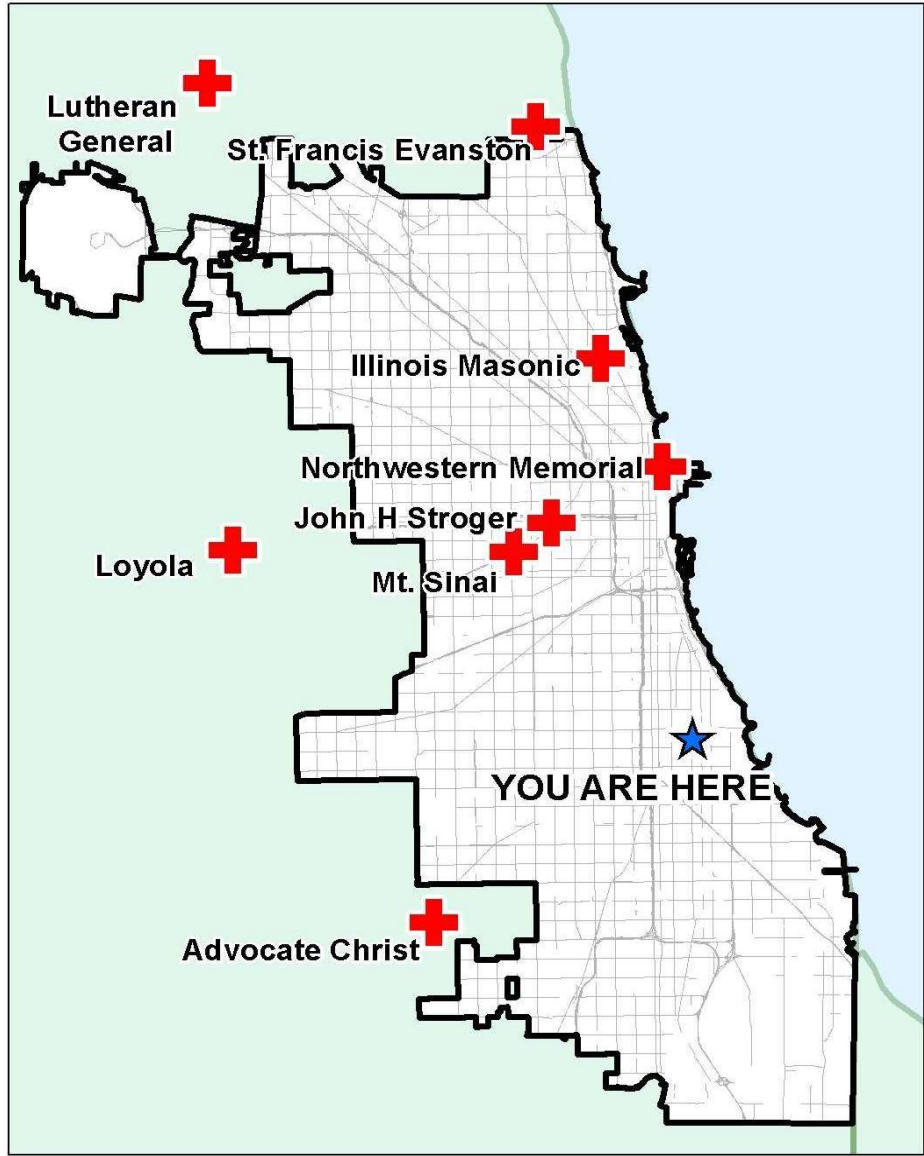
Health Care Disparity: No Trauma Care!

- No TC or TCs closing in areas where needed most!
- Arch.Surg 2009. Concluded that uninsured patients have a higher adj mortality rate (2x) after trauma than insured patients
 - More likely to be transferred to a level 1 TC
 - Institutions providing services had fewer resources
 - Less likely to be admitted and received fewer studies
 - Less likely to receive rehab aftercare

Lack of Trauma Centers

Hospitals that “lack a commitment to trauma care” have been associated with a higher incidence of *unacceptable care* and *poor outcomes*

- Moylan JA, et al., J Trauma, 1976
- Detmer DE, et al., J Trauma, 1977





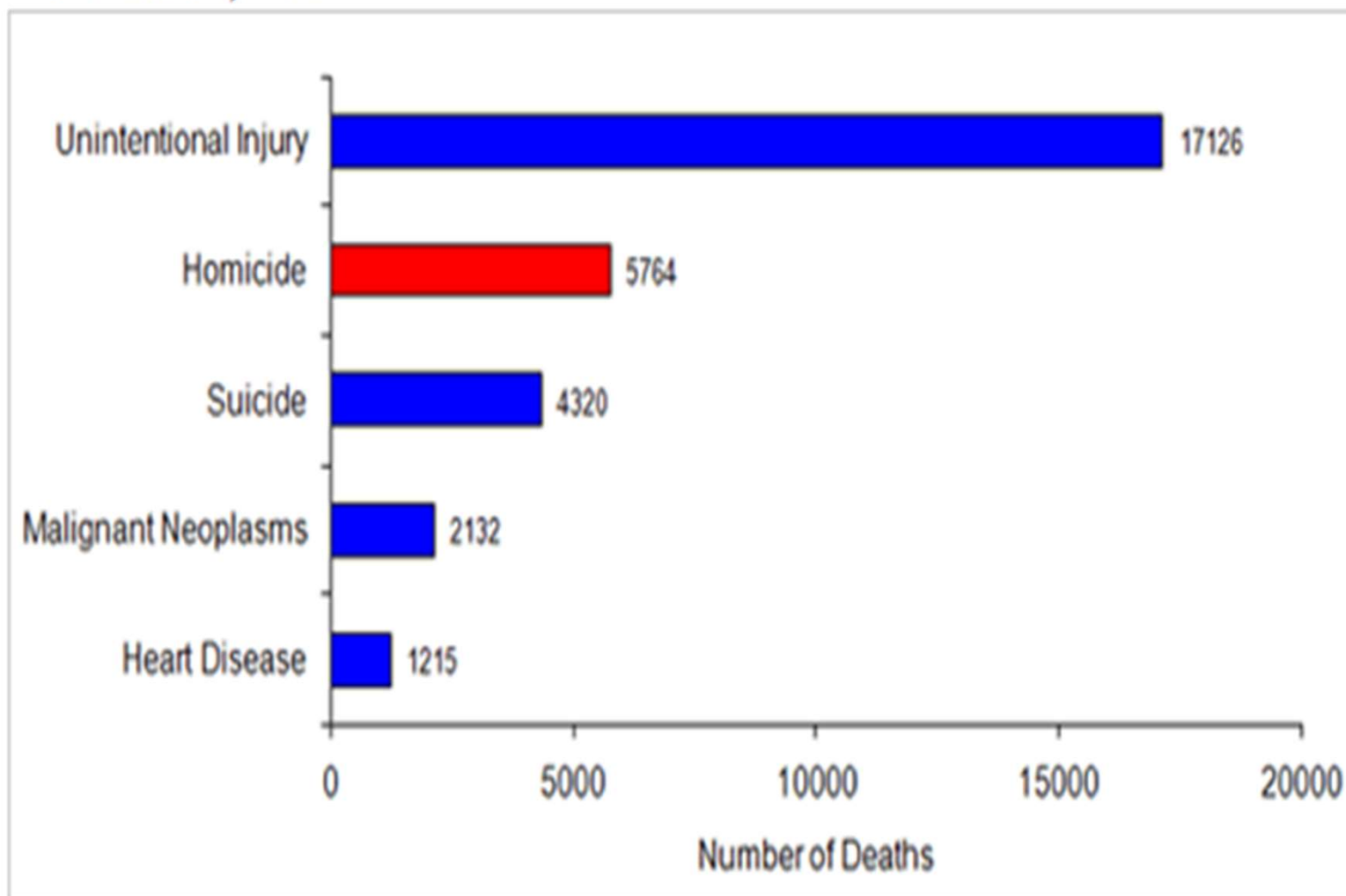


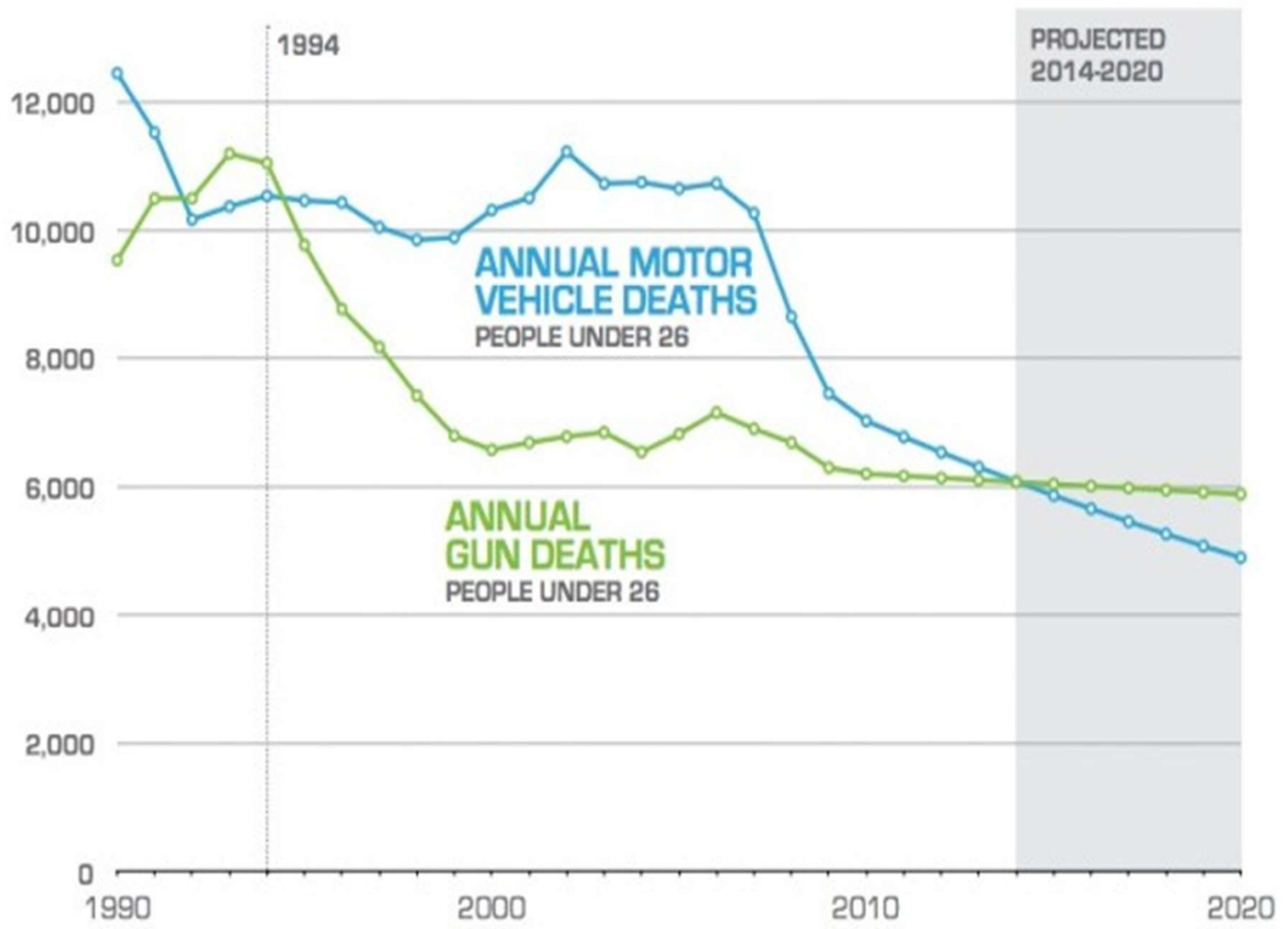
YOUTH VIOLENCE

Challenges of Youth Violence!

- Increased: Youth Suicides, Domestic Abuse, PTSD, Mental Health Problems, Bullying, etc....
- Challenges: Social Media is inciting violence!
- Urban and Suburban communities affected
 - **Epidemic of Youth Violence Worsening!**

Five Leading Causes of Deaths Among Persons Ages 10-24 Years, United States, 2007



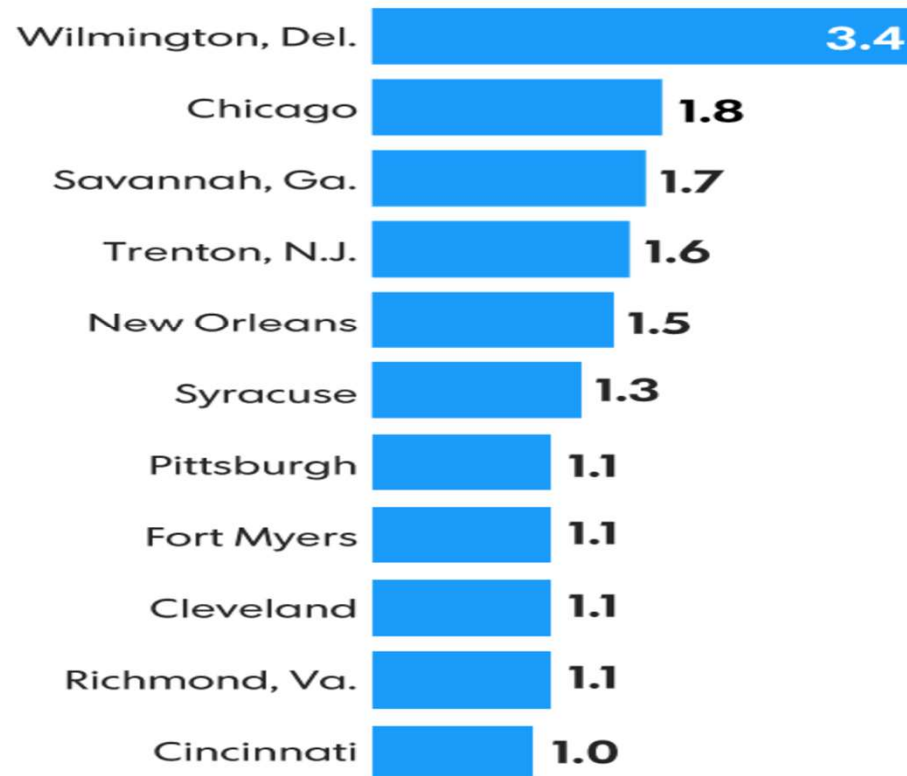






TEENS INJURED OR KILLED BY GUN VIOLENCE ANNUALLY

People aged 12-17 injured or killed in U.S. cities per 1,000:



NOTE Analysis was limited to cities with populations larger than 50,000.

SOURCE USA TODAY Network and AP analysis of Gun Violence Archive records from 2014 to June 2017

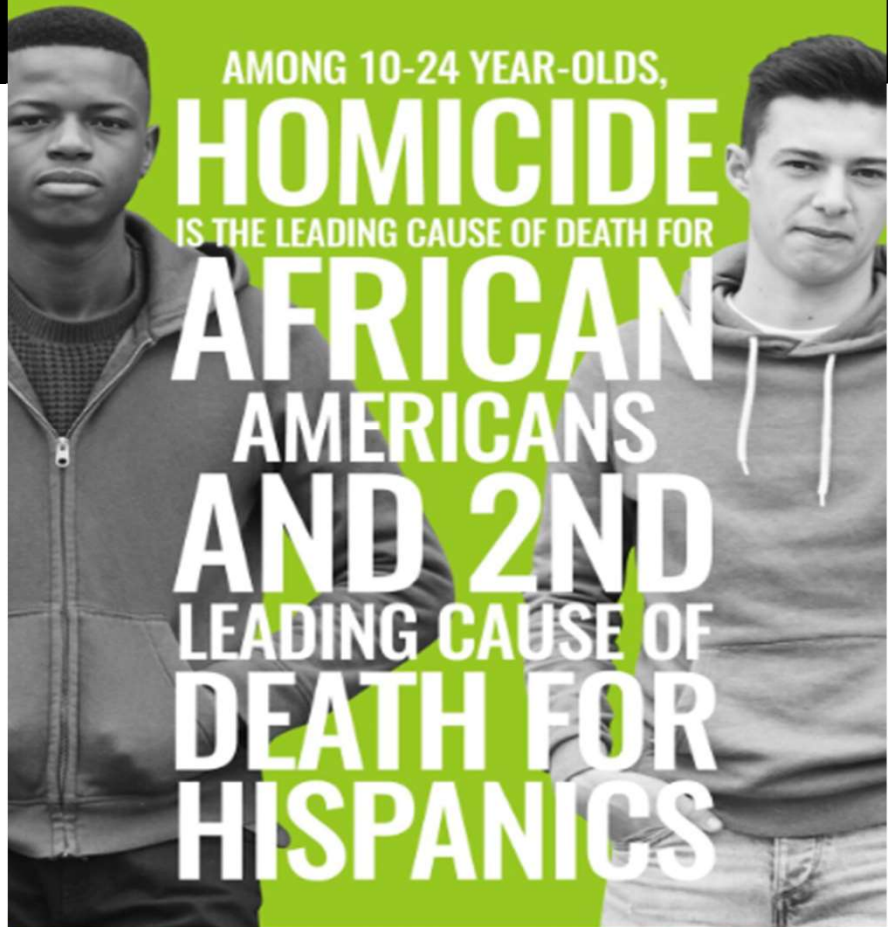
Frank Pompa, USA TODAY

National Youth Violence Data

- **Major PH problem and an epidemic**
- **Among 10-24, homicide leading cause of death in AA and 2nd leading cause in Hispanics (CDC 06).**
- **'09, more than 650, 843 young people treated in ER for injuries 2nd to violence (CDC 09).**



“NOT ONE MORE LIFE,
ONE MORE DAY!”



AMONG 10-24 YEAR-OLDS,
HOMICIDE
IS THE LEADING CAUSE OF DEATH FOR
AFRICAN
AMERICANS
AND 2ND
LEADING CAUSE OF
DEATH FOR
HISPANICS

End youth violence! • chipop.org • nwipop.org

Post-Traumatic Stress Disorder PTSD

How other people see
my symptoms

problematic

quiet

teary eyed/sad

annoying

anger

Me trying to stay
above the water

The symptoms and pain
others don't see I may be
struggling with.

lack of interest of things

fear of a person or place

isolation

stomach/head/body aches

low self-esteem, self-doubt

anxiety

nightmares

hypervigilance

substance abuse

slower thinking processing

depression & crying spells

survivors guilt

self-harm

relationship problems

paranoia

aggression and/or irritation

reliving the trauma

flashbacks

Adriana Alejandre, LMFT #98925

avoidance

can't sleep

www.facebook.com/CounselingandTraumaTherapy

Snapshot of NWI Trauma ('16-'18)

Age Range	2016 Blunt	2016 Penetrating	2017 Blunt	2017 Penetrating	2018 Blunt	2018 Penetrating
0-14	31	1	48	4	46	2
15-24	82	44	118	78	88	59
25-34	71	45	125	77	96	48
Total	184	90	291	159	230	109

- * Penetrating Trauma: Injuries from Gunshot or Stabwounds
- * Most common reason for penetrating injuries is Retaliation

TODAY! What about Now?

- COVID-19 Outbreak, Isolation, Loss of Loved Ones
- Racial Injustices, Inequality
- Over and Under Policing, Police Brutality
- Loss of Jobs, Economic Recession
- Despair, Social Unrest, Hopelessness
- Access to Guns



TOP STORY

Coronavirus: Illinois gun dealers report increased store traffic, 'panic buying'



BEN ORNER borner@capitolnewsillinois.com

Mar 20, 2020

'20 Increase in Firearm Homicides

- UC Davis Violence Prevention Program
 - Caused by surge in firearms
 - Between March – May: 2.1 m more purchased
 - “Excess Purchases” associated w/ 775 fatal / nonfatal



African Americans in Chicago face double scourge: Coronavirus and gun violence

Illinois Violent Death Reporting System (IVDRS) May Newsletter

May 2020



Illinois Violent Death Reporting System

IVDRS

*Using Data to Help Prevent
Violence*

Visit our website

**GUNS, COVID-19, & SOCIAL
ISOLATION DON'T MIX**

Gun Violence Continues Amid Lockdowns

Nationally, shootings have showed little sign of slowing amid stay-at-home orders. The first two weeks of April were the year's deadliest.



Totals exclude almost all suicides. Source: Gun Violence Archive. Graphic: Daniel Nass / The Trace.

Gun violence kills 160 as holiday weekend exposes tale of 'two Americas'

Joanna Walters in New York and agencies
July 7, 2020, 2:00 AM



Photograph: Erik S Lesser/EPA

A six-year-old in Philadelphia, a seven-year-old in Chicago, an eight-year-old in Atlanta, a 15-year-old in New York, all shot. Community cries of “enough is enough”.

Neighborhoods in some of the largest US cities erupted in gun violence over the Fourth of July weekend, killing an estimated 160 people and leaving more than 500 wounded from Friday night to Sunday.

17-year-old basketball star latest victim in spike of New York City shootings



Monday, June 29, 2020 4:49PM

SHARE:



NEWS

Reward money offered for info leading to arrests in deaths of 8-year-old boy, 16-year-old girl in Indianapolis



A woman was shot eight times after asking man to stop lighting illegal fireworks, report says

insider@insider.com (Taylor Ardrey)

July 19, 2020, 9:37 AM



A police officer stands near the scene of an afternoon shooting that left one person dead on July 07, 2020 in the Brooklyn borough of New York City.



rickeysmileymorni...



644.3k followers

[View Profile](#)





CRIME

DAUGHTER OF COMEDIAN RICKEY SMILEY OUT OF SURGERY AFTER BEING SHOT DURING ROAD RAGE INCIDENT IN HOUSTON

He's grateful his youngest daughter Aaryn Smiley, 19, is alive.

Types of Violence Prevention Programs

- SPEAK UP: encourages students to report threats
- STOP: Steps to Prevent Firearm Injury Program
- EKG (Educating Kids against Gun Violence)
- Community Programs: Safe Homes and Haven
- School Programs: BAM (Becoming a Man) / SAVE
- 100 Black Men of America (Mentoring Programs)

Interventional Strategies

- 2 COHORTS of Perpetrators:
 - At – Risk: must focus on Urban Environments
 - Everyone Else: Wide Scale Comprehensive Violence Prevention

3 Interventional Strategies: At Risk

- Group Violence Intervention (GVI)
- Hospital Based Violence Intervention Programs
- Community Based or Cure Violence Program
- Hybrid of all 3

Group Violence Intervention (GVI)

- Problem Oriented Policing (Operation Ceasefire)
 - ID individuals most at risk
 - Partnership w/Law Enforcement, clergy, victims of gun violence, parents of victims, reformed perpetrators, etc.
 - Call-ins / Resources (GED, Mental Health, Housing, jobs)
- Highly Successful, rebuilds trust!
- Results: 30-60% Reduction in Homicide
- Barrier: Lack of Funding, COVID

Hospital Based Violence Intervention Programs

- Hospitalization results in a “Teachable Moment”!
- Evidence: cycle of violence interrupted by immediate & intense intervention! Recidivism 45%
- Clients receive intense oversight from case managers (provide resources, jobs, mental health)
- Results: Successful.
 - Baltimore HVIP injury recidivism 5% vs 36% (non-partici)
 - Saved medical system considerable money
- Mainly at Level 1 Trauma Ctrs, Expensive, etc.

CURE VIOLENCE (PH: Slutkin)

- Violence is a behavior pattern that acts like a contagious disease & must be interrupted
- Uses Violence Interrupters (VI), Social Workers to provide resources and Community Leaders, etc.
- Results: 31% reduction in homicides in some areas
- Limited by funding but adopted by other cities

Hybrid: Best!

- Comprehensive Approach
 - GVI, HBIP, Cure Violence
 - Ex: Richmond, Ca diverse city with 100K Population
 - **2007 Top 5 in Dangerous Cities (Homicides 45.9/100K)**
 - 88% victims Male and Black, > 1/3 ages 18-24
 - Small number of Perpetrators > 70% of firearm violence
- **2014: Homicide Reduction of > 72% (11/100K)**

Innovative Violence Prevention Prog

- DLIVE: Detroit Life is Valuable Everyday
- CNN Hero: Dr. Rob Gore (Brooklyn ER Doctor)
 - Kings Against Violence Initiative (KAVI)
 - www.kavibrooklyn.org
- Project Outreach and Prevention (POP) on Youth Violence
 - Founded: Dr. McGee (ER Chair) & Dr. Rutland (Trauma)
 - www.poPONviolence.org
 - https://youtu.be/-LexD_IDCUo

Run helps effort to decrease teen violence

 Recommend

0

 Tweet

 G+1

0

 Share

2

Print

Email




John J. Watkins, The Times

Runners and walkers head out for the POP (Project Outreach and Prevention) on Violence Foundation walk/run fundraiser at Marquette Park Saturday.

NWI doctor forms group that mentors inner-city students

 Recommend

1.7k

 Tweet

 G+1 0

 Share 3

Print

Email





Jonathan Miano, The
Times

Dr. Michael McGee, center, medical director of emergency services for Methodist Hospitals, and Alize Sims, right, 18, of Gary, look at an X-ray at the emergency department of Methodist

Buy Now



GARY — An estimated 2,400 students from eight area high schools filled the bleachers Friday afternoon at the Genesis Center's Richard Gordon Hatcher Arena to thunderously show their support for the message of love at the Peace Pep Rally.



March 22, 2018

POP
Anti-violence Leadership Development Conference
Chicago, Illinois







POST COVID

- Must still interact & engage with students!
- Innovative



Virtual HPEP (Health Profession Enrichment Program) Summer Session

POP: Summer Health Professions
Enrichment Program (HPEP)

4-day Virtual Seminar, August 4th-7th

P.O.P.
PRESENTS -
HEALTH
PROFESSIONAL
EDUCATION PROGRAM

AUGUST 4-7TH, 2020

CLASS SCHEDULE:

STUDENT PANELS	DISCUSSIONS WITH PRE-MED AND MEDICAL STUDENTS, LOCAL MEDICAL DOCTORS, & DENTISTS
PHYSICIAN, DENTIST, NURSE, PA PANEL	PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, AND MORE
STUDY SKILLS, HOW TO GET INTO MED SCHOOL	
MENTAL WELLNESS CHECK IN	

POP
PROJECT
OUTREACH
AND
PREVENTION
ON YOUTH VIOLENCE

Class Dates & Times
August 4th @12-3pm
August 5th @12-4pm
August 6th @12 - 4pm
August 7th @12-2pm

Please go to our
website for more
information.

REGISTER ONLINE
POPONVIOLENCE.ORG

Abstract:

Comparing the Impact of Youth Violence upon Mental Health Before and During COVID 19 Pandemic vs the Effects of a Violence Prevention Program in a Cohort of Students in Gary, IN.

Michael McGee, MD, MPH, FACEP, Deeb Omari MS2

Indiana University School of Medicine, IU School of Medicine NW - Gary

Medical Organizations' Stance on Gun Control & Firearm Violence???

[◀ PREV ARTICLE](#) | [THIS ISSUE](#) | [NEXT ARTICLE ▶](#)

POSITION PAPERS | 17 JUNE 2014

Reducing Firearm-Related Injuries and Deaths in the United States: Executive Summary of a Policy Position Paper From the American College of Physicians FREE

Renee Butkus, BA; Robert Doherty, BA; Hilary Daniel, BS; for the Health and Public Policy Committee of the American College of Physicians *

[Article, Author, and Disclosure Information](#)

FULL ARTICLE

Methods

ACP Position State- ments and Recommendations

Conclusion

Appendix 1: Reducing

In 1995, the American College of Physicians (ACP) issued its first statement that raised concern about the epidemic of firearm violence in the United States and advocated for policies to reduce the rate of firearm injuries and deaths (1). Nineteen years later, although rates of firearm-related death, injury, and disability have decreased, firearm-related mortality rates in the United States remain the highest among industrialized countries (2).

13,143 views | May 27, 2018, 10:00am

AMA Pushes 'Unprecedented' Gun Control Agenda As Congress Dithers



Bruce Japsen Senior Contributor 
Pharma & Healthcare
I write about healthcare business and policy

TWEET THIS



the AMA's policy-making House of Delegates will consider nearly a dozen proposals on gun control and public safety



Nurses, surgeons fire back at NRA with pictures of gun trauma: '#ThisIsMyLane'

YAHOO!
LIFESTYLE

Abby Haglage

Yahoo Lifestyle November 10, 2018, 11:53 AM CST




2019 ACEP Supports:

- Legislation to fund research
- Duty to Discuss
- Universal background checks
- Extreme Risk Protection Order (ERPO) Laws
- Access to Mental Health
- Restrict military (AKs) and high impact guns
- Community-based and hospital-based violence prevention programs



**We may not have chosen the
time, but the time has chosen us.**

John Lewis

 quoteFancy

2020 is shattering gun violence records. We must act.



Firearm Violence & Injury Prevention Committee



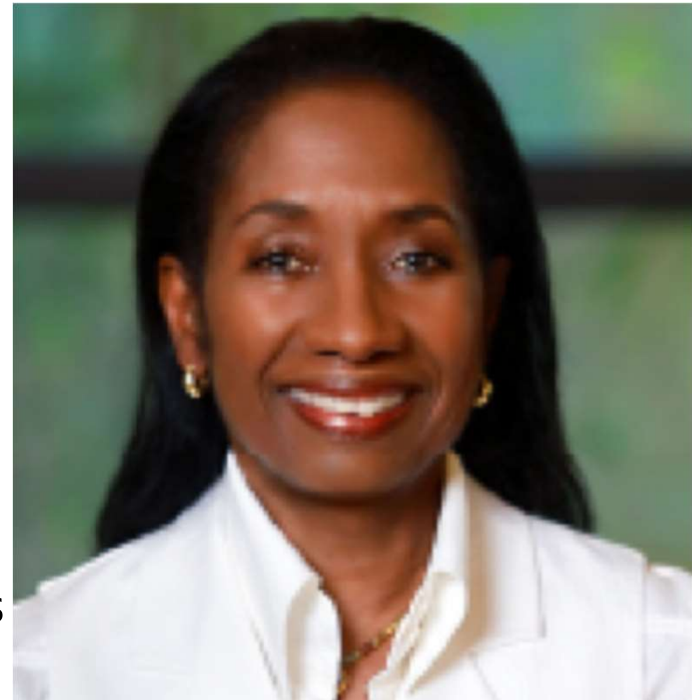
ACEP

**DIVERSITY
INCLUSION &
HEALTH EQUITY**
SECTION

PURPOSE

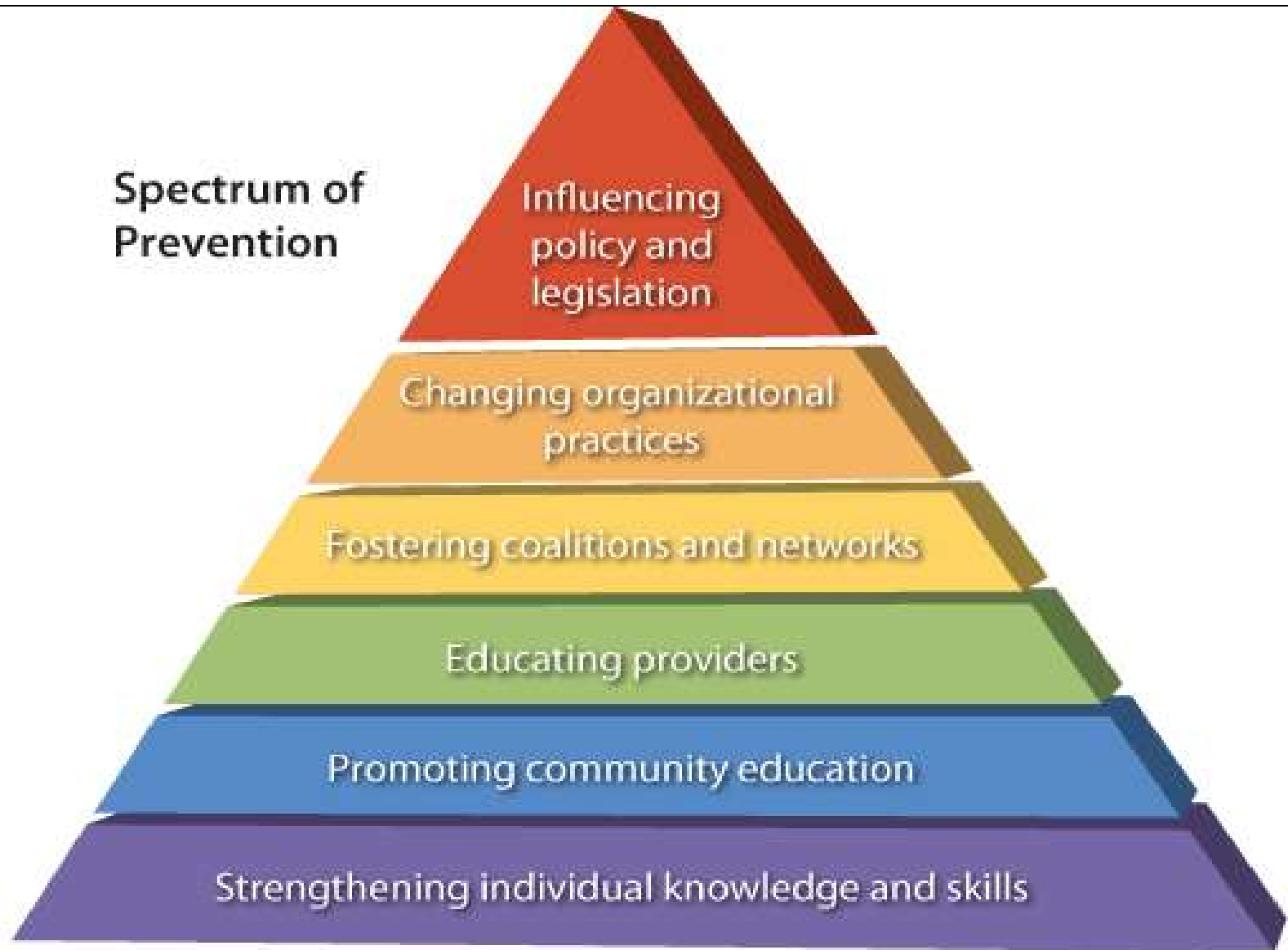
- Create Awareness Campaign for Firearm Violence in Urban Communities
- Address Health Disparities in Urban Environments w/focus on youth
- Prevention of Violent Injury & Deaths (suicide, homicide, & unintentional)

Liaison to FVIP: Trauma Surgeons, Policy Experts

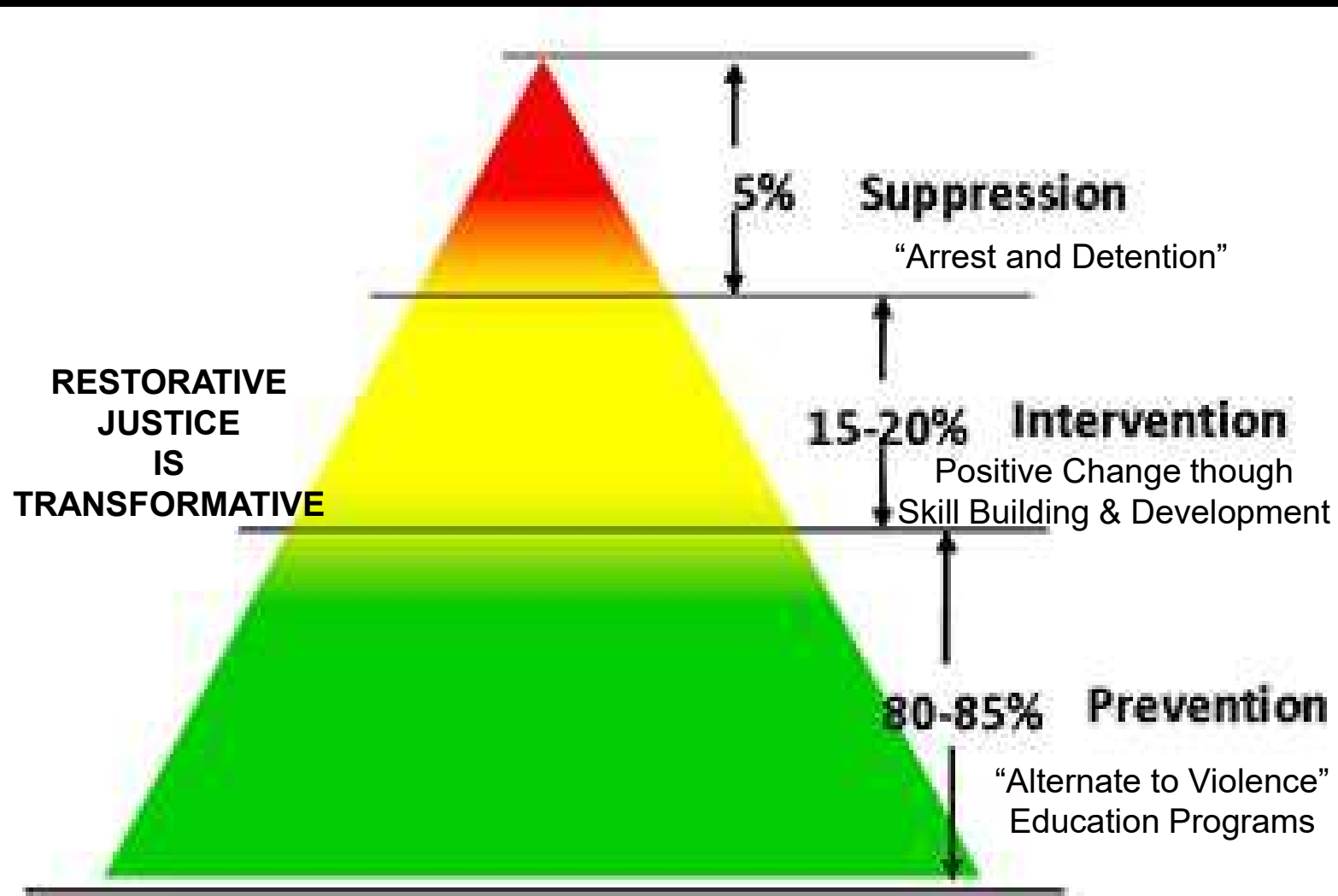


Chair of DIHE: Andrea Green, MD

**Spectrum of
Prevention**



Best Violence Prevention Model



Public Health Approach

- Define the problem and impact
- Identify the risk and protective factors
- Develop and test mitigation / prevention strategies
- Ensure widespread adoption of effective programs

Violence Prevention Strategies

- Recognize: Gun Violence is PH PROBLEM #1
- Federal Resources Needed/ Congress must ACT!
- Child Access Prevention (CAP) Laws
 - Hold gun owners liable, if child discharges their guns
 - Reduced unintentional gun deaths by 23% / Suicide 11%
- GUN CONTROL (case study Australia)



ACEP
**DIVERSITY
INCLUSION &
HEALTH EQUITY**
SECTION

FVIP Objectives

- Create Awareness Campaign w/focus on Urban Violence
- Conduct Seminars and present at Advocacy Conferences
- Align with Medical Groups (NMA, AMA, ACS, AAP, Black Surgeons)
- Partner w/Key Members of Congress for Policies
 - Working with Congresswoman Kelly & Biden's Task Force
 - Strict Child Access Prevention Laws
- Engage Medical Students in Violence Prevention & Trauma Informed Care
 - Encourage Community Projects and teaching STOP THE BLEED and HANDS-ONLY CPR
- Innovative Resource Toolkit: Best Practices for Prevention & Intervention
- Partner and Create MOUs w/prominent organizations in Urban Cities
 - 100 Black Men of America, Divine 9, NAACP Youth Division, My Brother's Keepers,
 - NOBLE, HBCU Schools and Alumni, Black Churches
- Ensure Widespread Adoption of Effective Programs

100

BLACK MEN OF AMERICA, INC.®

- Formed Violence Prevention Action Committee
- **Mission:** *Improve Quality of Life w/i our Communities & enhance educational & economic opportunities for all African Americans.*
 - Focus on Violence Prevention in Urban Communities
 - POP: Planning & Designing a Violence Prevention App
- September:
 - Planning Save Our Kids Summit: All Stakeholders
 - Youth Summit “Focus Group and Campaign Challenge”

MASKS ON VIOLENCE OUT!



"L's Up, Guns Down!"

P.O.P ON YOUTH VIOLENCE PRESENTS

MASK ON

DESIGN A
STYLISH MASK
AND WIN UP TO \$1000
IN CASH AND PRIZES



DI HOT ROD
POWER 92.3

**1ST PRIZE: \$1000 • 2ND PRIZE: \$500 • 3RD PRIZE: \$300
4TH PRIZE: \$200 • 5TH PRIZE: \$100**

SPONSORS



**JUNE 6TH • VOTING STARTS
JUNE 10TH • VOTING ENDS (11:59 PM CST)
JUNE 11TH • FINALIST WILL BE CONTACTED
JUNE 12TH • GRAND PRIZE ANNOUNCEMENT 8PM
(CST) (RADIO)**

POPONVIOLENCE.ORG

P.O.P ON YOUTH VIOLENCE

[POPONYOUTHVIOLENCE](https://www.instagram.com/POPONYOUTHVIOLENCE)

ALL WINNERS \$150 GIFT CARD AND SWAG

P.O.P ON YOUTH VIOLENCE PRESENTS

VIOLENCE OUT

SHARE YOUR STOP
THE VIOLENCE MESSAGE

IF YOU CAN

DANCE - RAP - SING

OR PERFORM YOUR POETRY TALENTS

YOU CAN WIN CASH AND PRIZES

1ST PRIZE: \$2000 • 2ND PRIZE: \$1000 • 3RD PRIZE: \$500

MIDDLE AND HIGH SCHOOL STUDENTS ONLY

SEPT 12 • VOTING ENDS (11:59 PM CST)

SPONSORS



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BLACK MEN
OF AMERICA, INC.



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P.O.P ON YOUTH VIOLENCE



POPONYOUTHVIOLENCE

PLEASE VISIT OUR IG PAGE FOR MORE DETAILS

A black and white photograph of Nelson Mandela speaking at a podium with his right fist raised. The background is a blurred crowd of people. The quote is overlaid in large white text.

**IT ALWAYS SEEMS
IMPOSSIBLE
UNTIL ITS DONE**



Nelson Mandela Quotes via Gecko&Fly

Thank You!

QUESTIONS?

WWW.CHIPOP.ORG

Like P.O.P. on Facebook:

[www.facebook.com/](http://www.facebook.com/POPONVIOLENCE.ORG)

POPONVIOLENCE.ORG

IG:poponyouthviolence

Trauma System Planning Subcommittee

- Trauma system updates.
- COVID-19 discussion.
- TQIP.
- State consultation system update.

ACS-COT updates

- **Next meeting virtually in a couple of weeks.**
- **Detailed updates at October ISTCC meeting.**

Designation Subcommittee

PI Subcommittee

State EMS Medical Director updates

Dr. Michael Kaufmann

Trauma Registry

Trinh Dinh, *Data Analyst*

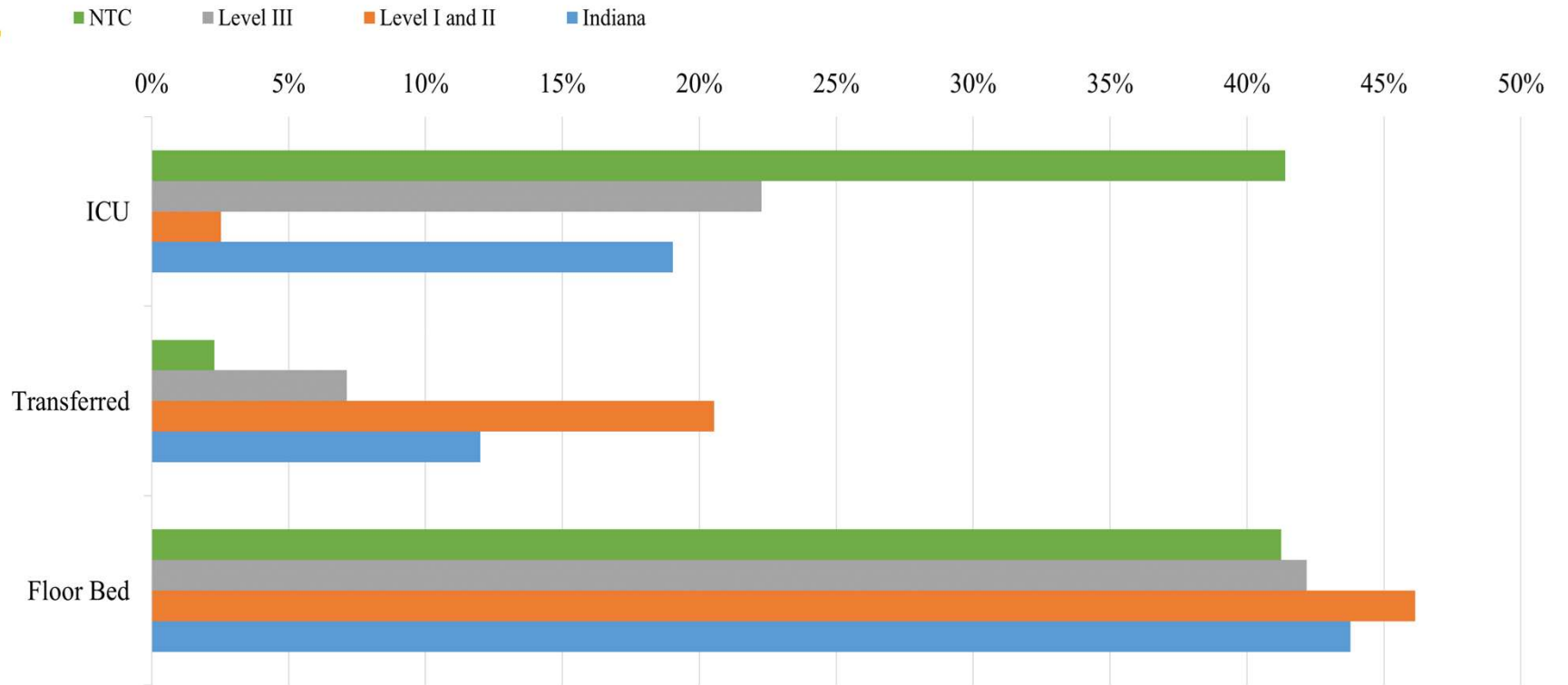
Number of Reporting Hospitals for 2019

Q1 2019	104
Q2 2019	107
Q3 2019	109
Q4 2019	107

Quarter 4 2019

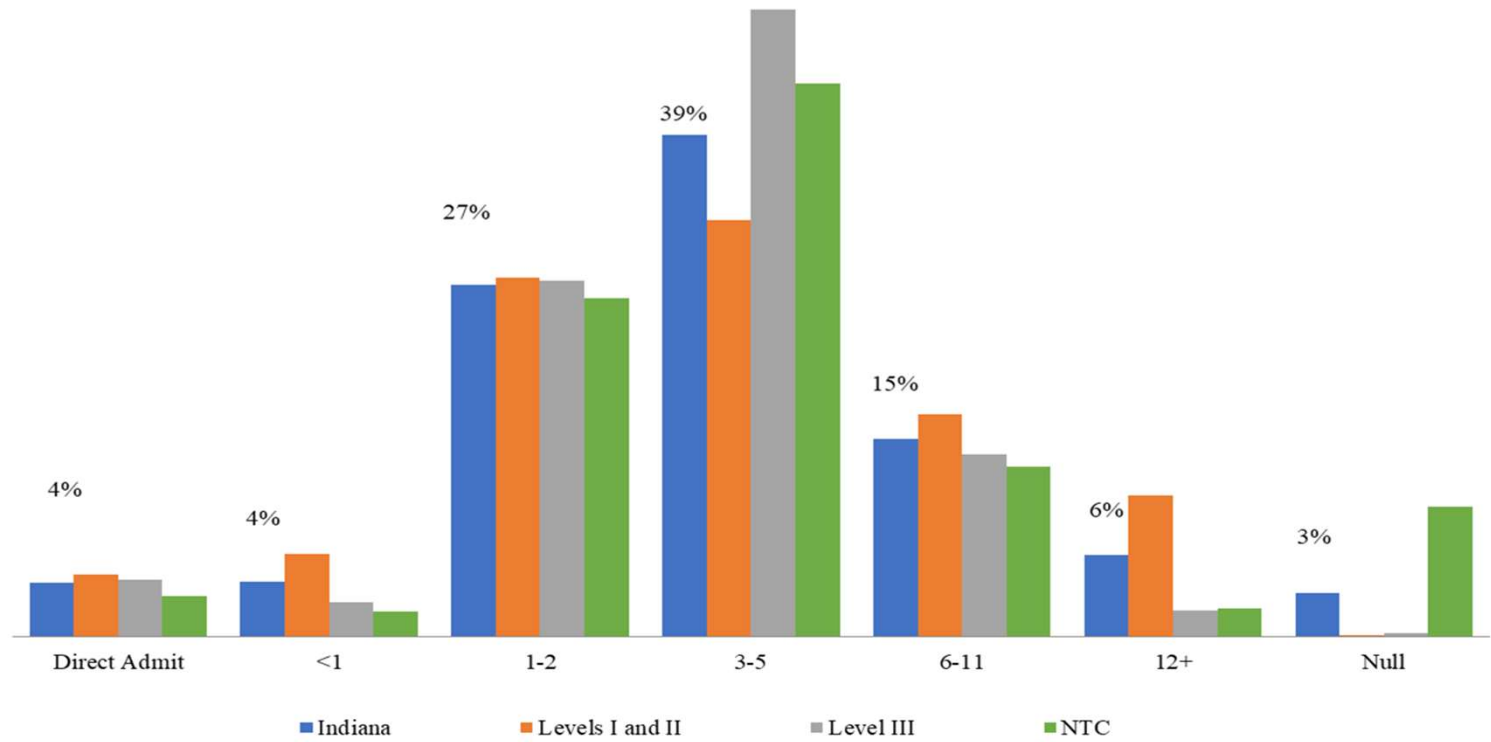
- **107 hospitals reported**
 - **10 Level I and II trauma centers**
 - **13 Level III trauma centers**
 - **85 non-trauma centers**
- **9,739 incidents**

The majority of patients in the ED go to a **floor bed or ICU** at non-trauma centers.

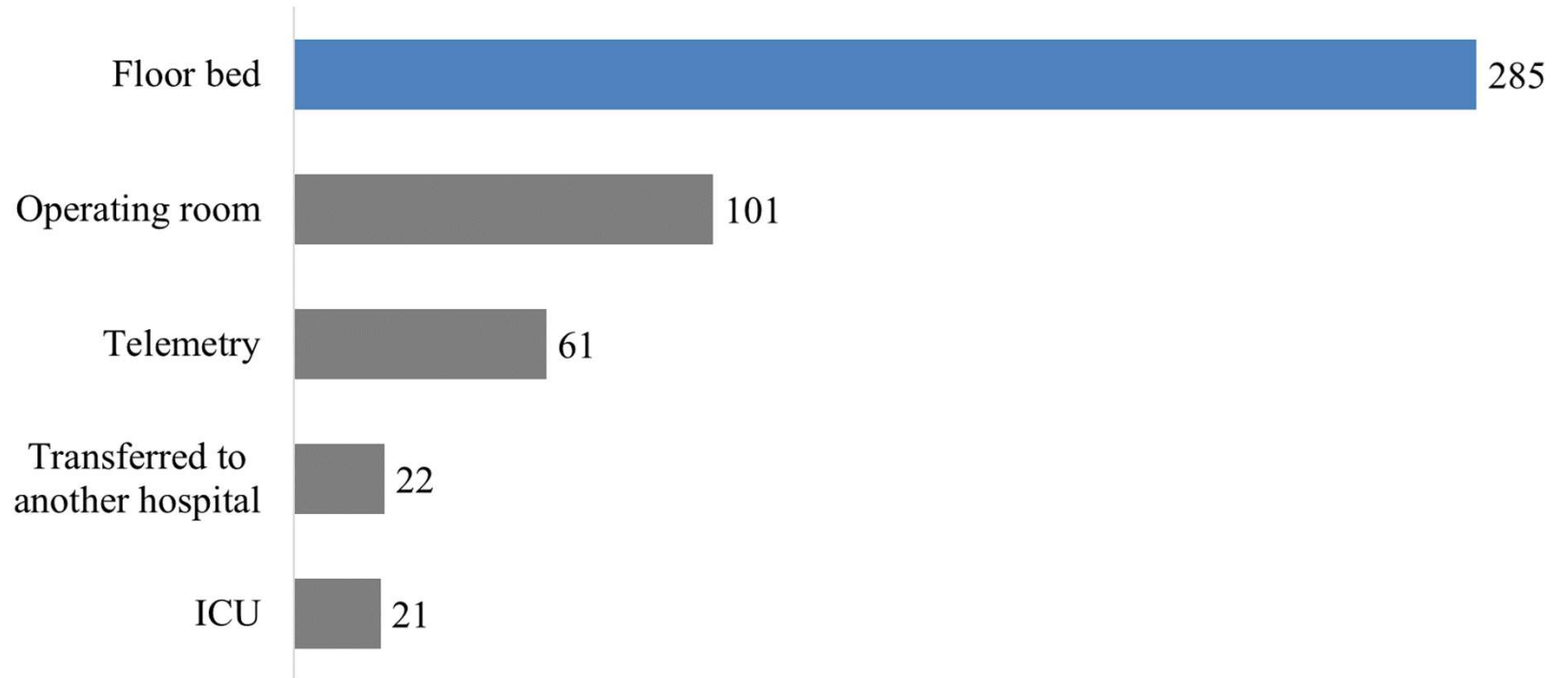


Statewide categories <10% include: OR, home w/o services, observation, step-down, expired, and NK/NR/NA.

The majority of patients in the ED stay for **1-5 hours**.



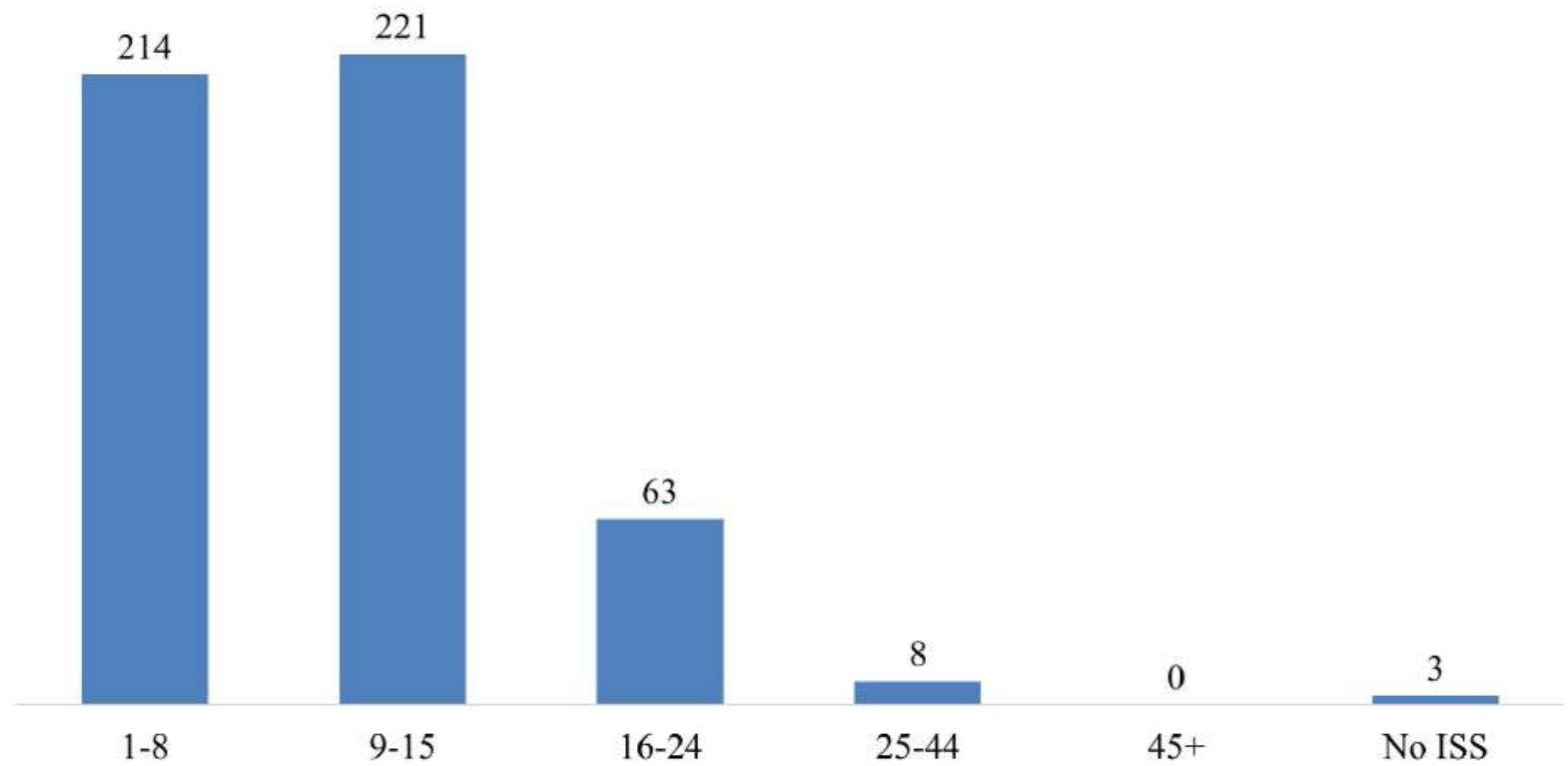
Most patients go to a **floor bed** after being in the ED for more than 12 hours.



Categories with counts <10 include: AMA, home without services, other and unknown.

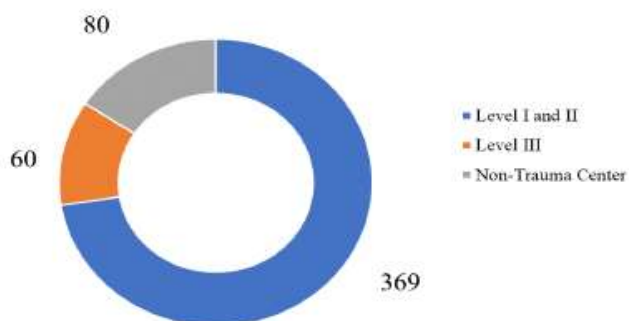
ED LOS > 12 Hours, N=509

The majority of patients have an ISS score of **1-15**.

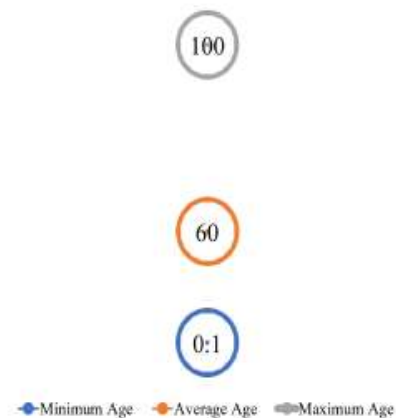


ED LOS > 12 Hours, N=509

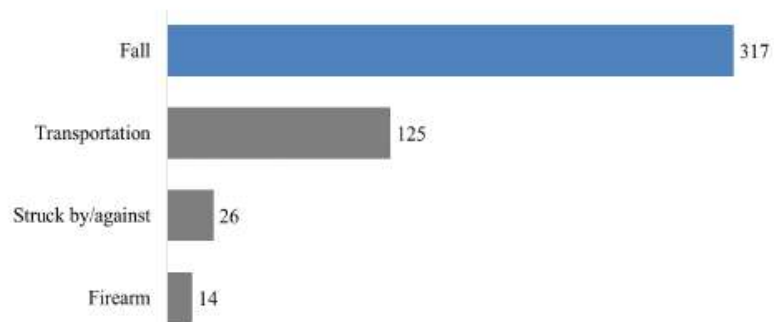
The majority of patients were at a level I or II trauma center.



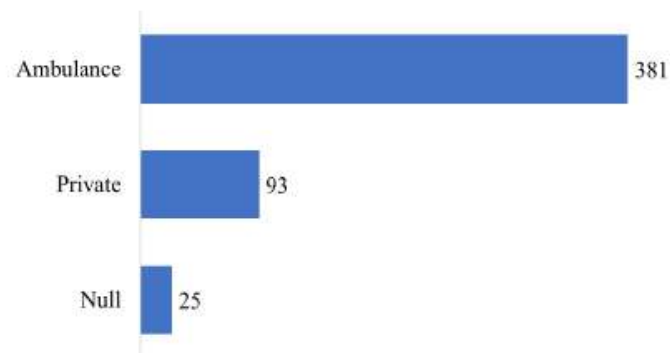
The average patient age was 60 years.



Falls were the most common cause of injury.

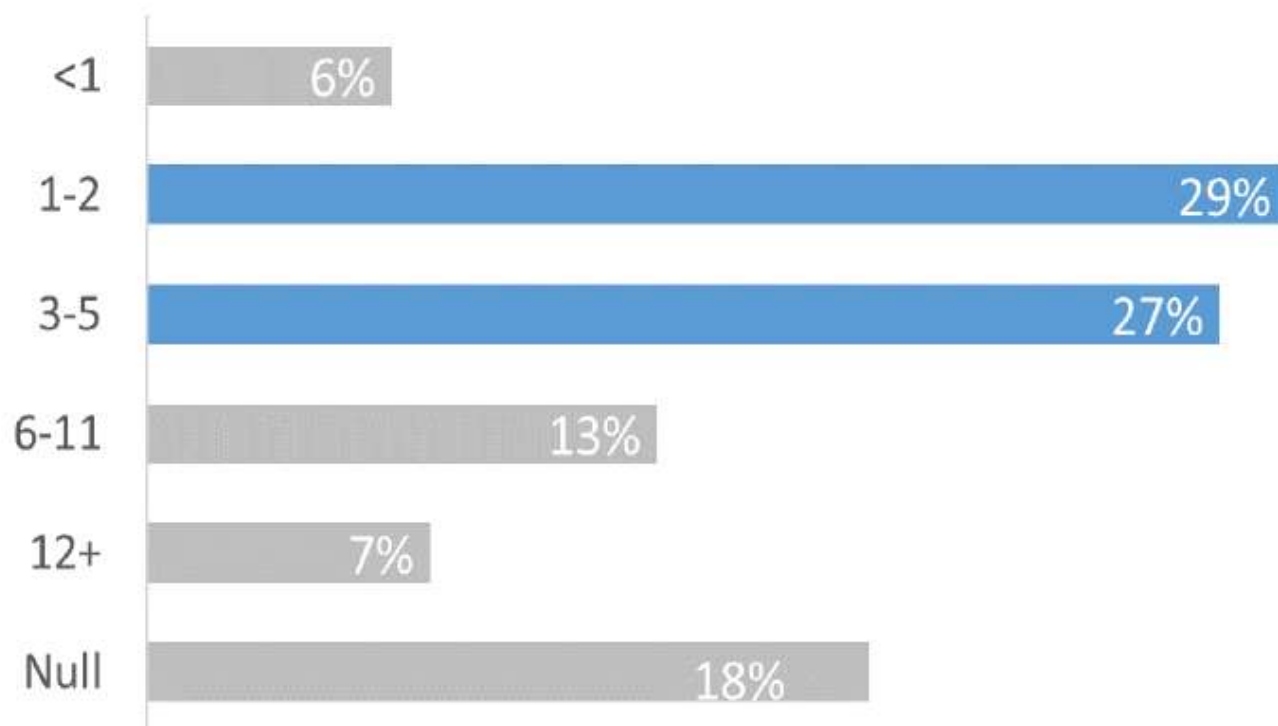


The majority of patients are transported by ambulance.

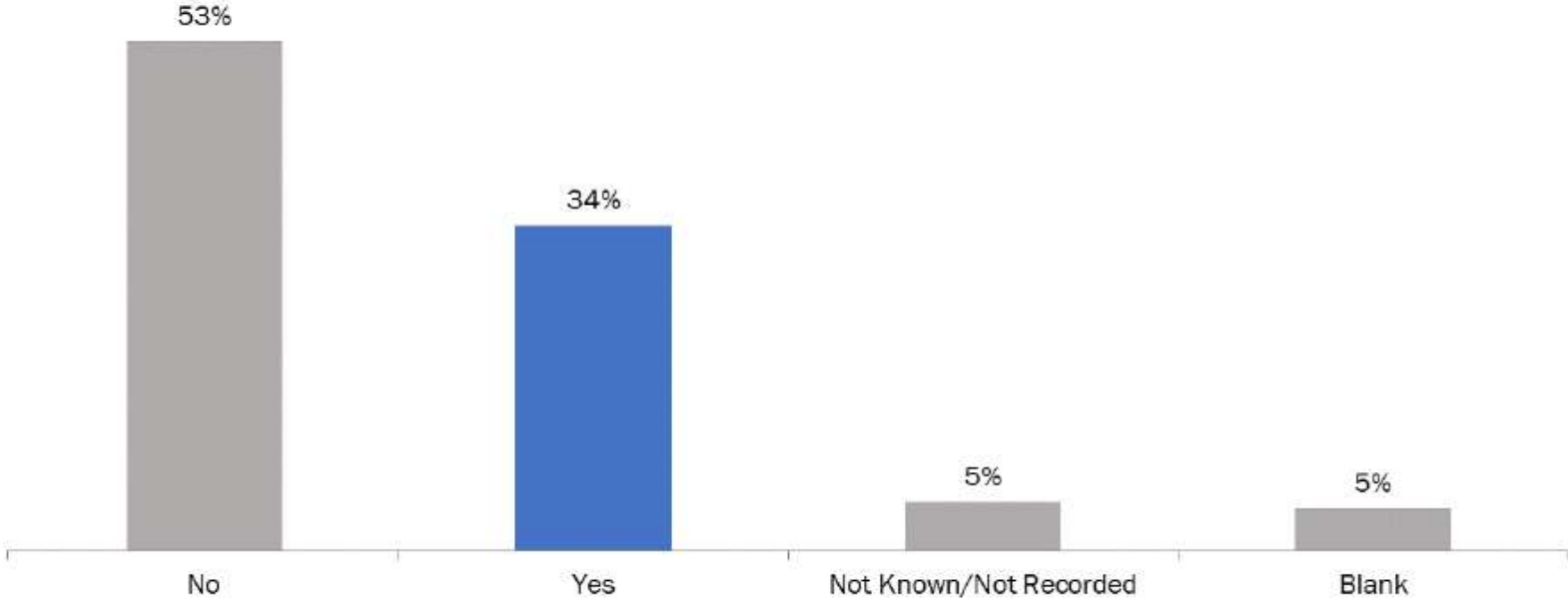


Counts <10 include: Cut/pierce, fire/burn, machinery, natural, overexertion, suffocation, other specified, and other.

Most transfer patients are in the ED for **1-5 hours** at the final hospital.



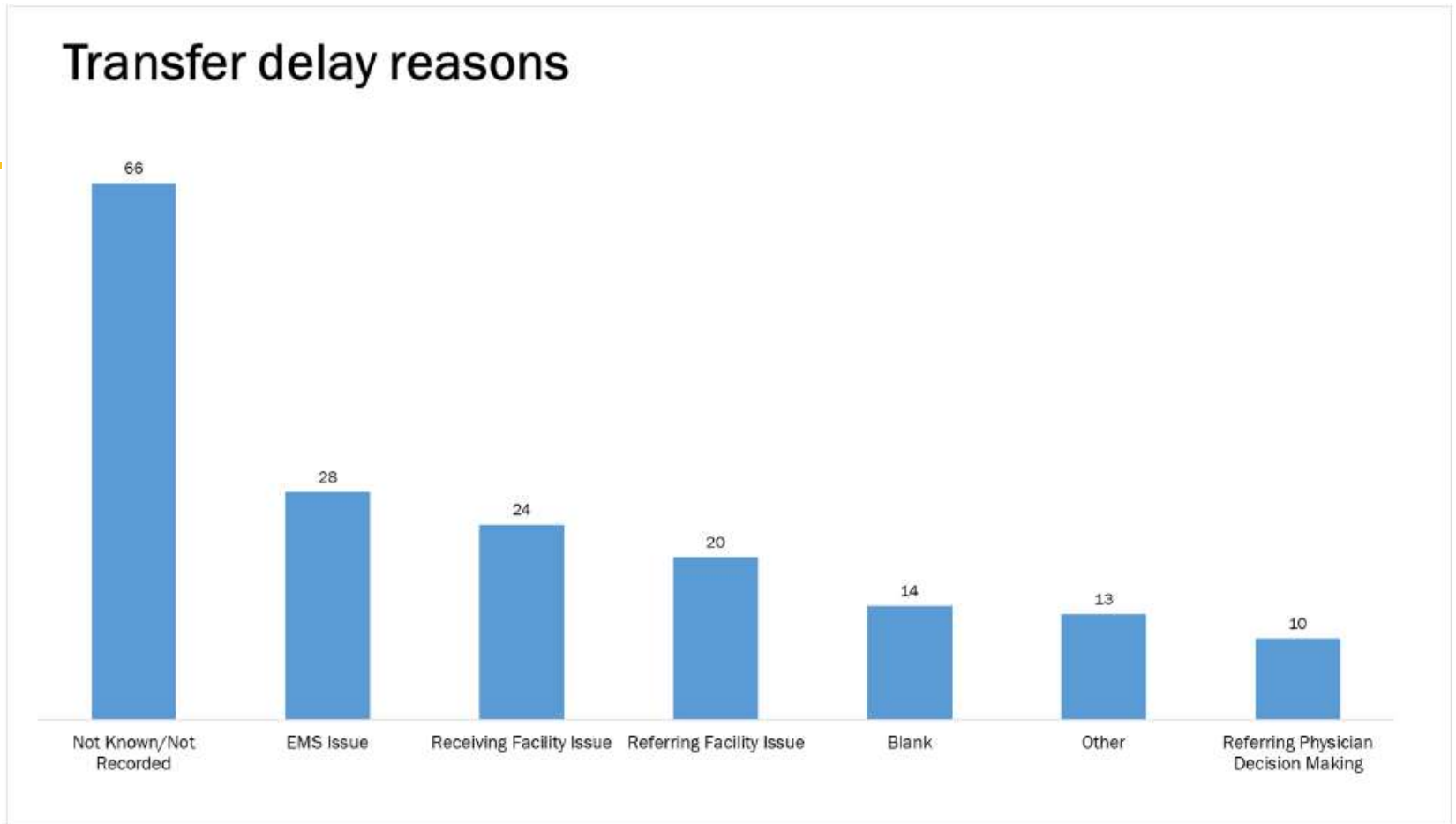
A small portion of transfers had a delay indicated



*Only non-trauma centers percentages presented



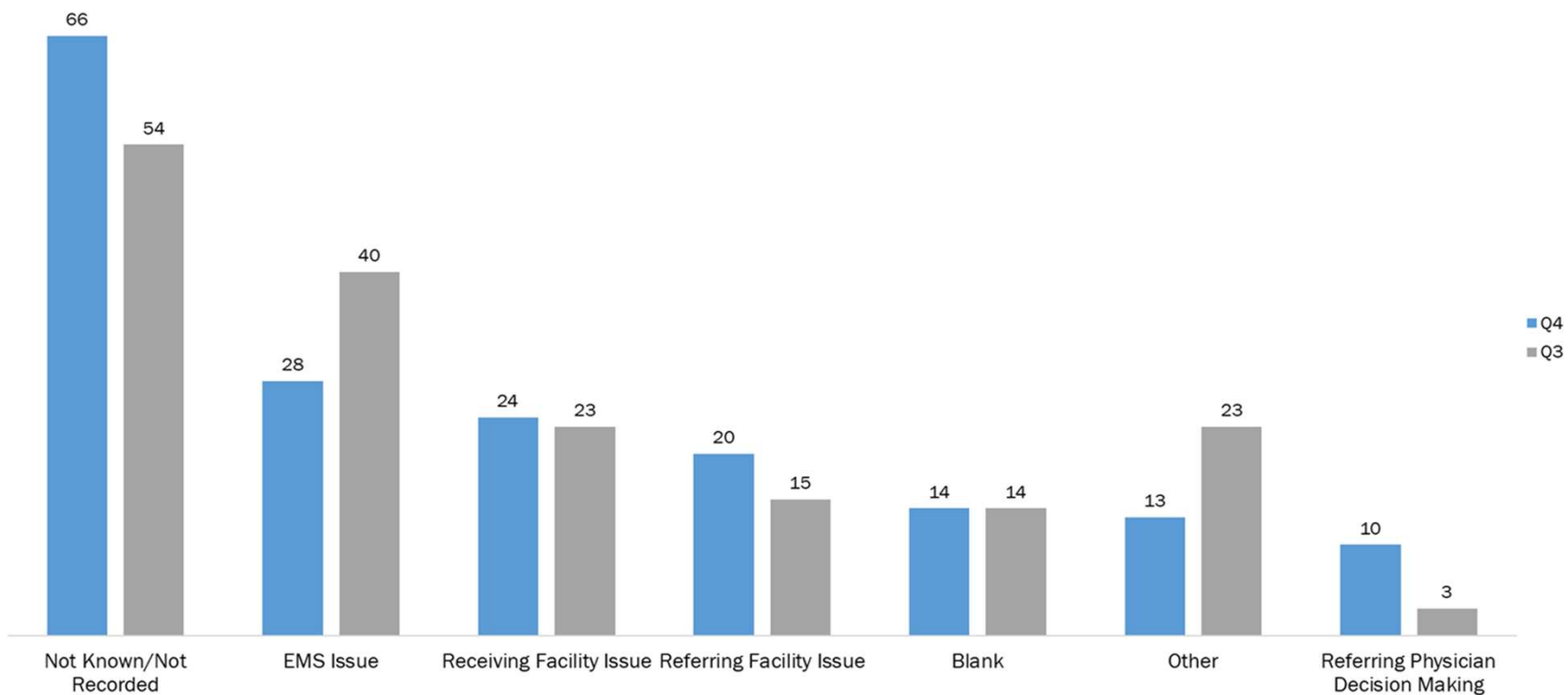
Transfer delay reasons



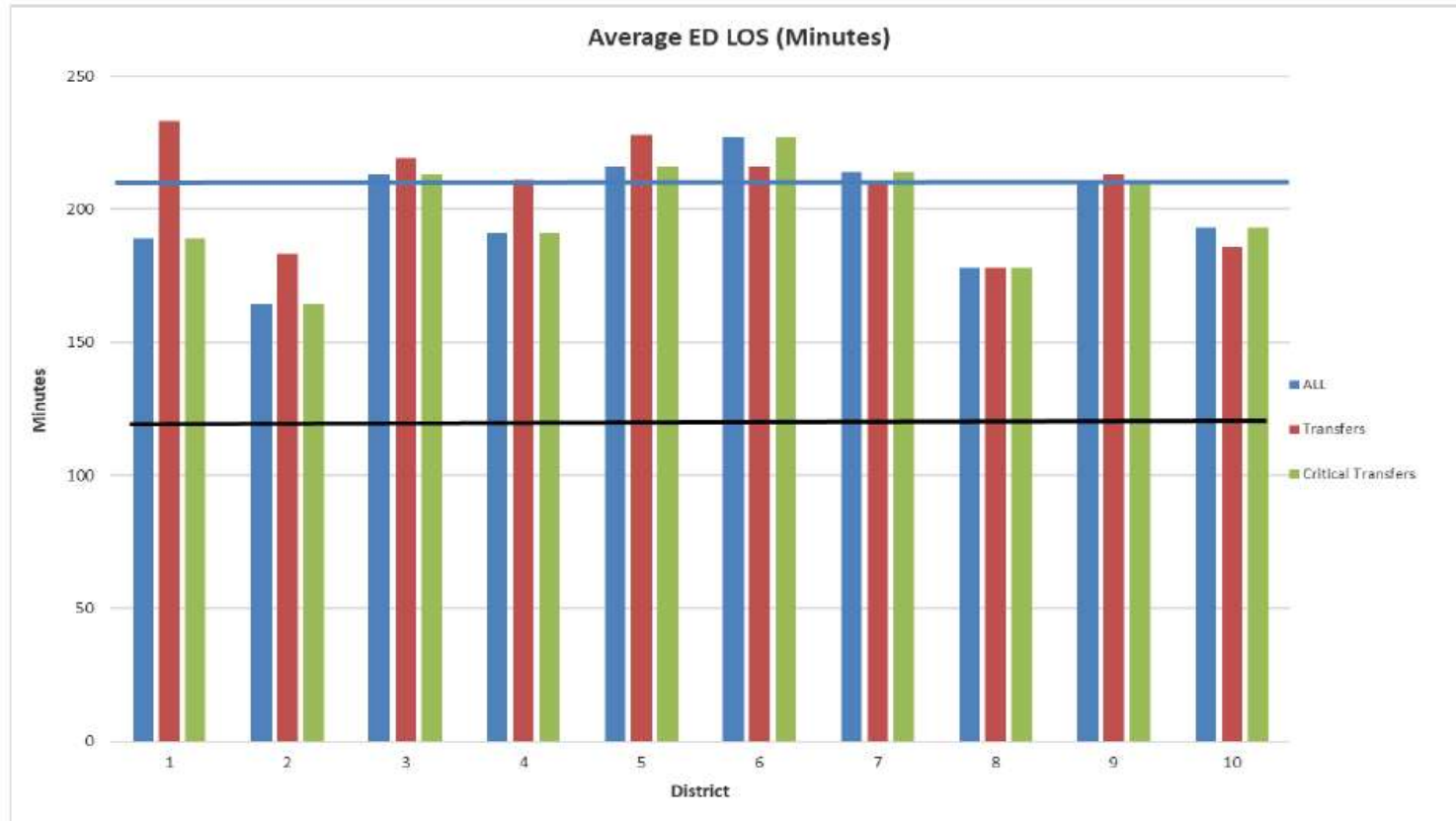
*Categories with counts <10 include Communication and Family, Legal Guardian, or Patient Issue.

**Only accounted for Non - Trauma Hospitals when selected Transfer Delay Reasons as "Yes"

Transfer delay reasons



ED LOS by District



*Black line represents the 120 minute performance improvement filter

**Blue line represents the state average

Other Business

- **Dr. Lefort**
 - **Survey: rapid blood transfusions in pediatric trauma patients.**

October 16

December 11