

Trauma in Kentucky 2014

Trauma Registry and Hospital Discharge Database Reports

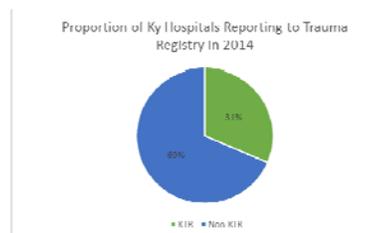
Based on the work of

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PhD, JD



Compare and contrast

- Reporting facilities
 - Ky Trauma Registry (KTR): 28
 - Hospital Discharge Data Report (HDD): 93
- Number of records
 - KTR: 13,159 (includes ED)
 - HDD: 18,256
 - Hint: difference is very close to number of hip fx: 5,053



Demographics and coverage

- Percentage male: KTR 60.3%, HDD: 43.6%
- Percentage over 65: KTR 16.9%, HDD: 55%
 - These discrepancies are consistent across reporting years
 - Reflect female longevity and higher female incidence of hip fx
- Medicare as primary payer: KTR 22.9%, HDD 54%
- “Self-pay” down dramatically after Kentucky’s coverage expansion
 - KTR 2013: 16%; 2014: 11% (31% decline)
 - HDD 2013: 9%; 2014: 2% (78% decline)

Etiology



- Falls are the leading cause in both reports but:
 - KTR 37.4%; HDD: 61%
- Motor vehicle collision is second in both:
 - KTR 28.5%; HDD 12.9%
 - Numbers: KTR 3763 (includes ED discharges); HDD 2531
- Majority of firearm injuries go to trauma centers:
 - KTR: 444 (includes ED discharges); HDD 270

Discharge destination comparison

- Routine discharge
 - KTR 67.7%; HDD 38.3%
 - Reflects HDD predominance of older adults with higher rate of comorbidities and dependence
- Post-acute care (home health, SNF, inpatient rehab)
 - KTR 25.1%; HDD 56.3%
- Relevant to injury prevention policy because of high costs, caregiving burden associated with those in need of post-acute care

Trauma-specific data

- Inter-facility transfers: 28%
- Time to hospital (where recorded—only 58% of cases):
 - 1 hr: 29%
 - 1-2 hrs: 25%
 - 2-5 hrs: 22%
 - Over 5 hrs: 24%
- Transport mode:
 - Ground ambulance: 62%
 - Helicopter: 14.5%
 - Non-emergency vehicle: 22.6%



Observations and limitations

- Inclusion criteria drive major differences between injury reports
- Injury is still the leading killer in the US for ages 1-44 BUT
 - Consequences of injury are typically more serious as age increases
- Trauma Registry yields more clinically actionable findings; process improvement under development
- Hospital Discharge Data report suggests population health interventions
- Both reports reflect in-state health system activity rather than statewide population health metrics
 - No info on Ky residents in out-of-state facilities
- Increased trauma system participation supports progress on goals of both comprehensive and nuanced data



Thanks for the chance to share this overview
—questions and suggestions most welcome!

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