2017 ANNUAL REPORT

RIGHT PATIENT.
RIGHT PLACE.
RIGHT TIME.
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WELCOME

NOTS STAFF

Jeffrey A. Claridge, MD, MS, FACS
Medical Director
Northern Ohio Trauma System
Division Director: Trauma, Critical Care, Burns and Acute Care Surgery
The MetroHealth System

“Collaboration is key for the success of NOTS. Alone we can do little, together we can do much.” - Helen Keller

Danielle Rosaler, RN, BSN, MBA
Trauma Program Manager

"Now that University Hospitals and Akron General has joined our growing team, we now can learn together and provide our patients with the same quality of care across the region.”

Cheryl Hawkins
Trauma Coordinator

“Having been with NOTS since its inception, it’s rewarding to see how our annual Trauma Symposium has evolved and grown throughout the years. I’m excited to see what new educational opportunities we can provide to our region with the expansion of our NOTS partnership.”

Tod Baker
EMS Coordinator

“Throughout my life I have always believed in teamwork, whether in sports or at the fire house. NOTS has demonstrated how the team approach can benefit our patients and communities as the hospital systems collaborate with each other, share resources and work together to improve the lives of those we care for. It just proves that we can do more together than we can do alone.”

Olivia Houck, MPH, CPH
Data Specialist

“I am excited to be joining NOTS at a time of so much growth. Our expanded partnerships will allow us to capture even more data that provides insight into traumatic injury and subsequent direction to injury prevention, improvement of patient outcomes, survivor services, population health research, and more—all to the benefit of the patient and the community. I’m looking forward to seeing what we’ll be able to accomplish together.”

Andrea Martenus-Peters, MSSA, LSW
Violence/Injury Prevention Coordinator

“I am happy for the opportunity to work with individuals from the partnering hospitals who are dedicated to helping people receive quality care. Providing consistent services across the system is a benefit to individuals and the institutions. Each of us brings a specific skill set that enhances the work we do in a collaborative effort.”
NOTS MISSION STATEMENT

To provide the highest quality of care to patients across the region by rigorously evaluating and improving outcomes, optimizing resources, and providing education utilizing a collaborative approach with hospitals, emergency medical services, and the public health services.

EXECUTIVE SUMMARY

This is the first yearly report that incorporates the addition of the UH system and Akron General. The report has taken longer this year, but we are happy to be more inclusive. This is very exciting and will give us the ability to identify both strengths and opportunities for improvement. We are excited to be a model for the nation of collaboration and data sharing. The next steps will be using the data to identify best practices and areas to improve. Throughout this report you will see changes from prior years. Since NOTS started, we have grown in so many ways. Many of these are highlighted in this report. We have increased the number of programs we support such as Stop the Bleed and the Violence Interrupter Program. Our symposium continues to improve year after year and started at about 200 participants to now well over 600 participants.

The number of trauma events reported in the first year (2010) was approximately 6900. Because we are now a larger and more inclusive regional system, we have data on 14,000 patients per year. Thus we have doubled our trauma events that we are now getting data on in our system. It is important to recognize that this increase is multifactorial but mainly secondary to having more patients in our region from the expanded NOTS. It does not directly imply that more trauma is happening. However, now that we are more inclusive we will be able to track this.

Throughout the report we will showcase our excellent trauma centers, staff, and share data. We are very excited to have expanded our staff and welcome Danielle Rosler as the NOTS Program Manager. I remain humbly committed to serving the region and working to improve outcomes across the region. This is optimized through collaboration and sharing data and best practices. We continue to work with regional EMS to have regionwide similar pre-hospital protocols. We strive to get the right patient to the right place at the right time.

Thank you.

Sincerely,

Jeffrey A. Claridge, MD, MS, FACS
Medical Director, Northern Ohio Trauma System
University Hospitals stepped forward in 2015 to meet a significant need for additional trauma care resources in our community by creating a coordinated regional trauma network of UH hospitals.

Central to this commitment was establishing UH Cleveland Medical Center as an adult Level I trauma center to treat the most severe traumatic injuries and help victims recover.

Now, as a member of the Northern Ohio Trauma System, UH and other trauma care providers deliver coordinated trauma care to patients throughout Cuyahoga County and a seven-county Northeast Ohio region. UH has continued to build on the collaboration among Northeast Ohio health systems during recent public health events, including flu and Ebola responses and the Republican National Convention preparation, to enhance trauma service delivery.

Across the UH system, UH Cleveland Medical Center’s Level I trauma center coordinates with Level III trauma centers at UH Geauga Medical Center, UH St. John Medical Center in Westlake, Southwest General Health Center in Middleburg Heights, and UH Portage Medical Center in Ravenna. UH Rainbow Babies & Children’s Hospital is Northeast Ohio’s only Level I center for children and adolescents.

Throughout the nation, coordinated regional trauma care has resulted in improved outcomes for trauma patients. UH’s commitment to trauma care represents a significant resource for our community, and the UH system is honored to serve in this vital role.

Glen Tinkoff, MD
System Chief for Trauma
“Traumatic injury is a major public health issue,” said Glen Tinkoff, MD, System Chief of Trauma and Acute Care Surgery at UH who also served for 16 years on the American College of Surgeons’ Committee on Trauma. “By investing in comprehensive trauma care systemwide, UH is making a major commitment to providing all trauma victims the appropriate level of care they require and deserve, and doing so efficiently and effectively.”

Nathaniel McQuay Jr., MD
Medical Director
“UH has a unique opportunity to improve trauma care for our area,” said Nathaniel McQuay Jr., MD, Division Director, Trauma and Acute-Care Surgery, UH Cleveland Medical Center. “We are integrating our services into the entire trauma community and improving access.”

Sandy Daly-Crossley
Trauma Program Manager

University Hospitals Rainbow Babies & Children’s Hospital has been continuously verified as a Level I pediatric trauma center by the American College of Surgeons for 25 years, and is the only designated Level I pediatric trauma center in northern Ohio.

A Level I pediatric trauma center offers the highest level of trauma care across the continuum from injury prevention through rehabilitation. At UH Rainbow, board-certified trauma surgeons, supported by pediatric nurses and a pediatric emergency department team specially trained in the care of injured children, are ready to respond 365 days a year.

UH Rainbow’s Pediatric Trauma Center works closely with northern Ohio’s first responders and EMS professionals to be sure they are well-versed in special issues related to pediatric trauma, emergency, and safe transport.

UH Rainbow’s Level I pediatric trauma center is located in the Marcy R. Horvitz Pediatric Emergency Center at UH Rainbow Babies & Children’s Hospital, which is part of the UH Cleveland Medical Center campus in University Circle.

Michael Dingeldein, MD
Medical Director for Pediatrics
“In trauma, every moment counts and teamwork becomes especially important. Our talented team is prepared 24 hours a day, seven days a week, to care for severely injured babies, children and young adults,” said Mike Dingeldein, MD, Medical Director of the Pediatric Trauma Center at UH Rainbow.

Lynn Horton
Pediatric Trauma Program Manager
Cleveland Clinic Akron General joined NOTS in 2017. Akron General is new to the Cleveland Clinic System. It brings a Level I trauma hospital to their ever growing system and brings NOTS another Level I hospital to the mix.

Emergencies are never planned. But when they do happen, patients at Cleveland Clinic Akron General are met by a responsive and caring staff of board-certified emergency physicians and other specially trained professionals – including nurses, technologists, social workers, and chaplains. A Level I Trauma Center, as designated by the American College of Surgeons (ACS), Akron General offers the technology, expertise and staffing to treat all injuries regardless of severity. Operating rooms, diagnostic services and trauma specialists are on-call 24 hours a day.

All emergencies are about recovery, but it’s especially important to trauma victims. More severe injuries may require additional or specialized medical attention, now and in the future. Akron General provides patients with comprehensive care from the time of injury all the way to recovery. This includes treatment while admitted and after discharge, such as therapy and rehabilitation.

Akron General brings the PATH Program to their patients: Akron General’s main Emergency Department offers the PATH (Providing Access To Healing) Center to provide quality, trauma-informed, compassionate care to victims of sexual assault, domestic violence, elder abuse and neglect for Summit and surrounding counties, while also ensuring quality of evidence collection. The PATH Center is staffed by professionals trained in the systematic collection of evidence in an atmosphere of support and compassion.

Akron General Brings the PATH Program to their patients: Akron General’s main Emergency Department offers the PATH (Providing Access To Healing) Center to provide quality, trauma-informed, compassionate care to victims of sexual assault, domestic violence, elder abuse and neglect for Summit and surrounding counties, while also ensuring quality of evidence collection. The PATH Center is staffed by professionals trained in the systematic collection of evidence in an atmosphere of support and compassion.

Farid Muakkassa, MD
Chief Of Trauma Services

Robert Marley, MD
Trauma Surgeon

Sharon Wiita, BSN, RN, CEN
Trauma Program Manager

William Papouras, MD
Trauma Surgeon

Ali Farouk Mallat, MD
Trauma Surgeon

Scott Hockenberry, MD
Trauma Surgeon

NOTS HOSPITALS 30 MIN DRIVE TIME

Drive Time: Travel time in 30 minutes at an average of 45 mph.

Level I
Level II
Level III

Sharon Wiita, BSN, RN, CEN
Trauma Program Manager

Robert Marley, MD
Trauma Surgeon

William Papouras, MD
Trauma Surgeon

Ali Farouk Mallat, MD
Trauma Surgeon

Scott Hockenberry, MD
Trauma Surgeon

COLLABORATION

- Collaboration of trauma outcomes and sharing of data to improve patient care across the region.
- Improve patient education on injury prevention/violence prevention.
- Working on shared EMS protocols to get the right patient to the right place at the right time.
TRAUMA CENTERS

MetroHealth Medical Center
Level I Adult
Level II Pediatric
University Hospitals Cleveland Medical Center
Level I Adult
University Hospitals Rainbow Babies and Children’s
Level I Pediatric
Akron General
Level I Adult
Fairview Hospital
Level II Adult
Hillcrest Hospital
Level II Adult
Southwest General Health Center
Level III Adult
St. John Medical Center
Level III
University Hospitals Portage Medical Center
Level III
University Hospitals Geauga Medical Center
Level III

INJURY PREVENTION

METROHEALTH: SAFETY TO GO
The MetroHealth System’s Division of Trauma has partnered with Safety to Go to fund a portable safety town program within the Cleveland Municipal School District. Safety to Go is a safety awareness and training program that provides Pre-K and kindergarten students with education on topics such as traffic/railroad safety, pedestrian safety, water safety, bike safety, stranger danger, anti-bullying, 911, gun safety, fire safety, seatbelt safety, and bus safety. Through in-classroom lessons and participation in a hands-on safety community, children will learn valuable lessons to help prevent childhood accidents, injuries, and deaths. The partnership between the Division of Trauma and Safety to Go has brought necessary safety education to over 1,000 students in Cleveland with twenty additional schools scheduled for the 2016/2017 school year.

Cristina Ragone, Trauma Program Manager

AKRON GENERAL: MATTER OF BALANCE and TAI CHI FOR BALANCE
Akron General has developed a comprehensive falls prevention program. These two programs are evidence-based programs to decrease falls in older adults. Patients are referred to these programs through our Wellness Center, physician partners and community partners.

Sharon Witta, Trauma Program Manager

UNIVERSITY HOSPITALS: AGE WELL AND BE WELL PROGRAM
This program enables elders to take part in a variety of health and wellness events. The "Matter of Balance" class is offered free of charge to our seniors and discusses ways to stay active, safety at home, promote exercises for strength training, and discuss ways to make the home safe and free from fall hazards. Our Rehab department offers free balance screening events throughout the year to also assist in fall prevention outreach.

Deana Pace, Trauma Coordinator for UH Geauga

HILLCREST HOSPITAL: PROM PROMISE
Every year Hillcrest Hospital partakes in educating the youth during Prom season. The main focus is to educate high school students about not drinking and driving.

Mary Anne Edwards, Trauma Program Manager

FAIRVIEW HOSPITAL: SAFE DRIVING FOR SENIORS
Fairview Hospital’s goal is to improve health and prevent injuries, thereby improving quality of life. In conjunction with Fairview Hospital’s Wellness Center, there are many offerings of Injury Prevention to choose from. This includes, but is not limited to, Safe Driving for Seniors, Tai Chi Balance, Be in Control-Safe Driving for Teens and Adults, and Human Trafficking-What You Need to Know.

Bernadette Szmigielski, Trauma Program Manager

RAINBOW BABIES AND CHILDREN: MOTOR VEHICLE SAFETY OUTREACH
Rainbow Babies and Children’s Hospital has a robust motor vehicle safety outreach and education program that encompasses child passenger safety, teen driver safety, seat belt use, and impaired and distracted driving. The UH Rainbow Injury Prevention Center staff is comprised of nine certified Child Passenger Safety Technicians (CPST), five of whom are Child Passenger Safety Technician Instructors (CPST-I). Three of the team’s instructors have completed the National Center for the Safe Transportation of Children with Special Health Care Needs, Safe Travel for All Children: Safely Transporting Children with Special Healthcare Needs course and have expertise in assisting families with children who have special transportation needs.

Lynn Horton, Trauma Program Manager
As NOTS has expanded regionally, we would like to introduce you to our newest board members: Dr. Glen Tinkoff, Dr. Christopher Miller and Daniel Ellenberger from University Hospitals Cleveland Medical Center, Dr. Bernard Boulanger and Dr. John Wilber from MetroHealth Medical Center. NOTS plans to expand their educational activities across all three systems and throughout the region with the support from the Board. Collaboration has been key in the success of NOTS. We plan to continue the wonderful collaboration, transparency and the commitment to place the community above self.
SPOTLIGHT ON GUNSHOT WOUNDS

- There were 936 GSWs seen in 2016
- 90% of GSW patients were male
- 30% were discharged from the ED
- 26% were taken directly to the OR from the ED
- Of those who were admitted, 43% went directly to the OR
- Of those who were admitted, 28.9% had a stay in the ICU, with an average ICU stay of 3.9 days
- Mortality rate of those who were admitted was 6.7%

Impact 25: Violence Initiative for the City of Cleveland
Picture from 2016 NOTS Symposium
Taken by Paul Thomas
GUN VIOLENCE PREVENTION

NOTS started the Violence Interrupter Program at MetroHealth Medical Center in November of 2016. Andrea Martemus-Peters has been at the forefront of this program. The program currently has two violence interrupters with a plan to expand to four to reach the eastside and westside violence. Their role is to help patients injured by gun violence and to stop any retaliation on the streets. The violence interrupters see patients from ages 18-25 with the goal to increase the age range. Our violence interrupters have worked with nearly 100 patients year to date.

NOTS plans to expand this program to University Hospitals at the beginning of 2018.

PICTURED TO THE LEFT: JD, ANDREA AND JEFF

This is a gun-free zone

GSWs: By Year and ED Disposition

GSWs: Mortality by Year

GSWs: Mortality Percentage by Year
FREQUENCY OF TRAUMA
2016 DATA

Frequency of Trauma: By Day of Week

Frequency of Trauma: Month

Frequency of Trauma: All Patients by Age
MECHANISM OF INJURY
2016 DATA

Top Mechanisms of Injury by Age

Note: “All Others” include Asphyxiation, Hanging, MVC vs. Pedestrian, Bicycle, ATV, Horse & Rider, Stab, Drown, Watercraft, Bite, Sport, Burn, and all otherwise unclassified.

All Patients

Note: “All Others” include Asphyxiation, Hanging, MVC vs. Pedestrian, Bicycle, ATV, Horse & Rider, Stab, Drown, Watercraft, Bite, Sport, Burn, and all otherwise unclassified.
Mechanism of Injury (CONTINUED)

2016 DATA

Mechanisms of Injury: By Gender

<table>
<thead>
<tr>
<th>Mechanism of Injury by Gender</th>
<th>Mechanism of Injury by Age Group</th>
<th>Mechanism of Injury by ISS Group</th>
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</thead>
<tbody>
<tr>
<td>Mechanism</td>
<td>&lt;15</td>
<td>15-20</td>
</tr>
<tr>
<td>MVC</td>
<td>168</td>
<td>409</td>
</tr>
<tr>
<td>Fall</td>
<td>318</td>
<td>156</td>
</tr>
<tr>
<td>Assault</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>Asphyxiation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hanging</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>MVC vs. Pedestrian</td>
<td>74</td>
<td>44</td>
</tr>
<tr>
<td>Bicycle</td>
<td>59</td>
<td>26</td>
</tr>
<tr>
<td>ATV</td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td>Horse &amp; Rider</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Other Blunt</td>
<td>57</td>
<td>26</td>
</tr>
<tr>
<td>Other Penetrating</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Stab</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Drown</td>
<td>4</td>
<td>0</td>
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<tr>
<td>GSW</td>
<td>36</td>
<td>209</td>
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<tr>
<td>Watercraft</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Bite</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Sport</td>
<td>36</td>
<td>38</td>
</tr>
<tr>
<td>Burn</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>20</td>
<td>16</td>
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<tr>
<td>Totals</td>
<td>855</td>
<td>1141</td>
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</table>

Note: Those without scored ISS are excluded from this chart.
FALLS 2016 DATA

Falls: By Month

Falls: By ED Disposition

Falls: By Year

Falls: By Injury Severity Score (ISS)

Note: Those without a scored ISS are excluded from this chart.

Falls: By Age

Note: “Step-Down” includes Step-Down Unit and Telemetry. “Other” includes Observation, Special Procedures, AMA, Correctional Facility, Morgue, Acute Care Facility, or another inpatient facility.
### Motor Vehicle and Motorcycle Crash 2016 Data

#### MVC and MCC: By Month

- **Note:** "Other" includes Observation, Special Procedures, AMA, Correctional Facility, Morgue, Acute Care Facility, or another inpatient facility.

#### MVC and MCC: By ED Disposition

- **Note:** Those without a scored ISS are excluded from this graph.

#### MVC and MCC: By Injury Severity Score (ISS)

#### MVC and MCC: By Age

- **Note:** Deaths include those without a scored ISS.

#### MVC and MCC: By Year

- **Note:** Data includes all years from 2011 to 2016.
Pediatric and Adolescent 2016 Data

14 Years of Age and Younger

Pediatric Trauma: By Injury Severity Score (ISS)

Pediatric Mechanism of Injury

- Fall
- MVC
- Other blunt
- Bicycle
- MVC vs Pedestrian
- All Others

Note: “All Others” includes: Assault, Asphyxiation, Hanging, Motorcycle, ATV, Horse & Rider, Other Penetrating Mechanism, Stab, Drown, GSW, Bite, Sport, Burn, and Otherwise Unclassified

Mechanism of Injury Patients

- MVC 168
- Fall 318
- Assault 17
- Asphyxiation 0
- Hanging 2
- Motorcycle 3
- MVC vs. Pedestrian 74
- Bicycle 59
- ATV 14
- Horse & Rider 6
- Other Blunt 57
- Other Penetrating 14
- Stab 3
- Drown 4
- GSW 36
- Bite 5
- Sport 36
- Burn 19
- Other 20
- Total 855

Pediatric Trauma: By Age Group

- <1 year
- 1-2 years
- 3-5 years
- 6-12 years
- 13-19 years

<table>
<thead>
<tr>
<th>Mechanism of Injury</th>
<th>Infant &lt;1 year</th>
<th>Toddler 1-2 years</th>
<th>Preschooler 3-5 year</th>
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<th>Adolescent 13-19 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>MVC and MCC</td>
<td>16</td>
<td>20</td>
<td>32</td>
<td>74</td>
<td>370</td>
</tr>
<tr>
<td>Fall</td>
<td>65</td>
<td>57</td>
<td>55</td>
<td>111</td>
<td>153</td>
</tr>
<tr>
<td>GSW</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>20</td>
<td>177</td>
</tr>
<tr>
<td>Assault</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>86</td>
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<tr>
<td>MVC vs. Pedestrian</td>
<td>1</td>
<td>6</td>
<td>10</td>
<td>41</td>
<td>55</td>
</tr>
<tr>
<td>Bicycle</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>33</td>
<td>45</td>
</tr>
<tr>
<td>All Others</td>
<td>21</td>
<td>21</td>
<td>31</td>
<td>69</td>
<td>183</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>108</td>
<td>137</td>
<td>351</td>
<td>1069</td>
</tr>
</tbody>
</table>

19 Years of Age and Younger

Pediatric Mechanism of Injury: By Age Group

- MVC
- Fall
- GSW
- Assault
- MVC vs. Pedestrian
- Bicycle
- All Others

Note: "All Others" includes: Assault, Asphyxiation, Hanging, Motorcycle, ATV, Horse & Rider, Other Penetrating Mechanism, Stab, Drown, GSW, Bite, Sport, Burn, and Otherwise Unclassified

Pediatric Trauma: By Age Group

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</table>
Penetrating Trauma: By Month

Penetrating Trauma: By Type

Penetrating Trauma vs All Trauma: By Gender

Penetrating Trauma: ED Disposition

Penetrating Trauma: By Injury Severity Score (ISS) and Type
Penetrating Trauma: By Age

Penetrating Trauma: Total by Year

Admitted Penetrating Trauma: By Type and Year
MORTALITY: ALL ADMITTED PATIENTS AND ED DEATHS

This first figure shows mortality over time for patients of all ISS scores. With the expansion of NOTS in 2016, the region saw 12,291 patients with blunt injuries and 851 patients with penetrating injuries. The mortality percentages are not adjusted for injury severity or any other factor. While overall counts of injuries went up in 2016, mortality percentage from penetrating injuries went down between 2015 and 2016 and mortality from blunt injuries remained the same.

MORTALITY: ADMITTED PATIENTS AND ED DEATHS WITH ISS OF 25+

This figure represents the patients with the highest severity of injury, an Injury Severity Score (ISS) of 25 or higher. A large percentage of these patients have fatal injuries are admitted patients.

MORTALITY: ADMITTED PATIENTS AND ED DEATHS WITH ISS OF 15-24

This group represents patients with a moderate severity of injury. While we started our goal was specifically to improve the outcomes of this patient group. While we will never get this number to zero, doing so is still the goal that we strive for. The mortality for blunt injuries has remained about the same the past three years. Patients with penetrating injuries in this ISS group have improved greatly since 2015, going from 20.5% (20.6% in original NOTS trauma centers) to 14.3% (12.5% in original NOTS trauma centers).

MORTALITY: ADMITTED PATIENTS AND ED DEATHS WITH ISS OF 9-14

Patients with a minor ISS of 9-14 are numerous. In 2016, we saw a perplexing increase in deaths in this group which warrants further investigation. This could be a true increase in mortality (i.e. patients with existing comorbidities being less able to survive a minor traumatic injury), an erroneous increase (i.e. errors in data coding), or a combination of both. Furthermore, since there are so many patients in this group (n) and relatively few deaths, a single-digit increase in deaths results in a large jump in mortality percentage. Regardless, even a numerically small increase in mortality is too great in terms of human cost and is to be avoided to the greatest extent possible.

We would like to stress that we are sharing data in order to be transparent and highlight our successes as well as identify further opportunities for improvement. The most important thing to recognize is that while we talk about this as data, one must remember that we are talking about patients’ lives. Every life matters and we would like to take a moment to humbly express our sympathy to all the families who have been affected by the loss of a loved one as a result of a traumatic injury.
NOTS Transfer Center: 216-778-7850

NOTS 2016 Annual Report

Written by: Danielle Rossler RN, BSN, MBA
Trauma Program Manager
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Medical Director

Data by: Olivia Houck, MPH, CPH
Data Specialist

Edited by: Cheryl Hawkins
Trauma Program Coordinator

Ancillary Support by: Tod Baker
EMS Coordinator
Andrea Martemus-Peters, MSSA, LSW
Injury/Violence Prevention Coordinator

northernohiotraumasytem.org