



MARYLAND
Health Care
Commission

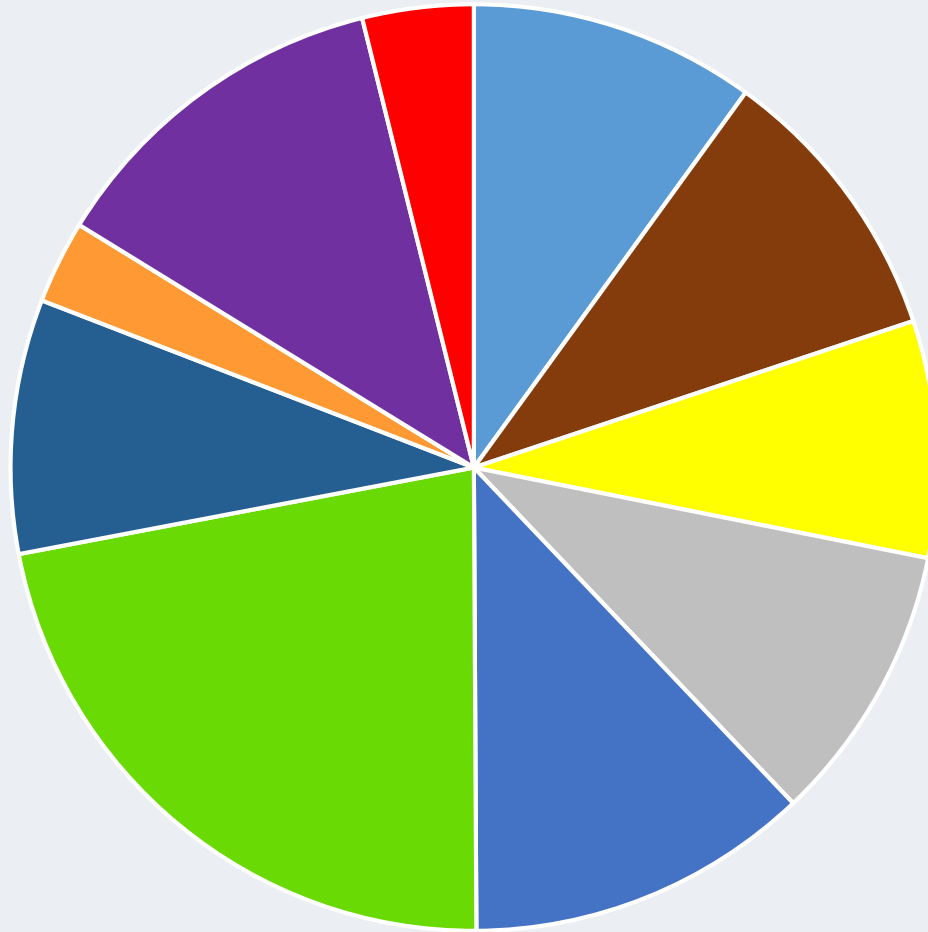
Maryland Institute *for*
Emergency Medical Services Systems

Data from Maryland Trauma Registry

- Extensive information submitted by trauma centers about each trauma patient
- Looking back before July 2016 requires greater interpretation and assumption
 - Hospitals transitioned from ICD-9 to ICD-10 for diagnosis coding and trauma registry entries
 - Skewed data by including greater detail



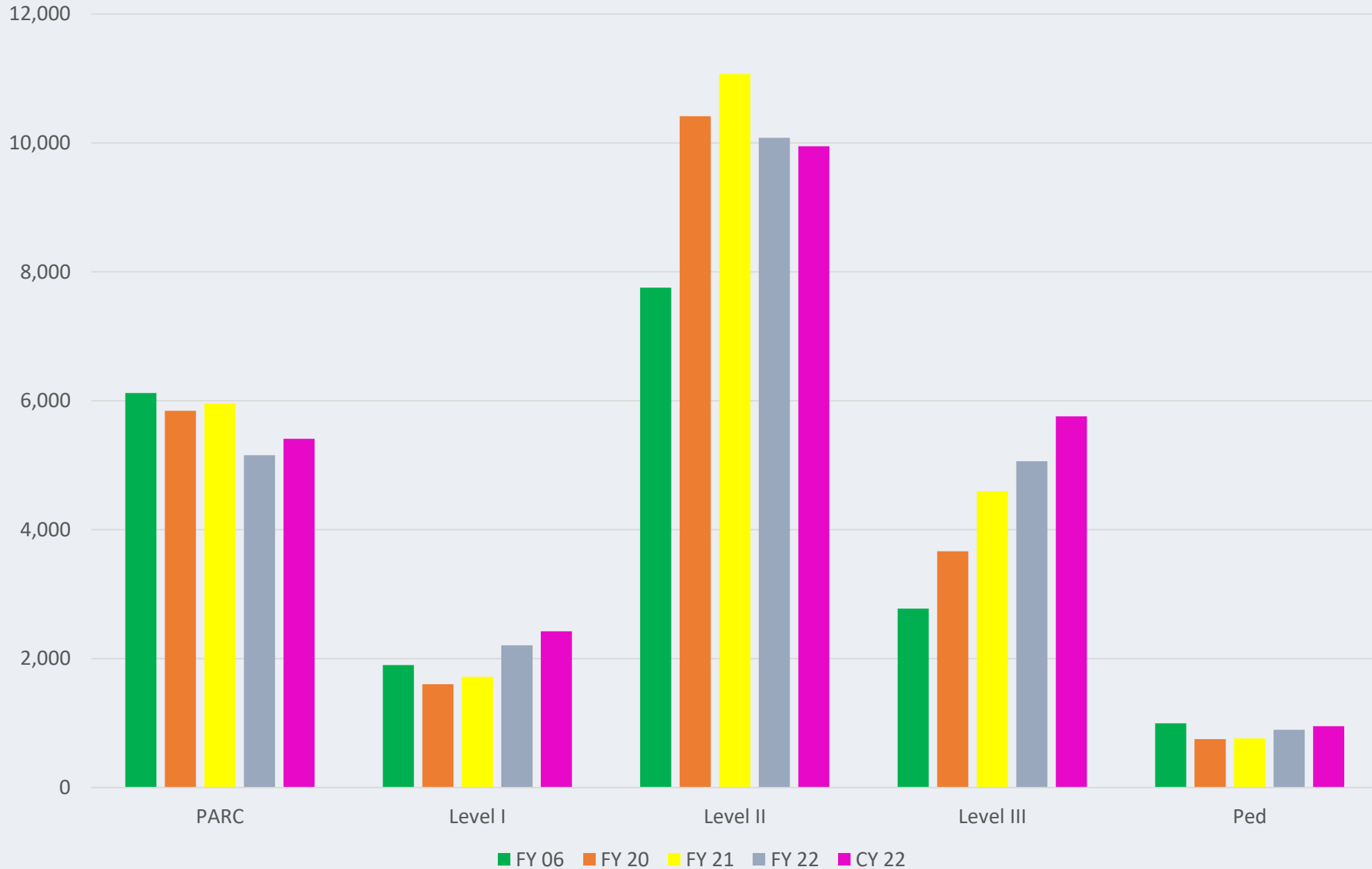
Trauma Patient Distribution (2022)



- Johns Hopkins Bayview Medical Center
- Tidal Health Peninsula Regional
- UM Capital Region Medical Center
- Suburban Hospital
- Meritus Medical Center
- Johns Hopkins Hospital
- Sinai Hospital
- R Adams Cowley Shock Trauma Center
- UPMC Western Maryland
- Johns Hopkins Hospital - Children's Center

Each and every trauma center is a valued part of the system!

Trauma Patient Volume per Year vs. Level of Trauma Center



of Centers

PARC: 1

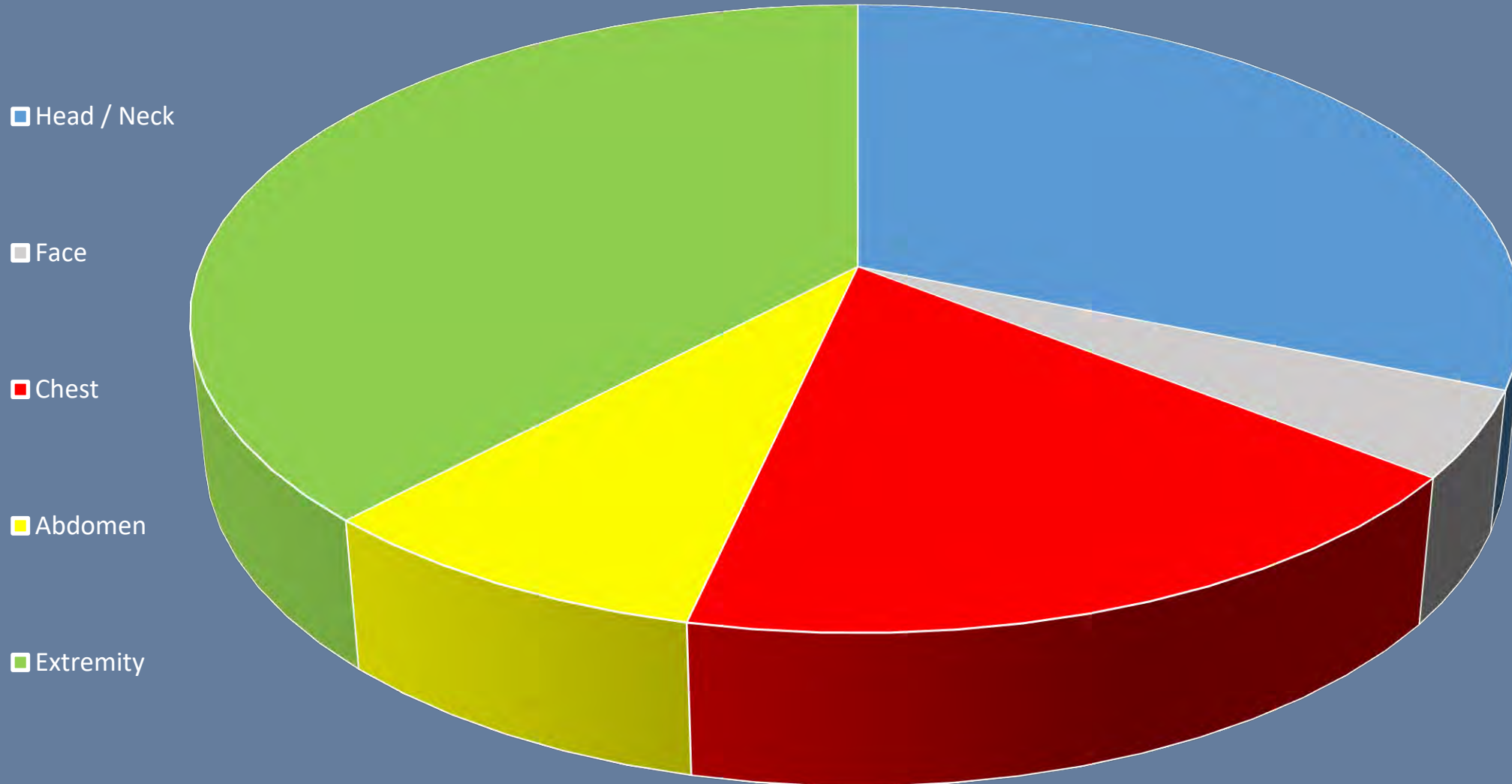
Level I: 1

Level II: 4

Level III: 3

Ped: 1 (not including CNH)

Anatomic Region Identified as the Most Injured



Extremity, followed by Head/Neck, is most often identified as the “most injured” body region.

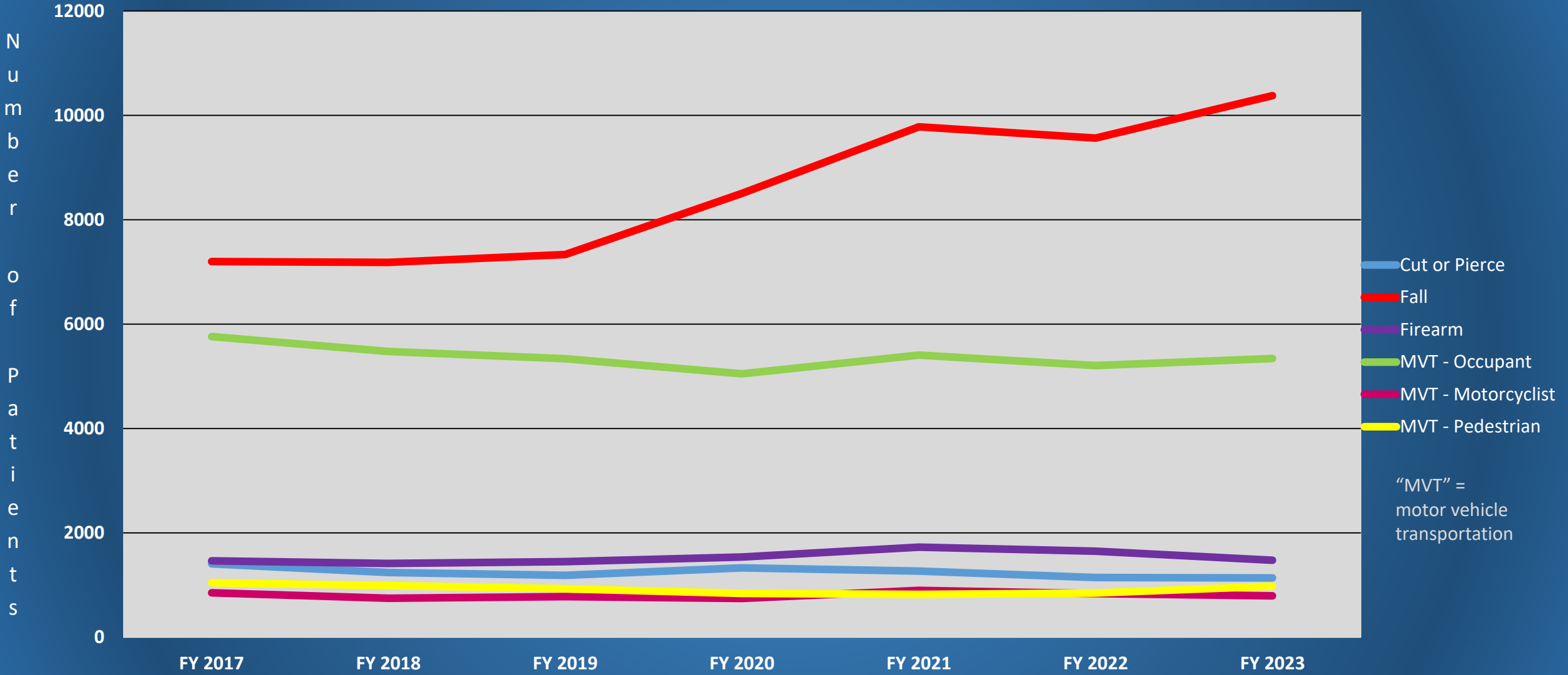
Falls represent the most frequent mechanism of injury among trauma patients.

Followed by:

- Motor vehicle crash occupants
- Firearm injuries
- Cut or piercing (e.g., stab wound)
- Pedestrian (vs. motor vehicle)
- Motorcyclist



External Cause of Injury by Fiscal Year



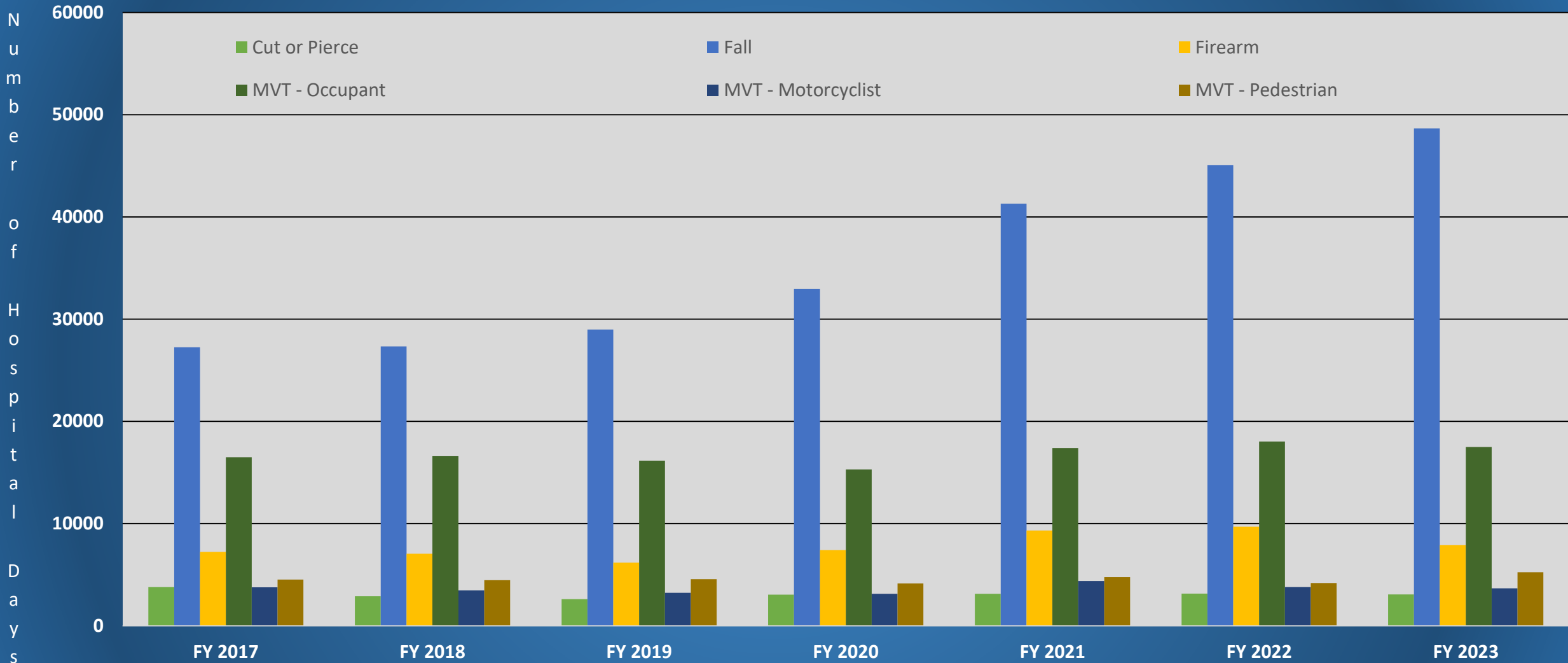
Collectively, Falls also result in the most hospital days among trauma patients.

Followed by:

- Motor vehicle occupants
- Firearm-related injuries



Mechanism of Injury by Total Hospital Days by Fiscal Year



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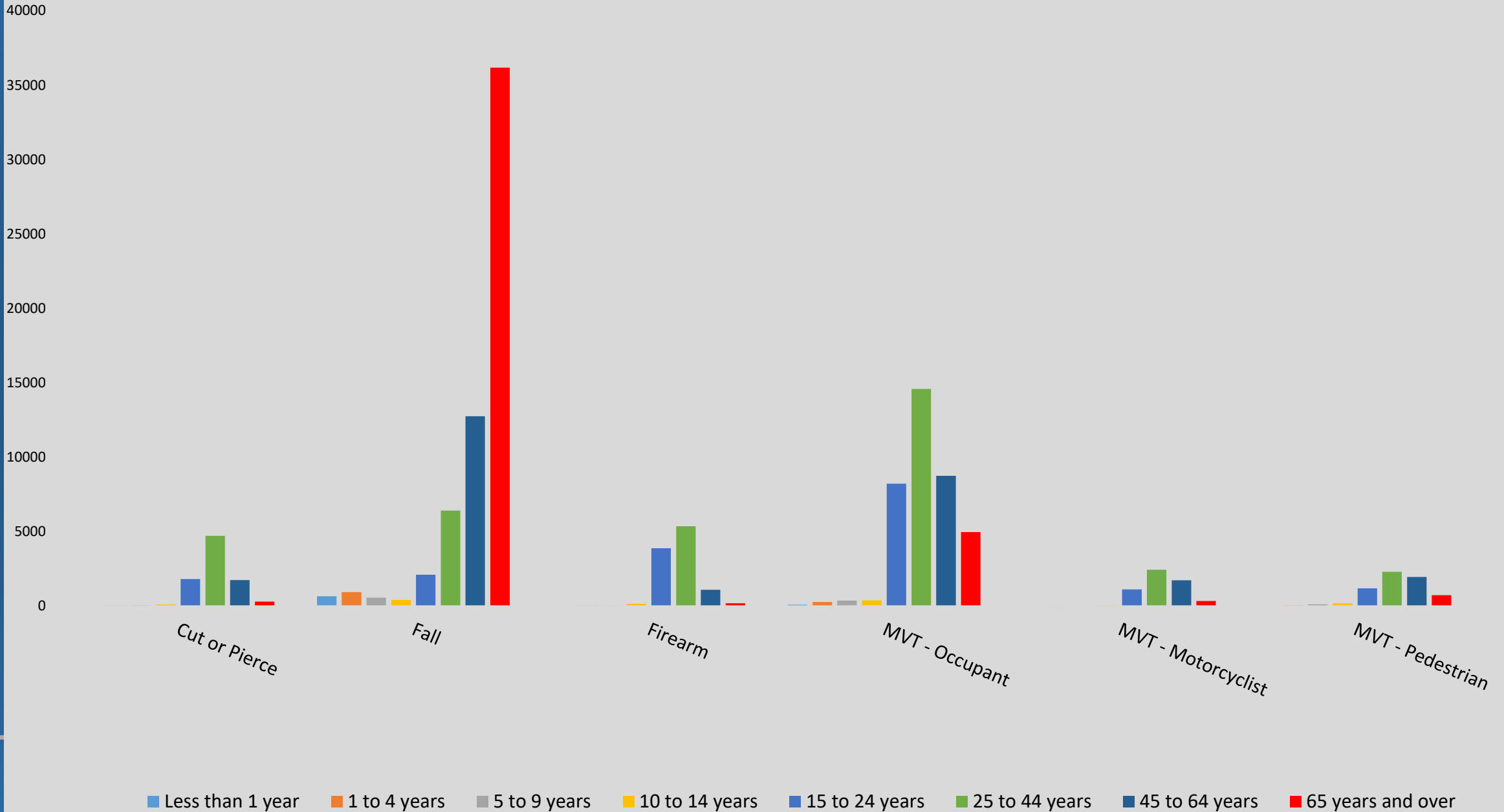
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Falling is an older adult problem.

- Motor vehicle-related injuries are more evenly distributed across age groups, but decrease with age.
- Firearm and Cut/Pierce injuries are predominantly among younger adults.



Number of Patients per Age Group vs. Mechanism of Injury (FY 2017 - 2023)





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