

Trauma in Virginia

Triage

Virginia's State Trauma Triage Plan

EXPLANATION OF DATA

Under the *Code of Virginia* § 32.1-111.3, The Office of Emergency Medical Services (OEMS) acting on behalf of the Virginia Department of Health has been charged with the responsibility of developing a Statewide Trauma Triage Plan. This plan is to include prehospital and interhospital patient transfers.

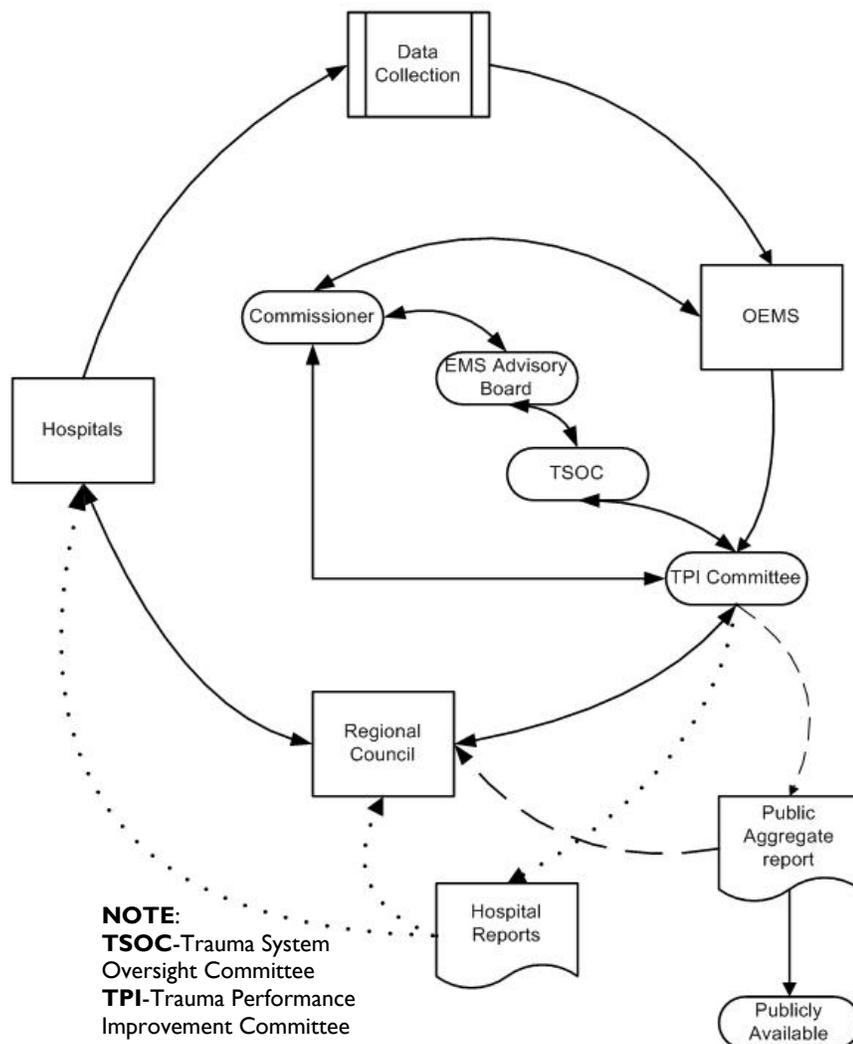
The *Code* states that the State Trauma Triage Plan shall incorporate, but not be limited to, the plans prepared by the regional emergency medical services councils. The *Code* further directs the collection of data through the PPCR Program and State Trauma Registry and protects its ability to be used by trauma committees that report to the State EMS Advisory Board.

Recognizing the complexity of Virginia's variability in demographics and geography, the State Trauma Triage Plan has been designed to set a template for the Regional EMS Councils to develop, monitor, and revise a regionalized trauma triage plan. Through regionalized Trauma Performance Improvement Committees, issues in trauma care on scene, in transit, and within hospitals can be addressed.

Virginia's Trauma Triage Plan can be found at:
<http://www.vdh.virginia.gov/oems/trauma/traumacenters.asp>

The chart below details the flow of information from the initial collecting of data to the report becoming available to the public.

Trauma data collection and Trauma Triage serve to assure that seriously injured citizens reach definitive care as fast as possible. This is accomplished by the trauma patient being recognized and entered into the trauma system at the earliest possible time.



NOTE:
TSOC-Trauma System Oversight Committee
TPI-Trauma Performance Improvement Committee



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Diagnoses listed in the Virginia Trauma Triage Plan

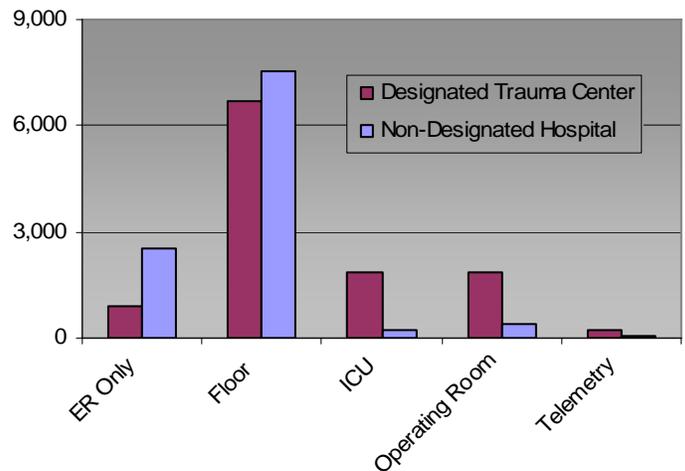
	Designated Trauma Center	Non-Designated Hospital	Total
>5 rib fractures	322	79	401
Burn	2294	332	2626
Extra-axial hemorrhage	1075	291	1366
Flail chest	69	Not available	Not available
Hemothorax	140	30	170
Open skull fracture	165	19	184
Pneumothorax	900	169	1069
Pulmonary contusion	732	75	807
Vert. column fracture w/ cord injury	152	22	174
GCS<=12	3798	366	4164
Systolic BP <100	2556	749	3305
Penetrating injury	3537	491	4028

Eight in ten Americans feel having a trauma system in place is equally or more important than having state police.

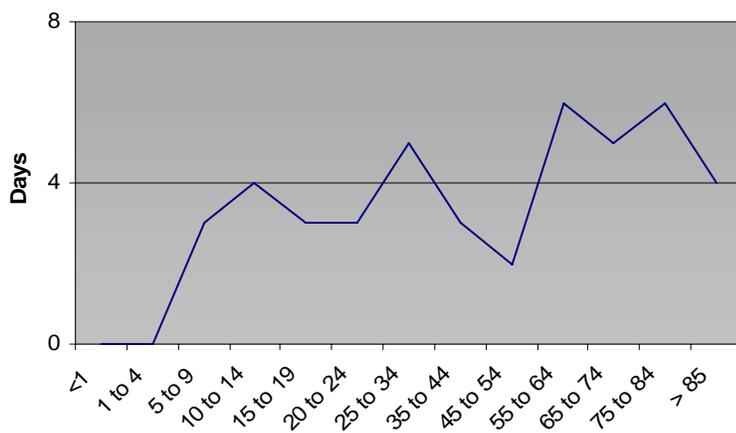
Nine in ten Americans feel that having a trauma system in place is equally or more important than having a HAZMAT team.

Source: 2005 Harris Interactive Market Research Poll

Location of Admission



Average Length of Stay by Age



Transport Methods Utilized

	Designated Trauma Centers	Non-Designated Hospitals	Total
Ambulance	5877	5338	11215
Private Vehicle	890	2551	3441
Walk-in	404	438	842
Helicopter	595	4	599
Public Transportation	0	63	63
Other	68	239	307
Not listed	4172	2373	6545

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