

2012

COMMUNITY TRAUMA REPORT



University
Health System



Injuries take an enormous toll on our community each year — disproportionately striking children and working adults, often leaving behind lasting or permanent disabilities and costing millions of dollars in medical expenses and lost productivity. Children are especially vulnerable. In Bexar County, unintentional injuries are the leading cause of death among children and young adults ages 5 to 24, according to the San Antonio Metropolitan Health District. Homicide is the second leading cause among those ages 1 to 14. And yet it must be noted that many of these deaths could have been prevented with the proper use of car seats or seatbelts, safer driving, making sure that homes are safe environments for children and similar precautions.

Top 5 injury causes

1. Car and truck crashes
2. Falls
3. Assaults
4. Motorcycle crashes
5. Pedestrians hit by vehicles

University Hospital 2012

As tragic as those deaths were, the death rates from injuries are actually lower in Bexar County than in the rest of the nation.

One reason is likely the high-level system of trauma care that serves our region. At the heart of that trauma system is University Hospital, the primary Level 1 trauma center for Bexar and 21 surrounding counties — a vast region of South and West Texas encompassing 26,000 square miles. With its physician partners at the University of Texas Health Science Center San Antonio, University Hospital's trauma center receives some 16,000 trauma patients each year — about 4,000 of them suffering from serious injuries. Since its earliest days, the trauma program at University Hospital has strived to maintain the highest level of care, to focus on research and cutting-edge technology, and to train the next generation of doctors, nurses and other health professionals. University Hospital also is the leader in caring for seriously injured children. It operates the only pediatric burn program in region, and in 2012 became the first hospital in South Texas to be verified a pediatric trauma center by the American College of Surgeons.

With thousands of seriously injured patients arriving for care each year, doctors and nurses here are able to monitor and identify trends and risk factors through the use of a comprehensive trauma registry. With this, University Health System's first annual Community Trauma Report, we are sharing some of that data in the hope of spotlighting those trends and preventing injuries in the future.

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Spotlight

A closer look at three major sources of injury in our community identified by the doctors and nurses of our trauma team.

FALLS FROM LADDERS

THE PROBLEM: Adults of all ages are injured each year falling from ladders.

THE NUMBERS: 88 people in 2012— 60 percent of them ages 45 to 64. One died. On average, each spent more than five days in the hospital, and five required more time in a skilled nursing facility.

THE RECOMMENDATION: Not everyone should climb a ladder. Balance and coordination decline with age. If you do climb, take a couple of extra minutes to make sure your ladder is set up correctly. The base of a straight ladder should extend from the wall or upper support one foot for every four feet of vertical height. At the correct angle, you should be able to grasp the ladder with outstretched arms while standing straight. Secure the tops of straight ladders if possible. Always face the ladder and maintain three points of contact with hands and feet at all times. Don't lean out to the side. And don't extend the height of ladders by setting them up on boxes or other objects.



BURNS FROM HOT FOOD

THE PROBLEM: Children burned from grabbing or spilling hot food from stove or microwave.

THE NUMBERS: 42 children in 2012.

THE RECOMMENDATION: In San Antonio, microwave containers of instant ramen noodles and macaroni are major sources of injuries among children. The temperature of the liquid in the containers can cause severe burns, and the sticky noodles hold the heat in place. Prepare hot foods completely out of reach of children, and don't allow them to grab or prepare foods that can harm them on their own. Make sure they're cooled to a safe temperature before serving.



DISTRACTED DRIVING

THE PROBLEM: Drivers face an unprecedented number of potential distractions, from cell phones and mp3 players, to GPS devices and stereos.

THE NUMBERS: Unknown in Bexar County. The federal government estimates that about 18 percent of injury crashes involve driver distraction. Nationwide in 2011, an estimated 3,331 people were killed and 387,000 injured in crashes involving a distracted driver.

THE RECOMMENDATION: Don't talk or text on cell phones while driving — PERIOD. Drivers who use hand-held devices are four times more likely to crash and hurt themselves. And because texting requires concentration, vision and physical manipulation, it raises the risk of crashes 23 times. Not only do you put yourself at risk, but also friends and family riding with you — and countless others in nearby vehicles, or walking, jogging and cycling alongside. If you must talk or text, wait until you reach your destination or find a safe place to pull over and stop.





Injuries to children

Children and adolescents are more prone to getting hurt, for several reasons. At a young age, their curiosity, lack of caution and still-developing physical coordination puts them at higher risk — as does their smaller size. As they get older, more freedom and mobility is often crossed with risk-taking behaviors and poor sleep habits.

The results can be tragic. Traumatic injury, notes Dr. Lillian Liao, University Hospital's pediatric trauma medical director, "kills more children than all other disease processes combined."

A total of 1,051 injured children were treated by University Hospital's trauma team in 2012. Among the trends seen, the rate of children injured in car and truck crashes rose by 28 percent from 2011 to 2012. That one-year jump comes after several years of progress in reducing such injuries. Although it's not clear why more children were hurt in 2012, the importance of the proper use of car seats, booster seats and seatbelts cannot be overemphasized. State law requires children to be restrained in a booster seat until they are 8 years of age, or at least 4 feet, 9 inches tall. University Health System's Child Health & Safety Awareness program has provided

thousands of seats to families in recent years through grants, and trains parents and caregivers in their use. See the Resources page at the back of this report for more information.

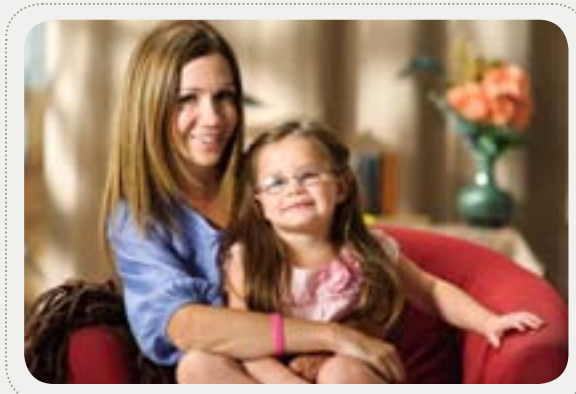
Bicycle injury rates among children treated at University Hospital rose 300 percent over the past four years. Many were not wearing bicycle helmets. Of the children 16 and younger injured on bicycles or motorcycles in 2012, only about a third wore helmets.

In addition, the rate of children injured in falls increased by 36 percent between 2010 and 2012. How are they falling? Several fell from balconies or windows — a scary reminder of how important it is to search for potential hazards to children in everyday settings.

The medical care of injured children is different from that of adults. Younger and more seriously injured children have better outcomes at a pediatric trauma center, which has specially trained physicians and nurses, appropriate resuscitation equipment and medications, special protocols for imaging and other diagnostic procedures, and special pain management guidelines.

A 2006 report by the Institute of Medicine stated: "Hospitals that seek regional or state designation or verification through the American College of Surgeons verification process as a Pediatric Trauma Center are examples of facilities that have made an extraordinary effort to provide resources to care for injured children." Last year, University Hospital became the first and only hospital in South Texas to be awarded such verification.

Ava's story



It was a beautiful evening in April — so beautiful that Traci Lopez lingered outside with her two young daughters Ava and Isabella in the fading light, even as the clock approached 8 p.m., the three of them picking up grass clippings and dropping them into a trash can.

Lopez raised her head from the task and saw the car barreling toward them. And moments later, after the three of them had been hit — as her concern over Isabella's sobbing turned to panic over 18-month-old Ava's silence — she would question her decision to keep them outside so late.

The driver of the car later admitted to drinking several glasses of wine and taking prescription sleeping pills before getting behind the wheel. After hitting the family, the driver kept going, the bare wheels of her car throwing up sparks after the tires were shredded jumping the curb. She was arrested a short time later.

Isabella, fortunately, suffered only an abrasion on her arm. Traci Lopez had a liver laceration and soft tissue damage on her right side. But Ava's tiny body was almost still. Her mother began rescue breathing.

"She was breathing, but it was labored. She had a pulse. But then she stopped breathing," Lopez recalled. "I have a background in nursing, and I sat there and thought — you know what?

She can't be without oxygen at all. And even though I was in pain, I'm bleeding everywhere, I didn't even feel it. It was just one of those things where I knew I had to take care of her."

Ava was rushed by San Antonio AirLife to University Hospital, where she was treated for severe head injuries, broken bones, bruised lungs and internal bleeding. Recovery was long and hard, and continues today. But she demonstrates a boundless enthusiasm for life, her mother said.

"She's in gymnastics, she's in soccer, she likes art, she likes music — anything you name, she likes. She's got a very outgoing personality."

The family has started a charitable foundation, Ava's Wish (www.avaswish.org), to offer support to pediatric patients with head injuries and related problems, and their families. Ava sometimes accompanies her mother to visit injured children in the hospital.



LEADING CAUSES OF INJURY TO CHILDREN BY AGE GROUP

Younger than 1 year

1. Falls
2. Burns
3. Motor vehicle crashes
4. Child abuse
5. Gunshot wounds

Ages 1-4

1. Burns
2. Falls
3. Motor vehicle crashes
4. Pedestrian hit by vehicles
5. Animal

Ages 5-9

1. Motor vehicle crashes
2. Burns
3. Falls
4. Animal
5. Gunshot wounds

Ages 10-14

1. Motor vehicle crashes
2. Falls
3. Burns
4. Sports injuries
5. Bicycle crashes

Ages 15-16

1. Motor vehicle crashes
2. Falls
3. Sports injuries
4. Burns
5. Assaults

Injuries to children ages 0-16

CAUSE	2008		2009		2010		2011		2012		2008-12	
	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE CHANGE
Crashes	336	58.2	295	50.7	270	43.8	247	40.0	340	55.0	340	-5%
Car or truck	224	38.8	211	36.3	184	29.8	182	29.5	237	38.3	237	0%
Motorcycle	21	3.6	17	2.9	11	1.8	9	1.5	10	1.6	10	-56%
Bicycle	14	2.4	6	1.0	7	1.1	11	1.8	25	4.0	25	67%
Pedestrian	69	12.0	46	7.9	61	9.9	40	6.5	58	9.4	58	-2.2%
Railway	0	0	0	0	0	0	0	0	1	0.2	1	-
Other vehicles (boats, ATV, dirt bike)	8	1.4	15	2.6	7	1.1	5	0.8	9	1.5	9	7%
Non-vehicle Injuries	203	35.2	182	31.3	178	28.9	244	39.5	283	45.8	283	30%
Burn	170	29.5	155	26.6	151	24.5	222	36.0	243	39.3	243	33%
Animal bite	21	3.6	14	2.4	12	1.9	14	2.3	17	2.8	17	-2.2%
Struck by falling object	4	0.7	7	1.2	8	1.3	1	0.2	6	1.0	6	43%
Machinery	1	0.2	0	0	0	0	0	0	2	0.3	2	50%
Electrical shock	0	0	0	0	0	0	3	0.5	4	0.6	4	-
Blast	7	1.2	6	1.0	7	1.1	4	0.6	11	1.8	11	50%
Violence	32	5.5	36	6.2	24	3.9	27	4.4	36	5.8	36	5%
Shooting	11	1.9	10	1.7	2	0.3	6	1.0	9	1.5	9	-21%
Stabbing or Cutting	4	0.7	5	0.9	4	0.6	3	0.5	12	1.9	12	171%
Assault	17	2.9	21	3.6	18	2.9	18	2.9	15	2.4	15	-17%
Falls	264	45.8	235	40.4	165	26.7	197	31.9	225	36.4	225	-21%
Other	122	21.1	125	21.5	116	18.8	142	23.0	167	27.0	167	28%
TOTAL INJURIES	957	165.8	873	150.0	753	122.1	857	138.9	1,051	170.1	1,051	3%

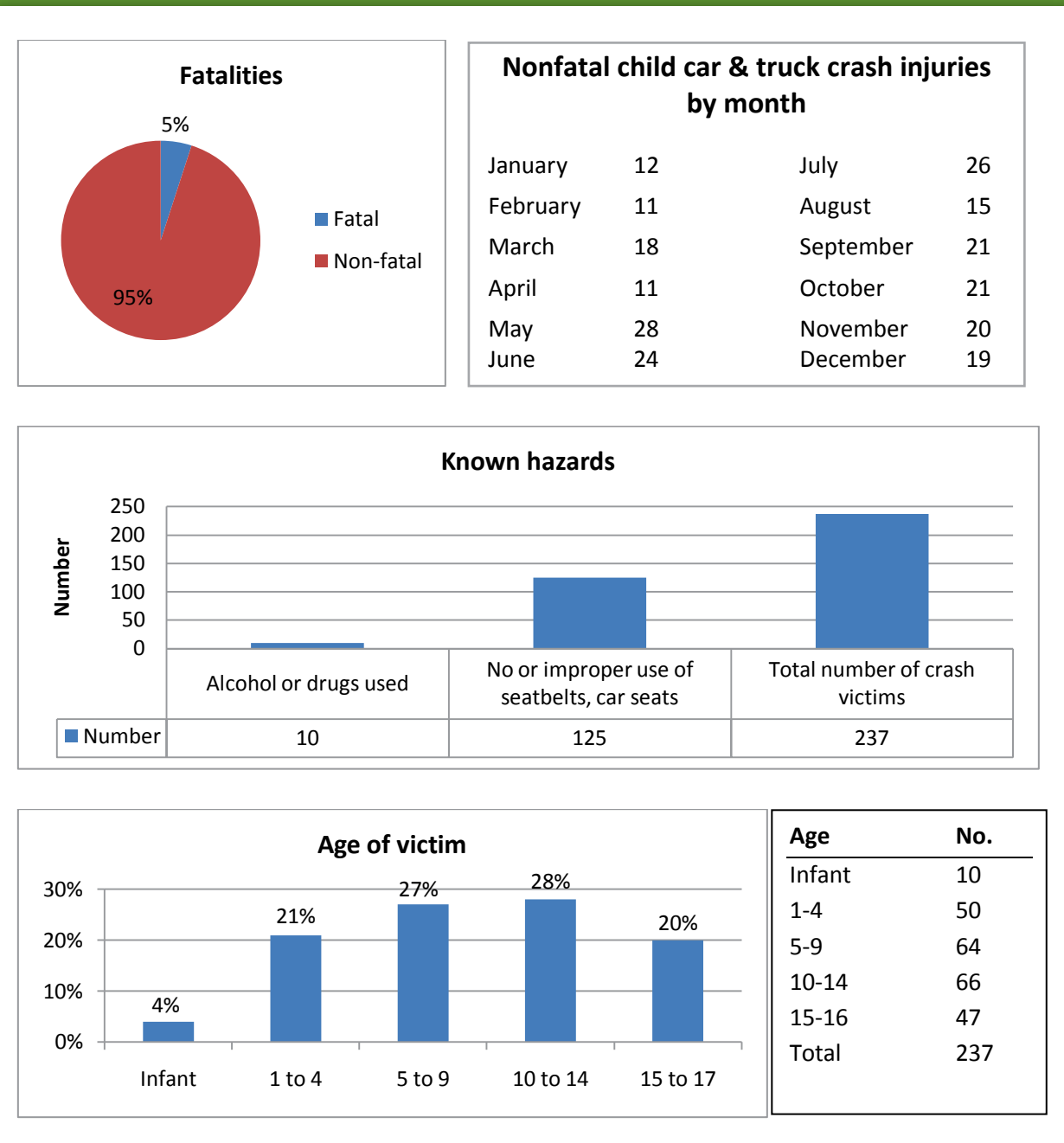
Rate per 100,000 population, 16 and younger. Source: Texas State Data Center population estimates and projections for 22 counties in Trauma Region P.

Some major injury categories involving children 16 and younger have seen rising rates over the past two years, including motor vehicle crashes, bicycle crashes, burns, shootings and falls.

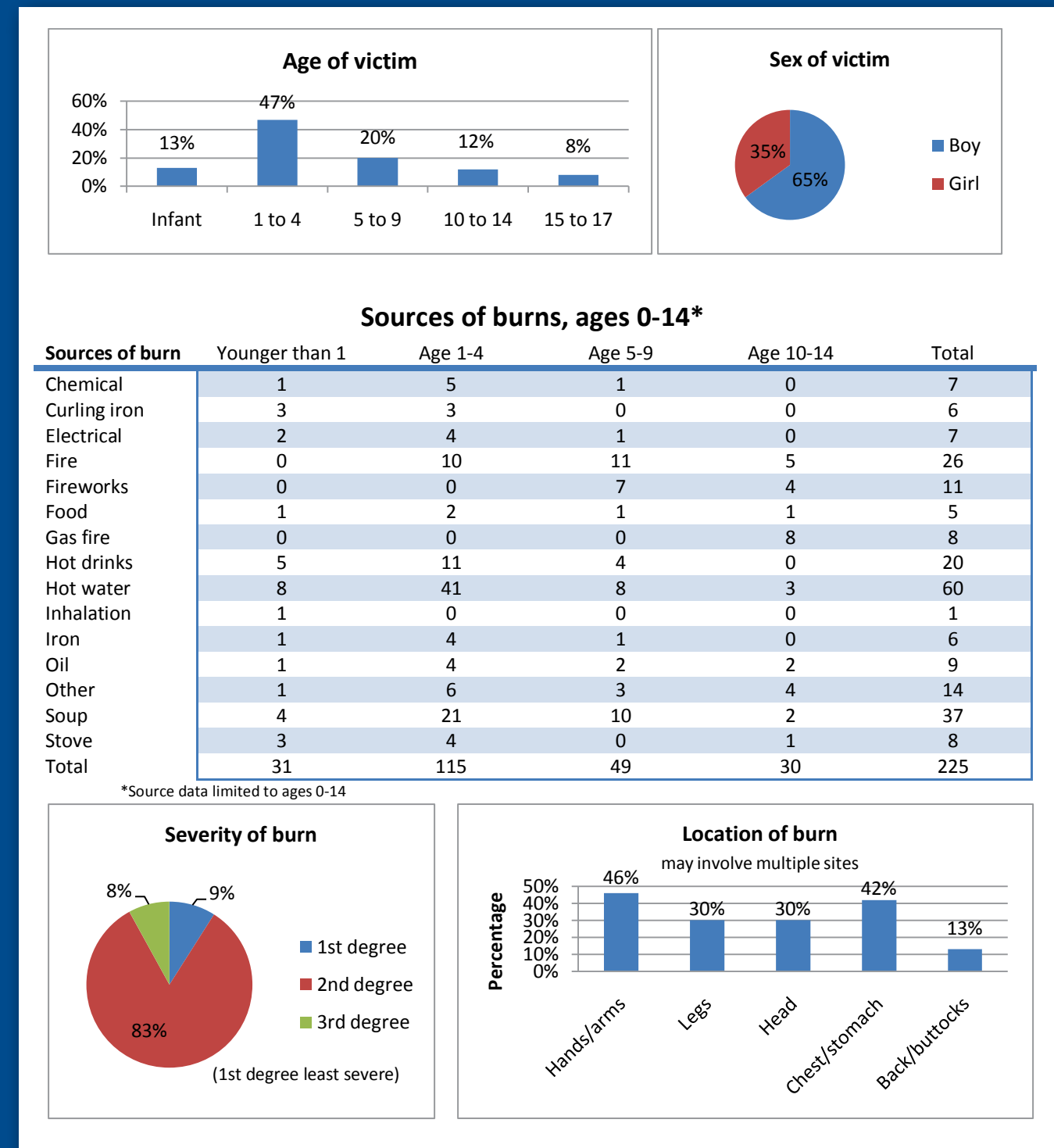


Rate per 100,000 population, 16 and younger

Motor vehicle crashes brought 237 injured children ages 0-16 to University Hospital's Trauma Center in 2012. Of those, 11 died — a number that may be misleadingly low since others never make it to the hospital. Many of these injuries could have been prevented with the proper use of car seats and seatbelts, and drivers who maintained safe speeds, remained sober behind the wheel, and avoided using cell phones or other electronic devices while driving.



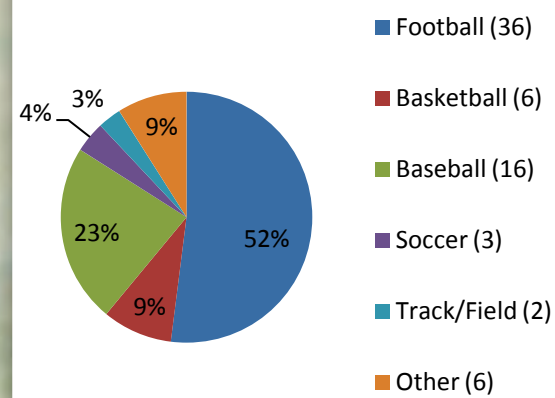
At University Hospital's Pediatric Burn Center, 243 children suffered burns, some of them debilitating. Household accidents and fires, the vast majority of them preventable, were usually the cause. Hot food, hot stoves and scalding water in the kitchen were common sources.



Sometimes kids are injured just being kids. Injuries can occur on the sports field, or in a pickup game of basketball. The neighbor's dog can turn unfriendly. While injuries can't always be foreseen, the risks of serious injury can be limited by making sure kids are properly dressed or outfitted for the activities they're taking part in. Teach children not to approach strange dogs, or those that are sleeping, eating or caring for puppies. Don't adopt dogs with a history or tendency toward aggression if you have children.

Parents should have emergency numbers at hand should injuries happen, from 9-1-1 to summon EMS or Fire, to 1-800-222-1222 for Poison Control.

Type of sport



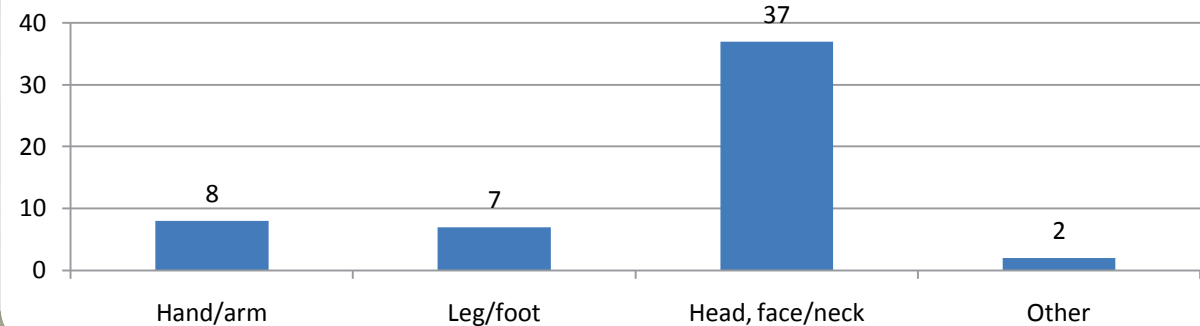
Sports injuries - 69 victims

Injury Type	No.	Percent
Concussion	16	23%
Fracture	41	59%
Dislocation	3	4%
Sprain	0	0%
Cut or bruise	21	30%
Torn muscle or tendon	2	3%
Internal organ injury	5	7%
Brain injury	14	20%
Other	6	9%

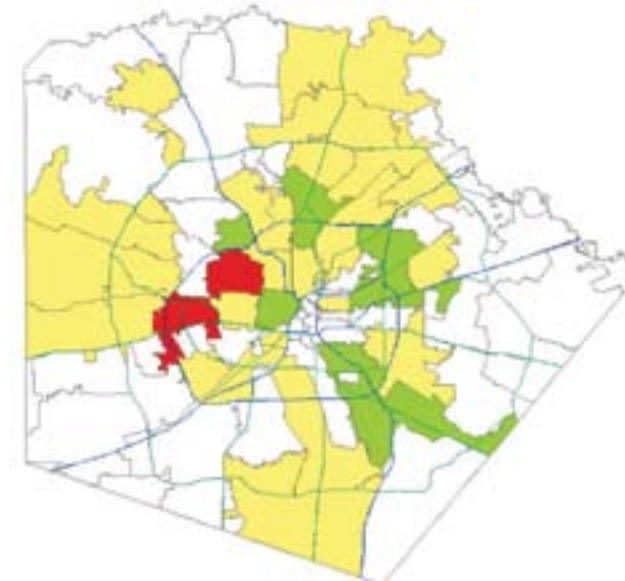
*Same patient may suffer multiple injuries

Dog bite injuries - 30 victims

(may include more than one)



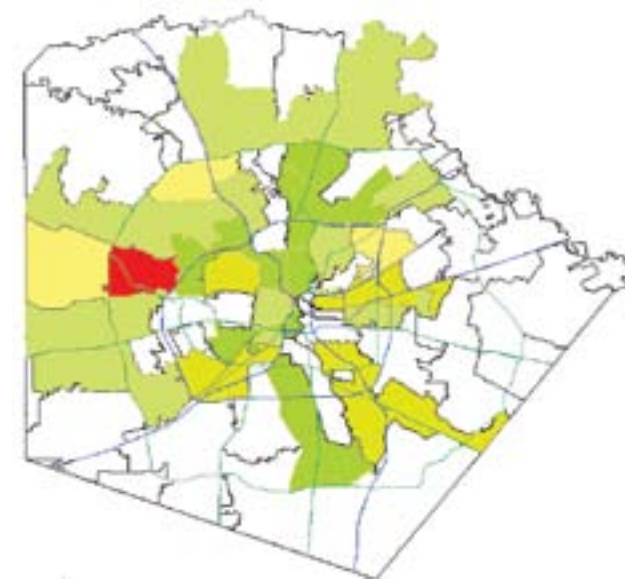
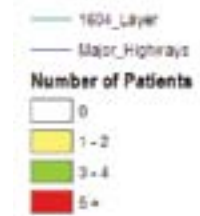
Where are children injured in car crashes?



WHERE THEY LIVE

This map shows the home address of children ages 0-16 injured in car and truck crashes. One ZIP code, 78227, just north of Lackland Air Force Base, had by far the largest number of child crash victims taken to University Hospital, at 9.

Legend



WHERE THEY WERE HURT

This map shows location of crashes where children were injured. The most injuries occurred in 78251, on the Northwest Side.

Legend



Injuries to adults

Adults up to age 44 are more likely to die from motor vehicle crashes in Bexar County than from other kinds of unintentional injuries, according to the San Antonio Metropolitan Health District. Beginning at age 45, however, other unintentional injuries combined make up the larger group. Household falls become a greater risk with age. Homicide also drops off as a major cause of death after age 45.

they'd suffered an injury from a fall in the previous three months, compared to 6 percent statewide and 5.4 percent nationally. Low-income adults and high school dropouts were six times more likely to have fallen than those making \$50,000 a year and college graduates. Interestingly, adults ages 45 to 64 were more likely to have fallen than older adults — a trend that also holds true across the country.



Car and truck crashes are the leading cause of injuries at University Hospital for adults of all age groups up to 64, and the No. 2 cause of injuries among those 65 and older, behind falls. The rate of adult car and truck crash injuries rose 37 percent between 2009 and 2012, and the number of victims broke the 1,000 mark (1,146) in 2012 for the first time in recent years.

Injuries from violence also are on the rise. Although shooting victims make up a minority of injured patients at University Hospital, the rate of gunshot wounds increased significantly from 2009 to 2012, by 58 percent.

Statistically, while older adults have a variety of health concerns, injuries remain a major risk. Motor skills can deteriorate with age, along with eyesight and strength. Falls are the leading cause of injury to adults 65 and older, and the second leading injury cause for all adults brought to University Hospital. And they're occurring more often — the rate of adult falls rising by 21 percent since 2009. Still, the problem isn't unique to San Antonio. The federal Behavioral Risk Factor Surveillance System survey shows that 5.2 percent of adults 45 years of age and older in the San Antonio metro area reported

Alcohol and drugs often are contributing factors to injuries and violence. Alcohol or drug use was documented in 40 percent of car and truck crash injuries involving adults, and in 38 percent of motorcycle crash injuries. The Behavioral Risk Factor Surveillance System survey shows San Antonio is among the 20 U.S. communities with the most binge drinkers — defined as five or more drinks in one setting for men, and four for women. Roughly one in five local adults reported they'd engaged in binge drinking in the past month.

Chance's story

Chance Bothe fired off one last text message as he was nearing his home in Ganado, a small town 35 miles northeast of Victoria. The message: "I need to quit texting because I could die in a car accident and then how would you feel?"

The 21-year-old student, on a break from classes at Texas State University, missed a curve and his pickup went airborne. Witnesses pulled him from the wreckage moments before it burst into flames. He was airlifted to University Hospital with injuries too many to count, including a broken neck and punctured lung. His face was crushed. But to his family, the worst injury was to his brain, from the terrible force of the impact.

After a year marked by multiple surgeries and intense physical and cognitive rehabilitation, Chance's body is on the mend. He's walking again, with a limp — and constant pain. His family is unsure what kind of future he faces. He's taking an online course or two, to test his ability to learn and communicate — both of which were altered by the crash. He was popular for his sense of humor before the crash. Now, his attempts at humor often fall flat, or come off as rude, said his mother, Vicki Bothe.

"I miss Chance. I miss the old Chance," his mother said. "There's quite a bit of damage to his brain, especially the frontal lobe. A lot of his mannerisms, the things that made Chance Chance, are no longer there. So he's evolving as a different Chance."

The family has found some comfort in their new role as advocates, spreading the word about the dangers of distracted driving. They've created a foundation, UnSend, to raise awareness.

"I didn't know for a while if Chance was going to live or die, but I felt it was necessary — I felt it was my responsibility as his mother — to get the word out. I know we can't save the world, but maybe we can bring some attention to it. And by sharing our story, people can see that here was this child so full of life and health, whose life will now forever be changed. All of our lives will forever be changed. And it was something that never should have happened."



"I need to quit texting because I could die in a car accident and then how would you feel?"



LEADING CAUSES OF INJURY TO ADULTS BY AGE GROUP

Ages 17-24

1. Car and truck crashes
2. Motorcycle crashes
3. Falls
4. Assaults
5. Gunshot wounds

Ages 25-44

1. Car and truck crashes
2. Falls
3. Motorcycle crashes
4. Assaults
5. Gunshot wounds

Ages 45-64

1. Car and truck crashes
2. Falls
3. Motorcycle crashes
4. Pedestrians hit by vehicle
5. Assaults

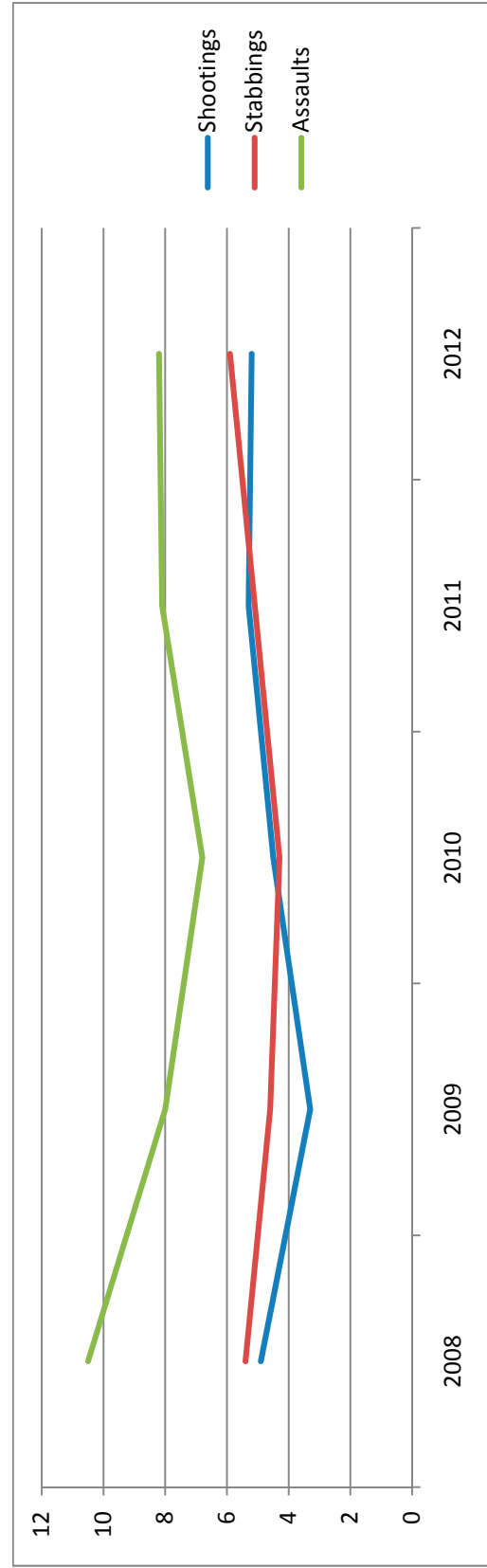
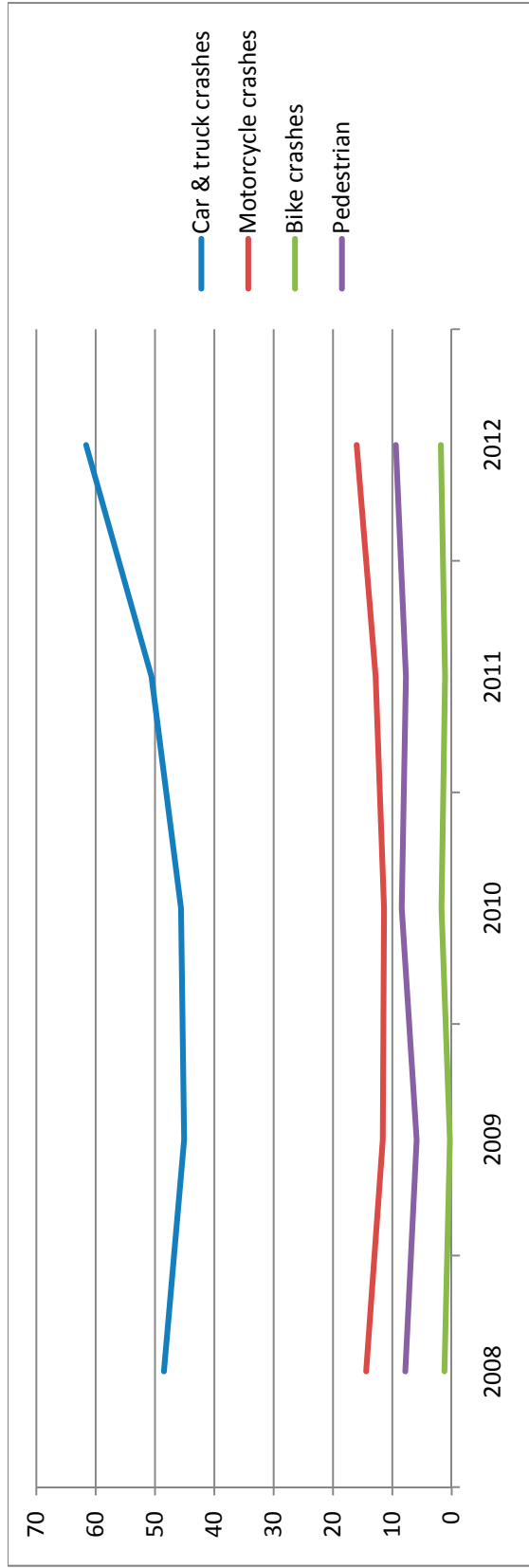
Ages 65 and older

1. Falls
2. Car and truck crashes
3. Pedestrians hit by vehicle
4. Motorcycle crashes
5. Assaults

Injuries to adults 17 and older

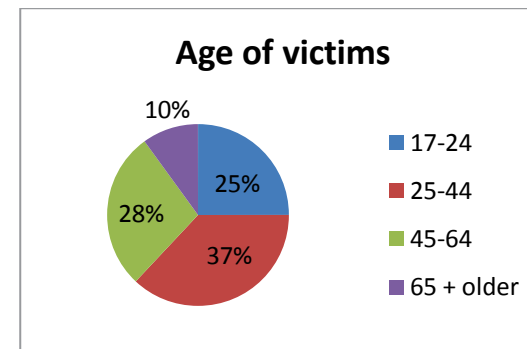
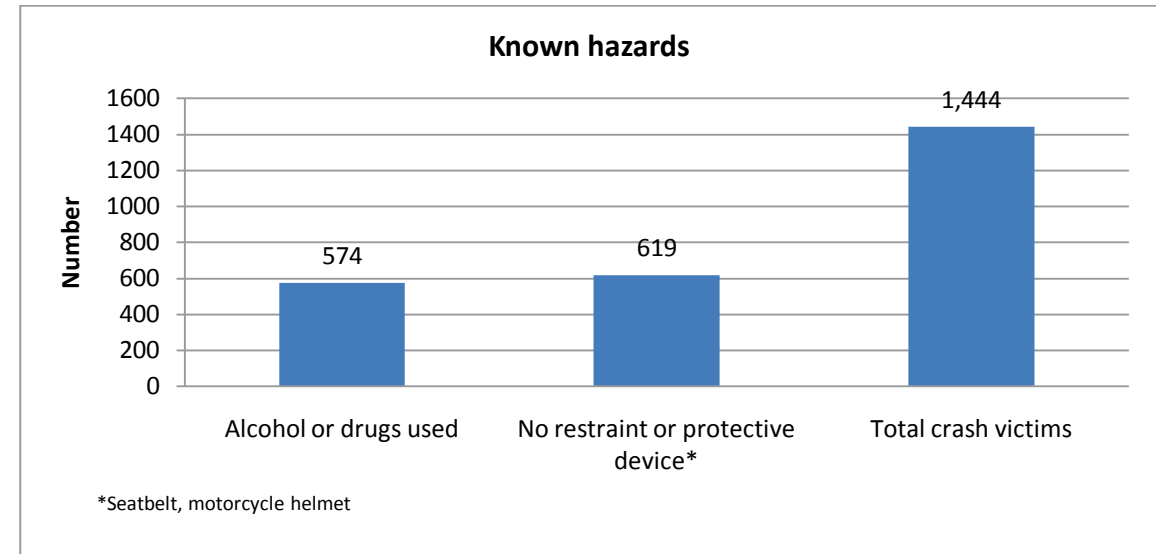
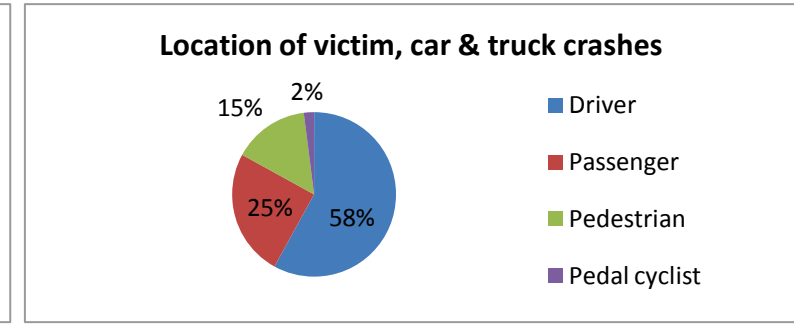
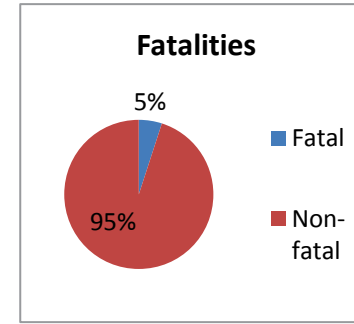
CAUSE	2008		2009		2010		2011		2012		2008-12	
	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE CHANGE
Crashes	1,272	73.2	1,129	63.5	1,236	68.0	1,349	73.3	1,672	89.9	1,672	23%
Car or truck	843	48.5	801	45.1	830	45.6	931	50.6	1,146	61.6	1,146	27%
Motorcycle	251	14.4	206	11.6	208	11.4	236	12.8	298	16.0	298	11%
Bicycle	21	1.2	6	0.3	31	1.7	20	1.1	33	1.8	33	50%
Pedestrian	136	7.8	104	5.9	153	8.4	142	7.7	175	9.4	175	21%
Railway	5	0.3	1	0.1	0	0	4	0.2	4	0.2	4	-33%
Other vehicles (boats, ATV, dirt bike)	16	0.9	11	0.6	14	0.8	16	0.9	16	0.9	16	0%
Non-vehicle injuries	78	4.5	100	5.6	79	4.3	96	5.2	121	6.5	121	44%
Burn	9	0.5	10	0.6	11	0.6	19	1.0	18	1.0	18	100%
Animal bite	31	1.8	34	1.9	18	1.0	26	1.4	35	1.9	35	6%
Struck by falling object	11	0.6	7	0.4	11	0.6	14	0.8	17	0.9	17	50%
Machinery	22	1.3	41	2.3	35	1.9	35	1.9	44	2.4	44	85%
Electrical shock	2	0.1	1	0.1	0	0	1	0.1	2	0.1	2	0%
Blast	3	0.2	7	0.4	4	0.2	1	0.1	5	0.3	5	50%
Violence	362	20.8	282	15.9	282	15.5	340	18.5	357	19.2	357	-8%
Shooting	86	4.9	59	3.3	81	4.5	97	5.3	96	5.2	96	6%
Stabbing or Cutting	94	5.4	81	4.6	78	4.3	94	5.1	109	5.9	109	9%
Assault	182	10.5	142	8.0	123	6.8	149	8.1	152	8.2	152	-22%
Falls	640	36.8	600	33.8	658	36.2	606	32.9	763	41.0	763	11%
Other	310	17.8	391	22.0	349	19.2	393	21.4	253	13.6	253	-24%
TOTAL INJURIES	2,662	153.2	2,502	140.8	2,604	143.2	2,784	151.3	3,166	170.2	3,166	11%

2012 saw an increase in the rates of adult patients at University Hospital hurt in motor vehicle and bicycle crashes, along with pedestrian injuries. The rate of injuries from gun violence grew by 58 percent since 2009.



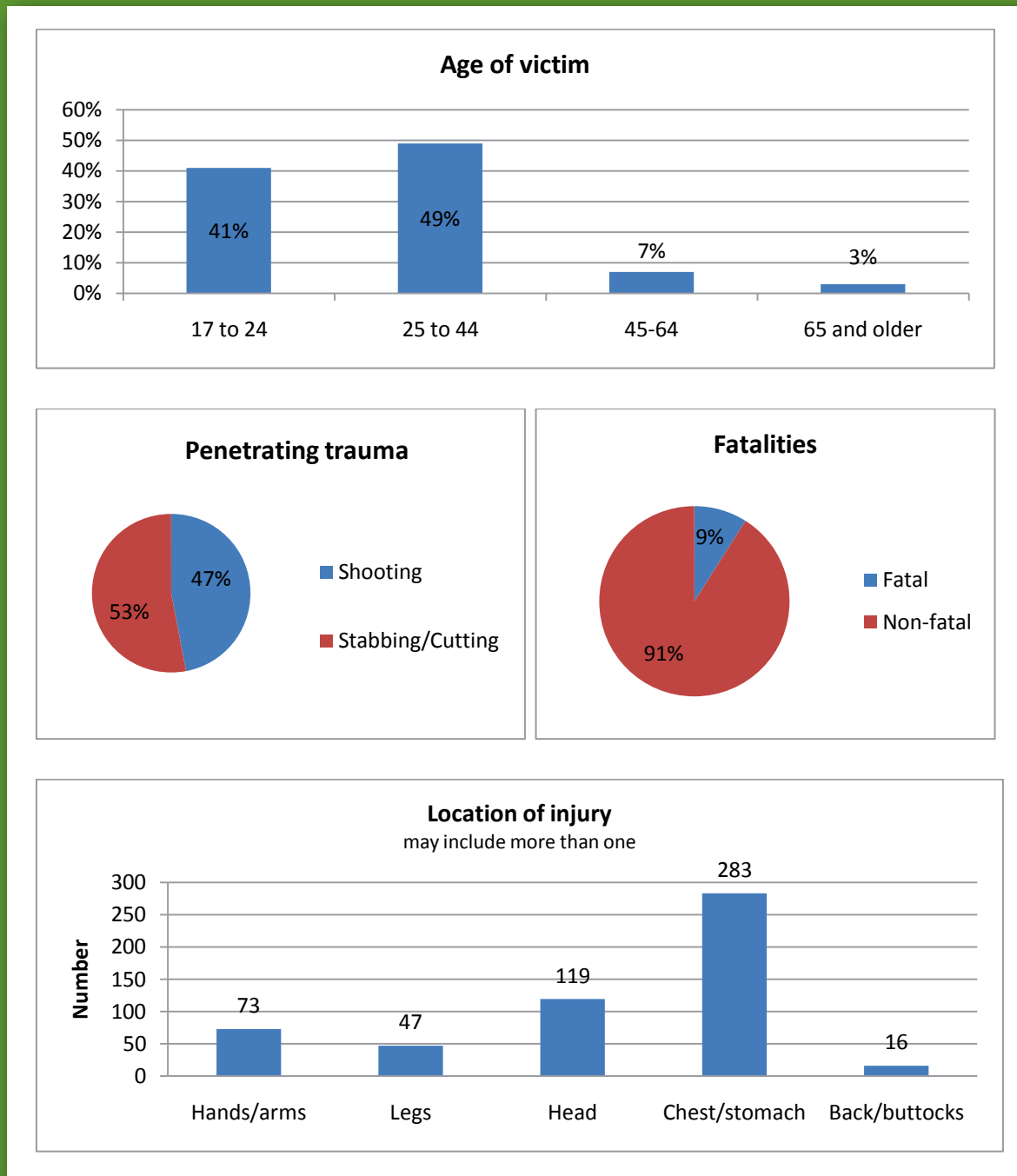
Rate per 100,000 population, 16 and younger

Motor vehicle crashes account for a disproportionate share of adult injuries. In fact, almost a third of those rushed to University Hospital's Trauma Center were hurt in a car or truck crash. Speed, alcohol or drugs, distracted driving and improper seatbelt use were all factors. And of the 10 people killed on motorcycles, six were not wearing a helmet.

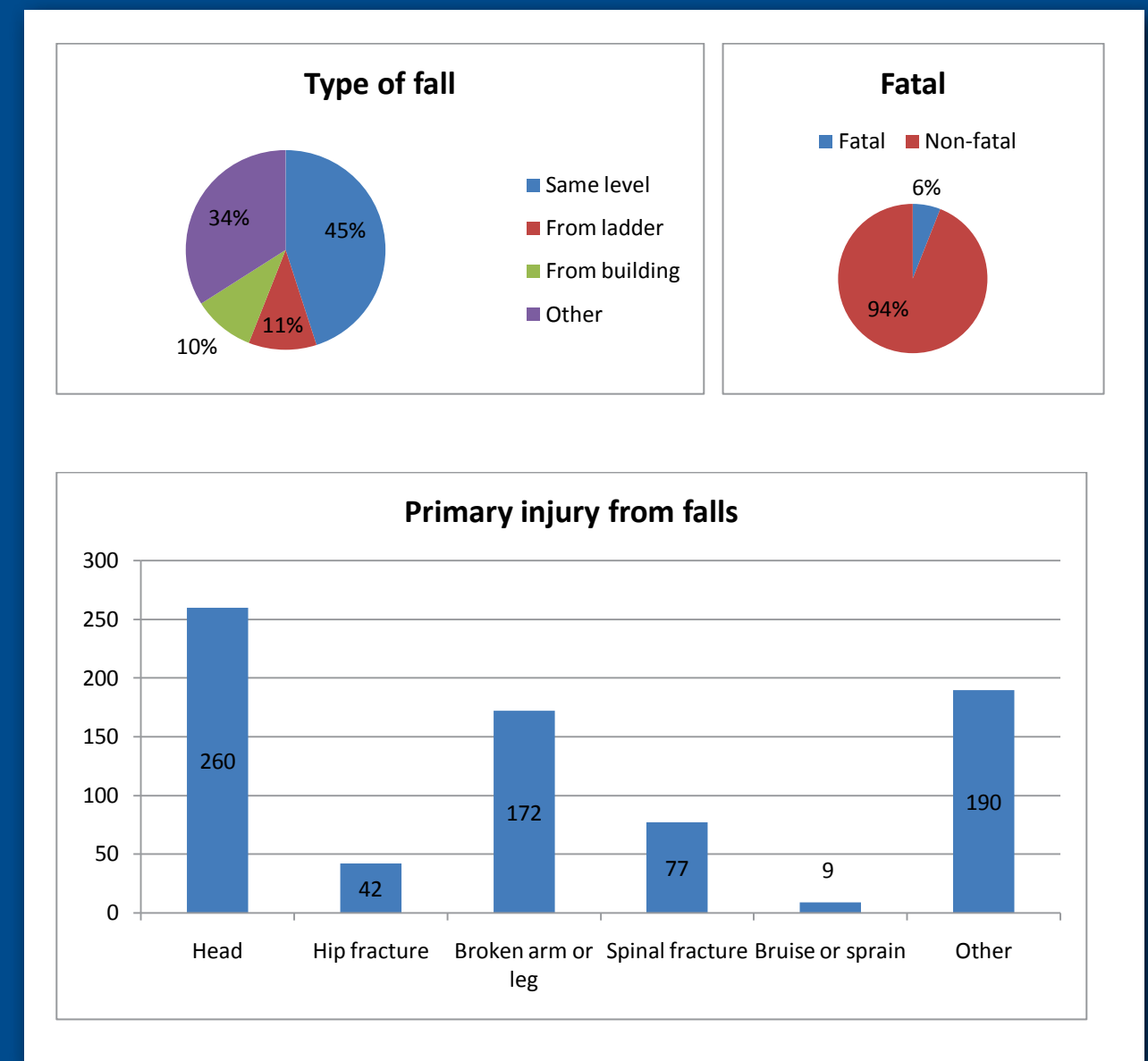


Driver injured	276
Passenger injured	22
No helmet	173
Age 17-24	62
25-44	115
45-64	104
65 and older	17

Violence remains a large and chronic problem, bringing hundreds of people a year to University Hospital. More than 10 percent of patients treated in the Trauma Center are victims of shootings or stabbings.

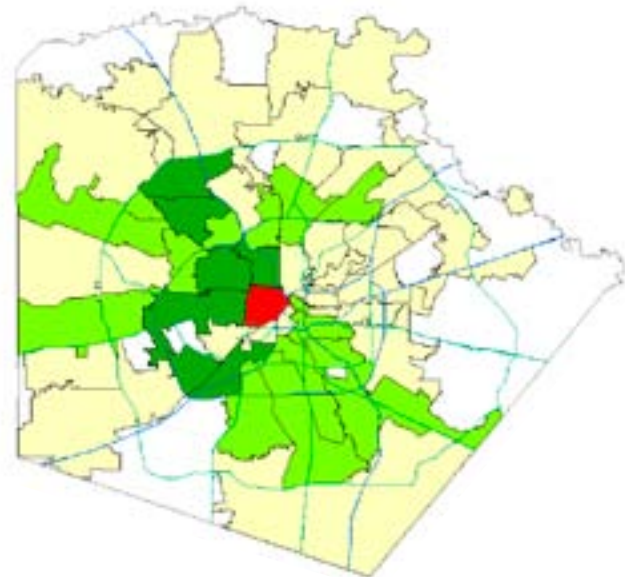


Injuries from falls can happen to anyone, at any age. The elderly are at particular risk because of strength and balance problems. Nationwide, one in every three adults age 65 and older suffers from a fall. Hip fractures and head injuries are serious complications. Falls are the leading cause of injury death in that age group. But even younger adults are at risk, with falls from ladders a common theme in the emergency room. Falls often can be prevented — with exercise and removing hazards from the home in the elderly, and with the careful use of ladders for everyone. More prevention tips are available on the Resources page.



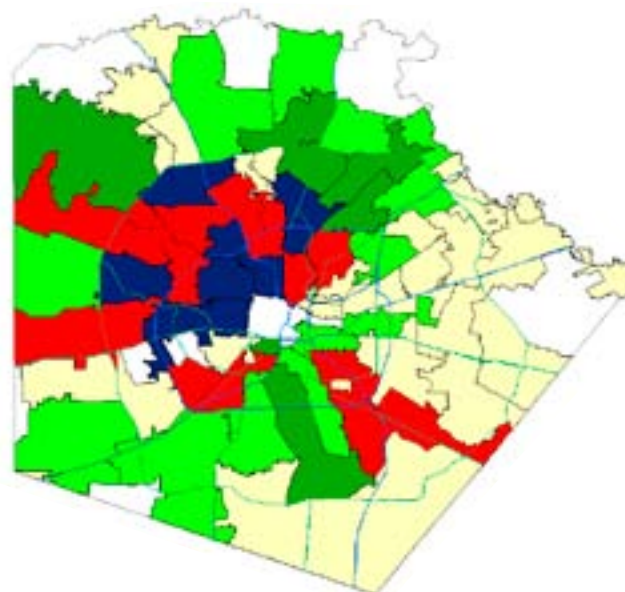
A system of trauma care

Where are adults injured?



INTENTIONAL INJURIES

This map shows where violent, or intentional, injuries occurred to adults taken to University Hospital. One ZIP code, 78207 on the near-West Side, had more than twice the number of victims at 51 than the No. 2 ZIP code, 78237, which had 22.



UNINTENTIONAL INJURIES

This map shows the locations where adult patients suffered unintentional injuries from car crashes, falls and similar causes. Five ZIP codes each had more than 50 victims in 2012 — 78201, 78227, 78228, 78229 and 78249.



When someone is seriously injured in Texas, an organized system exists to get them to a hospital with the skills and capability to care for that level of injury as quickly as possible. Bexar County is part of Trauma Service Area-P, which includes 53 hospitals and 71 EMS agencies within a 22-county region. The Southwest Texas Regional Advisory Council, or STRAC, is the leadership organization for the region. Trauma centers are designated by the Texas Department of State Health Services according to their ability to treat injured patients. University Hospital serves as a Level 1 trauma center, which is the highest level of trauma center. San Antonio Military Medical Center also provides Level 1 trauma care for the region. University Hospital is also the only pediatric trauma center in all of South Texas.

One of the most critical tools in ensuring that patients get to an appropriate trauma center quickly is MEDCOM, a San Antonio-based communications center that rapidly processes over 300 critical trauma transfer requests each month. MEDCOM is staffed around the clock to connect doctors at regional hospitals by telephone with a trauma surgeon in San Antonio — usually in less than ten minutes. MEDCOM also serves as the communications hub for regional mass casualty and disaster response, allowing EMS, air medical and hospital personnel to coordinate their activities.

AirLife, a helicopter ambulance service jointly owned by University Health System and the Baptist Health System, is a critical component in the rapid transfer of seriously injured patients throughout the vast region. With three Bell 430 helicopters capable of quickly reaching remote or hard-to-access locations, AirLife covers a 150-mile radius of San Antonio. Within the city, San Antonio EMS is a major partner for pre-hospital trauma care. San Antonio EMS operates 30 full-time and five peak-period ambulances staffed by 335 paramedics and EMTs.

As a whole, this organized approach to trauma care has saved lives, improved cooperation among providers and created a more efficient, effective trauma system benefitting millions of Texas residents.



Resources

General Safety

University Health System Child Health & Safety Awareness Program
Car seat inspections and installation; school, community and family education.
www.universityhealthsystem.com/trauma-services/preventing-trauma

Centers for Disease Control and Prevention Injury Center
Safe driving, violence prevention, falls, home safety
www.cdc.gov/injury/overview

San Antonio Fire Department Safety Page
Smoke detectors and carbon monoxide safety, child car seats, fireworks safety, water safety.
www.sanantonio.gov/safd/safetyinformation

Safe Kids USA
A wide range of information on keeping kids safe
www.safekids.org

Vehicle Safety

Texas Department of Transportation
State laws, safe driving tips, traffic conditions, child safety, motorcycle safety classes
www.txdot.gov/driver

National Highway Traffic Safety Administration
5-star crash ratings, child safety, teen driving, distracted driving, substance abuse
www.nhtsa.gov

Texas A&M Center for Transportation Safety
Research
tti.tamu.edu/group/cts

Household safety

Texas Falls Prevention Coalition
Classes and programs for the elderly, fall-proofing at home
www.texasfpc.org

Consumer Product Safety Commission
Recalls and alerts, product safety advice
www.cpsc.gov

Texas Department of Insurance
Ladder safety
www.tdi.texas.gov/pubs/videoresource/t5laddersafe.pdf

Research

As the lead Level 1 trauma center for South Texas, University Hospital doctors and staff are not only tasked with saving lives, but with finding new and better ways to save lives through research. Below is a sample of research studies and articles published in 2012.

“Defining when to initiate massive transfusion: a validation study of individual massive transfusion triggers in PROMMTT patients.” Callcut RA, Cotton BA, Muskat P, Fox EE, Wade CE, Holcomb JB, Schreiber MA, Rahbar MH, Cohen MJ, Knudson MM, Brasel KJ, Bulger EM, Del Junco DJ, Myers JG, Alarcon LH, Robinson BR; PROMMTT Study Group. *Journal of Trauma and Acute Care Surgery*. 2013 Jan;74(1):59-65, 67-8; discussion 66-7.

“Venomous bites and stings.” Patrick Walker J, Morrison R, Stewart R, Gore D. *Current Problems in Surgery*. 2013 Jan;50(1):9-44.

“Improving glycemic control with the adjunct use of a data management software program.” Reed CC, Richa JM, Berndt AE, Beadle RD, Gerhardt SD, Stewart R, Corneille M. *AACN Advanced Critical Care*. 2012 Oct-Dec;23(4):362-9.

“The Prospective, Observational, Multicenter, Major Trauma Transfusion (PROMMTT) Study: Comparative Effectiveness of a Time-Varying Treatment With Competing Risks.” Holcomb JB, Del Junco DJ, Fox EE, Wade CE, Cohen MJ, Schreiber MA, Alarcon LH, Bai Y, Brasel KJ, Bulger EM, Cotton BA, Matijevic N, Muskat P, Myers JG, Phelan HA, White CE, Zhang J, Rahbar MH; for the PROMMTT Study Group. *Archives of Surgery*. 2012 Oct 15:1-10.

“The etiology of pneumoperitoneum in the 21st century.” Kumar A, Muir MT, Cohn SM, Salhanick MA, Lankford DB, Katabathina VS. *Journal of Trauma and Acute Care Surgery*. 2012 Sep;73(3):542-8.

“Coordination and management of multicenter clinical studies in trauma: Experience from the PROspective Observational Multicenter Major Trauma Transfusion (PROMMTT) Study.” Rahbar MH, Fox EE, del Junco DJ, Cotton BA, Podbielski JM, Matijevic N, Cohen MJ, Schreiber MA, Zhang J, Mirhaji P, Duran SJ, Reynolds RJ, Benjamin-Garner R, Holcomb JB; PROMMTT Investigators. *Resuscitation*. 2012 Apr;83(4):459-64.

“Tort reform is associated with more medical board complaints and disciplinary actions.” Stewart RM, Love JD, Rocheleau LA, Sirinek KR. *Journal of the American College of Surgeons*. 2012 Apr;214(4):567-71; discussion 572-3.

“Comparing three pedagogical approaches to psychomotor skills acquisition.” Willis RE, Richa J, Oppeltz R, Nguyen P, Wagner K, Van Sickle KR, Dent DL. *American Journal of Surgery*. 2012 Jan;203(1):8-13.

“Estimating thyroid dose in pediatric CT exams from surface dose measurement.” Rani Al-Senan, Deborah L Mueller and Mustapha R Hatab *Physics in Medicine and Biology*. 57 (2012) 4211–4221

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Paul Elizondo
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Kevin Wolff
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2012 Community Trauma Report

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