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Evaluating the Use of Traumatic Injury Data in Occupational Health Surveillance, New York State

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BACKGROUND: The New York State (NYS) Trauma Registry (TR) collects information on patients with moderate to severe traumatic injuries treated in one of the 40 designated NYS trauma centers. Trauma centers are required to collect detailed information on the most seriously injured patients who meet certain International Classification of Diseases (ICD-9) codes. Over 200 variables are collected in the TR, including identification of occupational injuries outside of Worker Compensation payer information, which has historically been the primary indicator available for identifying work-related injury and illness in NYS emergency department and inpatient hospital data. Additional information on comorbidities, complications, and personal protective equipment use, is also included in the TR. The TR has not been previously utilized in assessing occupational injuries in NYS.

METHODS: A descriptive analysis of injuries that were identified using the "Work-Related" field in the NYS TR from 2010 – 2012 was conducted. Cases were limited to those 16 years of age and older. Data were also stratified by mechanism of injury.

RESULTS: From 2010 -2012, there were 2,063 work related traumatic injuries identified in the TR. The Injury Severity Score (ISS) is used to assess trauma severity; the ISS threshold for an injury to be considered a major trauma is 15. In this analysis, the mean ISS was 13, indicating that overall, these injuries are very serious in nature. The leading mechanism of injuries were unintentional fall-related (45%), with a mean fall height of 12.8 feet and 31% of the falls occurring at industrial locations. Accidental falls were followed by other unintentional (30%) and motor vehicle traffic (15%) injuries. Males comprised 89% of all injuries. The most commonly reported comorbidity was smoking (17%), followed by hypertension requiring medication (13%). The mean age of cases was 43.3 years, with an average length of stay in the ICU of 7.1 days, and 17% being discharged to inpatient rehab or a skilled nursing facility. Workers Compensation was the primary payer in 74% of all cases.

CONCLUSIONS: This analysis suggests that the TR is a useful and valuable source of information in identifying and characterizing the most serious occupational injuries.

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