



253 Using Traumatic Injury Data to Enhance Occupational Health Surveillance: An Analysis from New York State's Trauma Registry

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Exhibit Hall Section 1, Dena'ina Convention Center

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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 until October 2015 met 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 15 years of age and older. Data were also stratified by mechanism of injury. Traumatic work-related injuries were compared to all other types of traumatic injuries to

explore how the characteristics of work-related injuries differ.

RESULTS: From 2010 -2012, there were 2 work-related traumatic injuries identified TR. The leading mechanism of injuries was unintentional fall-related (46.9%), with a mean fall height of 12.8 feet. Motor vehicle traffic (15.7%) and struck by/against (13.0%) were the second and third leading causes of unintentional work-related traumatic injury. Males comprised 89% of all work-related injuries, 23% occurred to those of Hispanic race and 22% occurred to residents of New York City. Workers Compensation was the primary payer in 74% of all cases. Detailed information regarding the mechanism of injury, comorbidities and the geographic distribution of work-related injuries will also be presented.

CONCLUSIONS: This analysis suggests that the TR is a useful and valuable source of information in identifying and characterizing the most serious occupational injuries. Use of TR data can also aid in identifying severe injuries that are not covered or reported by Worker's Compensation and can help to direct prevention efforts at the state and regional level.

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