PRELIMINARY

TRAUMA SYSTEM REPORT

TRAUMA SYSTEM FUND AUTHORITY

2006 – 2011
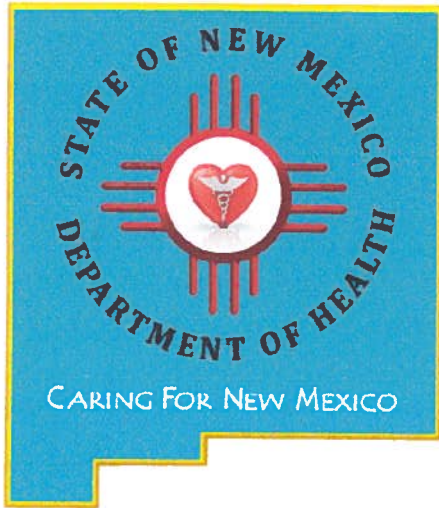
Presented September 26, 2012

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TRAUMA FUND ALLOCATIONS

- Listing of Trauma System Development awarded by fiscal year and category
    - Provider education
    - Provider equipment
    - Provider scholarships
    - Patient care equipment
    - Injury prevention activities
    - Data collection
    - Program Development
- Funds Allocated by year for Existing and Development Trauma Centers
    - Graph
    - Chart

Total trauma system development awarded by fiscal year

	2013		2012		2011		2010		2009		2008		2007	
	$422,869		$293,612		$378,401		$372,500		$484,284		$541,847		$299,148	
PROJECTS CATEGORIES	*Number of projects and approximate amounts funded by category*													
Provider Education	5	$49,185	1	$25,000	4	$90,237	10	$116,193	7	$75,000	11	$177,032	2	$10,000
Provider Equipment	1	$68,652	2	$39,710	0	$0	1	$2,500	2	$67,000	3	$46,041	0	$0
Provider Scholarships	3	$30,000	1	$25,000	2	$14,328	1	$15,000	1	$30,000	1	$30,000	0	$0
Patient Care Equipment	11	$107,340	13	$53,104	3	$37,110	4	$17,557	3	$8,318	5	$21,400	4	$69,908
Injury Prevention Activities	4	$25,292	4	$23,198	1	$15,113	1	$7,500	2	$13,400	2	$39,614	4	$175,200
Data Collection	1	$110,000	1	$127,600	1	$211,290	1	$213,750	2	$217,000	3	$189,374	2	$44,040
Program Development	2	$32,400	0	$0	1	$10,323	0	$0	3	$73,566	1	$38,386	0	$0
TOTAL AWARDED TO DATE	$2,792,651.00													

Examples:

Provider education: TSFA provides funding so nurses, physicians and EMTs may attend, free of charge, classes or courses taught at their EMS facility or hospital. Courses are: Trauma Nurse Core Curriculum, Pre Hospital Trauma Life Support, Emergency Nurse Pediatric Course, Advanced Trauma Life Support, and, in-services to use special equipment or develop skills. Students can be volunteers or employees, from rural or frontier EMS services, or hospital based nurses and physicians directly caring for trauma patients

Provider equipment: TSFA provides funds to purchase equipment unattainable from other sources that protects the provider, or is used by the provider to enhance care or communication, such as mobile computer terminals, base station and remote radios, GPS devices, high altitude rescue equipment, confined space rescue equipment, and, patient simulator manekins.

Provider scholarships: TSFA provides funds to the EMS Regional offices to offer scholarships to EMTs who attend yearly educational offerings in their homwe EMS Regions or in other areas of the state. Educational offerings must be trauma based and offer continuing education credits.

Patient care equipment: TSFA provides funds to EMS services and hospitals to purchase patient care equipment not readily available from other sources. This equipment ranges from simple direct care to complex hospital care, and includes: SAM splints, power stretchers, ventilators, spinal immobilization devises, airway equipment, field amputation kits, rapid blood infusers, and extrication collars.

Injury prevention activities: TSFA funds EMS services and hospitals to conduct injury prevention activites in their communities. These activities generally consist of purchasing bike helmets, safety gear, car seats and life jackets. The safety equipment is then distibuted free of charge to all those participating in the saftey events.

Data collection: TSFA has funded EMS Regions I, II, and the Emergency Medical Systems Bureau to collect data and report data. Types of data collected ahs been pre-hospital data, hospital discharge data, data from designated and developing trauma centers and data submitted violuntarily by hospitals committed to elevating care throughout the state.

Program development: TSFA has funded the EMS Regions and other entities to develop process improvement programs, Regional Trauma Advisory Councils, Regional trauma coordination efforts. and, trauma registry infrastruction operations as the Trauma Registry Workgroup, and Trauma Nurse Coordinator Forum.

FUNDS ALLOCATED BY YEAR

Distribution of TSFA Funds

	FY07		FY08		FY09		FY10		FY11		FY12		FY13	
Total Funds APPROPRIATION	**$4,527,200**		**$4,527,000**		**$5,250,800**		**$800,000** **$4,145,000**		**$3,996,100**		**$3,946,200**		**$3,946,200**	
Trauma Centers														
University of New Mexico Hospital	Existing	$1,500,000.00	Existing	$1,899,731.34	Existing	$1,684,086.95	Existing	$1,510,087.00	Existing	$1,247,626.00	Existing	$1,095,333.00	Existing	$1,179,731.00
San Juan Regional Medical Center	Existing	$850,000.00	Existing	$1,079,761.83	Existing	$754,740.51	Existing	$597,158.00	Existing	$490,339.00		$409,772.00		$408,266.00
Christus St. Vincent Regional Medical Center	Existing	$850,000.00	Existing	$1,079,761.83	Existing	$660,760.41	Existing	$586,155.00	Existing	$574,391.00		$495,577.00		$529,285.00
Christus St. Vincent Regional Medical Center					DEV	$202,930.61	DEV	$101,170.00						
Carlsbad Medical Center	DEV	$277,947.00	DEV	$207,768.00	Existing	$432,172.22	Existing	$392,356.00	Existing	$319,343.00		$241,076.00		$256,198.00
Gerald Champion Regional Medical Center	DEV	$277,947.00	DEV	$248,973.00	Existing	$432,175.22	Existing	$404,052.00	Existing	$329,109.00		$286,861.00		$278,605.00
Eastern New Mexico Medical Center - LIII	DEV	$232,490.00	DEV	$203,150.00	Existing		Existing	$343,300.00	Existing	$278,385.00		$297,435.00		$281,358.00
Roosevelt General Hospital	DEV	$152,947.00	DEV	$137,000.00	Existing	$218,664.31	Existing	$182,182.00	Existing	$147,961.00		$136,614.00		$122,893.00
Sierra Vista					DEV	$121,482.40	DEV	$36,132.00	Existing	$126,396.00		$-		$110,304.00
Nor-Lea					DEV	$121,482.40	DEV	$36,132.00	Existing	$136,508.00		$-		$116,069.00
Gallup Indian Medical Center - LIII							DEV	$72,264.00	DEV	$58,274.00		$288,422.00		$270,048.00
Rehobooth Mckinley											DEV	$52,273.00	Existing	$216,337.00
Miner's Colfax											DEV	$26,137.00	Existing	$113,957.00
Sandoval County Regional Medical Center													DEV	$47,805.00
Union County General Hospital													DEV	$23,902.00
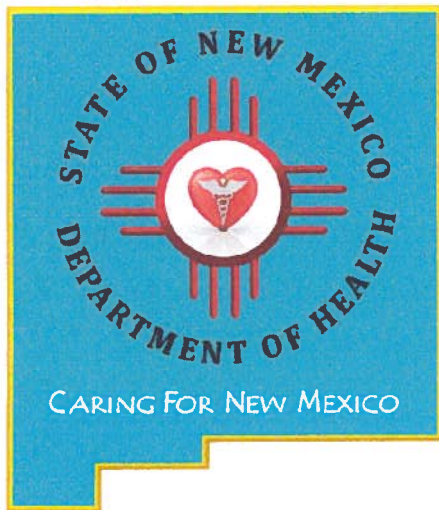
EXPANSION OF TRAUMA SYSTEM

- Trauma Center Map – 2005
- Trauma Center Map – 2012
- Access to New Mexico Trauma Centers– 2012
- Access to New Mexico Trauma Centers– 2014
- Bureau of Business and Economic Research – (BBER)
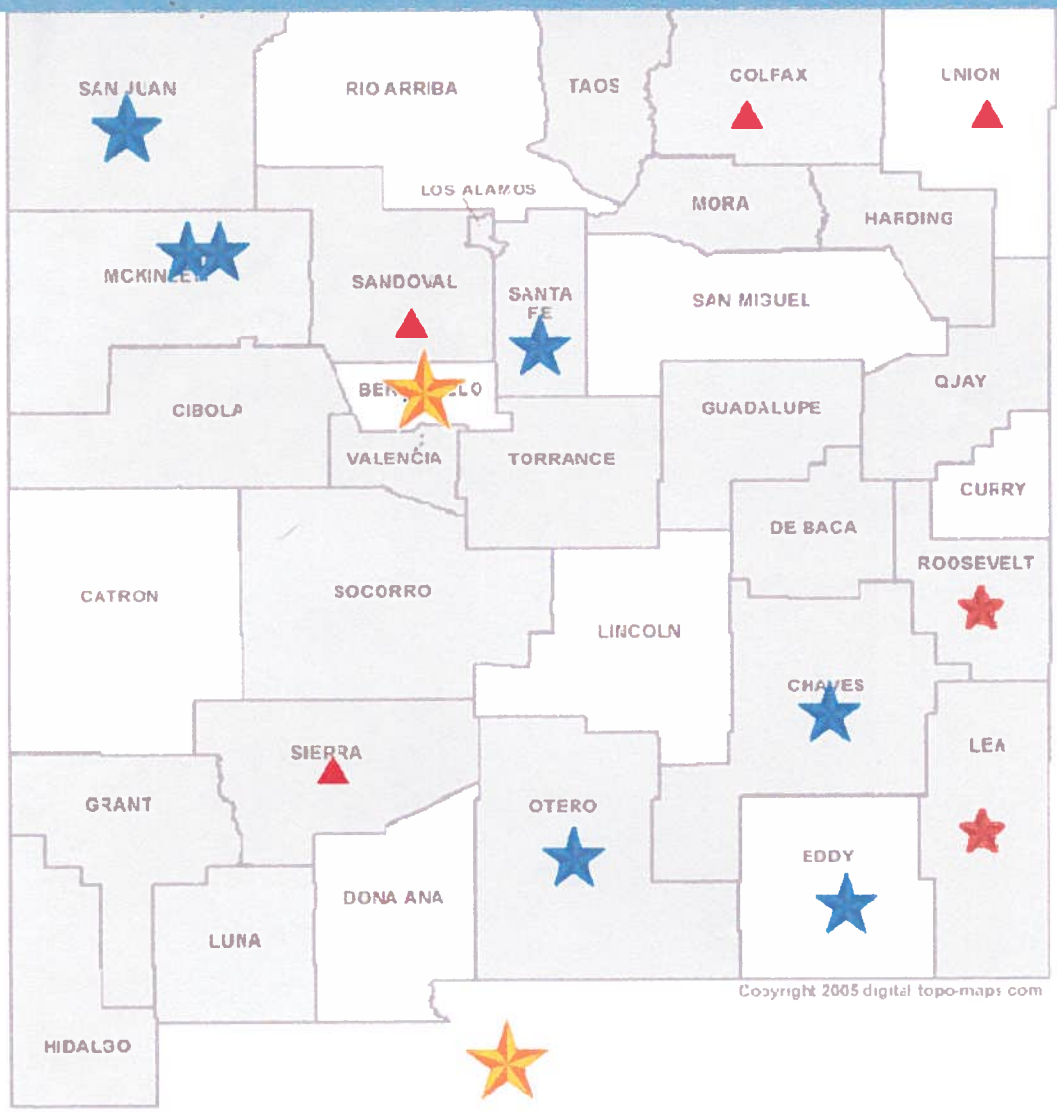   - Population projections for New Mexico Counties

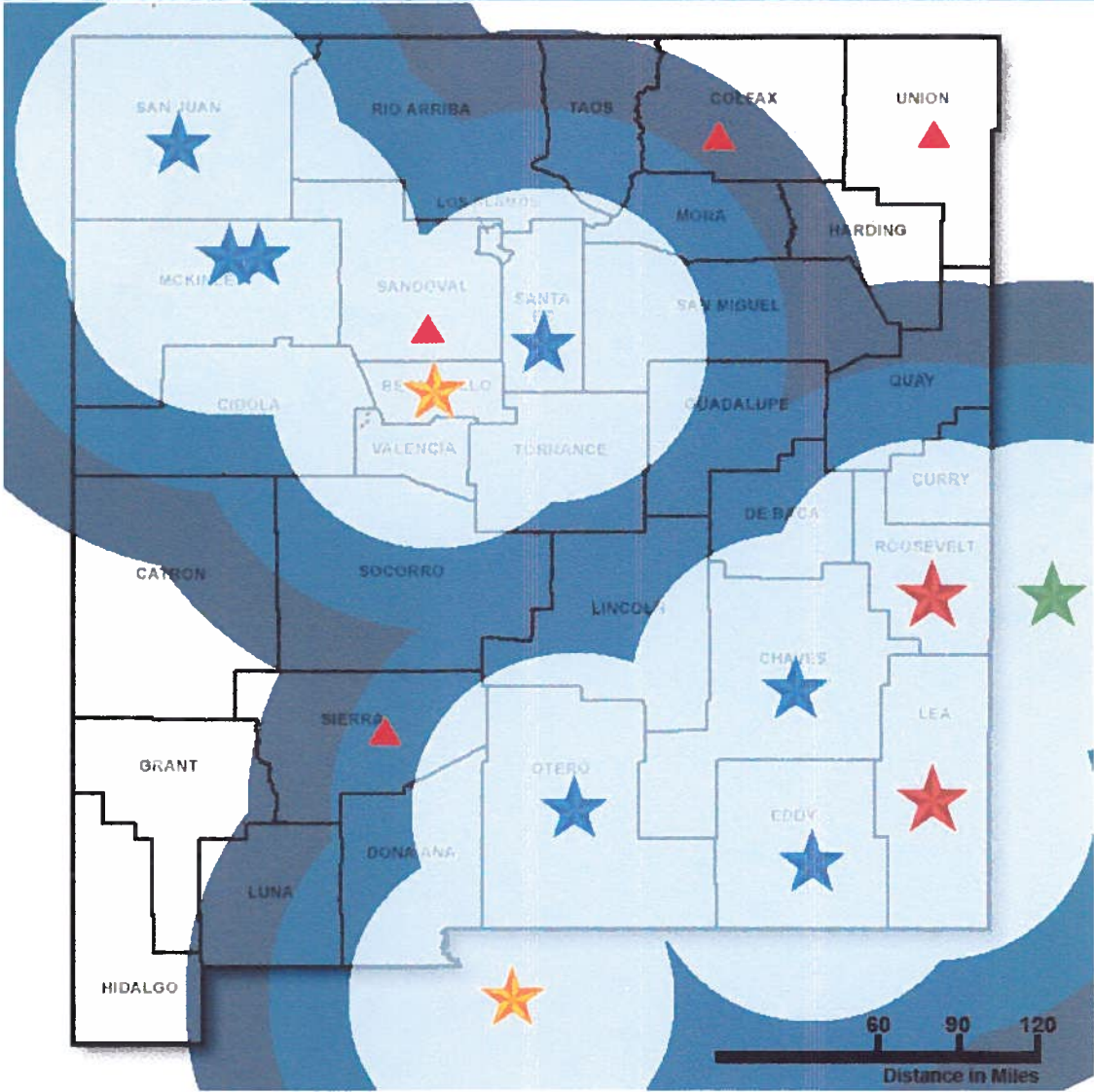# New Mexico Trauma Centers in 2005
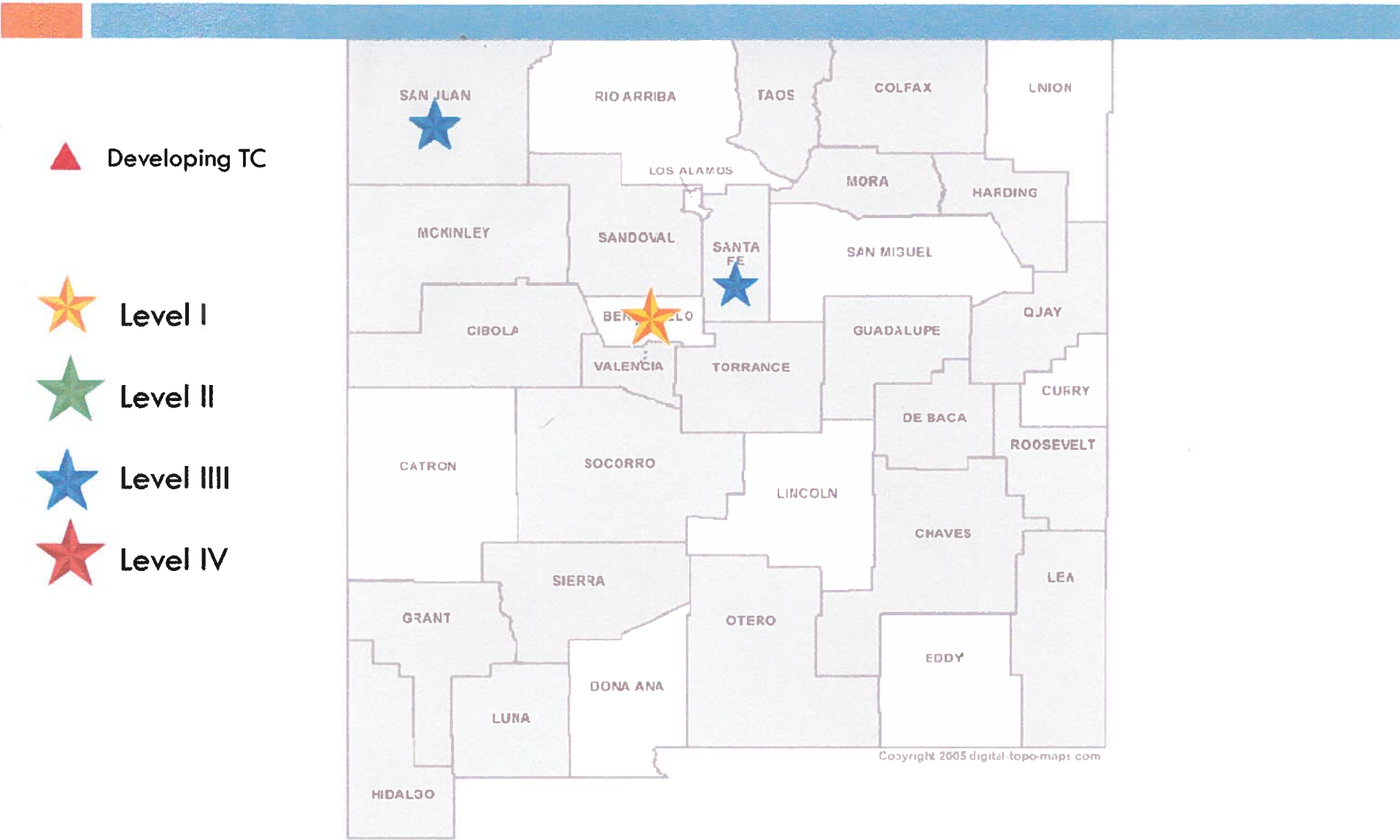
New Mexico Trauma Centers in 2012

Access to New Mexico Trauma Centers 2012
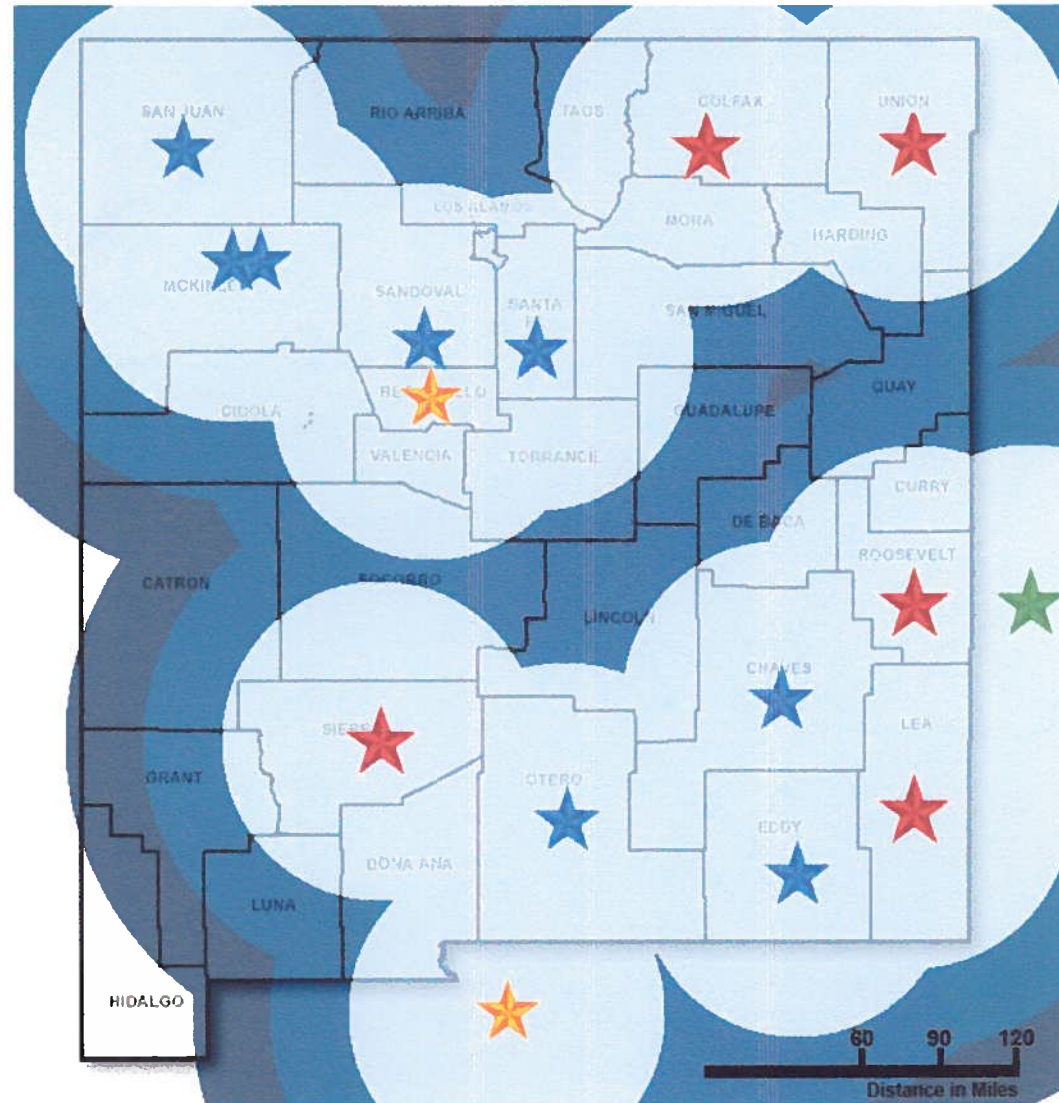
Projected Population
New Mexico Counties
July 1, 2005 to July 1, 2035

County	2005	2010	2015	2020	2025	2030	2035
NEW MEXICO	1,969,292	2,162,331	2,356,236	2,540,145	2,707,757	2,864,796	3,018,289
Bernalillo	614,508	713,020	811,861	905,393	993,650	1,080,297	1,166,590
Catron	3,712	3,881	4,040	4,176	4,263	4,292	4,292
Chaves	62,203	63,272	65,025	66,933	68,720	70,547	72,667
Cibola	28,506	29,844	31,164	32,293	33,138	33,873	34,624
Colfax	14,375	14,803	15,323	15,836	16,214	16,480	16,720
Curry	46,289	47,861	49,117	50,177	50,955	51,582	52,226
De Baca	2,256	2,268	2,313	2,349	2,372	2,401	2,438
Dona Ana	192,474	215,828	237,241	256,619	274,661	291,895	309,279
Eddy	52,167	54,145	56,331	58,294	59,731	60,764	61,605
Grant	31,511	33,626	35,748	37,744	39,589	41,369	43,140
Guadalupe	4,743	5,114	5,553	5,961	6,328	6,717	7,160
Harding	778	823	868	901	918	932	954
Hidalgo	5,966	6,300	6,667	7,061	7,420	7,739	8,051
Lea	57,006	60,896	64,410	67,479	70,193	72,928	75,716
Lincoln	21,898	22,733	23,574	24,211	24,518	24,640	24,747
Los Alamos	19,864	20,129	20,252	20,503	20,880	21,158	21,157
Luna	26,394	27,985	29,755	31,479	32,919	34,231	35,647
McKinley	78,013	80,747	84,301	88,155	91,200	93,294	94,837
Mora	5,440	5,636	5,855	6,007	6,066	6,094	6,134
Otero	63,994	66,292	68,814	71,051	72,517	73,436	74,274
Quay	10,106	10,232	10,311	10,344	10,289	10,199	10,145
Rio Arriba	43,024	44,072	45,224	46,206	46,674	46,879	47,170
Roosevelt	18,771	19,399	19,876	20,188	20,330	20,366	20,378
Sandoval	107,104	125,675	144,087	163,315	182,592	200,822	217,806
San Juan	126,008	133,170	140,523	146,815	151,501	155,593	159,781
San Miguel	30,719	31,827	33,137	34,284	35,067	35,677	36,337
Santa Fe	143,306	151,510	159,056	165,719	170,730	174,124	176,612
Sierra	13,657	13,717	13,793	13,887	13,959	13,989	14,028
Socorro	18,513	19,250	20,012	20,678	21,167	21,526	21,837
Taos	31,931	33,879	35,960	38,013	39,743	41,145	42,367
Torrance	18,282	20,052	22,184	24,584	26,990	29,132	31,007
Union	4,315	4,449	4,814	5,029	5,169	5,259	5,352
Valencia	71,459	79,894	89,045	98,459	107,294	115,416	123,212

Source: **New Mexico County Population Projections July 1, 2005 to July 1, 2035**, Bureau
of Business and Economic Research, University of New Mexico. Released August 2008.
http://bber.unm.edu/demo/table1.htm
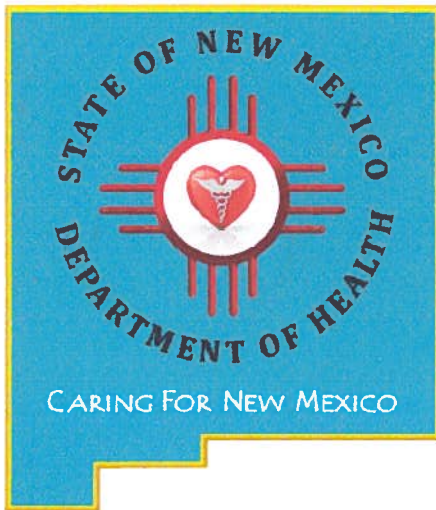
EMS TRANSPORTS

- Memo from Stuart Castle, MPH, EMT-B, EMS Data Manager regarding
  - EMS Submission the EMS Bureau
- TABLE 1 – NM EMS Ground Transport of Injured Patient, County of Incidence, 2011
- TABLE 2 – NM EMS Ground Transport of Injured Patients, Cause of Injury, 2011
- TABLE 3 – NM EMS Ground Transport of Injured Patients, Destination, 2011

SUSANA MARTINEZ, GOVERNOR   CARING FOR NEW MEXICO   CATHERINE D. TORRES, M.D., CABINET SECRETARY

To: New Mexico Trauma System Funding Authority

From: Stuart Castle, MPH, EMT-B, EMS Data Manager

Re: Preliminary EMS pre-hospital data, 2011

Date: September 21, 2012

The EMS Bureau collects extensive information from all EMS ambulance services in New Mexico. Information is available to the Trauma System Funding Authority (TSFA) to help form policy or direct resources. This report is provided as preliminary background and to illustrate some of the capabilities and limitations of the data base. Please direct questions or data requests to myself, Stuart Castle, ph. 505-476-8219, stuart.castle@state.nm.us.

Background:

The New Mexico EMS system consists of 350 EMS and Fire services and over 8,000 licensed medical technicians. These services conduct approximately 390,000 responses, or runs, each year. EMS services may apply for a state appropriation from the EMS Fund Act, which provides $3.2 million per year to help underwrite the EMS services in the state. Receipt of these funds is dependent on a number of parameters, including the number of EMS runs a service makes each year, level of EMS service provided, geographical area covered and population served. To be fully eligible for the EMS Fund Act, services must submit patient care reports to the EMS Bureau's electronic database, the New Mexico Emergency Medical Services Tracking and Reporting System (NMEMSTARS). This data collection system was initiated in 2007 and has been steadily growing in number of services and runs being reported. Currently nearly all EMS air and ground transport services are participating.

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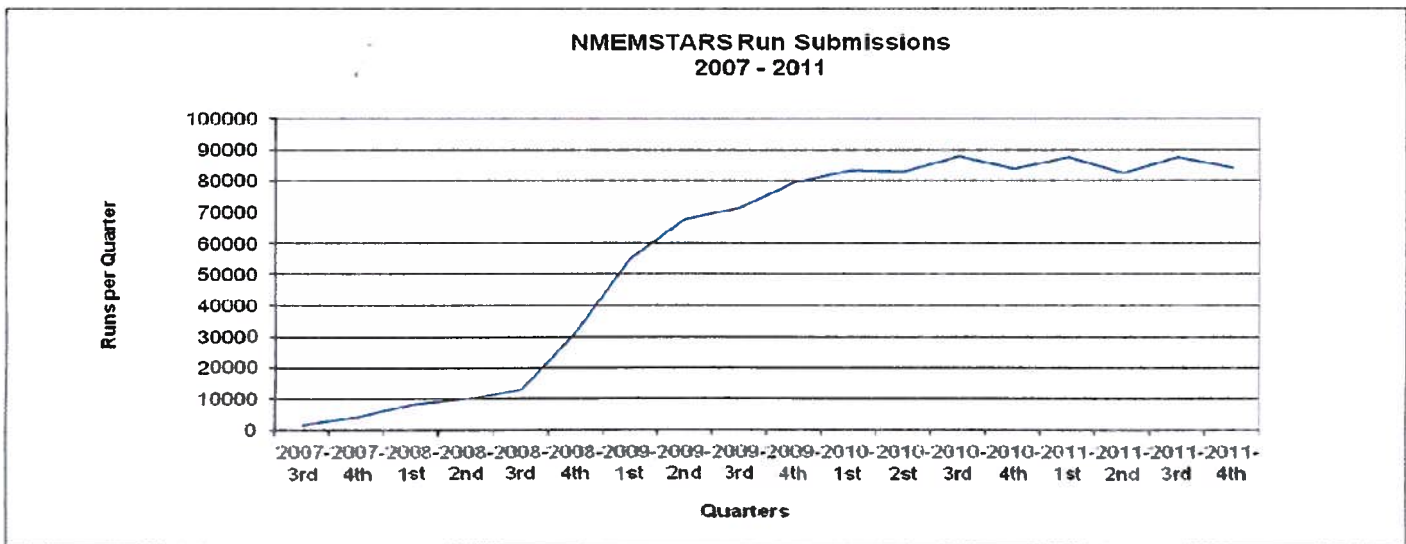
New Mexico is requiring EMS services to submit monthly data. There is no mechanism for the manual reporting of paper run reports to the state. If a service is using an electronic data system that is compatible with the National Emergency Medical Services Information System, the service can export an XML file to the state system. A second data submission process involves direct entry into the state of NM web system. NM purchased a statewide license from a software vendor, ImageTrend, which any agency can access on the internet and directly enter the patient care report (PCR) data.

After PCRs are entered into NMEMSTARS, they are available for immediate review by the system administrator or medical director. Additionally, the NM EMS Bureau has access to the data base. Included is pertinent response information, patient demographics and patient disposition. This information is used to advocate for resources, develop policy and direct public health efforts.

HIPAA allows covered entities (i.e. hospitals, fire and ambulance services) to supply the necessary data to the public health authority without patient authorization (Section 164.512). NMEMSTARS is fully HIPPA compliant.

Reports:

The following tables were generated by filtering the NMEMSTARS data base for calls, or runs, which met the following criteria:
1. Were made in response to a "911 scene emergency"; and'
2. Patient disposition was noted as "transported by EMS", and
3. Included one of the following;
   a. Dispatch complaint included "traumatic injury", or
   b. Primary impression included "traumatic injury", or
   c. Positive response to the question "injury present?".

These filters yielded 33,049 EMS ground reports for calendar 2011. Duplicate patients have not been removed from the data set at this time; however, the number is likely to be very low and will only represent those records with an incorrect patient disposition or patients that were transferred from one transport service to another for a single event. An evaluation study of this error rate is currently underway.

Table 1 shows the county of injury occurrence. Most injuries requiring an EMS ground transport were noted in Bernalillo (20%), Dona Ana (11%), San Juan (8%) and McKinley (6%). Only actual counts and statewide percentages are displayed. Completeness of reporting into NMEMSTARS, and adherence to inclusion criteria, have not been ascertained at this time and therefore population incidence rates have not been calculated.

Table 2 lists the cause of injury for injured patients. The most frequent cause is "fall" (22%), followed by "motor vehicle crash" (18%). It is unfortunate that 30% of all injured patients have an "unknown" cause of injury, illustrating the need for improved documentation.

Table 3 lists the destination facilities recorded on the run reports. This is an open narrative field and it was necessary to combine many responses into a limited list. Some errors are inherent in this process, but the general distribution can be observed.

Table 4 contains a count of injured patients who were transported by helicopter air ambulances in 2011 to specific facilities.

Table 1. NM EMS Ground Transport of Injured Patients, County of Incidence, 2011

County/State	No. of Transports	% of Transports
Bernalillo	6567	19.9%
Catron	68	0.2%
Chaves	885	2.7%
Cibola	736	2.2%
Colfax	370	1.1%
Curry	1287	3.9%
DeBaca	61	0.2%
Dona Ana	3538	10.7%
Eddy	784	2.4%
Grant	1045	3.2%
Guadalupe	150	0.5%
Harding	7	0.0%
Hidalgo	268	0.8%
Lea	1144	3.5%
Lincoln	626	1.9%
Los Alamos	30	0.1%
Luna	695	2.1%
McKinley	2128	6.4%
Mora	79	0.2%
Otero	1300	3.9%
Quay	242	0.7%
Rio Arriba	702	2.1%
Roosevelt	299	0.9%
San Juan	2611	7.9%
San Miguel	131	0.4%
Sandoval	1379	4.2%
Santa Fe	869	2.6%
Sierra	403	1.2%
Socorro	130	0.4%
Taos	788	2.4%
Torrance	98	0.3%
Union	89	0.3%
Valencia	1654	5.0%
Arizona	29	0.1%
Colorado	6	0.0%
Texas	11	0.0%
Unknown	1840	5.6%
total	33049	100.0%

Table 2. NM EMS Ground Transport of Injured Patients, Cause of Injury, 2011

| Cause	Number of Transports	Percent of Transports
Aircraft Related Accident	8	0.0%
Assault	1172	3.5%
ATV Rider	65	0.2%
Bicycle Accident	293	0.9%
Bites	99	0.3%
Caught in/between Objects	56	0.2%
Chemical Poisoning	56	0.2%
Child Battering	5	0.0%
Cut/Pierce	281	0.9%
Drowning	4	0.0%
Drug Poisoning	121	0.4%
Electrocution (Non-Lightning)	15	0.0%
Excessive Cold	14	0.0%
Excessive Heat	25	0.1%
Explosion	18	0.1%
Falls	7283	22.0%
Fire and Flames	2647	8.0%
Firearm Assault	137	0.4%
Firearm Injury (Accidental)	50	0.2%
Firearm Self Inflicted	37	0.1%
Foreign body entering eye/orifice	11	0.0%
Hot Object/Substance	16	0.0%
Housing/Dangerous Condition	5	0.0%
Lightning	2	0.0%
Machinery Accidents	141	0.4%
Mechanical Suffocation	17	0.1%
Motor Vehicle Non-Traffic Accident	526	1.6%
Motor Vehicle Traffic Accident	4871	14.7%
Motor Vehicle vs Large Animal	61	0.2%
Motor Vehicle vs Pedestrian Accident	141	0.4%
Motorcycle Accident (E81X.1)	292	0.9%
Neglect/Malnutrition	5	0.0%
Non-Motorized Vehicle Accident (E848.0)	35	0.1%
Other Injury	527	1.6%
Overexertion	76	0.2%
Pedestrian Traffic Accident	190	0.6%
Radiation Exposure	1	0.0%
Sexual Assault	18	0.1%
Smoke Inhalation	11	0.0%
Snowmobile Accident	1	0.0%
Stabbing/Cutting Accidental (E986.0)	622	1.9%
Stabbing/Cutting Assault	1499	4.5%
Struck by Blunt/Thrown Object (E968.2)	1434	4.3%
Struck by or Against	223	0.7%
Unarmed Fight/Brawl	49	0.1%
Venomous Stings (Plants, Animals)	9	0.0%
Water Transport Accident	11	0.0%
Unknown	9869	29.9%
Total	33049	100.0%

Table 3. NM EMS Ground Transport of Injured Patients, Destinations, 2011 (<mark>yellow=designated trauma centers</mark>)

Facility	No.	%
Acoma-Canoncito-Laguna Indian Hosp.	124	0.4%
Airport, Municipal	95	0.3%
Alta Vista Regional Hosp.	118	0.4%
Artesia Gen. Hosp.	312	0.9%
Baptist St Anthony Health System	3	0.0%
Behavioral Health Facilities	12	0.0%
Carlsbad Med. Cntr.	457	1.4%
<mark>Christus St. Vincent Regional Medical Center</mark>	<mark>448</mark>	<mark>1.4%</mark>
Cibola Gen. Hosp.	336	1.0%
Clinics/physician's offices	87	0.3%
Colfax General	2	0.0%
<mark>Covenant Health Care</mark>	<mark>65</mark>	<mark>0.2%</mark>
Covenant Lakeside	14	0.0%
Covenant Specialty Hospital	4	0.0%
Crownpoint Healthcare Facility	225	0.7%
Dr. Dan C. Trigg Memorial Hosp.	233	0.7%
<mark>Eastern NM Med. Cntr.</mark>	<mark>152</mark>	<mark>0.5%</mark>
Espanola Presbyterian Hospital	444	1.3%
Gallup Indian Med. Cntr.	945	2.9%
Gerald Champion Reg MC	955	2.9%
Gila Regional Med. Cntr.	909	2.8%
Guadalupe County Hosp.	133	0.4%
Health South	2	0.0%
Heart Hospital New Mexico	45	0.1%
Holy Cross Hosp.	684	2.1%
Home/Residence	2	0.0%
Kaseman Presbyterian Hospital	611	1.8%
KINDRED HEALTHCARE	2	0.0%
Las Palmas Medical Center	103	0.3%
Las Palmas Rehabilitation Hospital	1	0.0%
Lea Regional Med. Cntr.	682	2.1%
Lincoln County Med. Cntr.	485	1.5%
Long Term Care Facilities	116	0.3%
LOS ALAMOS MEDICAL CENTER	30	0.1%
Lovelace Downtown	1234	3.7%
LOVELACE REHAB HOSPITAL	1	0.0%
Lovelace Westside	349	1.1%
Lovelace Women's Hospital	368	1.1%
Lubbock Heart Hospital	1	0.0%
Lubbock-University Medical Center	1	0.0%
Memorial Medical Center	1094	3.3%
Mescalero Care Center	14	0.0%

Midland Memorial Hospital	1	0.0%
Mimbres Memorial Hosp.	711	2.2%
Miners' Colfax Med. Cntr.	359	1.1%
Mountain View Regional Medical	792	2.4%
No Transport	5	0.0%
Nor-Lea Gen. Hosp. & Clinics	269	0.8%
Northern Navajo Med. Cntr.	481	1.5%
Other	3	0.0%
Patient Residence	20	0.1%
PHS Santa Fe Indian Hospital	1	0.0%
Plains Regional Dialysis Center	1	0.0%
Plains Regional Med. Cntr.	92	0.3%
Presbyterian Hospital	2276	6.9%
Presbyterian Hospital Rio Rancho	408	1.2%
Presbyterian Kaseman Hosp.	41	0.1%
Presbyterian Rust Medical Center	18	0.1%
PRMC Clovis	1062	3.2%
Providence	87	0.3%
Providence Children's Hospital	2	0.0%
Rehoboth McKinley Christian Health Care	357	1.1%
Roosevelt Gen. Hosp.	270	0.8%
Roswell Regional Hospital	27	0.1%
Rust Medical Center	33	0.1%
San Juan Regional Med. Cntr.	1448	4.4%
San Juan Regional Rehab. Hosp.	2	0.0%
Santa Fe Indian Hosp.	24	0.1%
Sierra Medical Center	23	0.1%
Sierra Providence East	1	0.0%
Sierra Vista Hosp.	17	0.1%
SJRMC Ambulance	158	0.5%
Socorro Gen. Hosp.	104	0.3%
St. Anthony's Healthcare & Rehab	1	0.0%
St. Joseph's Hospital	2	0.0%
Triumph Hospital	1	0.0%
Tucson Medical Center	1	0.0%
UMC (University Medical Center)/Lubbock	59	0.2%
UMC of El Paso/Thomason	38	0.1%
Union County Gen. Hosp.	73	0.2%
University Medical Center El Paso	4	0.0%
University New Mexico Hospital	4969	15.0%
UNM Children's Hospital	4	0.0%
Veteran's Administration Medical Center	206	0.6%
White Mountain Regional Medical Center	18	0.1%
William Beaumont Army Medical Center	18	0.1%
Zuni Comprehensive Community Health Cntr.	263	0.8%
Unknown	6401	19.4%
Total	**33049**	100.0%

Table 4. NM Helicopter Transport of Injured Patients, Destination, 2011 (yellow=designated trauma centers)

Facility	No.	%
Carlsbad Medical Center	4	0%
Cook Children s Medical Center	1	0%
Covenant Medical Center Lubbock	5	1%
Del Sol Medical Center	2	0%
Eastern New Mexico Medical Center	4	0%
Flagstaff Medical Center	1	0%
Ft Defiance Hospital	1	0%
Gerald Champion Regional Med Ctr	10	1%
Gila Regional Med Center	3	0%
Harris Methodist Fort Worth	3	0%
Hendrick Medical Center	32	4%
Holy Cross Hospital	1	0%
Las Palmas Medical Center	1	0%
Los Alamos Medical Center	1	0%
Heart Hospital of New Mexico	1	0%
Medical Center Hospital	1	0%
Medical Center Hospital Odessa Definitive Care # 2	9	1%
Memorial Medical Center (Las Cruces)	1	0%
Mercy Regional Medical Center	4	0%
Native Air	1	0%
Nor Lea Hospital	1	0%
Northern Navajo Medical Center (Shiprock IHS)	1	0%
Northwest Texas Hospital	1	0%
Plains Regional Med Ctr-Clovis	2	0%
Presbyterian Hospital (Albuquerque)	3	0%
Presbyterian St. Luke's	1	0%
Rehoboth McKinley Hospital (RMCH)	3	0%
Rolling Plains Memorial Hospital	1	0%
Roosevelt General Portales	1	0%
San Juan Regional Medical Center	113	13%
St. Mary's Hospital Medical Center	1	0%
St. Vincent Regional Medical Center	73	8%
Thomason Med Ctr-El Paso TX	1	0%
UMC - El Paso	5	1%
University Hospital	6	1%
University Medical Center	71	8%
University Medical Center - Tucson	3	0%
University Medical Center of El Paso	240	27%
UNIVERSITY MEDICAL CENTER-Lubbock	2	0%
UNM Hospital-Albuquerque	231	26%
William Beaumont Army Medical Center	10	1%
Unknown	31	3%
Total	887	100%
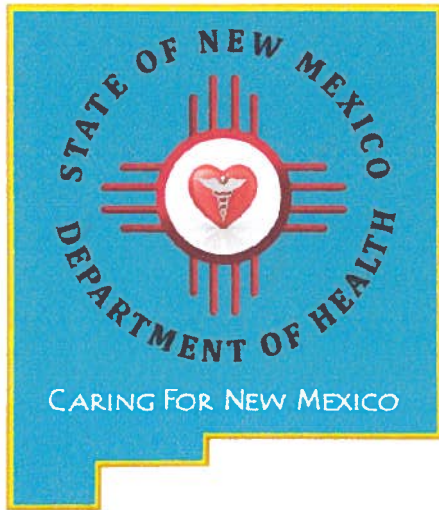
TRAUMA REGISTRY UPDATE

- Memo from Liana Lujan, RN regarding:
  - Status of the State Trauma Registry
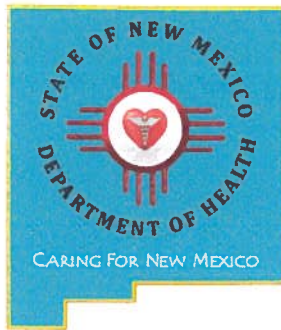
To: Trauma System Fund Authority

From: Liana Lujan, Trauma Systems Manager

       Stuart Castle, EMS Data Manger

Date: September 24, 2012

Re: Trauma Registry Update

The current contract with Digital Innovations, Inc. (DI) was executed in September 2010 following a competitive bidding process administered by the Information Technology Services Division of the NM Department of Health.

Since award of the DI contract, the EMS Bureau has arranged to provide licenses and access of the data collection software to participating hospitals including; Designated Trauma Centers, Developing Trauma Centers, and Volunteer Trauma Registry Participants. The Bureau has also been engaged with these hospitals and DI to convert hospital's historical data (2005-2009) and current data (2010-present) into a format that can be analyzed on a statewide level using existing DI analytic software. A detailed accounting of this conversion process, listed by hospital and including expected completion times, is found on Attachment 1. It is anticipated that most state trauma registry data will be available for analysis by the end of September 2012.

Hospitals with trauma registries routinely access and analyze their own data. This process is supported and facilitated through the Trauma Registry Workgroup. A DI led training on the software and reporting capabilities occurred at the EMS Bureau July of 2011. The process to begin using DI required multiple steps and input from those facilities around the State that would utilize DI.

The Trauma Registry Workgroup (TRW) and the Trauma Nurse Coordinator Forum (TNCF) has been focused on the implementation design, and use of the new State Trauma Registry. The old software system was analyzed field by field, by the TRW/TNCF and those components that appeared to have use were added to the new software. Each field that the hospital would be using was analyzed and agreed upon. It was agreed early in this process to adopt the NTDB data dictionary for those fields that NTDB collects. All other fields were agreed upon for the type of field, and the selections within those fields.

Total number of fields in the DI software: 267 (80 fields are NTDB 2010 compliant)

Total number of fields to the State Trauma Registry: 252 (All PHI data is EXCLUDED)

Currently there are 6329 records in the State level data base. There were 6,358 records in 2009; 6344 in 2008; and 5,956 in 2007. Most of the missing records for 2011 are from UNMH and are awaiting data conversion.

The process of transferring from the historical vendor to the current vendor has had some challenges, some unexpected, but most anticipated. The EMS Bureau has been working diligently with Digital Innovations and the facilities to facilitate a smooth transition. We continue to move forward, as the process is close to completion.
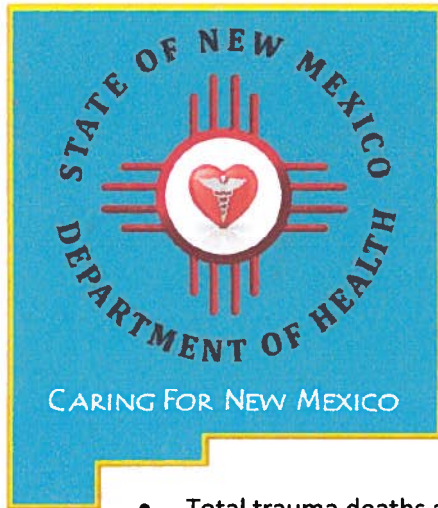
MORTALITY STATISTICS

- Total trauma deaths and age adjusted death rates 2006 and 2011
    - o Injury Deaths – All Counties
    - o Injury Deaths – Legacy Trauma Center Counties
    - o Age Adjusted Death Rate per 100,000 pop – All Counties
    - o Age Adjusted Death Rate per 100,000 pop – Legacy Trauma Center Counties
    - o Injury Deaths – Intervention Counties
    - o Age Adjusted Death Rate per 100,000 pop – Intervention Counties
    - o Injury Deaths – Non-Intervention Counties
    - o Age Adjusted Death Rate per 100,000 pop – Non-Intervention Counties
    - o Decrease in Total Deaths by Percentage – 2006 to 2011
    - o Decrease in Age Adjusted Death Rate by Percentage – 2006 to 2001

Total Trauma Deaths
and
Age Adjusted Death Rates

2006 and 2011

Injury Deaths

All Counties

Injury Type	2006/2011
Cut/Pierce =	37 / 36
Fall =	303 / 314
Firearm =	298 / 311
Machinery =	2/ 5
Motor Vehicle Traffic =	571/ 393
Non Traffic MV = (Pedestrian, Bike, etc)	10 / 9
Non Traffic/Non MV = (Air, space, water, etc)	20 / 17
Struck By/Against =	19 / 8
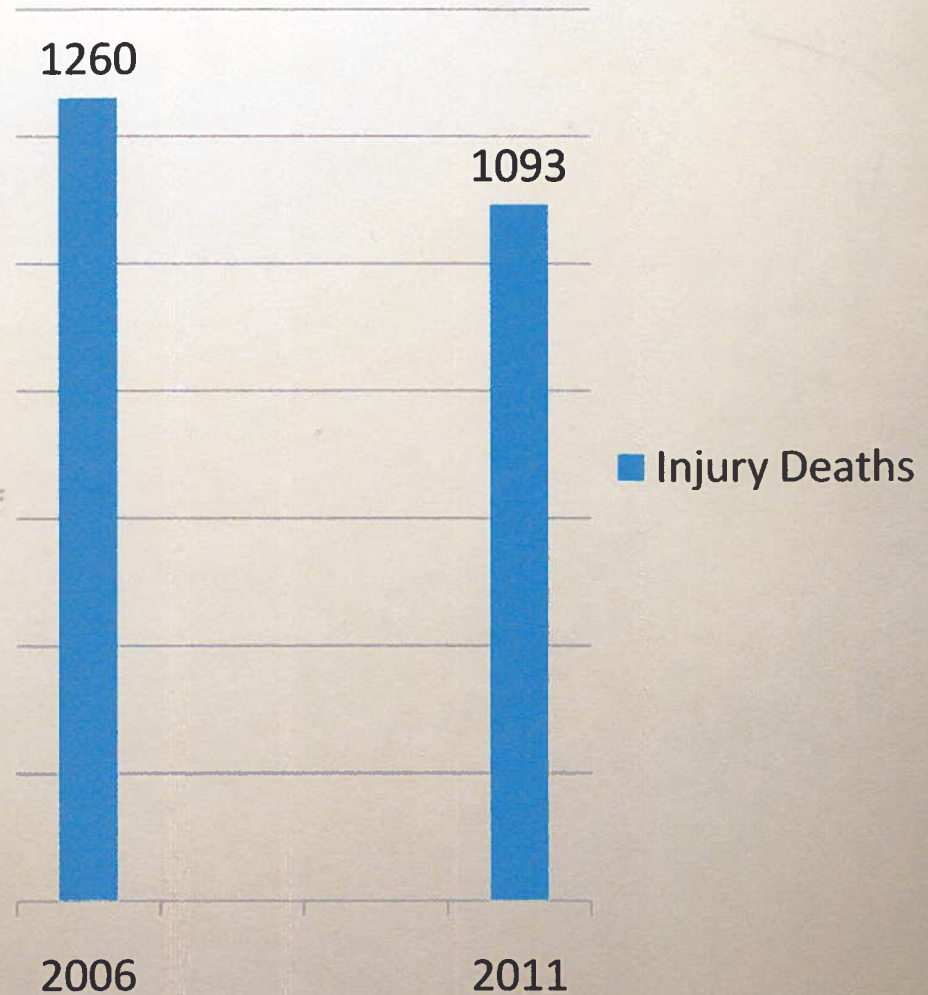
This represents a 13.25% decrease in the total number of injury related deaths for the selected injuries.

All Counties

Age Adjusted Death Rate per 100,000 pop

65.20

52.10
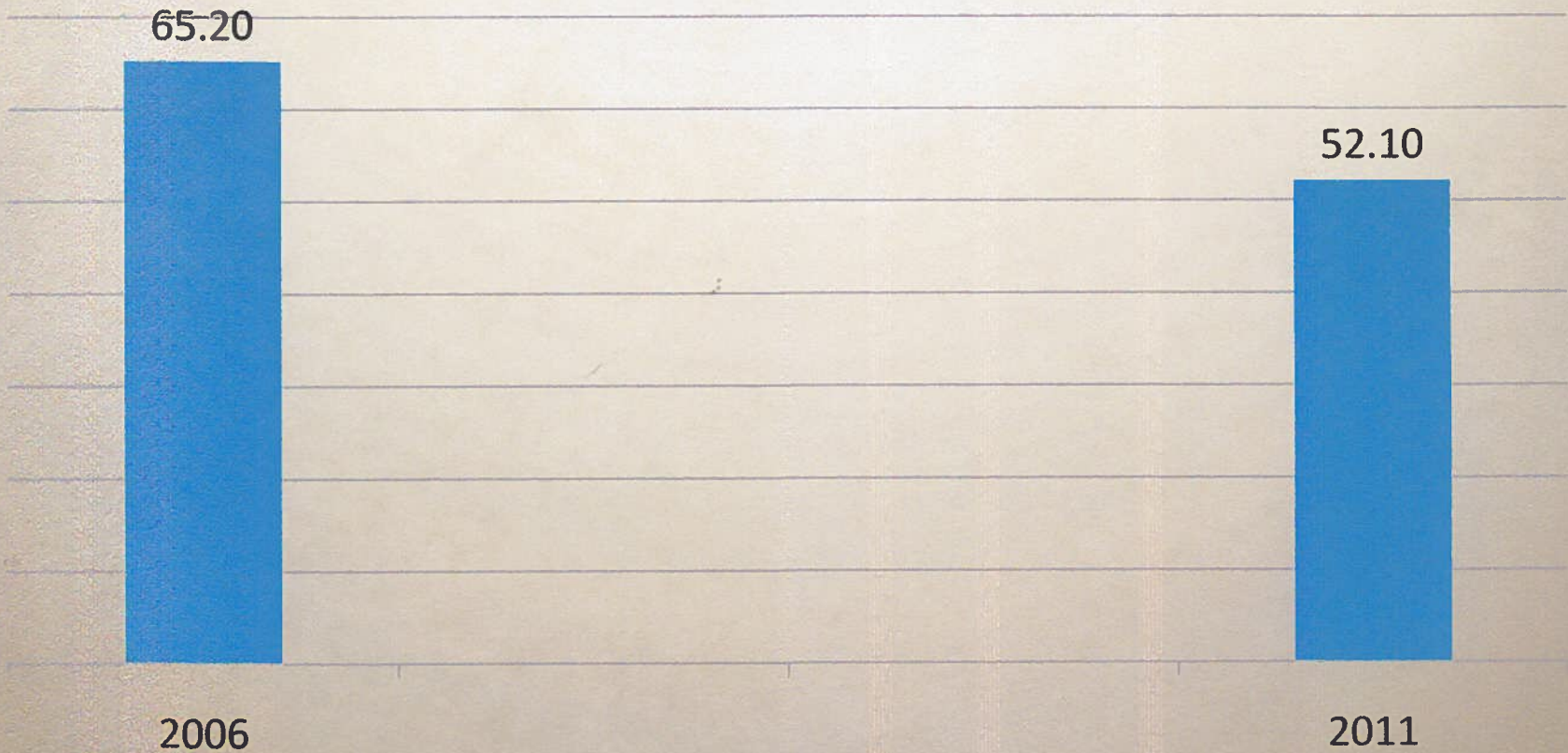
2006

2011

This is a 20.09% decrease in the age adjusted death rate.

Legacy Trauma Center Counties

Bernalillo, Santa Fe, and San Juan

Injury Type	2006/2011
Cut/Pierce =	19 / 14
Fall =	151 / 147
Firearm =	119 / 130
Machinery =	0/ 1
Motor Vehicle Traffic =	169 / 111
Non Traffic MV =	5 / 0
(Pedestrian, Bike, etc)	
Non Traffic/Non MV =	6 / 2
(Air, space, water, etc)	
Struck By/Against =	9 / 2

Injury Deaths

478

407

■ Injury Deaths

2006

2011
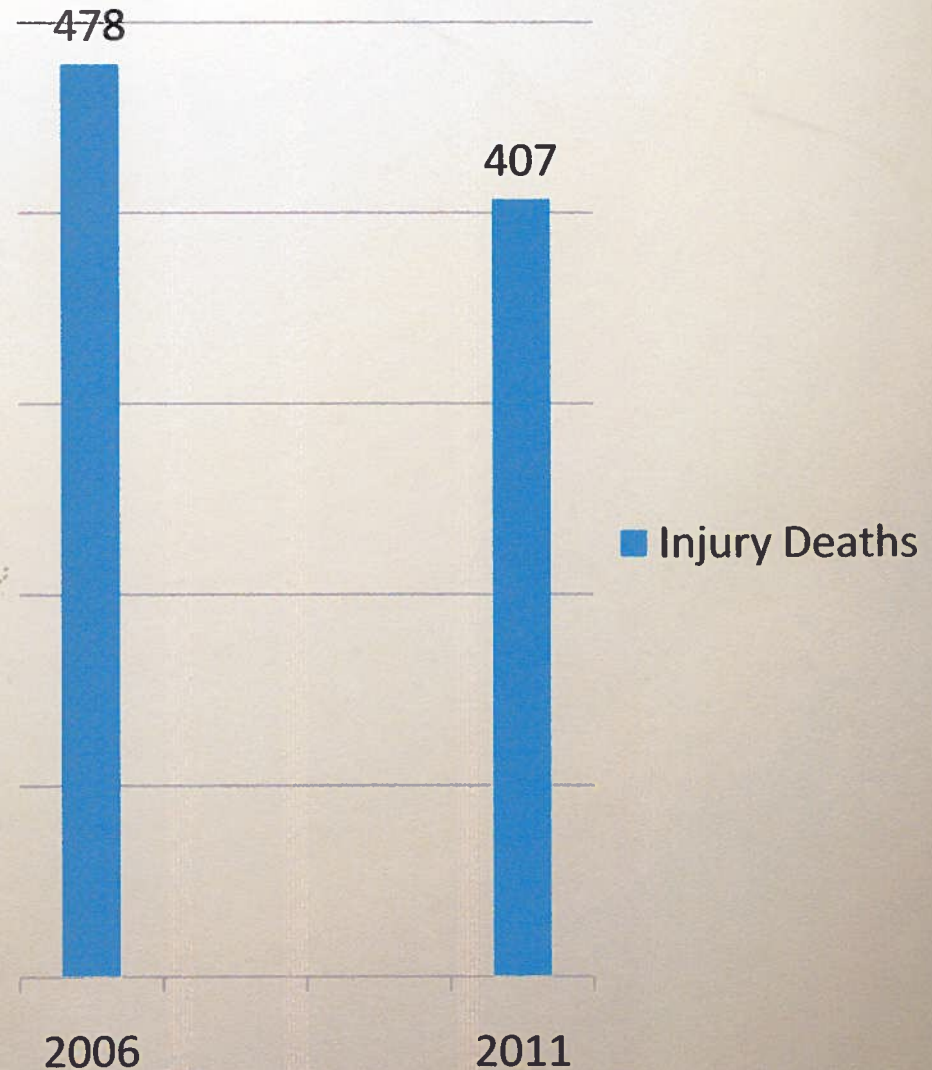
This represents a 14.85% drop in the total number of selected injury deaths.

Legacy Trauma Center Counties
Bernalillo, Santa Fe, and San Juan

Age Adjusted Death Rate per 100,000 pop

54.90

42.60
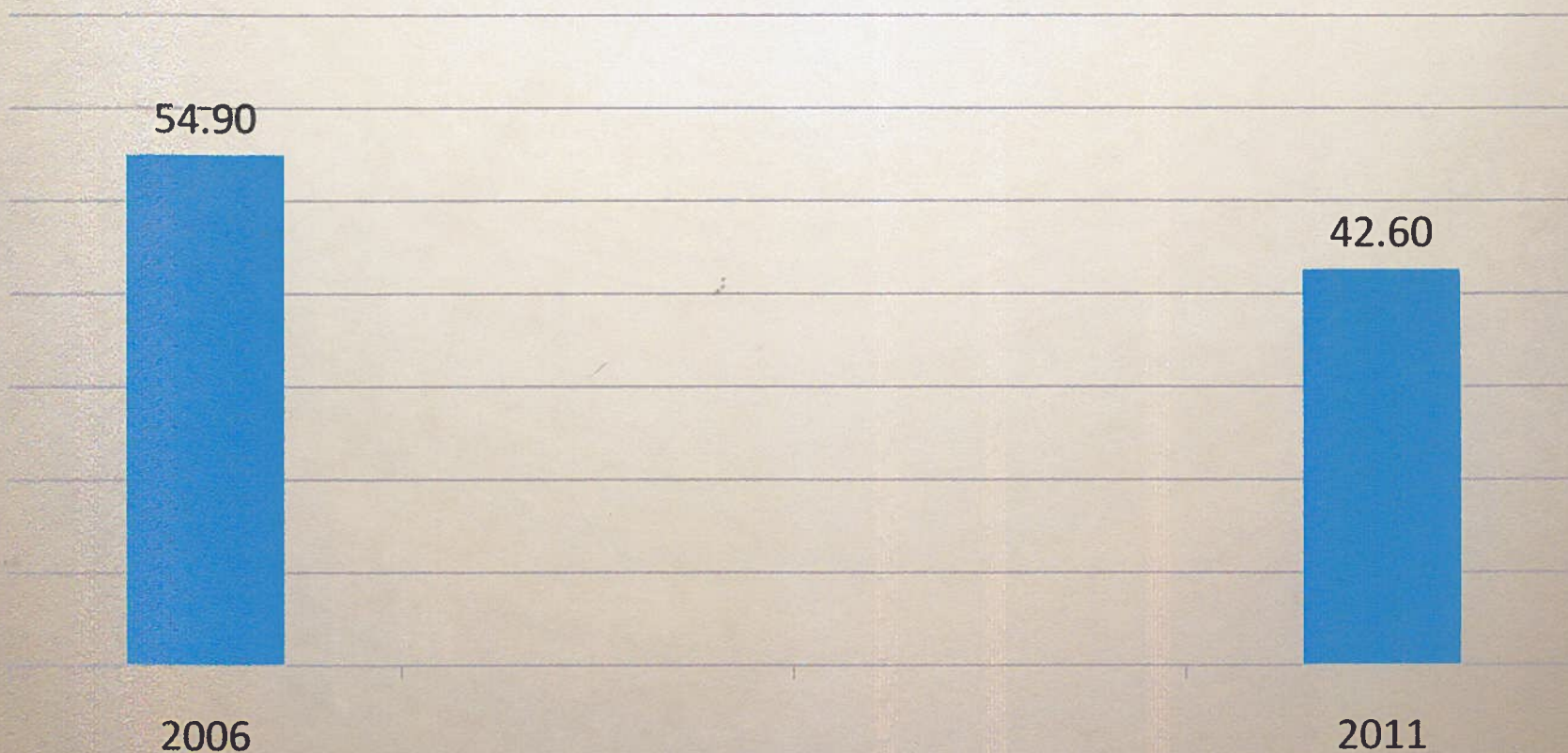
2006

2011

This represents a 22.40% decrease in the age adjusted death rate.

Intervention Counties
(Eddy, Chavez, Otero, Lea, Roosevelt)

Injury Type		2006/2011
Cut/Pierce	=	3 / 4
Fall	=	27 / 34
Firearm	=	46 / 47
Machinery	=	1/ 1
Motor Vehicle Traffic	=	75 / 39
Non Traffic MV	=	2 / 2
(Pedestrian, Bike, etc)		
Non Traffic/Non MV	=	4 / 0
(Air, space, water, etc)		
Struck by/Against	=	0 / 0

Injury Deaths

■ Injury Deaths

158

127

2006   2011
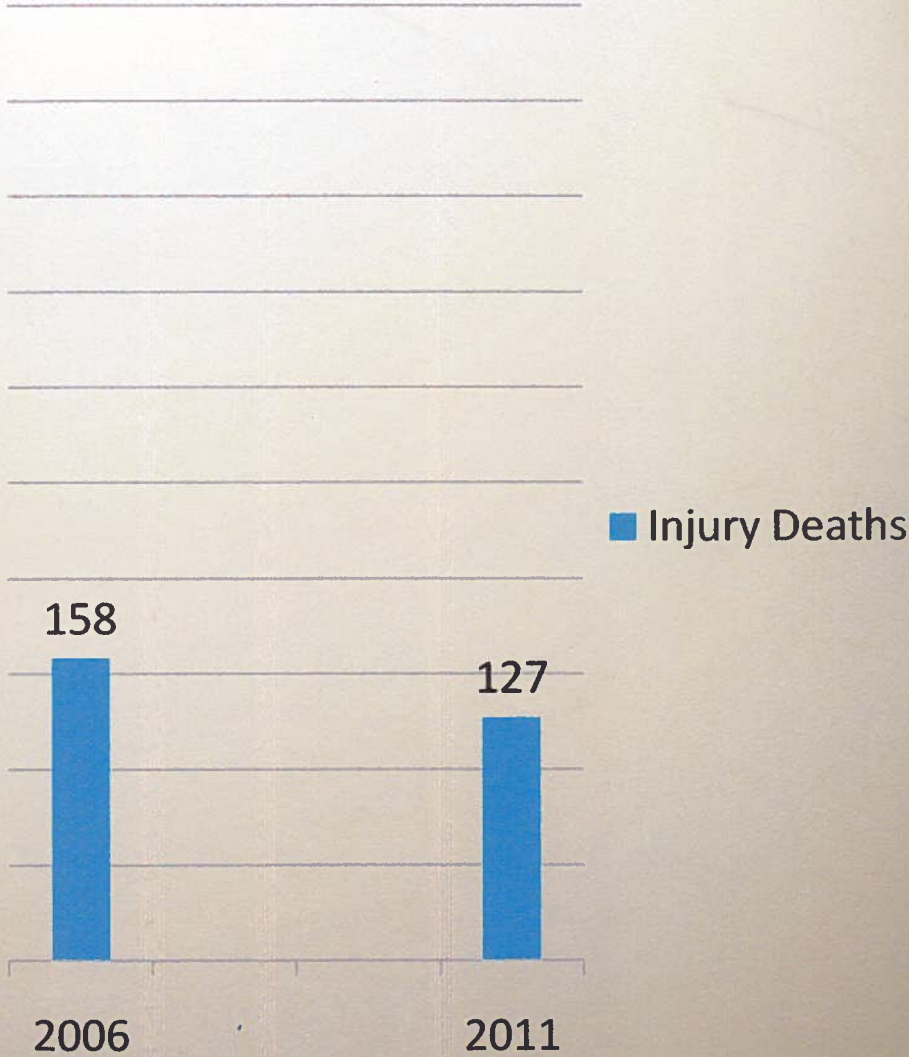
This is a 19.62% drop in selected injury related deaths.

Intervention Counties
(Eddy, Chavez, Otero, Lea, Roosevelt)

Age Adjusted Death Rate per 100,000 pop

61.40 — 2006

46.40 — 2011
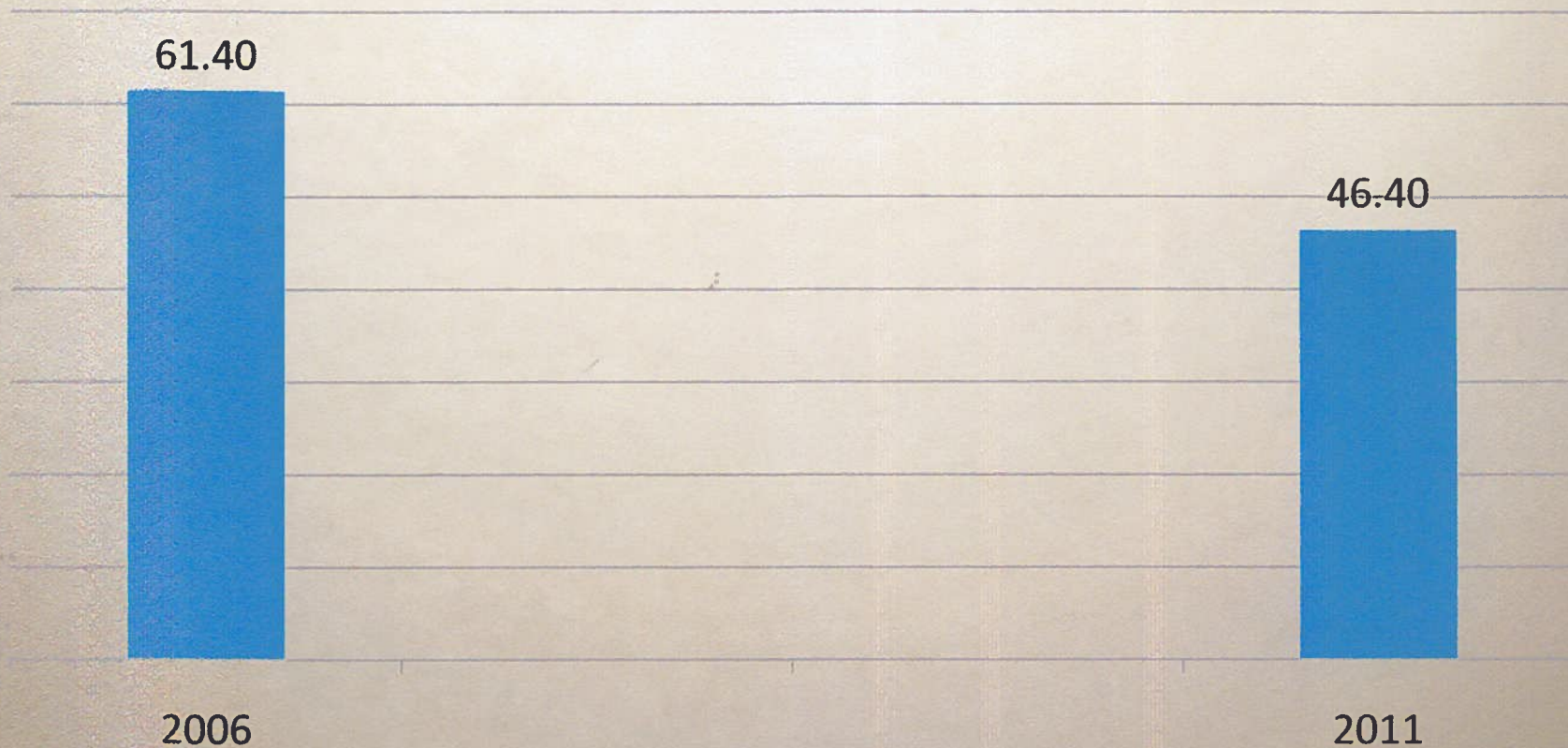
This is a 24.43% decrease in the age adjusted death rate.

Baca, Dona Ana, Grant, Guadalupe, Harding, Hidalgo, Lincoln, Los Alamos, Luna, McKinley, Mora, Quay, Rio Arriba, Sandoval, San Miguel, Sierra, Socorro, Taos, Torrance, Union, Valencia)

Injury Type	2006/2011
Cut/Pierce =	12 / 16
Fall =	113 / 122
Firearm =	116 / 125
Machinery =	1/ 3
Motor Vehicle Traffic =	209 / 150
Non Traffic MV = (Pedestrian, Bike, etc)	2 / 8
Non Traffic/Non MV = (Air, space, water, etc)	4 / 4
Struck by/Against =	8 / 4

Injury Deaths

465   432

2006   2011
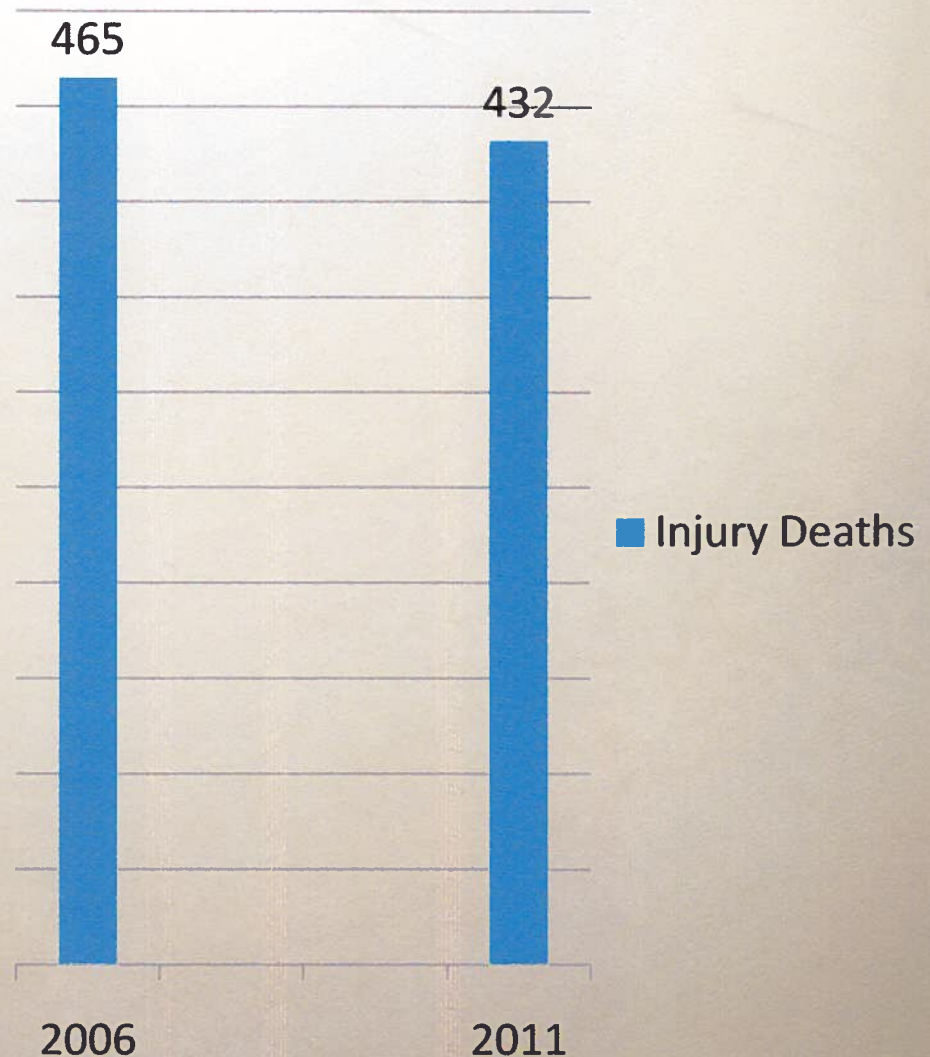
■ Injury Deaths

This represents a 7.10% decrease in selected injury deaths.

Non-Intervention Counties (Catron, Cibola, Colfax, Curry, De Baca, Dona Ana, Grant, Guadalupe, Harding, Hidalgo, Lincoln, Los Alamos, Luna, McKinley, Mora, Quay, Rio Arriba, Sandoval, San Miguel, Sierra, Socorro, Taos, Torrance, Union, Valencia)

Age Adjusted Death Rate per 100,000 pop
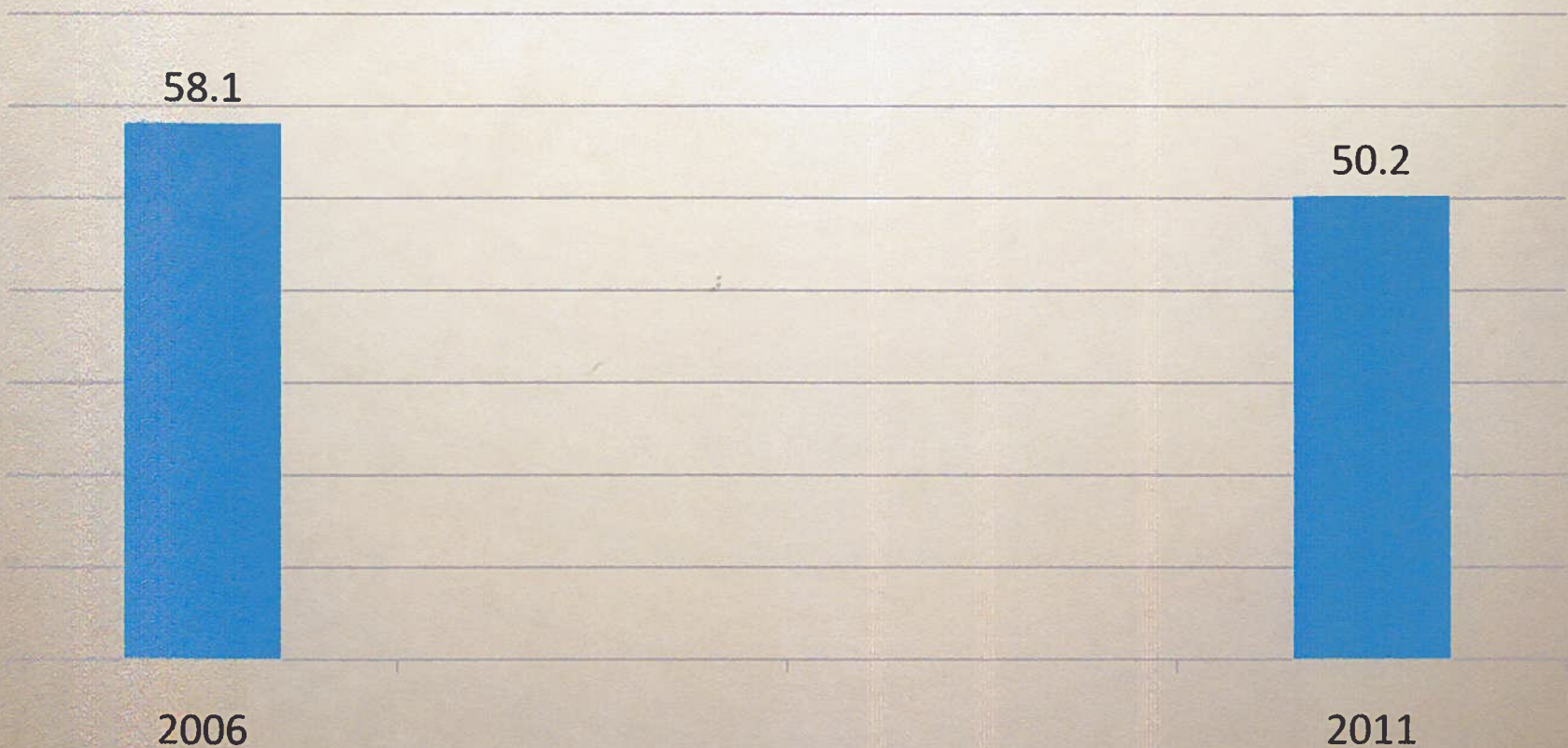
This represents a 13.60% decrease in the age adjusted death rate.

Decrease in Total Deaths by Percentage
2006 - 2011
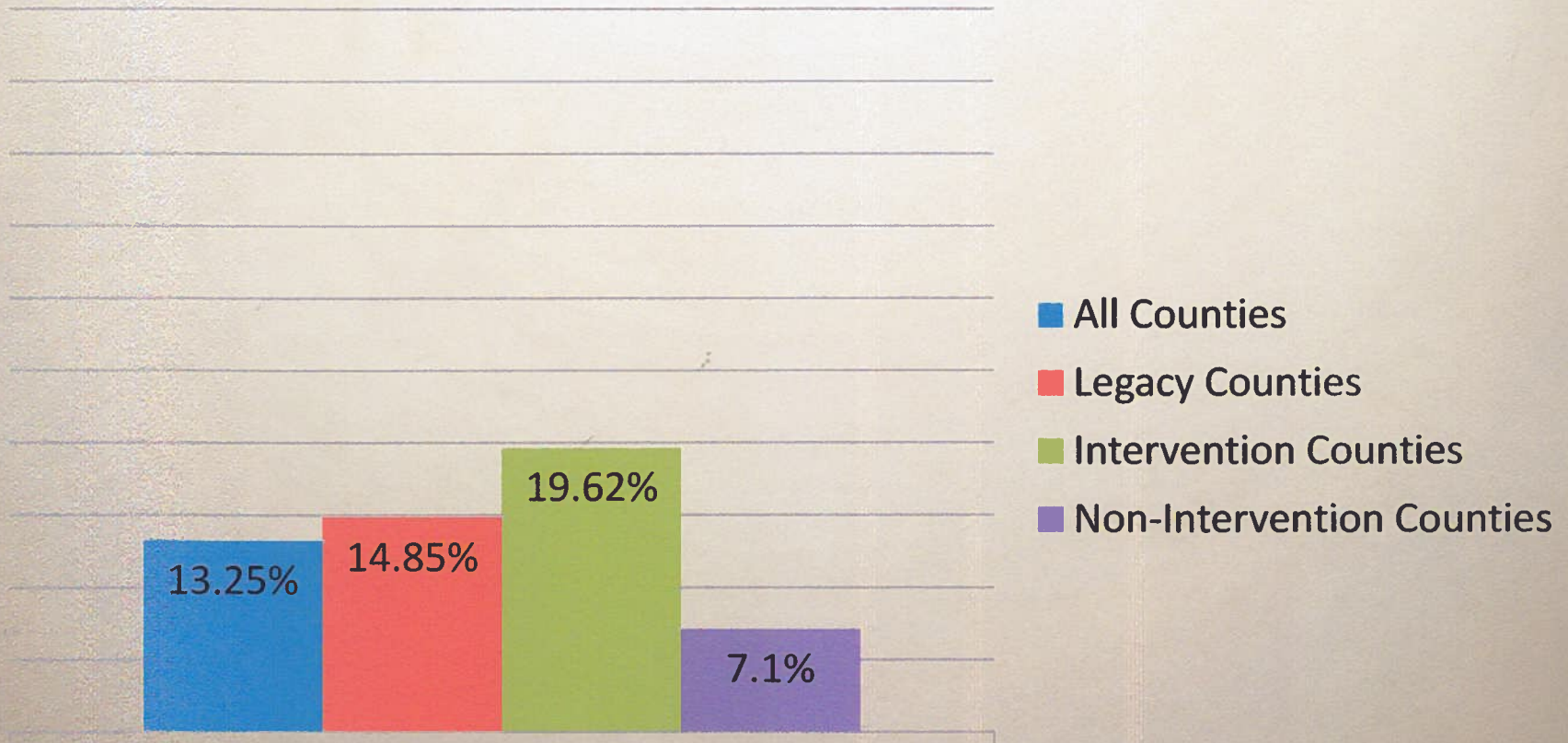
% Decrease in Total Deaths from 2006 to 2011

13.25%   14.85%   19.62%   7.1%

■ All Counties
■ Legacy Counties
■ Intervention Counties
■ Non-Intervention Counties
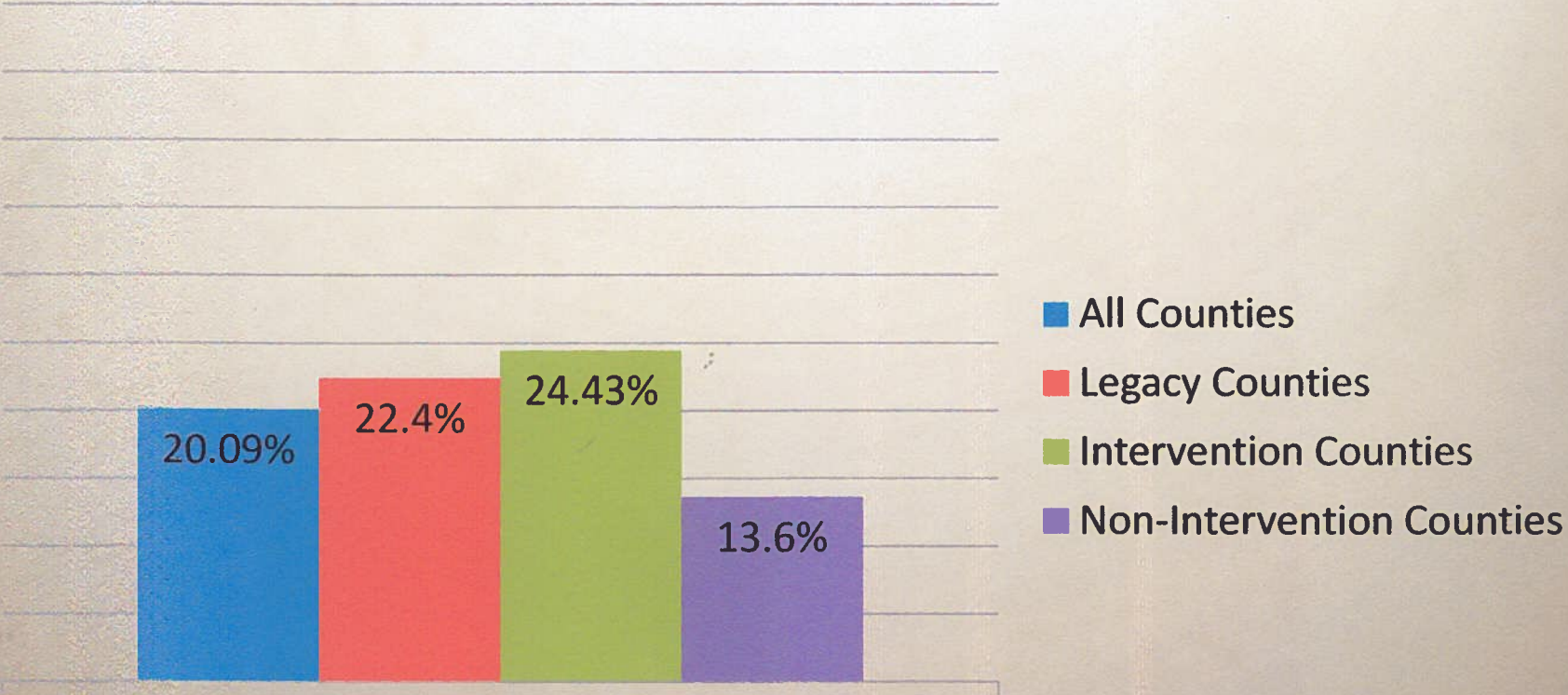
Decrease in Age Adjusted Death Rate by Percentage 2006 - 2011

INDICATOR BASED INFORMATION (IBIS)

CARING FOR NEW MEXICO
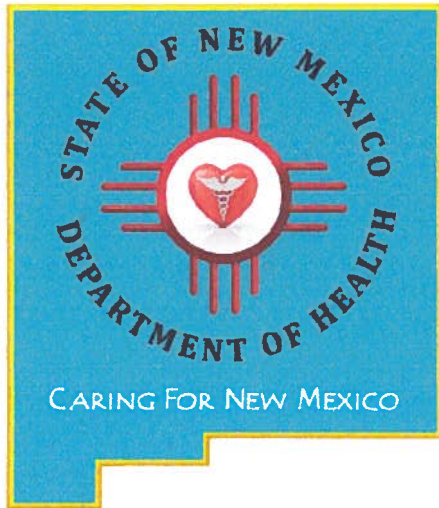
- Memo from Stuart Castle, MPH, EMT-B, EMS Data Manager
- Welcome to NM IBIS
- Indicator Report – Alcohol-Related Injury Deaths
- Indicator Report – Injury: Death from Falls
- Indicator Report – Motor Vehicle Traffic Crash Deaths
- Indicator Report – Unintentional Injury Hospitalization
- Indicator Age-adjusted Rates, Hospitalizations Per 10,000 population

To: New Mexico Trauma System Funding Authority

From: Stuart Castle, MPH, EMT-B, EMS Data Manager

Re: Injury Related Data Sources

Date: September 18, 2012

Various data sources exist to track injury related events. Many are maintained, or made available, by the New Mexico Department of Health on the Indicator Based Information System for Public Health (NM_IBIS) web page. Attached for your review are pages on the following indicators:

- Alcohol-related Injury Deaths
- Injury: Death from Falls
- Injury: Motor Vehicle Traffic Crash Deaths
- Injury: Unintentional Injury Hospitalization
- Unintentional Injury Hospital Discharges by County, 2010

Some of the data sources are several years old, due to various reporting requirements, but the patterns tend to persist for many years and trends can generally be projected out several years.

State population figures are compiled by the University of New Mexico Bureau of Business and Economic Research. A table from their web site is attached to show projected population figures from 2005 through 2035.

These references are being provided to assist the TSFA with the process of anticipating needs to reduce the incidence or injury or prepare for the treatment of injured patients.   I will be happy to research other data sources that the TSFA may request.

Welcome to NM-IBIS -- New Mexico's Public Health Data Resource

You are here: IBIS-PH > Home > current page

Welcome to the State of New Mexico's, Department of Health, Indicator Based Information System for Public Health (NM-IBIS). This site provides access to public health datasets and information on New Mexico's priority health issues.

Getting Started

Use the four tabs at the top of the page or the four buttons, below, to navigate to content on this site. Under each tab is an introduction page, and a "Content and Usage" page that describes the site content in more detail.

Background & HOME

- Contents & Usage
- Acknowledgments
- Contact Us

Health Status INDICATOR REPORTS

- Brief, timely Indicator Reports
- Graphs
- Community Reports

Custom DATASET QUERIES

- User-defined Queries
- Data Tables
- Graphs

Help & RESOURCES

- Glossary & Index
- Public Health Measures
- Powerpoint Slides

Please see the main Contents and Usage page for more information about each of these sections.

News and Updates

For the latest news and system updates, please go to the News and Updates page which lists the most recent publications, new or updated indicator profile reports, new or updated query datasets, and any general website functionality changes.

Suggestion Box

Please feel free to contact us if you have any questions, concerns, or suggestions. Your feedback is very valuable in helping us provide a website that meets your data needs.

Epidemiology and Response Division, New Mexico Department of Health, 1190 St. Francis Dr., P.O. Box 26110, Santa Fe, NM, 87502. Telephone: (505) 476-3566

Content updated: Wed, 6 Jun 2012 14:06:57 MDT

NM-IBIS Indicator Reports Introduction

You are here: IBIS-PH > Indicator Reports > current page

Welcome to the NM-IBIS Indicator Reports. A health indicator is a numeric measure that depicts the health or health system status on a core public health construct. Indicator reports provide online numeric data for a health indicator as well as public health context (such as why it is important and what is being done to improve it). NM-IBIS indicator authors and editors in programs throughout the Department of Health prepare these indicator reports.

For more detailed information about Indicator Reports see the Indicator Report Contents and Usage page.

Getting Started

You may use these indexes to browse NM-IBIS indicator reports. You will find links to these indexes in the drop-down menu under the "Indicator Reports" tab at the top of every NM-IBIS page.

1. Indicator Reports

You can view and search for indicator reports by topic using either the alphabetical or categorized index:

Alphabetical List - Browse through all available indicator reports listed in alphabetical order.

Categorized Index - Browse indicator reports organized by topic.

Use the left navigation buttons on the indicator report pages to view all report content.

2. Community Reports

These reports provide NM-IBIS indicator data organized for a single county. NMDOH plans to include additional community types in addition to counties (e.g., race/ethniciy and small areas).

Health Highlights Reports - Dynamic, multi-page reports for New Mexico communities (e.g., a county).

Community Snapshot Report - Build your own table of indicator results for a New Mexico community (e.g., county).

If more detailed information is needed than what the indicator report provides, the Custom Query System is available or program staff can be contacted directly using the information provided in the indicator report footer (at the bottom of each indicator report page).

Please feel free to contact us if you have suggestions for additions or improvements to this website.

Epidemiology and Response Division, New Mexico Department of Health, 1190 St. Francis Dr., P.O. Box 26110, Santa Fe, NM, 87502. Telephone: (505) 476-3566

Content updated: Wed, 6 Jun 2012 14:12:00 MDT

NM-IBIS Indicator Reports Introduction

You are here: IBIS-PH > Indicator Reports > current page

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Content updated: Wed, 6 Jun 2012 14:12:00 MDT

Indicator Report - Alcohol-related Deaths

You are here: IBIS-PH > Indicator Reports > current page
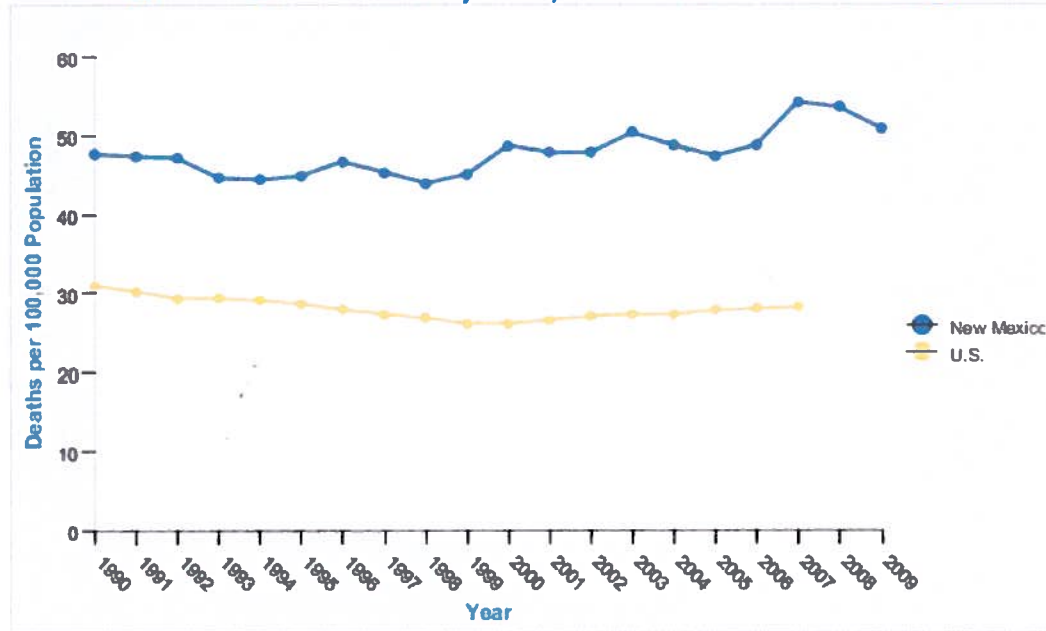
Why Is This Important?

Alcohol-related death, injury, and disease are a serious public health problem in the United States and in New Mexico. In the United States, alcohol is the third leading actual cause of death (after tobacco and poor diet/physical inactivity), responsible for more than 75,000 deaths per year.

Excessive alcohol consumption contributes to many different poor health outcomes. Chronic heavy drinking (defined as drinking more than two drinks a day for men and more than one drink a day for women) contributes to a variety of alcohol-related chronic diseases, including liver cirrhosis and alcohol dependence. Episodic heavy (or binge) drinking (defined as drinking five or more drinks on a single occasion for men and four or more drinks on a single occasion for women) contributes to a variety of alcohol-related injuries, including motor vehicle crashes, poisonings, falls, homicides, and suicides.

According to the most recent available comprehensive estimate, the annual cost of alcohol-related harm in the United States, in 1998, was roughly 185 billion dollars per year (NIAAA, http://pubs.niaaa.nih.gov/publications/economic-2000/index.htm). This estimate included health care costs, economic costs such as the cost of lost productivity, and the cost of other effects of alcohol on society such as crime and motor vehicle crashes. Given trends in the component costs since the time of this report, this estimate likely represents a substantial underestimate of current alcohol-related costs in the United States.

In 2006, the cost of alcohol abuse in New Mexico was estimated, based on this national estimate, to be $2.5 billion. The economic burden of alcohol abuse amounted to over $1,250 for every person in the state (NMDOH, http://nmhealth.org/ERD/HealthData/SubstanceAbuse/ER%20Alcohol%20related%20costs%20 20112309.pdf).

Alcohol-Related Death Rates by Year, New Mexico vs. U.S. 1990-2009

Data Notes

The alcohol-related death rates reported here are based on definitions and alcohol-attributable fractions from the CDC's Alcohol-Related Disease Impact (ARDI) website (http://apps.nccd.cdc.gov/ardi/Homepage.aspx). Alcohol-related deaths for 1990-1998 were defined by underlying cause of death based on International Classification of Disease version 9 (ICD-9) codes; and alcohol-related deaths for 1999 and later were defined by underlying cause of death based on International Classification of Disease version 10 (ICD-10) codes. The alcohol-related death rates reported here were age-adjusted to the US 2000 standard population.

Data Sources

Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. http://www.unm.edu/~bber/.New Mexico Death Data: Bureau of Vital Records and Health

Statistics (BVRHS), New Mexico Department of Health.U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. http://www.cdc.gov/nchs/.

Other Views

- by County, New Mexico 2007-2009, and United States, 2005-2007

Definition

Alcohol-related death is defined as the number of deaths attributed to alcohol per 100,000 population.

How We Calculated the Rates

Numerator:	The total number of alcohol-related deaths per year.
Denominator:	The estimated mid-year population for annual rates.

Page Content Updated On 04/16/2012, Published on 06/14/2012

Substance Abuse Epidemiology, Epidemiology and Response Division, New Mexico Department of Health, 1190 St. Francis Dr., Room N1309, P.O. Box 26110, Santa Fe, NM, 87502. Contact Jim Roeber, Alcohol Epidemiologist, by telephone at (505) 476-1757 or email to Jim.Roeber@state.nm.us.

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Content updated: Thu, 14 Jun 2012 13:14:02 MDT

Complete Indicator Profile of Injury: Death from Falls

You are here: IBIS-PH > Indicator Reports > current_page

Definition

Fall-related death rate is the number of deaths due to falls per 100,000 population.

Numerator

The number of fall-related deaths per year.

Denominator

The mid-year estimated population.

Why Is This Important?

Falls are the leading cause of unintentional (accidental) injury death among adults 65 years of age and older in the United States and in New Mexico. The majority of injuries from falls that lead to death were hip fracture and traumatic brain injury. A serious injury from a fall can limit mobility and independent living. Falls also can increase the risk of early death. Many people who fall develop a fear of falling, and may become more sedentary.

How Are We Doing?

The fall-related death rate among adults 65 years of age and older in New Mexico increased 220% between 1990 and 2010, and has increased five-fold since 1981.

How Do We Compare With U.S.?

In 2009, the fall-related death rate among older adults in New Mexico was twice the national rate. Until 2008, the New Mexico fall-related death rate was increasing faster than the national rate.

Related Indicators

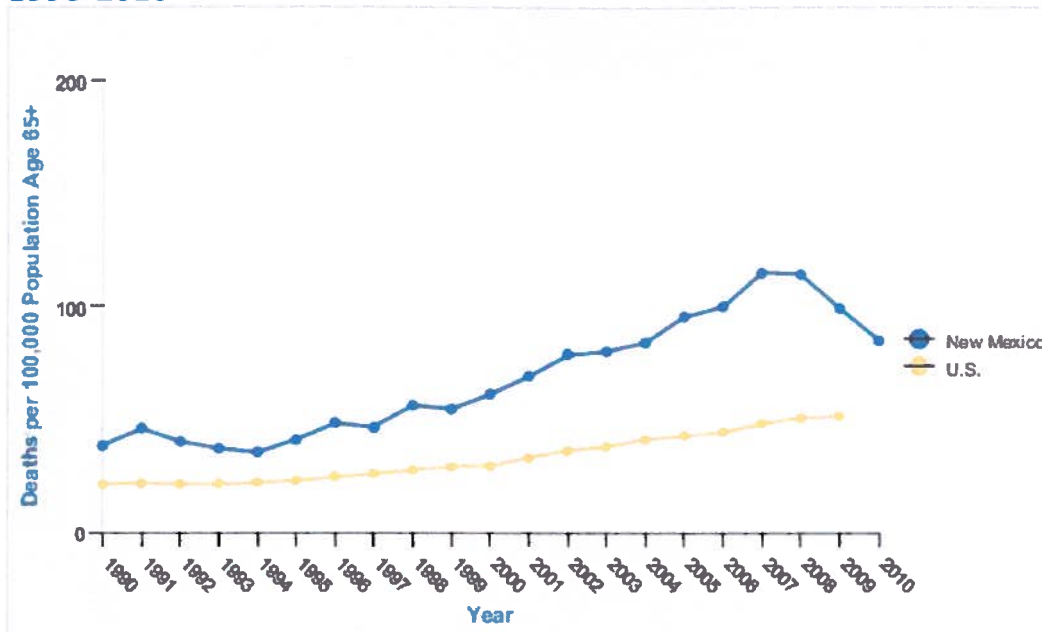### Related Relevant Population Characteristics Indicator Profiles:

- New Mexico Population Demographics: Percentage of the Population Age 65+

Related Risk Factors Indicator Profiles:

- Physical Activity: Adult Prevalence

Graphical Data Views

Fall-related Death Rates Among Adults 65+ Years of Age by Year, New Mexico vs. U.S. 1990-2010

New Mexico vs. U.S.	Year	Deaths per 100,000 Population Age 65+	Lower Limit	Upper Limit	Numerator	Denominator
New Mexico	1990	38.6			63	163,248
New Mexico	1991	46.3			78	168,528
New Mexico	1992	40.3			70	173,932
New Mexico	1993	37.3			67	179,431
New Mexico	1994	35.7			66	184,658
New Mexico	1995	41.1			78	189,636
New Mexico	1996	48.7			95	194,896
New Mexico	1997	46.5			93	199,975
New Mexico	1998	56.4			115	204,088
New Mexico	1999	54.7	44.7	64.7	114	208,412
New Mexico	2000	61.4	51.0	71.8	133	216,549
New Mexico	2001	69.4	58.4	80.3	154	222,035
New Mexico	2002	79.1	67.5	90.6	180	227,609
New Mexico	2003	80.2	68.7	91.7	187	233,186
New Mexico	2004	84.2	72.6	95.8	201	238,775
New Mexico	2005	95.8	83.5	108.0	234	244,353
New Mexico	2006	100.4	88.0	112.8	251	249,931
New Mexico	2007	115.1	101.9	128.2	294	255,520
New Mexico	2008	114.5	101.5	127.5	299	261,098
New Mexico	2009	99.4	87.4	111.3	265	266,677
New Mexico	2010	85.1	74.2	96.0	233	273,719
U.S.	1990	21.1			6,601	31,241,020
U.S.	1991	21.8			6,922	31,811,625

|						
U.S.	1992	21.5			6,961	32,355,995
U.S.	1993	21.7			7,130	32,901,813
U.S.	1994	22.1			7,370	33,330,804
U.S.	1995	22.9			7,721	33,769,307
U.S.	1996	24.8			8,474	34,143,052
U.S.	1997	26.2			9,023	34,401,565
U.S.	1998	27.7			9,604	34,619,166
U.S.	1999	29.0	28.5	29.6	10,097	34,797,841
U.S.	2000	29.4	28.8	29.9	10,273	34,991,753
U.S.	2001	32.9	32.3	33.5	11,623	35,353,274
U.S.	2002	36.1	35.4	36.7	12,837	35,601,917
U.S.	2003	38.1	37.5	38.8	13,701	35,919,183
U.S.	2004	41.1	40.4	41.7	14,899	36,293,986
U.S.	2005	43.0	42.3	43.6	15,802	36,790,113
U.S.	2006	44.7	44.0	45.4	16,650	37,260,352
U.S.	2007	48.4	47.7	49.1	18,334	37,887,958
U.S.	2008	50.8	50.1	51.5	19,742	38,869,716
U.S.	2009	51.6	50.9	52.3	20,422	39,570,590

Record Count: 59

Data Notes

Rates are age-specific death rates for ICD-9 Codes: E880-E886, E888 (1990-1998) and ICD-10 codes ICD-10 Codes: W00-W19 (1999 forward). Data for years 1990 - 1998 were downloaded from the WISQARS query system (http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html) on 4/19/2012.

Data Sources

Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. http://www.unm.edu/~bber/.New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov).Web-based Injury Statistics Query and Reporting System (WISQARS) Data Source: National Center for Health Statics System for numbers of deaths. Census Bureau for population estimates.

Fall-Related Death Rates Among Adults 65+ Years of Age by Public Health Region, New Mexico 2010
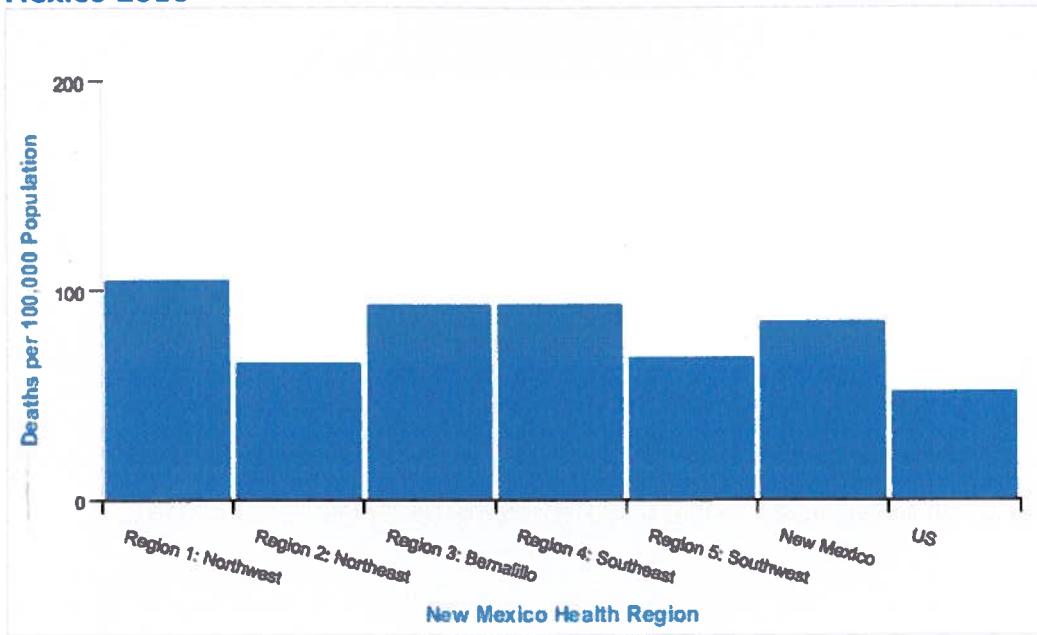
New Mexico Health Region	Deaths per 100,000 Population	Lower Limit	Upper Limit	Numerator	Denominator
Region 1: Northwest	105.2	76.9	133.5	53	50,371
Region 2: Northeast	65.6	42.1	89.0	30	45,770
Region 3: Bernalillo	93.3	72.3	114.3	76	81,454
Region 4: Southeast	93.4	61.1	125.8	32	34,250
Region 5: Southwest	67.9	47.4	88.4	42	61,875
New Mexico	85.1	74.2	96.0	233	273,719
US	51.6	50.9	52.3	20,422	39,570,590

Record Count: 7

Data Notes

Rates are age-specific death rates for ICD-9 Codes: E880-E886, E888 (1990-1998) and ICD-10 codes ICD-10 Codes: W00-W19 (1999 forward). U.S. Data are from 2009.

Data Sources

New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov).

Fall-related Death Rates Among Adults 65+ Years of Age by County, New Mexico vs. U.S. 2006-2010
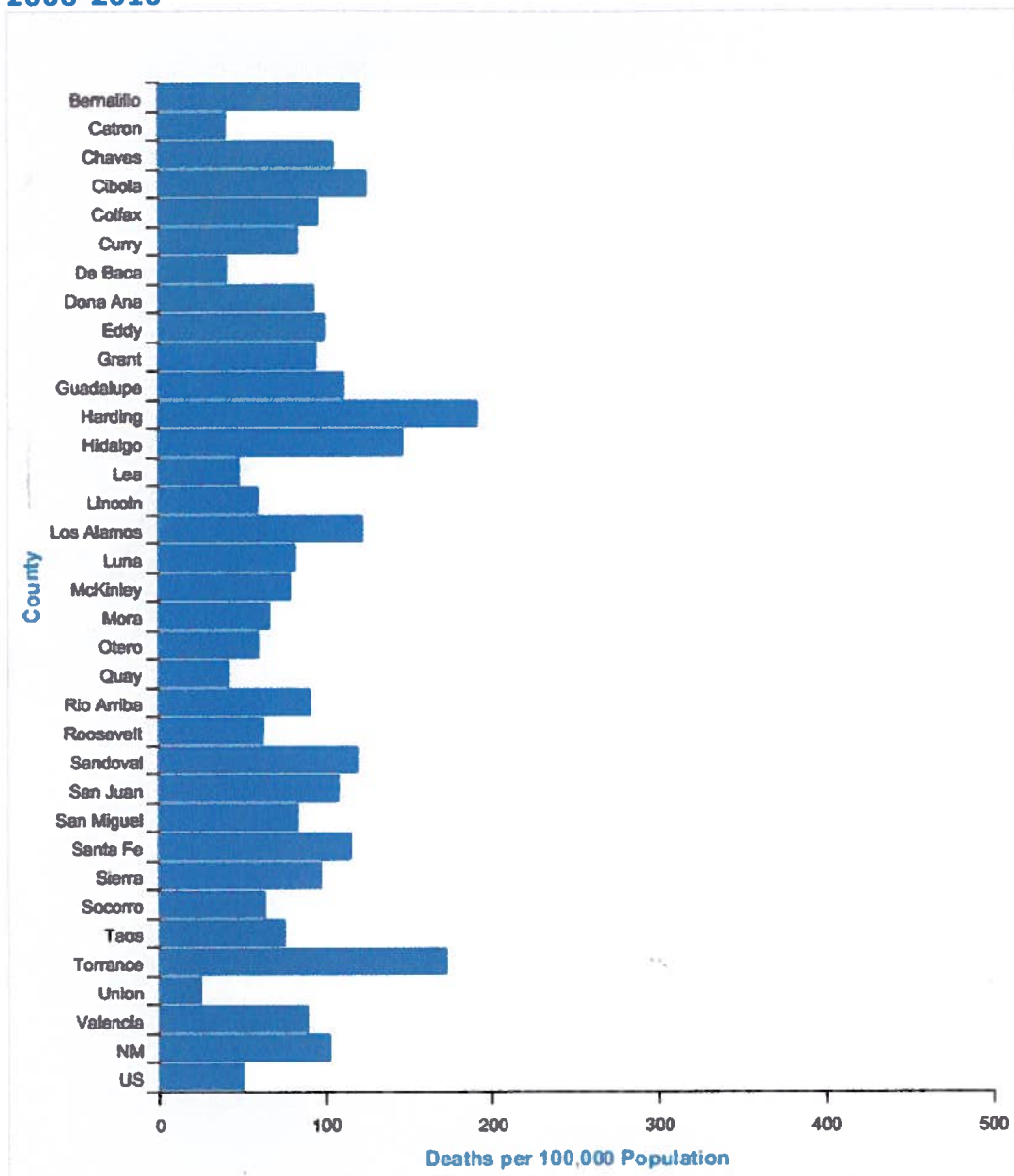
Rates have been age-adjusted to the U.S. 2000 population.

County	Deaths per 100,000 Population	Lower Limit	Upper Limit	Note	Numerator	Denominator
Bernalillo	121.9	110.9	132.8		477	391,433
Catron	41.1	0.0	98.1	Warning, small numbers, statistic not stable	2	4,865
Chaves	105.7	76.1	135.3		49	46,345
Cibola	125.4	71.8	179.0		21	16,742
Colfax	96.6	44.1	149.1		13	13,459
Curry	84.1	49.7	118.4		23	27,353
De Baca	41.4	0.0	122.5	Warning, small	1	2,416

				numbers, statistic not stable		
Dona Ana	94.0	76.8	111.3		114	121,255
Eddy	100.4	68.5	132.4		38	37,833
Grant	95.4	60.7	130.2		29	30,382
Guadalupe	112.1	2.3	221.9	Warning, small numbers, statistic not stable	4	3,568
Harding	192.4	0.0	458.9	Warning, small numbers, statistic not stable	2	1,039
Hidalgo	147.2	29.5	264.9	Warning, small numbers, statistic not stable	6	4,076
Lea	48.8	25.6	72.0		17	34,844
Lincoln	60.4	27.6	93.2		13	21,531
Los Alamos	123.0	62.8	183.3		16	13,006
Luna	82.6	46.4	118.8		20	24,220
McKinley	79.9	49.2	110.6		26	32,549
Mora	67.1	0.0	143.0	Warning, small numbers, statistic not stable	3	4,470
Otero	60.6	38.2	83.0		28	46,213
Quay	42.6	0.9	84.3	Warning, small numbers, statistic not stable	4	9,393
Rio Arriba	91.8	55.9	127.8		25	27,218
Roosevelt	63.0	16.3	109.6	Warning, small numbers, statistic not stable	7	11,112
Sandoval	120.2	95.1	145.4		88	73,179
San Juan	108.6	83.7	133.4		73	67,250
San Miguel	83.8	45.1	122.5		18	21,472
Santa Fe	116.1	95.2	137.0		118	101,638
Sierra	98.1	52.8	143.4		18	18,348
Socorro	63.8	19.6	108.0	Warning, small numbers,	8	12,542

				statistic not stable		
Taos	76.0	42.7	109.3		20	26,319
Torrance	172.9	95.2	250.5		19	10,991
Union	25.0	0.0	74.0	Warning, small numbers, statistic not stable	1	4,002
Valencia	89.4	62.0	116.7		41	45,882
NM	102.7	97.2	108.2		1,342	1,306,945
US	50.8	50.1	51.5		19,742	38,869,716

Record Count: 35

Deaths due to Falls per 100,000 Population by County, New Mexico, Age 65+, 2006-2010

Crude Rates, Deaths Per 100,000 Population Quartile Map

Map Legend

- ☐ ** Insuff. Data (count=0, or count=1-3 and population <20)
- ☐ 0- 25% Quartile (areas with the lowest rates)
- ☐ 25- 50% Quartile
- ☐ 50- 75% Quartile
- ■ 75-100% Quartile (areas with the highest rates)

A "Quartile" map assigns areas to four groups. Each group includes the SAME NUMBER of areas. Group membership and map color are based on the rank order of area rates, from the lowest rate to the highest. The bottom 25% (bottom quartile) of areas has the lowest rates, the next 25% has the second lowest rates, the next 25% has the second highest rates and the top 25% of areas has the highest rates. Areas with the darkest color have the highest rates. Percentile maps such as this assign areas to different groups regardless of how close the rates actually are. In other words, just because two areas are in different groups doesn't necessarily mean that their rates are significantly different.

Data Notes

Rates are age-specific death rates for ICD-9 Codes: E880-E886, E888 (1990-1998) and ICD-10 codes ICD-10 Codes: W00-W19 (1999 forward). U.S. data are from 2008.

Data Sources
New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov).

Fall-related Death Rates Among Adults 65+ Years of Age by Small Area, New Mexico vs. U.S. 2005-2009

Rate have been age-adjusted to the U.S. 2000 standard population.

New Mexico Small Areas	Deaths per 100,000 Population	Lower Limit	Upper Limit	Note	Numerator	Denominator
1-Bernalillo County, Central Penn	81.8	31.1	132.4	Warning, small numbers,	10	12,228

				statistic not stable		
2-Bernalillo County, Central Tabo	111.5	60.0	163.0		18	16,146
3-Bernalillo County, East Gateway	105.5	56.8	154.2		18	17,065
4-Bernalillo County, Lomas San Mateo	219.7	149.9	289.5		38	17,296
5-Bernalillo County, Lomas Girard	142.0	61.7	222.2		12	8,453
6-Bernalillo County, Gibson University	157.2	48.3	266.0	Warning, small numbers, statistic not stable	8	5,090
7-Bernalillo County, Rio Bravo Second	135.3	27.1	243.5	Warning, small numbers, statistic not stable	6	4,435
8-Bernalillo County, Lomas Broadway	114.6	54.6	174.6		14	12,213
9-Military Bases	0.0				0	
10-Bernalillo County, Isleta Gun Club	86.6	22.5	150.8	Warning, small numbers, statistic not stable	7	8,080
11-Bernalillo County, Arenal Unser	174.2	3.6	344.9	Warning, small numbers, statistic not stable	4	2,296
12-Bernalillo County, Chavez OneEighteenth	130.4	33.9	226.9	Warning, small numbers, statistic not stable	7	5,369
13-Bernalillo County, Southwest	104.7	0.0	223.1	Warning, small numbers, statistic not stable	3	2,866
14-Bernalillo County, Arenal Tapia	92.7	37.9	147.4	Warning, small numbers, statistic not stable	11	11,871
15-Bernalillo County, Central Coors	85.0	34.8	135.3	Warning, small numbers, statistic not stable	11	12,934
16-Bernalillo County, So. Ninetyeight	86.0	10.6	161.4	Warning, small numbers,	5	5,814

				statistic not stable		
17-Bernalillo County, No. Ninetyeight	77.5	15.5	139.5	Warning, small numbers, statistic not stable	6	7,740
18-Bernalillo County, Montano Rio Grande	54.7	10.9	98.4	Warning, small numbers, statistic not stable	6	10,974
19-Bernalillo County, Candelaria Second	67.4	20.7	114.2	Warning, small numbers, statistic not stable	8	11,861
20-Bernalillo County, Comanche Carlysle	166.6	85.0	248.1		16	9,606
21-Bernalillo County, Indian School Pennsylvania	166.4	116.7	216.1		43	25,840
22-Bernalillo County, Indian School Juan Tabo	122.2	67.3	177.2		19	15,543
23-Bernalillo County, Montgomery Louisiana	117.5	67.3	167.7		21	17,876
24-Bernalillo County, Montgomery Moon	163.0	87.8	238.3		18	11,041
25-Bernalillo County, Comanche Juan Tabo	112.5	57.4	167.6		16	14,225
26-Bernalillo County, Paseo Louisiana	122.8	69.0	176.6		20	16,286
27-Bernalillo County, Paseo Ventura	118.1	70.9	165.3		24	20,325
28-Bernalillo County, East Mountain	71.4	21.9	120.9	Warning, small numbers, statistic not stable	8	11,205
29-Bernalillo County, Del Norte	70.6	8.7	132.5	Warning, small numbers, statistic not stable	5	7,080
30-Bernalillo County, Montano Coors	168.2	68.9	267.6	Warning, small numbers, statistic not stable	11	6,539
31-Bernalillo County, Alameda Coors	122.6	37.7	207.6	Warning, small numbers, statistic not stable	8	6,523

32-Bernalillo County, Alameda Edith	109.1	53.9	164.4		15	13,743
33-Bernalillo County, Academy Tramway	182.2	129.0	235.3		45	24,705
34-Bernalillo County, Irving Unser	103.8	42.5	165.1	Warning, small numbers, statistic not stable	11	10,598
35-Chaves County, Roswell N.E.	99.6	62.0	137.2		27	27,106
36-Chaves County, Roswell S.W.	88.4	30.7	146.2	Warning, small numbers, statistic not stable	9	10,177
37-Chaves County, Other	66.7	13.4	120.0	Warning, small numbers, statistic not stable	6	8,996
38-Cibola County	146.6	88.0	205.2		24	16,371
39-Colfax/Union Counties	116.0	65.2	166.7		20	17,249
40-Curry County, Clovis West	139.6	60.7	218.6		12	8,594
41-Curry County, Clovis East	37.1	4.6	69.7	Warning, small numbers, statistic not stable	5	13,465
42-Dona Ana County, Anthony Berino Chaparral	36.0	0.0	76.7	Warning, small numbers, statistic not stable	3	8,336
43-Dona Ana County, Central Las Cruces	97.4	44.5	150.4		13	13,342
44-Dona Ana County, Dona Ana Fort Selden	75.4	26.2	124.7	Warning, small numbers, statistic not stable	9	11,933
45-Dona Ana County, Hatch and Surrounding Area	71.2	14.2	128.2	Warning, small numbers, statistic not stable	6	8,425
46-Dona Ana County, Las Alturas Talavera	165.6	93.0	238.0		20	12,081
47-Dona Ana County, Mesilla Picacho Mesilla Park	73.0	14.6	131.4	Warning, small numbers, statistic not stable	6	8,222

Area						
48-Dona Ana County, Northwest Las Cruces	98.4	48.6	148.2		15	15,239
49-Dona Ana County, Sonoma Butterfield Moongate	106.3	52.5	160.0		15	14,116
50-Dona Ana County, South Valley	69.3	13.9	124.8	Warning, small numbers, statistic not stable	6	8,656
51-Dona Ana County, Sunland Park	37.3	0.0	79.5	Warning, small numbers, statistic not stable	3	8,045
52-Dona Ana County, University District	148.1	64.4	231.9		12	8,101
53-Eddy County, Carlsbad	134.9	87.4	182.3		31	22,984
54-Eddy County, Other	93.8	44.7	143.0		14	14,918
55-Grant County, Silver City	131.2	75.1	187.3		21	16,006
56-Hidalgo County/Grant County, Other	100.8	54.3	147.4		18	17,853
57-Lea County, Hobbs No.	51.1	10.2	91.9	Warning, small numbers, statistic not stable	6	11,751
58-Lea County, Hobbs So.	51.2	0.0	109.0	Warning, small numbers, statistic not stable	3	5,863
59-Lea County, Other	81.5	38.8	124.2		14	17,169
60-Lincoln County	61.9	28.3	95.6		13	20,997
61-Los Alamos County	101.5	46.4	156.7		13	12,803
62-Luna County	58.2	27.7	88.7		14	24,050
63-McKinley County, Gallup	93.2	38.1	148.2	Warning, small numbers, statistic not stable	11	11,805
64-McKinley County, NW	74.2	9.2	139.2	Warning, small numbers, statistic not stable	5	6,738
65-McKinley County, SW	26.5	0.0	63.3	Warning, small numbers, statistic not stable	2	7,538

Area						
66-McKinley County, Other	106.2	21.3	191.1	Warning, small numbers, statistic not stable	6	5,651
67-San Miguel County, Las Vegas	112.8	51.5	174.2		13	11,520
68-San Miguel County, Pecos/Villanueva	85.6	10.6	160.6	Warning, small numbers, statistic not stable	5	5,841
69-Mora/Guadalupe/San Miguel East	69.1	21.2	116.9	Warning, small numbers, statistic not stable	8	11,583
70-Otero County, Alamogordo N.E.	66.5	27.2	105.7	Warning, small numbers, statistic not stable	11	16,551
71-Otero County, Alamogordo S.W.	44.0	5.4	82.5	Warning, small numbers, statistic not stable	5	11,370
72-Otero County, Other	75.3	34.4	116.2		13	17,259
73-Quay/DeBaca/Harding Counties	69.5	24.1	114.9	Warning, small numbers, statistic not stable	9	12,954
74-Rio Arriba, Espanola and Pueblos	98.9	53.2	144.6		18	18,201
75-Rio Arriba, North	71.1	14.2	128.0	Warning, small numbers, statistic not stable	6	8,437
76-Roosevelt County/Curry County, Other	88.1	42.0	134.3		14	15,887
77-San Juan County, Farmington North	61.3	12.3	110.4	Warning, small numbers, statistic not stable	6	9,786
78-San Juan County, Farmington Southeast	87.4	22.7	152.1	Warning, small numbers, statistic not stable	7	8,013
79-San Juan County, Farmington West/Kirtland/La Plata	119.8	54.7	184.8		13	10,853

Area	Rate	Lower CI	Upper CI	Note	Count	Population
80-San Juan County, North/Aztec	153.9	86.5	221.2		20	12,999
81-San Juan County, Northeast/Bloomfield	94.3	29.0	159.6	Warning, small numbers, statistic not stable	8	8,485
82-San Juan County, South	66.5	8.2	124.8	Warning, small numbers, statistic not stable	5	7,517
83-San Juan County, West	89.0	23.1	154.8	Warning, small numbers, statistic not stable	7	7,870
84-Sandoval County, Rio Rancho Blvd, No.	44.4	5.5	83.2	Warning, small numbers, statistic not stable	5	11,272
85-Sandoval County, Rio Rancho Blvd, So.	155.4	94.5	216.2		25	16,090
86-Sandoval County, Rio Rancho West	33.0	0.0	78.6	Warning, small numbers, statistic not stable	2	6,069
87-Sandoval County, Rio Rancho So.	134.3	61.3	207.2		13	9,681
88-Sandoval County, Bernalillo/Placitas	113.9	46.6	181.2	Warning, small numbers, statistic not stable	11	9,658
89-Sandoval County, Corrales	104.3	27.1	181.5	Warning, small numbers, statistic not stable	7	6,711
90-Sandoval County Other East	121.1	15.0	227.1	Warning, small numbers, statistic not stable	5	4,130
91-Sandoval County Other West	160.8	61.2	260.4	Warning, small numbers, statistic not stable	10	6,219
92-Santa Fe County, East Foothills + Eldorado	112.3	64.3	160.3		21	18,697
93-Santa Fe County, Opera Vicinity	89.3	40.8	137.9		13	14,552

94-Santa Fe County, Pueblos Plus	68.1	23.6	112.6	Warning, small numbers, statistic not stable	9	13,217
95-Santa Fe Co., Agua Fria Neighborhood + Downtown	227.0	164.8	289.3		51	22,463
96-Santa Fe County, Agua Fria Village	92.2	1.9	182.5	Warning, small numbers, statistic not stable	4	4,338
97-Santa Fe, Bellamah/Stamm	130.9	70.5	191.3		18	13,751
98-Santa Fe County, Airport Road	28.9	0.0	85.6	Warning, small numbers, statistic not stable	1	3,460
99-Santa Fe County, South	153.4	62.8	244.0	Warning, small numbers, statistic not stable	11	7,170
100-State Pen	0.0				0	
101-Sierra/Catron Counties	86.9	48.8	125.0		20	23,019
102-Socorro County	72.2	25.1	119.4	Warning, small numbers, statistic not stable	9	12,458
103-Torrance County	159.7	83.8	235.5		17	10,648
104-Taos County, Northwest	81.6	16.3	147.0	Warning, small numbers, statistic not stable	6	7,348
105-Taos County, Downtown and High Road	88.9	45.4	132.5		16	17,993
106-Valencia County, Los Lunas	89.2	23.2	155.3	Warning, small numbers, statistic not stable	7	7,844
107-Valencia County, NE	105.8	40.2	171.3	Warning, small numbers, statistic not stable	10	9,457
108-Valencia County, SE	112.6	55.6	169.5		15	13,326
109-Valencia County, West and Belen	94.7	43.2	146.1		13	13,734

| New Mexico | 105.1 | 99.5 | 110.7 | 1,343 | 1,277,579 |
| United States | 47.8 | 47.5 | 48.1 | 90,950 | 190,378,729 |

Record Count: 111

Deaths due to Falls per 100,000 Population by Small Area, New Mexico, Age 65+, 2005-2009

Crude Rates, Deaths Per 100,000 Population Quartile Map

Map Legend

☐ ** Insuff. Data (count=0, or count=1-3 and population <20)
☐ 0- 25% Quartile (areas with the lowest rates)
☐ 25- 50% Quartile
☐ 50- 75% Quartile
☐ 75-100% Quartile (areas with the highest rates)

A "Quartile" map assigns areas to four groups. Each group includes the SAME NUMBER of areas. Group membership and map color are based on the rank order of area rates, from the lowest rate to the highest. The bottom 25% (bottom quartile) of areas has the lowest rates, the next 25% has the second lowest rates, the next 25% has the second highest rates and the top 25% of areas has the highest rates. Areas with the darkest color have the highest rates. Percentile maps such as this assign areas to different groups regardless of how close the rates actually are. In other words, just because two areas are in different groups doesn't necessarily mean that their rates are significantly different.

Data Notes
Rates are age-specific death rates for ICD-9 Codes: E880-E886, E888 (1990-1998) and ICD-10 codes ICD-10 Codes: W00-W19 (1999 forward).

Data Sources
New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov).

Fall-related Death Rates Among Adults 65+ Years of Age by Race and Ethnicity, New Mexico vs. U.S. 2006-2010
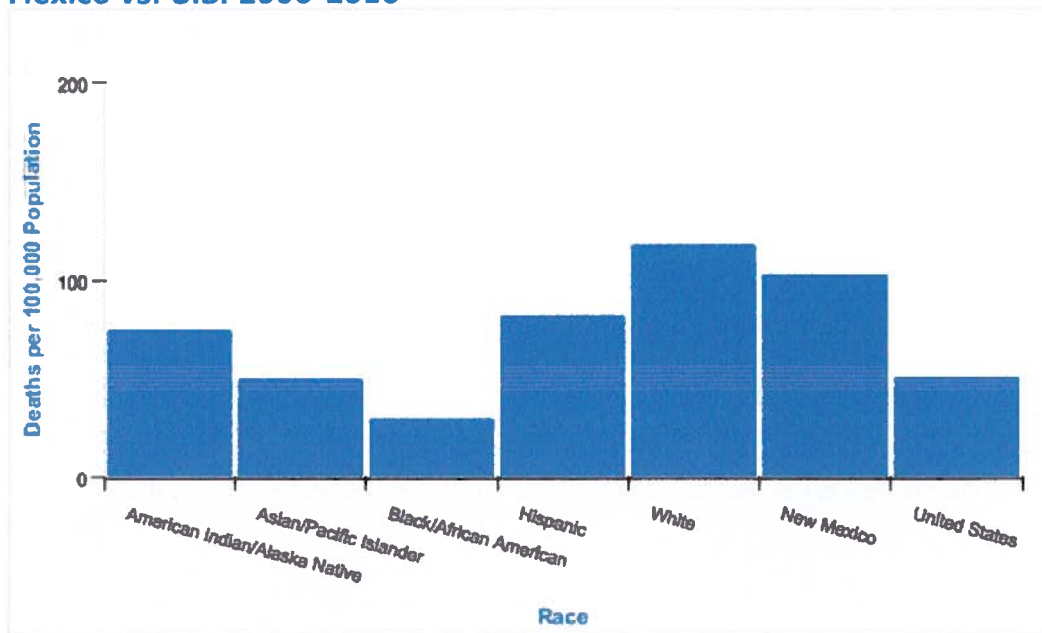
Race	Deaths per 100,000 Population	Lower Limit	Upper Limit	Note	Numerator	Denominator
American Indian/Alaska Native	74.8	55.9	93.8		60	80,177
Asian/Pacific Islander	50.1	10.0	90.3	Warning, small numbers, statistic not stable	6	11,966
Black/African American	30.0	6.0	54.0	Warning, small numbers, statistic not stable	6	19,995
Hispanic	82.1	73.2	91.0		326	397,283
White	117.9	110.3	125.4		940	797,525
New Mexico	102.7	97.2	108.2		1,342	1,306,945
United States	50.8	50.1	51.5		19,742	38,869,716

Record Count: 7

Data Notes
Rates are age-specific death rates for ICD-9 Codes: E880-E886, E888 (1990-1998) and ICD-10 codes ICD-10 Codes: W00-W19 (1999 forward).

Data Sources

New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov).

Content updated: Thu, 14 Jun 2012 13:14:11 MDT

Indicator Report - Injury: Motor Vehicle Traffic Crash Deaths

You are here: IBIS-PH > Indicator Reports > current page

Why Is This Important?

Motor vehicle traffic crashes are the leading cause of injury death for people 1 to 34 years of age and people 55 to 64 years of age in New Mexico. Young people ages 15 to 24 years have the highest motor vehicle crash death rate.

Motor Vehicle Traffic Crash Death Rates, New Mexico and U.S. 1999-2009 (U.S., 1999-2007)
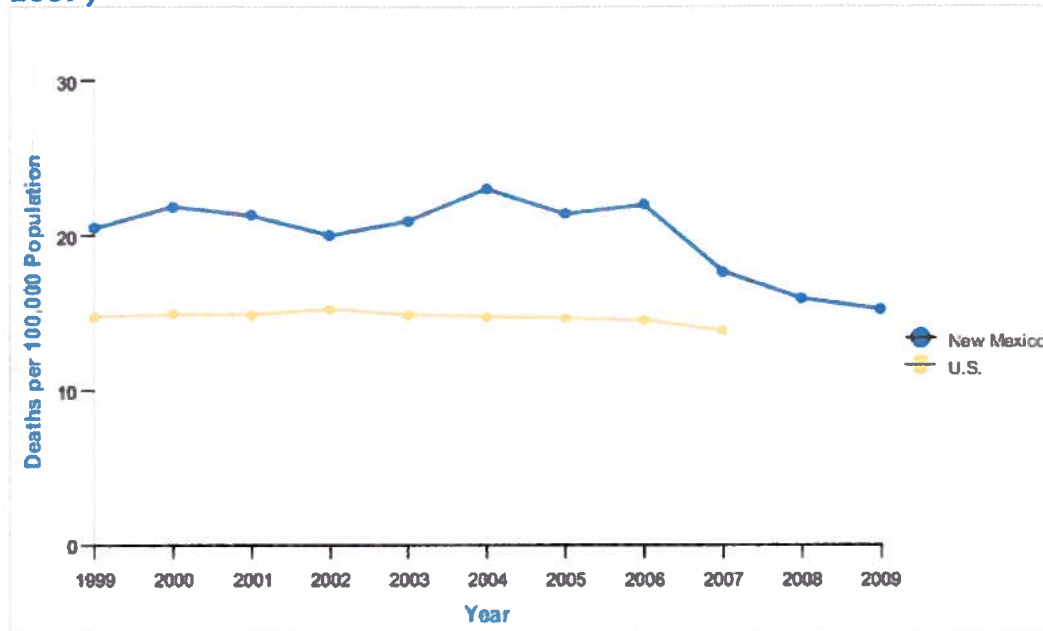
Data Notes

The rates were age-adjusted to the 2000 standard US population.

Data Sources

New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.Web-based Injury Statistics Query and Reporting System (WISQARS) Data Source: National Center for Health Statics System for numbers of deaths. Census Bureau for population estimates.Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. http://www.unm.edu/~bber/.

Other Views

- by County 2005-2009
- by Race/Ethnicity 2000-2004 and 2005-2009

Definition

Motor vehicle traffic crash-related death rate is the number of deaths due to motor vehicle traffic crashes per 100,000 population.

How We Calculated the Rates

Numerator: The number of motor vehicle traffic crash-related deaths per year
Denominator: The mid-year estimated population.

Page Content Updated On 03/17/2011, Published on 06/23/2011

Content updated: Thu, 14 Jun 2012 13:14:11 MDT

Indicator Report - Injury: Unintentional Injury Hospitalization

You are here: IBIS-PH > Indicator Reports > current page

Why Is This Important?

Between 1999 and 2010, unintentional injuries were consistently the leading cause of death among people 1 to 44 years of age in New Mexico. The number of unintentional injury hospitalizations among all ages ranged from 4,650 in 1999 to 7,448 in 2006. Even more people visit the emergency department and physician offices or clinics for unintentional injuries each year.

Unintentional Injury Hospital Discharges by Age Group and Year, New Mexico 2000-2010
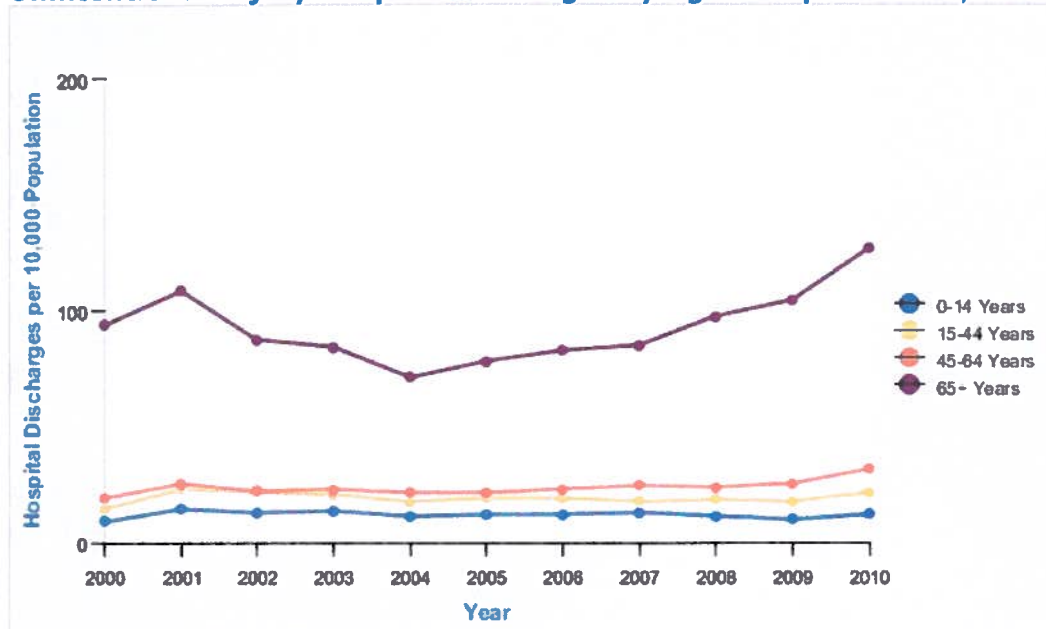
Other Views

- by Year, New Mexico 2000-2010
- by County, 2010
- - Children Age 0-4 by County, 2006-2010

Definition

Inpatient hospital stays due to all causes of unintentional injury

How We Calculated the Rates

Numerator:	Number of unintentional injury hospital discharges. (ICD-9 codes E800-E869, E880-E929)
Denominator:	The mid-year estimated population of New Mexico

Page Content Updated On 06/05/2012, Published on 06/14/2012

Injury Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health, 1190 St. Francis Dr., Room N1105, P.O. Box 26110, Santa Fe, NM, 87502. Contact Glenda Hubbard, Epidemiologist, by telephone at (505) 476-3607 or email to Glenda.Hubbard@state.nm.us.

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Content updated: Thu, 14 Jun 2012 13:14:12 MDT

Indicator Report - Unintentional Injury Hospital Discharges by County, 2010

You are here: IBIS-PH > Indicator Reports > current page

Why Is This Important?

Between 1999 and 2010, unintentional injuries were consistently the leading cause of death among people 1 to 44 years of age in New Mexico. The number of unintentional injury hospitalizations among all ages ranged from 4,650 in 1999 to 7,448 in 2006. Even more people visit the emergency department and physician offices or clinics for unintentional injuries each year.

Unintentional Injury Hospital Discharges by County, 2010
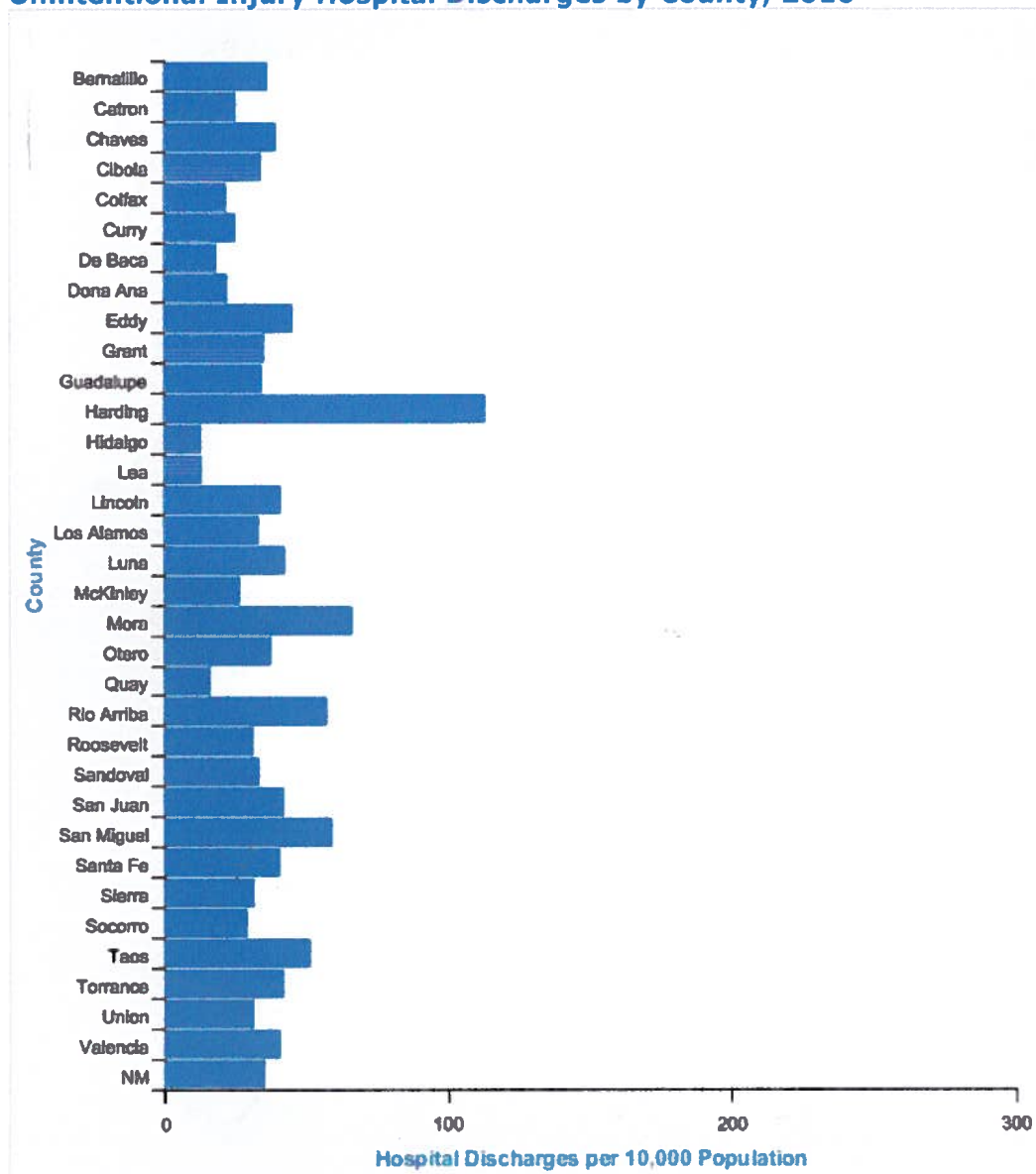
Unintentional Injury Hospital Discharges by County, 2010

Age-adjusted Rates, Hospitalizations Per 10,000 Population
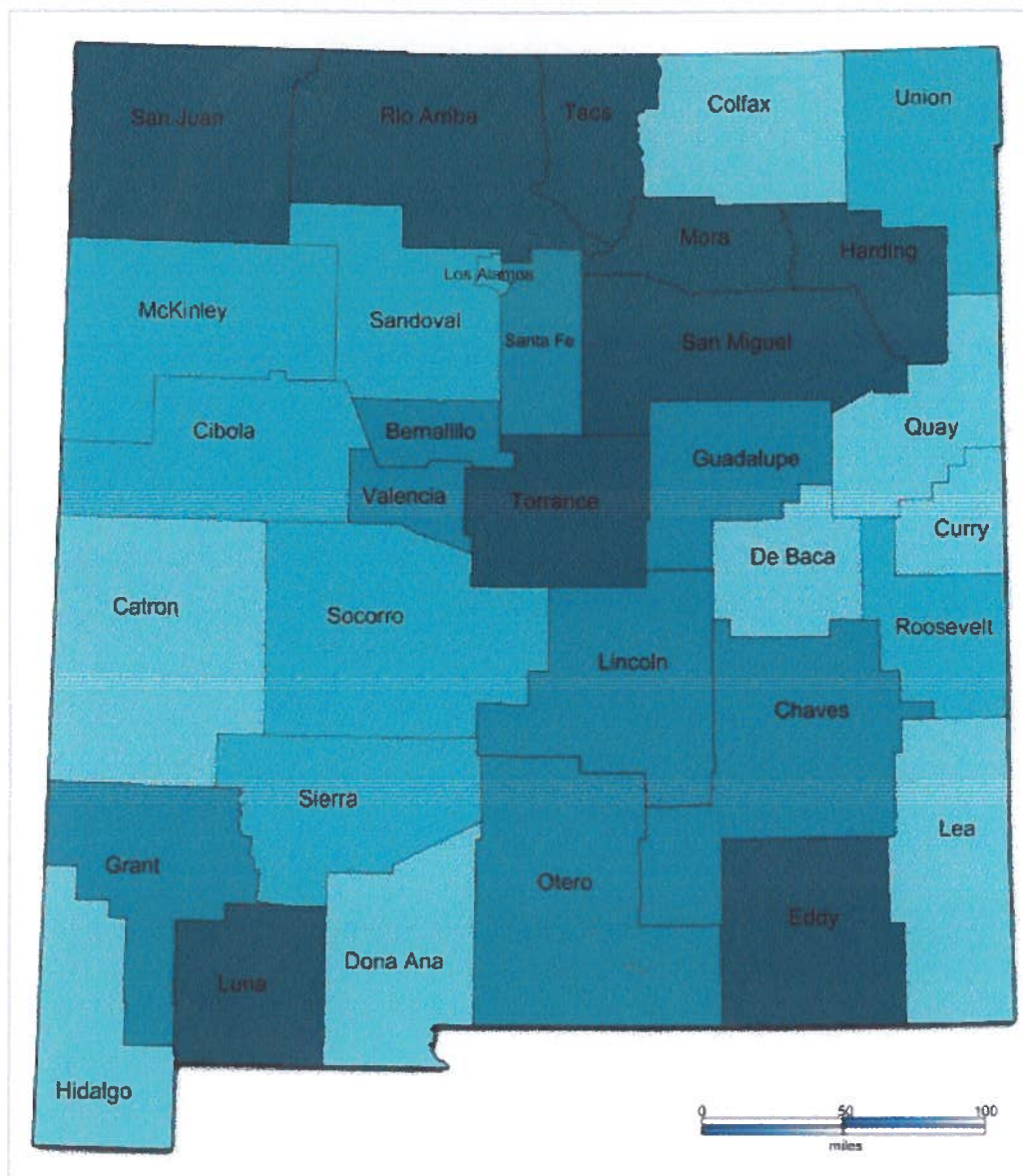
Map Legend

- ☐ ** Insuff. Data (count=0, or count=1-3 and population <20)
- ☐ 0- 25% Quartile (counties with the lowest rates)
- ☐ 25- 50% Quartile
- ☐ 50- 75% Quartile
- ☐ 75-100% Quartile (counties with the highest rates)

The "Quartile" map, above, assigns geographic areas to four groups, each with roughly the same number of areas. For instance, for New Mexico counties, three of the four groups will have eight counties and a fourth group will have nine counties. Group membership and map color are based on the rank order of area rates, from the lowest rate to the highest. The first quartile (the first 25%) is the lightest color and consists of areas with the lowest rates. Areas with the darkest color have the highest rates. Percentile maps such as this assign 25% of the areas to the "highest" category, even when area rates are very close. In other words, just because an area is in the "highest" category doesn't necessarily mean that the rate is significantly higher than a county in the next lower quartile.

Data Notes
Rates were age-adjusted to the U.S. 2000 standard population.

Data Sources
Hospital Inpatient Discharge Data, New Mexico Department of Health.

Other Views
- by Year, New Mexico 2000-2010
- by Age Group and Year, New Mexico 2000-2010
- - Children Age 0-4 by County, 2006-2010

Definition
Inpatient hospital stays due to all causes of unintentional injury

How We Calculated the Rates

Numerator: Number of unintentional injury hospital discharges. (ICD-9 codes E800-E869, E880-E929)

Denominator: The mid-year estimated population of New Mexico

Page Content Updated On 06/05/2012, Published on 06/14/2012

Injury Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health, 1190 St. Francis Dr., Room N1105, P.O. Box 26110, Santa Fe, NM, 87502. Contact Glenda Hubbard, Epidemiologist, by telephone at (505) 476-3607 or email to Glenda.Hubbard@state.nm.us.

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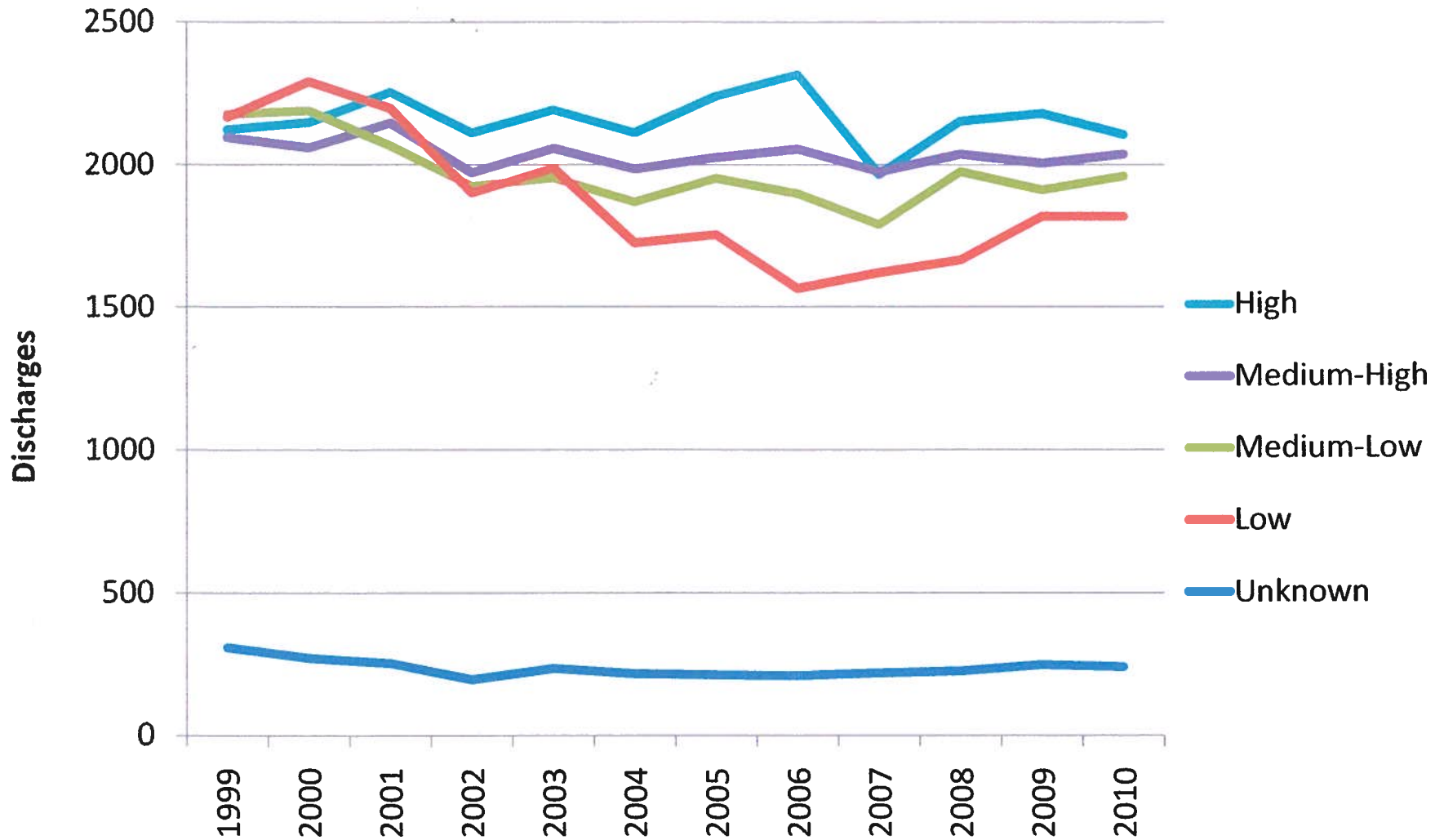
Content updated: Thu, 14 Jun 2012 13:14:12 MDT
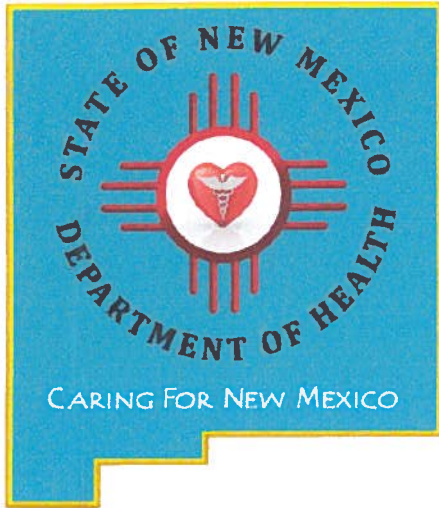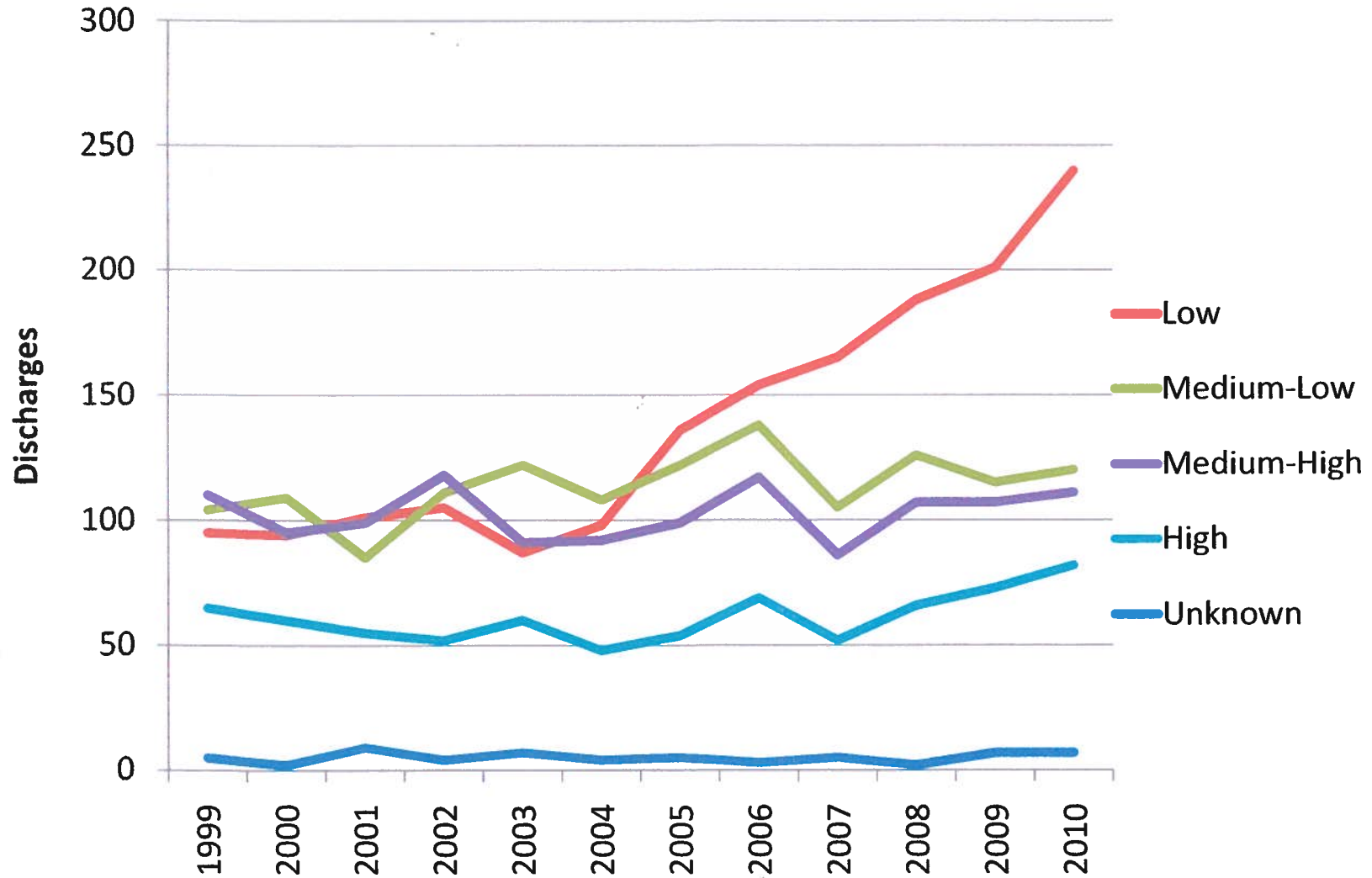
HOSPITAL DISCHARGE DATA

- Trauma discharges by injury severity category
  - New Mexico – 1999 to 2010
  - Three Southeast Region hospitals – 1999 to 2010
- Trauma mortality by injury severity category
  - New Mexico – 1999 to 2010
- Percent of trauma patients discharged to acute care hospitals by injury severity category
  - New Mexico – 1999 to 2010

Trauma discharges by injury severity category
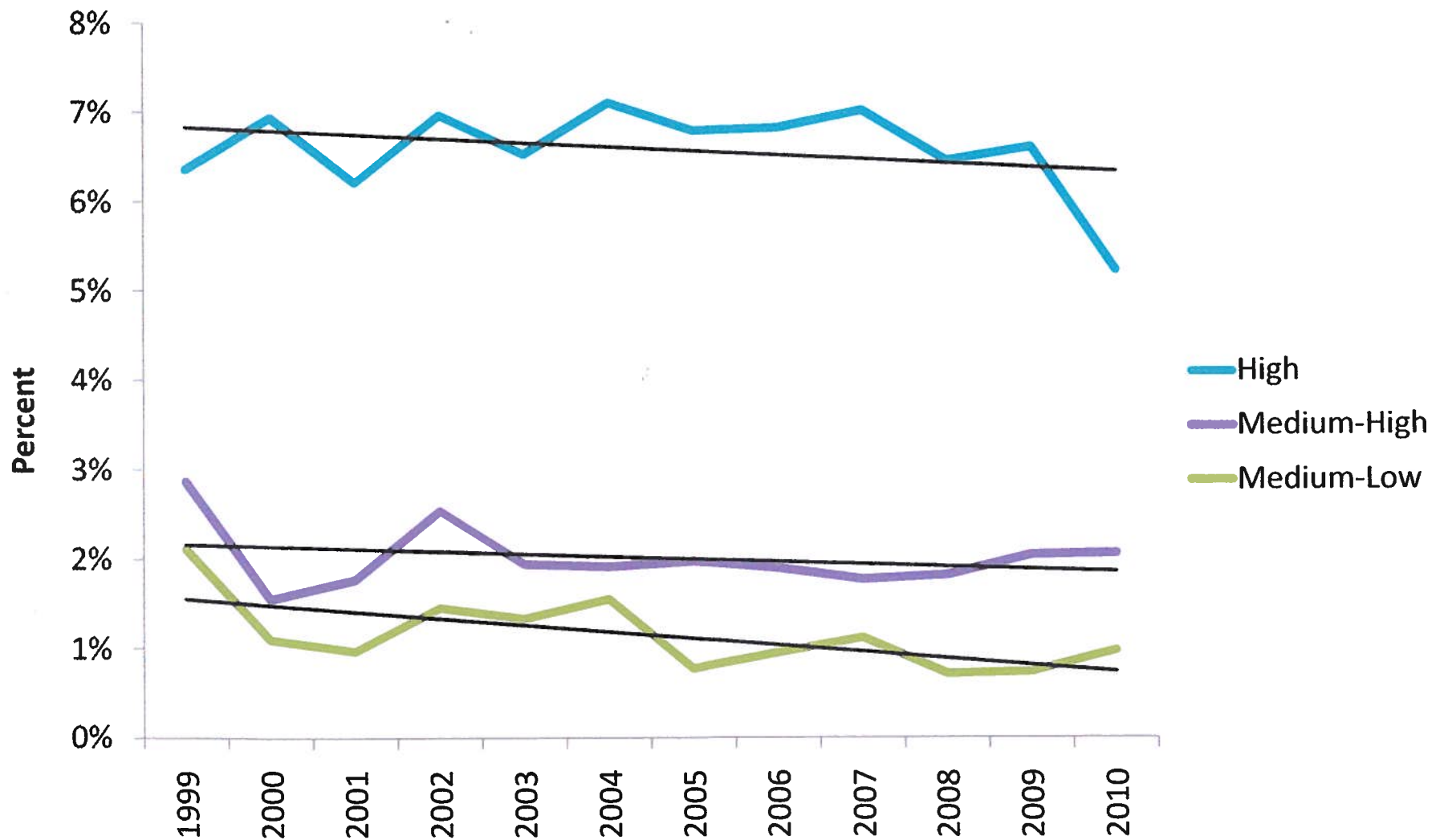# New Mexico, 1999-2010

Legend:
- High
- Medium-High
- Medium-Low
- Low
- Unknown

Y-axis: Discharges (0, 500, 1000, 1500, 2000, 2500)

X-axis: 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010

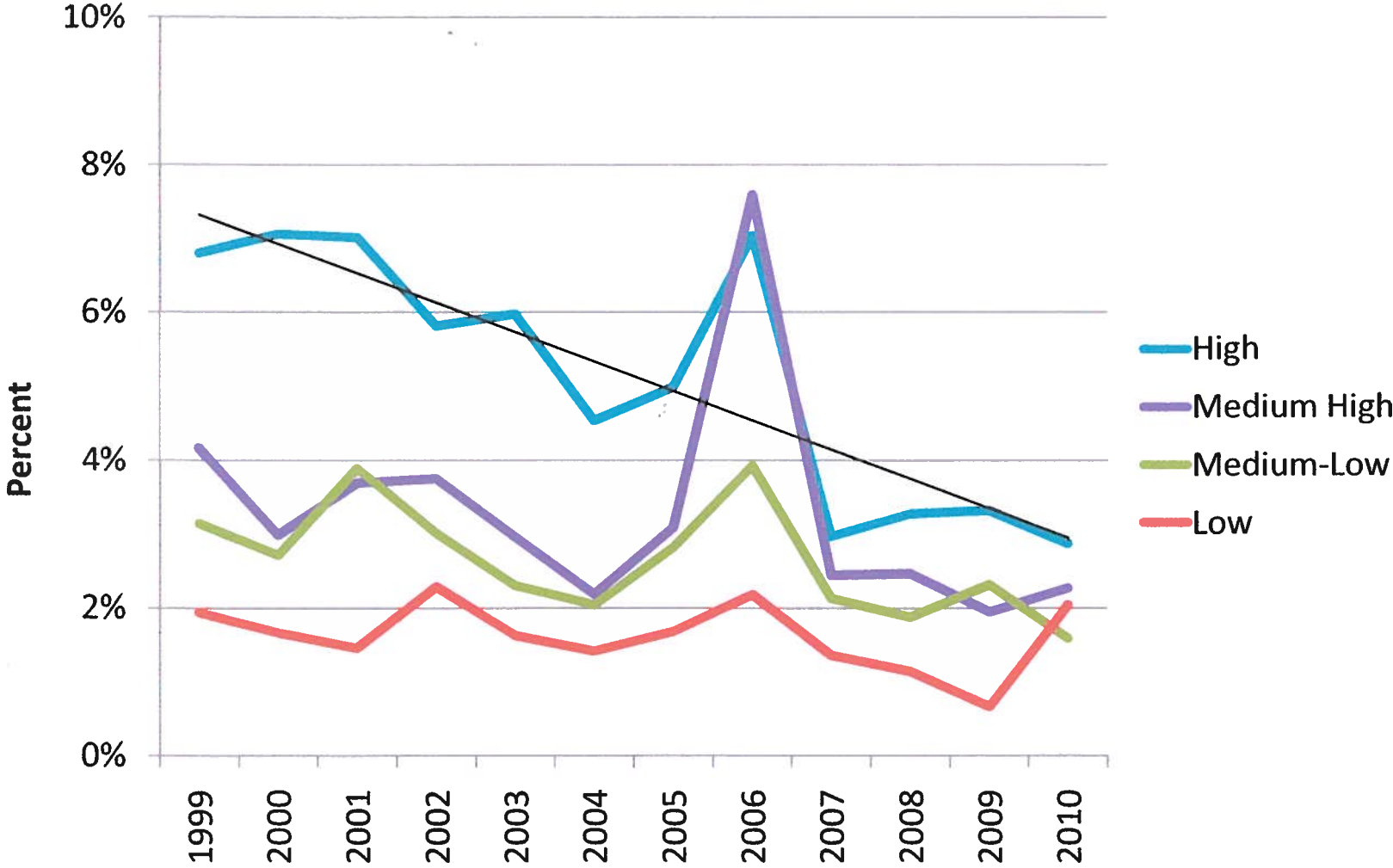Trauma discharges by injury severity category
Three Southeast Region hospitals, 1999-2010

Source: New Mexico Hospital Inpatient Discharge Dataset

Trauma mortality by injury severity category
New Mexico, 1999-2010

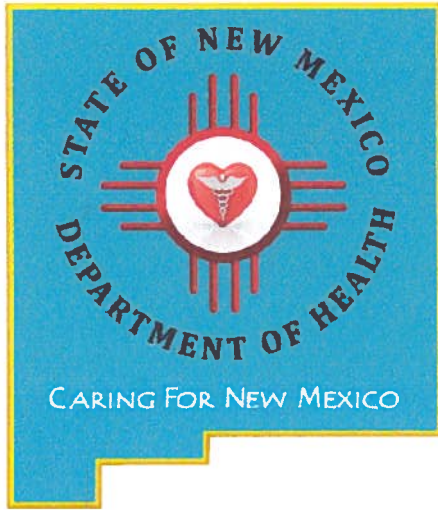**Percent** (y-axis)

Legend:
- High
- Medium-High
- Medium-Low

Source: New Mexico Hospital Inpatient Discharge Dataset

Percent of trauma patients discharged to acute care hospitals
By injury severity category, New Mexico, 1999-2010

Legend:
- High
- Medium High
- Medium-Low
- Low

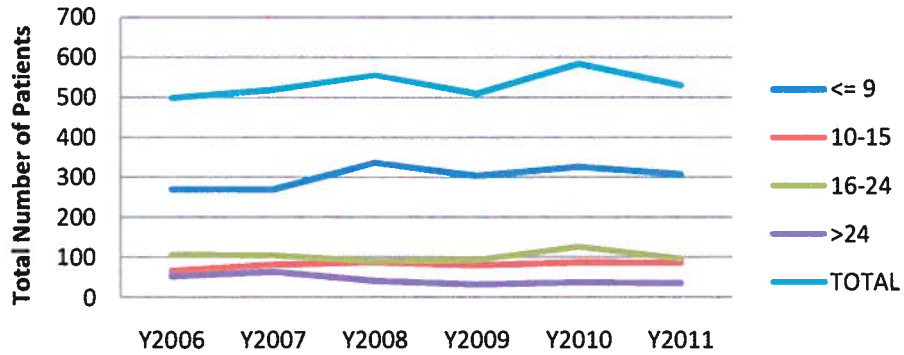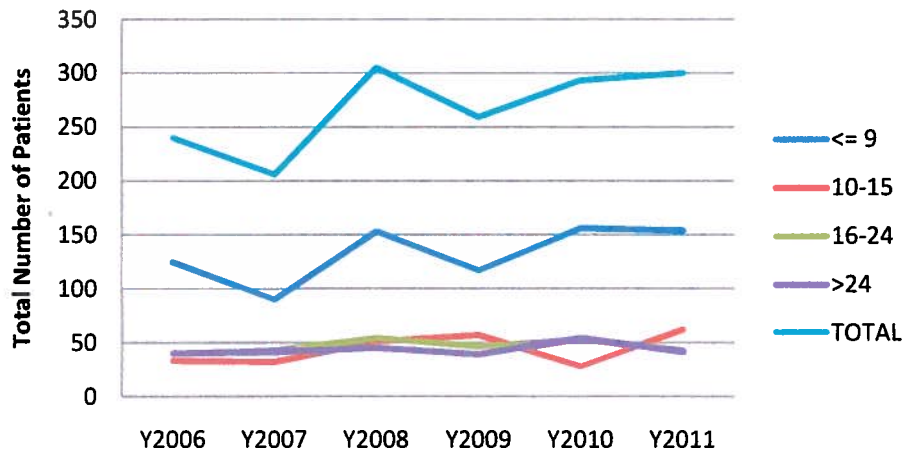# TRANSFERS BY INJURY SEVERITY SCORE (ISS)

- Transfers from New Mexico Facilities to UMC El Paso
- Transfers to UNM
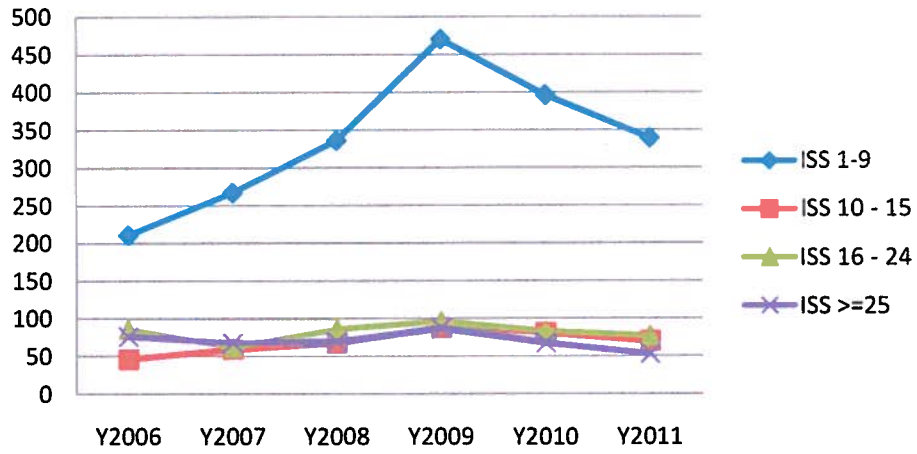 - All Hospitals
  - Existing and Developing trauma centers
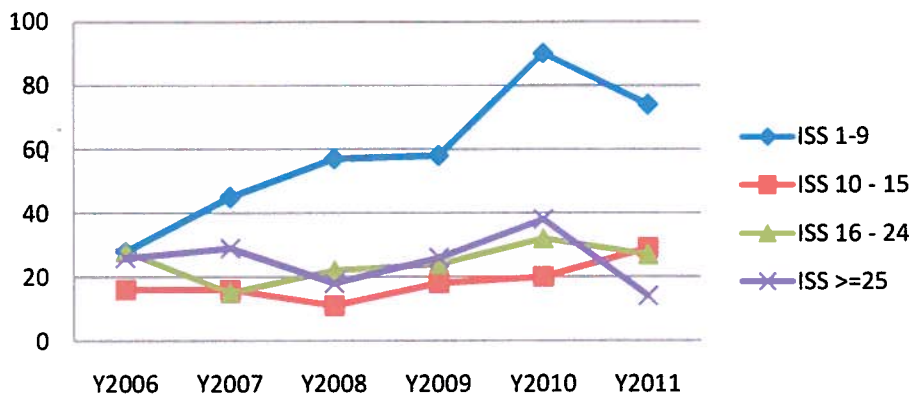
Transfers from New Mexico facilities to UMC El Paso

Transfers from scene to UMC El Paso

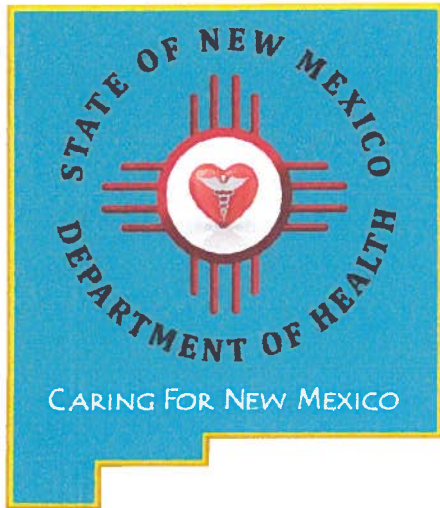**Transfers to UNM, All hospitals**

Transfers to UNM by Existing and Developing Trauma Centers

REGIONAL TRAUMA ADVISORY COUNCILS (ReTrACs)

- Region I EMS ReTrAC Report
- Region II EMS Report
- EMS Region III Trauma Activities Report

REGION I EMS ReTrAC REPORT

The purpose of the ReTrACs is to enhance and support the development of best practices surrounding trauma and critical care; identify and analyze patient care trends and outcomes for northern NM; decrease injury related morbidity and mortality; provide a forum to resolve issues among member organization; enhance communication between hospital based and pre-hospital care providers; increase public awareness of how to access trauma and critical care systems, and, promote injury and chronic disease prevention activities.

Western ReTrAC continues to develop and expand with support from Gallup Indian Medical Center and Rehoboth McKinley Christian Health Care Services and will prove to be a valuable asset for the area as each hospital moves toward trauma Level III designation. Western ReTrAC's current project is to revise destination and helicopter activation protocols. Zuni and Cibola Hospital are being encouraged to attend these meetings.

Central ReTrAC and Northern ReTrAC are defunct but Region I EMS, Inc has secured funding from TSFA to reorganize and revitalize these 2 ReTrACs

Northern NM/Southern Colorado ReTrAC was formed last year and continues to grow with the support of Miners' Colfax Medical Center which is seeking trauma designation as a Level IV trauma center. Union County Hospital has submitted a letter of intent to designate as a Level IV trauma center and should incorporate into this ReTrAC thereby strengthening its presence in northern NM. The ReTrAC will hold a free mini conference at Philmont Boy Scout Camp. A member of this ReTrAC is being vetted for a seat on SWAC.

Four Corners ReTrAC is working on several projects with San Juan Fire Department. Montezuma Creek in Utah and Navajo EMS attended the Four Corners ReTrAC for the first time in June, and will continue to be regular participants.

Region II EMS

Trauma System Fund Authority

Southwest New Mexico ReTrAC Report

September 26, 2012

The EMS Region II territory is made up of seven counties. They are Catron, Dona Ana, Grant, Hidalgo, Luna, Sierra and Socorro. The regional Level I trauma center is University Medical Center in El Paso, Texas. This creates a unique emergency medical and trauma system in the region as patients are transported to El Paso, TX for advanced care. Region II EMS works closely with the Far West Texas and southern New Mexico BorderRAC, a Texas organization, to coordinate trauma meetings and the dissemination of information throughout the region.

Most counties host a bi-monthly or quarterly EMS Liaison Meeting and Region II EMS staff attends and assists with the facilitation of these meetings. They provide an opportunity for local and regional services and medical facility staff to meet and review the EMS and trauma system. Region II EMS serves as an informational resource. Staff members attend the local, regional and state meetings regarding funding, trauma system development, education, and medical direction and convey that information to the local providers. The data and issues gathered from the local and regional meetings are then shared with EMS Bureau and Trauma Program.

While the county EMS Liaison meetings and Border Rac have provided afunctional system for many years, Region II EMS will launch the Southwest ReTrAC in November 2012. This will include all seven counties of EMS Region II and Otero County facilities and EMS services. The organization will meet six times per year and Region II EMS will provide the meeting facility and food for the first year. We are currently in the planning and recruitment stage. We are coordinating one representative from each County EMS Liaison meeting, staff from the Border Rac and representative from the regional medical facilities to attend the meeting. This will provide a specific opportunity to review all aspects of the New Mexico trauma system and improve communication and collaboration between providers.

EMS REGION III
Trauma Activities Report
May 2011 Thru July, 2012

ReTraC Activities

- EMS Region III Staff attended ReTraC meetings on:

North East ReTraC

Tucumcari 07/07/11	28
Tucumcari 10/06/11	25
Tucumcari 01/05/12	19
Tucumcari 04/05/12	22
Tucumcari 07/10/12	19
Average Attendance	**23**

East Central ReTraC

Portales 06/30/11	14
Portales 09/29/11	7
Portales 12/15/11	9
Portales 04/12/12	13
Portales 06/28/12	11
Average Attendance	**11**

South East ReTraC

Roswell 07/27/11	13
Carlsbad 10/26/11	17
Roswell 01/25/12	21
Carlsbad 04/11/12	14
Lovington 07/11/12	12
Average Attendance	**15**

South Central ReTraC

Cloudcroft 05/25/11	27
High Rolls 08/31/11	19

Alamogordo 01/24/12   16
Cloudcroft 03/14/11   15
James Can. 06/13/12   19
Average Attendance   19

Notes from ReTraC Meetings

- **North East ReTraC**

  - Inspection dates were set up for several Quay and Harding County services for Certification of Medical Rescues. This will have a positive impact on local hospitals in their ability to collect run data sheets in a timely manner.
  - Roy Rescue and Harding County District 1 have received their pharmacy license which will allow their EMTs to practice at the full Scope of Practice.
  - Inter-facility transports have continued to increase in Tucumcari, which is "taxing" local EMS . This is due to a decrease in physicians at Dan Trigg. The hospital is still trying to continue with adequate coverage and attract new physicians.
  - Elected a Chair and Vice Chair.
  - Quay has finished their Medical Rescue Certification.
  - Rosebud will be having a 1st Responder/Basic class beginning in August.
  - Trigg Hospital has been experiencing many more transports than admits. This is due to a shortage in Physicians.
  - Santa Rosa is reporting an increase in transfers going by air. Western States is taking many of the transfers by fixed wing.
  - There were 3 death reviews, but no QI issues.
  - The ReTraC had elections for secretary. Judy Casados was re-elected.
  - Tucumcari Ambulance Service has had a very high Intra- Facility Transfers rate. They have been using Lifestar Aero medical out of Amarillo for the majority of their helicopter transfers.
  - Trigg Hospital reported they have been sending about 9-12 patients a month by air transport.
  - Trigg Hospital will be hosting an ACLS 10/14/2011.
  - There will be a FR/Basic/Intermediate Refresher 11/19-20/2011 in Tucumcari, instructed by Karen Burns.
  - There is an EMT-B class in progress in Tucumcari. Paula O'Steen is the instructor.
  - Logan Ambulance Service has been short 1 EMS unit and has been using one from San Jon.
  - Rosebud Fire & Rescue reported they did 1 by pass to Amarillo due to patient condition.

- Harding County District 1-Rescue has been busy due to coverage for Roy They have 3 members taking Basic class in Tucumcari.

- A question has come up regarding the PRC inspection for volunteer services regarding drug testing. In the PRC regulations the federal regulations are referred to, however the Federal regulations grant exceptions.

- There was a discussion regarding the possibility of the Bureau taking over inspections. No services will be shut down.

- Conchas Lake was inspected by Charles Schroeder, and with the exception of some minor items, it went good and the service passed inspection.

- Rosebud has 4 new EMT students, who have passed the course and are awaiting state licensure exams.

- Tucumcari has 2 trucks out for repairs. Calls for in-town services are down, however transfers are way up, and they are staying busy.

- Logan is getting a new Medical Director, who is Dr. Cazzola.

- Harding District-1 was inspected by Charles Schroeder & Ann Martinez, few minor items are needed, but the service passed inspection.

- Santa Rosa experienced a major winter storm, resulting in a lot of transfers, a lot of calls on the interstate, providing mutual aid to Torrance county, Vaughn, and Anton Chico.

- San Jon's main ambulance is back in service after repairs. They had to loan 1 unit to Logan for a football game. Requests for services has been slow and they have been experiencing more refusals than usual.

- Trigg Hospital is interviewing 2 ER Physicians. They will hold a NRP class in May, and have an upcoming CPR class.

- **East Central ReTraC**

  - Plains Regional Medical Center has a new ER Director, Lane Evans. They also have a new Emergency Medical Director, Dr. Andrew Lawrence.
  - CFD is open at their new station and has a battalion chief retiring soon.
  - RGH is making some internal changes. Connie Belcher will be taking over as the ER Director. Note: They received their Level IV re-designation site visit on May 31st. The inspection went very well.

- Causey has a new EMT Basic
- Portales will have a new ambulance by April 15 and a new Lifepak 15 by May 3. PFD will be disposing two Lifepak 12's to any county department who needs them.
- Aerocare will have an EMS Night Out in mid-May in Lubbock and everyone is invited.
- Native Air will meet with PFD to get the radio frequencies for Roosevelt Co.
- Texico should receive their new rescue/service truck. Their number of calls are up slightly.
- PRMC has questions, and is working on by-pass and diversion protocols.
- The rural EMS services are continuing to add advanced level personnel being trained which will increase their capabilities of managing more critical patients.
- Cannon AFB is continuing working toward improving their medical staff and is beginning to do provide EMS transports for on-site base emergencies. Clovis Fire Dept currently provide transport for critical patients.

- **South East ReTraC**

  - A subcommittee is in the process of developing facility bypass protocols to be used by EMS and flight services. Discussion took place over the developing facility bypass protocols to be used by EMS and flight services. The committee felt that flight service protocols need to be reviewed as part of this development process. Once again it was emphasized that protocols must be directed toward utilizing the Trauma System as designed, allowing lower-level designated facilities to manage lower priority patients, relieving some pressure off of the Level-I facilities. Also discussed was the need for Trauma Centers Protocols for PI regarding ByPass Protocol for their facilities.
  - Nor Lea will be scheduling their Mock Trauma Site Survey sometime in November. Their renovation and construction is complete. Schyler Farman is their new Trauma Nurse Coordinator.
  - Hobbs Fire is reorganizing their EMS coordination utilizing 3 shift personnel to replace their EMS Coordinator who is retiring. They have just received LifePak 15s.
  - CMS just completed the Level III Trauma Re-designation site visit and are awaiting the final recommendation. They have 5 surgeons and is hiring 2 new Orthopedic Physicians for 24/7 coverage for the ED/Trauma. They

have seen a large increase of transfers on the weekend with no Ortho coverage.

- Covenant Medical Center reported that they have a new Trauma Medical Director. They are going through the ACS Trauma Designation in 5-6 months.
- Carlsbad EMS is working to put LifePak 15s on all of their units.
- A subcommittee is in the process of developing facility bypass protocols to be used by EMS and flight services. Emphasis must be placed on utilizing the Trauma System as designed, allowing lower-level designated facilities to manage lower priority patients, relieving some pressure off of the Level-I facilities.
- ReTrAC would like to develop a flight service QA/QI process.
- **ENMMC** – Saw 350 trauma patients in 2010, 85 of these patients were transferred to higher level of care. Dr. Pearson would like to develop a head injury policy that could enable ENMMC to manage low-priority head injury patients at ENMMC.
- **NorLea** – ER renovation and construction complete. NM DOH will be visiting soon to continue to develop trauma program and designation.
- **CMC** – Will re-designate with DOH for Trauma Center in the coming weeks. Note: Carlsbad did their Re-Designation site visit on April 28th .
- **Artesia Gen.** – Will begin participating in the volunteer Trauma Registry. Goal is to develop a trauma program and possible seek designation.
- There have been ongoing concerns regarding a lack of helicopter bypass protocols and inappropriate air medical transports. Discussion took place over the developing facility bypass protocols to be used by EMS and flight services. Donnie Roberts will continue to approach this topic from a multi-disciplinary approach. Emphasis must be placed on utilizing the Trauma System as designed, allowing lower-level designated facilities to manage lower priority patients, relieving some pressure off of the Level-I facilities. State EMS conference may be ideal venue for developing bypass protocols. All cases of facility bypasses should be reviewed at ReTrAC. Inappropriate transfers should also be reviewed at ReTrAC.
- There were elections for Vice Chair. Liz Estrada was elected.
- ENMMC saw 350 trauma patients in 2010, 85 of these patients were transferred to higher level of care. Dr. Pearson would like to develop a head injury policy that could enable ENMMC to manage low-priority head injury patients at ENMMC.
- Nor Lea had their Mock Trauma Site Survey on November 3rd . They felt it went very well. Their renovation and construction is complete. Schyler

Farman is their new Trauma Nurse Coordinator. New urologist added to staff.

- Loco Hills/White City reported a difficulty in staffing volunteers to respond. ENMU-R to bring in a FR class. Increased oil field traffic has been increasing incidence of MVCs. Radio communications are also in need of attention since it is difficult to communicate in certain areas.
- CMC just completed the Level III Trauma re-designation and received their certificate from DOH.
- Artesia General is developing Trauma Registry. 1st quarter letter of intent to become Trauma Center.
- Roswell FD reported that their recruit academy to is scheduled to begin soon.
- Carlsbad FD is attempting FF I and II class for Eddy County. Outreach education has been limited.
- Hobbs Fire is now utilizing 3 shift personnel for EMS Coordinaton. They have updated their defibrillators to LifePak 15s. Hobbs FD reported that Station 4 almost complete. They have 12 to 18 more positions required to staff new station. Hiring process coming up.
- ENMU-R reported that Eric Mann, who is the new Chavez County EMS Coordinator) is in the process of rebuilding the county QA process, and increased training for all county EMS providers.
- Elite Ambulance reporting that they began new flight services out of region in September. They are also developing a call center to better coordinate inter-facility transfers.
- Brian Powell stepped down as Chairman due to scheduling conflicts with his job. Rob Campion was elected Chair and will replace Brian immediately.

- A BiPass protocol subcommittee was appointed and will be actively looking at current EMS and helicopter protocols.

- There was a discussion on some trauma patients that were brought to ENMMC and the appropriateness of the subsequent transfers.

South Central ReTraC

- GCRMC request that a copy of run sheets be left at the ER with at least run times, dispatch reason, and medications given.
- AMR-Railroad safety class June 4th 10:00 at GCRMC. Limited to 30 attendees.

- Dr. Boehm meeting will be meeting with services under his Medical Direction at 8am June 4th at 8:00 am.
- Sixteen Springs—5 new 1st Responders!!!!
- GCRMC—Trauma center evaluation went well overall. Heartsaver CPR class will be offered In June.
- Will-Native Air—They are hiring someone to help cover his area.
- HighRolls—Claudia and Rick retiring….Chris learning to input run sheets
- Timberon –Lost a 1st responder…EMT pending…Stopping tourist at the gate to give out fire restrictions.
- Steve-NMSU—Basic class at Mescalero..Test Site 5/26 at NMSU, Lots of classes next semester.
- Sac/Weed—Robert Hudman named asst. EMS Director-5 new 1st responders-22 total responders –coverage area 1500 sq miles..Blue Grass festival 2nd weekend In July.
- AMR—More new faces..Please give good directions with good reference points. Please identify yourselves.
- Cloudcroft—New Ambulance in a week or two
- The county services have been having trouble with excessive radio chatter with the SO and GPS directions tying up the radio.
- High Rolls has had an increase in EMS runs and has purchased 3 new AEDS.
- Buro Flats and upgraded their EMS units with the addition of AEDs
- Sac-Weed reports that they have begun purchasing radio from money received from TSFA and the Fund Act.
- GCRMC confirmed that they are in Chapter 11 bankrupsy and are in the process of reorganization and protection of assets. This should not affect the day to day emergency medical operations. They are seeing an increase in respiratory and flu cases.
- Native Air (Omniflight) has sold to Air Methods. There will be changes in the organization in the next few months.
- NMSU – A They will be offering a 1st Responder, Basic and Intermediate refresher class in Cloudcroft FD.
- AMR— They have 4 new Life Pak 15s. They are considering the purchase of some Power Gurneys. They have more new faces.
- Two local flight services offer plans that will offer transports at no cost for persons that are "members" of their advantage insurance plans. This requires a monthly fee.
- Sac-Weed received approval for funding for a wilderness training class.
- Chad Hamill was selected as the new Fire Chief of Roswell Fire Department.

- Medicare is changing their funding which involve ¾. percent.
- Timberron reported that they had two bad incidents requiring aero medical transport. They have 1 person in EMT-I class.
- Dungan reported that they had 3 new EMTs in the EMT-I class.
- Del Sol reported that their helicopter pad is open and are still pursuing Level 2 designation.
- James Canyon has 1 student in the EMT-B class. They have applied for an AED.
- Burro Flats has 6 personnel in an EMT-Basic class.
- 16 Springs reported that roads are bad in their area and are undergoing repairs. They slid off the road during a response and ended up with quite a bit of damage to their unit.
- Childrens Hospital of El Paso have a pediatric emergency room with trauma services still remaining at UMC.
- Cloudcroft will be donating a unit to Timberon. Timberon's unit will go to Burro Flats.
- Region III reported on funding applications, TSFA applications, NMEMSTARS, and the current Scope of Practice. Certification of EMS Services were also discussed.
- GCRMC reported on their trauma statistics and presented a full report. They are limiting the number of EMT students in the hospital at a time. They reported that all facial fractures, head, and orbital trauma is being shipped out. They reported on 1 trauma death in January.
- GCMRC is still having trouble getting run reports in a timely manner.
- There were concerns regarding requests by first responders for a "Paramedic" unit and having EMT-Is show up.
- There was a concern involving negligent clearing of C- spines on scene and getting patients to refuse when they should be encouraged to go the hospital.

There continues to be good interaction between the EMS services and hospitals regarding shared educational opportunities and the amount of "friction" that usually exists between service and facility has been kept at a minimum. This is largely a result of open discussions regarding problems and limitations during the ReTraC meetings.
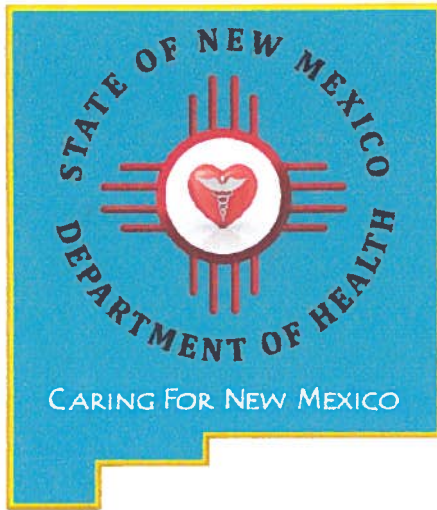
TRAUMA FUND ALLOCATION; SUCCESS STORIES

- Nor-Lea Hospital
- UNM – Division of Pediatric Emergency Medicine, Department of Emergency Medicine
- Sacramento Weed Fire and Rescue
- Region II EMS
- EMS Region III
- UNM – ThinkFirst
- Miners' Colfax Medical Center
- Grants Fire & Rescue
- Miners Colfax Medical Center – Telemedicine
  - Please note the article credits a Federal Grant for this project, when in fact it was funded through EMS Region II, allocated by the Trauma System Fund Authority as a Telemedicine project
- Deming Fire
- AirCare

09/20/12
To The TSFA Committee,
Greetings!
I would like to inform all of you of what a great help the monies we received from TSFA
have been to our rural hospital. We had the huge success this year of completing our
designation survey for our Level IV Trauma Center earlier this year, and we received a
3 year designation with no probationary period, which I believe was the first hospital in
New Mexico to achieve this. We are so thankful for the TSFA, chair, co-chair and
committee members for assisting us with needed funding to achieve this goal. Liana
and Patty were both so helpful in our designation process, along with Donnie Roberts
and Tammy Jones, RN Covenant Medical Center in Lubbock Texas and Carlsbad
Medical Center, Chris Armendariz for assisting us in our preparations for our survey.
We had to request an extension due to loss of staff for our survey, which was granted
by the TSFA, and with all of your help, our survey was a huge success! We have had a
great year of learning, and are very thankful that we have had all of your support
through this process. The Trauma funds we received assisted us in not only equipment
needed, but assisted us in being able to educate our communities on Trauma
prevention and education needed for our staff and physicians.

Thank you just doesn't seem like enough words to say, but due to all of your assistance,
the monies we were granted assisted us in achieving one of our proudest endeavors in
becoming a Level IV Trauma Center under the direction of our new ER Medical
Director, Chad Carver, MD, our ER manager and Trauma Coordinator, Schylar Farnum,
RN and our Trauma Registrar Trevor Bellows whom we are very proud of as well.

The TSFA is a wonderful group that really helps hospitals be able to accomplish their
goals, assists in holding hospitals accountable for up-holding standards for Trauma
Care, as well as ensuring that we are utilizing funds allocated for trauma appropriately,
and we simply cannot thank you enough.

Sincerely,
Cyndie Cribbs, RN

Cyndie Cribbs, R.N.
Director of Nursing/Inpatient Services
Nor-Lea Hospital District
(575) 396-6611 ext 1200
Fax 575-396-0318
cyndie.cribbs@nlgh.org
United in Service. Trusted for Life.

UNM

Division of Pediatric Emergency Medicine, Department of Emergency Medicine

We received funding for three projects from TSFA. All projects have been very successful.

Project #1- Development and dissemination of two online educational modules on Pediatric Extremity Injury. These modules were constructed to be integrated into a seven module, online Pediatric Trauma Curriculum. The Pediatric Trauma Curriculum prepares health care providers of all levels to care for the injured child, specifically head and neck, extremity and abdominal injury. The curriculum also prepares communities, EMS, clinics and rural emergency departments to care for injured children. Since the release of these two modules, we have had the following learners participate:

Location	
NM-Bernalillo County	534
NM- Other counties	372
NM total	906
National	53
Total trained	**959**

Project #2 Development and dissemination of one educational module on the use of a Color-coded, Pediatric Resuscitation Tool which can be used for ill *and* injured children. Since its release, this module has had the following learner participation:

Location	
NM-Bernalillo County	210
NM- Other counties	319
NM total	529
National	54
Total trained	**583**

Project #3 Feasibility studies to regionalize Pediatric Emergency Care in NM. This feasibility study included the analysis of statewide capabilities for Pediatric emergency care in NM. Two reports were generated and presented to TSFA. The first report described the state of pediatric emergency care and the second described a number of theoretical approaches to regionalizing

care. Draft reports were shared with the US Health Resources and Services Administration (HRSA) at their request. HRSA then used these reports as a template to construct and disseminate a Request for Funding called the EMS for Children State Partnership of Regionalized Care grant program. The intent of this program is to regionalize pediatric emergency care, concentrating on tribal and rural communities; there were only six grants awarded nationally. We were awarded one of these grants and will be working towards regionalizing Pediatric emergency care around NM, the Navajo Nation, and parts of Southern Colorado and Texas. **The initial funding from TSFA made this all possible. This is truly a success of TSFA funding.**

Anello, Patricia, DOH

Patty

TSFA Funding has changed the way we treat trauma patients in rural eastern New Mexico at Roosevelt General Hospital. These funds helped an existing system grow, and blossom into a trauma system that begins with the prehospital care, moving to our facility, and the patient ending where they need to be at a Level 1 Trauma Center via Air Medical Services. This funding has helped with training for all levels of providers, EMT's, Nurses, and Doctors, with Trauma Courses addressing the care of Trauma patients. Our facility has purchased needed equipment for patient care and training that facilitates better patient care and provider competency at all levels. The level of care has improved, and our facility, community, county, and state benefits from this everytime we treat the trauma patient. This has given us many stories of success with increased patient survivability. Thank you for your continued support and advocacy for funding. It is imperative that we continue this collaboration and partnership to further develop and fund this critical, vital system for our state.

Respectfully
John Bridges
Roosevelt General Hospital

TSFA Success Stories

September 21, 2012

Region II EMS, Inc. has served southern New Mexico since 1983. Throughout the year, our staff provides training and support services to the local EMS providers, trauma organizations and medical facilities in Catron, Dona Ana, Grant, Hidalgo, Luna, Sierra and Socorro counties. The partnership between the EMS Bureau and the regional offices provides the essential structure required to strengthen, support and improve the emergency medical and trauma systems of New Mexico. Region II EMS supports the EMS Bureau Trauma Program in improving the statewide emergency medical service and trauma care system by serving as an informational source to regional EMS agencies, healthcare providers and hospitals. Staff members of Region II EMS attend state-level meetings regarding funding, trauma system development, education, and medical direction and convey that information to local providers. Staff also attends local meetings to gather data and provide that information to the EMS Bureau and state leaders.

Since June 2011, Region II EMS has completed 3 TSFA funded Memorandums of Understanding.

PHTLS Courses
The Trauma System Fund Authority provided funds for Region II EMS to conduct PHTLS and PHTLS Instructor courses in Dona Ana, Sierra and Socorro counties.

Trauma Awareness Campaign
Region II EMS produced a 30 second radio and television commercial to create a statewide media campaign promoting trauma awareness. The commercials were broadcast throughout the state.
Scholarships

Through Trauma System Fund Authority funding, Region II EMS was able to provide of 100 scholarships to the Region II EMS conference in 2011. The applications were distributed throughout the state and the scholarship recipients were from all areas of New Mexico. Each scholarship recipients obtained at least 4 hours of trauma CE's.

Telemedicine

The New Mexico Trauma System Fund Authority provided funds to Region II EMS, Inc. to complete the first phase of a comprehensive telehealth system for the treatment of neurological trauma in at least two rural NM hospitals. Region II EMS, Inc. was responsible for selecting a vendor, purchasing the telehealth video units, installing the equipment, providing training, and implementing a QA process that will track the patients transferred or kept at their originating facilities because of access to medical specialists through telemedicine consultations.

After careful review, the telehealth system determined to provide the most value was from an Albuquerque, NM based company, Net Medical Xpress. The system they furnish to facilities includes two systems. The ER System features 2 mounted High-Definition cameras, an audio system and a monitor. The Cart System features the same system in a portable model so it can be used anywhere in the medical facility. The telehealth system is easy to operate and is connected through a dedicated internet address so it can simply be turned on by staff with a single-button operation on a remote control. Net Medical Xpress maintains a 24 hours per day, 365 day per year operations center that connects the facilities to medical specialist.

Region II EMS, Inc. purchased the equipment from Net Medical Xpress for Gerald Champion Regional Medical Center in Alamogordo, NM and Miner's Colfax Medical Center in Raton, NM. The equipment was installed at Gerald Champion Regional Medical Center on May 17, 2012 and at Miner's Colfax Medical Center on May 24, 2012.

Sincerely,

Douglas Campion
Executive Director
Region II EMS

EMS REGION III

Eastern New Mexico Emergency Medical Services

2421 East 21st Street • P.O. Box 1895 • Clovis, NM 88102 -1895 • Phone (575) 769-2639 • Fax (575) 769 - 3485

EMS Region III
TSFA Funding Success Stories
FY11 and FY12

EMS Region III has a long history of success in assisting the New Mexico Department of Health, Emergency Medical Systems Bureau with their goals to enhance a statewide system of emergency medical services, injury prevention, trauma systems development and timely response to emergencies and threats to public health in New Mexico.

The mission of EMS Region III, a 501c3 non-profit corporation, has been, and continues to be the promotion of region-wide community-based emergency medical service and trauma care system that reduces premature death and disability from acute illness and medical and traumatic emergencies through the coordination of local and regional resources to reduce morbidity and mortality through prevention, awareness and quality intervention. Funding received from the Trauma System Funding Authority (TSFA) has been essential to our fulfilling this mission.

The EMS Region III service area encompasses 40,216 square miles on the southeastern and far northeast side of New Mexico; 36% of the State's land area and 20% of the population and includes 12 counties (Chaves, Curry, DeBaca, Eddy, Guadalupe, Harding, Lea, Lincoln, Otero, Quay, Roosevelt, and Union). Included in the area are 14 facilities of which three are Designated Trauma Centers (Carlsbad Medical Center – Level III; Gerald Champion Regional Medical Center – Level III; and Roosevelt General Hospital – Level IV) and one is a PHS Indian Hospital (Mescalero PHS Indian Hospital). There are also two other facilities that are classed as developing Trauma centers (Nor-Lea General Hospital – Level IV and Eastern NM Medical Center – Level III) and one other facility that recently submitted a letter of intent to designate (Trigg

Memorial Medical Center – Level IV). The regional office provides technical/advisory resources and leadership for multiple systems including Dispatch, EMS, Trauma Care, Public Health, Emergency Preparedness, Bioterrorism and Hospital Preparedness, and Injury Prevention.

During the FY11 fiscal year, EMS Region III received TSFA funding for trauma related training courses. One of the most common and consistent concerns from pre-hospital and hospital trauma care providers has been the lack of availability and travel costs for staff trauma education. Classes such as Trauma Nursing Core Course (TNCC), Trauma Outcome Performance Improvement Course (TOPIC), Pre-hospital Trauma Life Support (PHTLS), Pediatric Education for Pre-hospital Professionals (PEPP), and the trauma care provider has required travel to a central location or a Regional or State EMS/Trauma Conference. Sending one or two personnel from a pre-hospital or hospital trauma service provider to attend one of the courses has been the norm. Trying to get all the key personnel in a trauma facility and a pre-hospital service that need, or are required to have these trainings has been an overwhelming and impossible task. One of the most common complaints from facilities looking at Trauma Designation is they do not have the time, money, or replacement personnel available to send the required personnel offsite to receive the required training. If these personnel desire to have this training, the burden is put back on the staff themselves and they must use their own time and finances to attend the classes. Funds received have provided for numerous pre-hospital and hospital personnel to attend these courses, thus improving overall trauma care in EMS Region III.

Also during FY11 and FY12, EMS Region III received TSFA funds to provide scholarships for Trauma Education. Delivering classes to Rural/Frontier areas is sometimes cost prohibitive due to the expense of instructors and the limited number of personnel receiving the education. There are other educational opportunities available (i.e. State EMS Conference, Region 2 EMS Conference, Region 3 EMS Conference, San Juan Regional Trauma Conference, etc) that offers a large number of Trauma classes, but due to limited funding and rising costs, EMS services are unable to send a

large number their personnel. There is a large percentage of these personnel that are volunteers and while they can get the time off from their fulltime jobs to attend, they are unable to pay the other expenses (tuition, fees, travel, overnight per-diem, etc) associated with attending these functions. Funding partial and sometimes full tuition into these trauma courses has allowed services to send multiple personnel and have made this otherwise opportunity, affordable.

EMS Region acknowledges the importance of the TSFA funds for the continuation of trauma care initiatives in New Mexico. Without these TSFA funds, many of the rural areas of the state will not be able to continue the provision of emergency care in a manner deserving to all New Mexicans.

Sincerely,

Donnie Roberts
Trauma Coordinator
EMS Region III

New Mexico Chapter
2211 Lomas Boulevard. NE. Albuquerque, NM 87106
(505) 272-1471 * Fax (505) 272-9506
hasisneros@salud.unm.edu

UNM HOSPITALS

Trauma Support Program

Larry Cobb
RN,EMT-P
Director Trauma Support Program

Dr. Howard Yonas,
M.D. *Professor and Chair Department of Neurosurgery*

Dr. Isaac Tawil,
Asst. Professor of Surgical Critical Care and Emergency Medicine

Stephen W. LU,
M.D., FACS
Associate Professor Director, Burn and Trauma Service Department of Surgery

ThinkFirst NM Program Director

Helen A. Sisneros,
BS,SCPS,CPST
Injury Prevention Coordinator

September 4, 2012

Patricia Anello RN BSN
Trauma Coordinator
NM Dept of Health
Emergency Medical Systems Bureau
1301 Siler Road Bldg F
Santa Fe, NM 87507

Dear Patricia

  I am writing in support of the Trauma Systems Fund Authority request to legislation for an increase in trauma funds. The University of New Mexico Trauma Program/ ThinkFirst New Mexico was able to provide injury prevention activities to families in underserved communities throughout the state. Our outreach incentives included over 8,300 contacts distributing over 700 bike helmets and over 110 child safety seats. If we did not have the additional funds we would not have had the opportunity to serve communities such as Tucumcari, Los Lunas, Taos, Alamogordo, Rio Rancho, Isleta, San Felipe, Tesuque, and Jemez Pueblos.

These funds help in the prevention of possible injuries that could result in traumatic injuries to New Mexican families. Thank you for the support to afford injury prevention programming. If you need additional information please feel free to contact me at 505.272.1471.

Respectfully submitted,

Helen A. Sisneros, BS,SCPS, CPST
UNMH Trauma Support Program
Injury Prevention Coordinator

hasisneros@salud.unm.edu

"USE YOUR MIND TO PROTECT YOUR BODY"
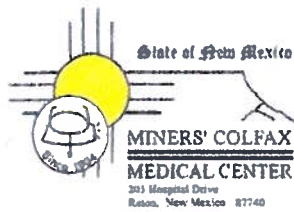
I cannot begin to voice what a difference the New Mexico Trauma System Fund Authority (TSFA) has made to Miners' Colfax Medical Center (MCMC). MCMC is currently pursuing a Level Four designation, with optimism of a Level Three sometime in the future. Our involvement with this program, with the assistance of the NM TSFA has already been a success story.

TSFA has provided funding to help us reach our goals. We have purchased equipment that was not in our budget but very needed in our Emergency department. This has definitely enhanced our capability to handle trauma patients within our service area.

TSFA has funded MCMC for educational support of the physicians, nursing staff, and EMS . Injury Preventionactivities have also been funded for MCMC. This has improved our patient care and our sense of team involving all disciplines.

Being part of the Trauma program has also enhancedtrauma care and agency involvement in Northern New Mexico. County agencies are willing to commit necessary resources and work together. The New Mexico Trauma System Fund Authority is a very diligent engaged group of New Mexicans, they take their role seriously and work together to solve difficult problems.

Pat,

In a nut shell we had a successful car seat exchange program and bicycle helmet give away in 2010. We were able to remove 22 broken, damaged or outdated seats from the population and we continue it to today with private donations. We gave 88 helmets away and still have a few more to give away. We will be having another safety carnival on October 11th where we will continue with the programs started with TSFA's help in 2010.

Robert Hays
Fire Chief
Grants Fire & Rescue

THE RATON RANGE

High-tech medical help

By TODD WILDERMUTH
ToddWildermuth@ratonrange.com

New system brings specialists 'into' local ER to assist with stroke patients

a first-of-its-kind system for Miners' Colfax ical Center, stroke patients who are brought the emergency room of the Raton hospital able to be diagnosed, assessed and receive ment recommendations from a neurologist ven though MCMC does not have such a spe- at on its own staff.

he new "telestroke" program that has been ace for about three weeks is the first of what MC officials doctors hope be a variety of emedicine" ons the hospi- vill be able to r to better patients and hopefully ease the stress on patients and their families during an emer- y medical situation and its potential follow- reatment.

he stroke system is the first telemedicine sys-

tem MCMC has ever had, according to hospital Chief Executive Officer Shawn Lerch, who describes the high-tech capabilities of bringing an outside doctor — who is likely a couple hundred miles away — "live" into the Raton ER or another patient room through video conferencing within minutes as "medical-grade Skyping," referring to the popular Internet system that allows people to see and hear others anywhere else in the world.

The system does actually use a Skype "Business Group" computer that allows a neurologist working with Net Medical Xpress Specialists — the Albu- querque firm with which MCMC is contracting — to see a patient in MCMC as local doctors assist in the initial evaluation. A room in the ER is equipped with a monitor screen, speakers and a camera capable of zooming in close enough to allow the off-site doctor operating it to see clearly right down to the patient's pupil. A similar setup is on a mobile unit that can be brought to other rooms. The MCMC doctors refer to it as "the robot." All the equipment was paid for with a fed- eral grant of about $40,000.

Through the Net Medical system, MCMC is also able to send CT scans and other patient test information much quicker to the consulting specialist.

"What would take us an hour (previously) to normally get done, we can get done in 15 minutes," says Dr. Don Belknap, one of MCMC's ER physicians.

The quicker transfer of information, plus the ability to have the proper specialist on screen and able to actually see the patient in real time almost immediately after the patient arrives at the hospital means saving valuable time. During a stroke, a person is at risk of suffering more and more phys- ical damage and losing certain body functions the

Hattie Jolly, left, and Jennifer Espinosa, who work in the emergency room at Miners' Colfax Medical Center, move the "robot," a mobile unit with a monitor, camera and speakers, used to allow a doctor elsewhere to evaluate a patient at the Raton hospital. *Range photo by Todd Wildermuth*

MCMC system

longer the wait to get the stroke-causing blood clot cleared from the head.

"Time is heart muscle, time is brain tissue," says Belknap.

Dr. Loretta Conder, another ER doctor at MCMC, says "the goal is better care and less transfers out."

With the availability of the technology to remotely bring in a neurologist, MCMC does not have to send the patient to another hospital — taking even more time before treatment begins — to get a diagnosis to confirm the patient is or is not having a stroke. Belknap explains that a specialist's diagnosis is needed in order for a special drug — designed to eliminate a

of causing bleeding in the brain, doctors never want to give the drug to a patient who does not have a blood clot and thus does not actually need the drug.

The Net Medical system designed to give rural hospitals greater access to specialists in a number of medical fields debuted in New Mexico at Alta Vista Regional Hospital in Las Vegas last year. MCMC is among a relatively still small group of hospitals in the state to sign up for the system. MCMC officials are hoping to expand its Net Medical capabilities into cardiology and psychiatry in the future.

The telestroke system at MCMC — which costs patients or their insurers $500 per consultation — has been used at

the instant capability to get an evaluation and recommendation from a neurologist not otherwise available in Raton "reassured (the patient's family that) their loved one is being taken care of." And for patients who are diagnosed and then able to remain for treatment at MCMC, "it keeps patients with their families," says Hattie Jolly, MCMC's ER manager. She notes that transferring a patient to another hospital elsewhere means families must travel to visit them during treatment and recovery.

While some patients may still need to be transferred later, others may not since the initial diagnosis is able to be done through technology. Avoiding a transfer saves the cost — usually more than $10,000 — of transporting

When a potential stroke victim is on the way to MCMC, Net Medical is notified and one of two neurologists currently working with MCMC — each one has been credentialed by the Raton hospital — responds either through his computer or cell phone, which means the specialist can conduct the emergency exam almost wherever he may be.

The new system at MCMC benefits not only the patients who need specialized care right away, but reduces the tension for physicians in Raton who would otherwise have to deal with time-sensitive situations without an immediately available specialist, says Belknap.

The high-tech help "saves on

Deming Fire/EMS Department
309 South Gold / P.O. Box 706
Deming, New Mexico 88030
575-546-8848 ext163 / Fax: 575-544-0511
Email: edavalos@cityofdeming.org
Web site: http://www.cityofdeming.org/DemingFire.html

9/10/2012

To Whom It May Concern:

Ref: Trauma System Grants

From: Chief Davalos, Deming Fire/ EMS Department

This letter is to serve as testament to how important the New Mexico Trauma System Fund is to the services hear in New Mexico, the grant serves as a means to obtain vital trauma supplies for services that would otherwise not be able to obtain. In these times of economic depression this program plays an important role in providing emergency response capabilities in the form of much needed supplies, this service and the community we serve rely each year on this grant opportunity, we serve a very rural area of New Mexico and having the necessary equipment is vital to the health and wellbeing of our community. The City of Deming and the Deming Fire Department are grateful for this program and all that it has allowed us to accomplish in regards to Emergency response involving trauma.

Sincerely,

Edgar Davalos, Fire Chief

Deming Fire Department

Subject: FW: RE: TSFA Funding Success Stories

Dear Liana,

We discussed your request for success stories during a couple of trauma committee meetings. After canvassing the emergency physicians and trauma surgeons for success stories, a number of cases came up...a 17 year old bull rider with a fractured c-spine with a positive outcome; a 19 year old GSW to the chest and an ED Thoracotomy that survived, a teenager with a tracheal injury after wrestling with his father...the list goes on.

More important than individual stories is the positive organization-wide impact trauma funding has on San Juan Regional Medical Center. Every nurse or paramedic that touches a patient from EMS and AirCare to the ED, the OR, PACU, ICU and Step Down units are required to maintain PHTLS, PALS, TNCC or TNATC, and six hours of annual trauma education including two hours for Peds. Each general surgeon and ED physician is required to complete ATLS and annual trauma training. The education requirements and quality initiatives driven by the trauma system improves the care provided to every patient admitted to SJRMC, not just trauma patients.

The trauma system drives quality in our organization. Every patient benefits from the trauma system. There is much more we can do but the cost of providing excellent trauma care is much greater than funding and reimbursement. The Trauma System Fund Authority should be funded at the $30 Million amount requested in 2006.

Sincerely,
Mike

Mike Berve
AirCare and Trauma Manager
San Juan Regional Medical Center
505-609-6286

From: Lujan, Liana, DOH [mailto:Liana.Lujan@state.nm.us]
Sent: Thursday, September 20, 2012 10:54 AM
Subject: TSFA Funding Success Stories

Greetings,

On August 28, 2012, Patricia Anello sent out a call for success stories (See below). To date I have received three (3).

Since 2006 the Trauma System Fund Authority has allocated $2,792,651 in Trauma Systems Applications, and $30,338,500 for Existing and Developing Trauma Centers.

If you or your entity has received any of these funds, please send me your story to be reviewed by the Trauma System Fund Authority on September 26, 2012 at the Scientific Laboratory Division.

Your effort is very much appreciated!

Sincerely,

Liana Lujan, RN
Trauma Systems Manager
ERD/EMSB/Trauma Program
1301 Siler Road, Bldg 7