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December 23, 2008

Health District completes first Clark County Trauma System Report

LAS VEGAS – The Southern Nevada Health District completed its first Clark County Trauma System Report, which provides information about the system’s current status, its activities and successes since its 2005 inception. The Clark County Trauma System Report provides a snapshot of the evolving local trauma system. The complete report is posted on the health district website, www.SouthernNevadaHealthDistrict.org.

The trauma system’s leadership has created the foundation for a comprehensive and well-coordinated system to serve Southern Nevada. The Clark County Trauma System Report includes the makeup of the system’s leadership and its primary functions to:

- Promote injury prevention activities
- Facilitate the delivery of specialized trauma care
- Perform system evaluation and performance improvement activities
- Participate in disaster planning and management

“The report gives us an opportunity to share with the community the current status of its trauma system and the progress it has made as it continues to evolve to meet the needs of Southern Nevada. It is critical that we continue to evaluate the system to ensure that the demand for trauma care is met and that Southern Nevadans receive appropriate critical care,” said Dr. Lawrence Sands, the health district’s chief health officer.

The continued development of the trauma system and its functions are of significant importance because intentional and unintentional injuries are the leading causes of death annually among Nevadans between the ages of one and 44. In addition, 56 percent of injury-related deaths occur at the scene of the emergency, which further highlights the need to develop and coordinate comprehensive injury prevention efforts in Southern Nevada. Injuries not only exact a personal and physical toll on its victims, but also generate significant social and economic expenses for medical treatment and lost productivity.

To compile the report the health district’s Office of Emergency Medical Services and Trauma System identified several injury and mortality data sources at the national, state and local levels as well as the Centers for Disease Control and Prevention, Nevada State Health Division, the Clark County Coroner’s office, and UNLV’s Center for Health Information Analysis, among others. The three local trauma centers also provided injury and mortality data.

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Clark County Trauma System Report – add one

This initial report is a compilation of data from several sources to offer a broad overview of injury in the community. During the process, several limitations were identified that affect the accuracy of the report including a lack of consistency in trauma data collected at many levels, variations in disease classification coding, and case definitions, among others. However, despite such limitations, the report highlights Nevada injury data, including:

- Unintentional injuries are the leading cause of death in people between 1-44 years.
- Homicide is the second leading cause of death in children 1-9 years.
- Suicide is the second leading cause of death and homicide is the third leading cause of death in the 15-34 age group.
- Suicide is the third leading cause of death in children 10-14 years.
- The age and gender distribution of traumatic injuries in Clark County is very similar to the distribution at the national level.
- The leading mechanism of injury for both nonfatal and fatal injuries in the United States and Nevada involves motor vehicle related incidents.
- Seventy-two percent of trauma patients who are admitted to the hospital or die as a result of their injuries are male.
- Blunt injuries account for 83 percent of trauma patients who are admitted or die in Clark County trauma centers.
- Fifty-six percent of injury related deaths in Clark County occur at the scene of the emergency.

The information provides valuable information for the development and implementation of future injury prevention and control initiatives.

Plans for the future include improving access to high quality data and establishing an information management system to enhance the capacity to evaluate trauma system preparedness and performance. Future reports will continue to chronicle progress as the trauma system matures.