

State of Illinois

Rod R. Blagojevich, Governor

Department of Public Health

Eric E. Whitaker, M.D., M.P.H., Director



Illinois Violent Injury Reporting

2005

Illinois Violent Injury Reporting

2005

Illinois Department of Public Health

Division of Emergency Medical
Systems and Highway Safety

Illinois Violent Injury Registry

The Department shall, using only data from which the identity of an individual cannot be ascertained, reconstructed, or verified and to which the identity of an individual cannot be linked by a recipient of the data, report its findings on the impact of violent acts on children to the General Assembly.

- 20 ILCS 2310/2310-415

History

The Illinois Department of Public Health established a registry specific to victims of violent injuries on March 10, 1998. A monitoring system was established at that time and the Department began data collection from all reporting facilities in Illinois. Facilities were mandated to report victims diagnosed with an injury allegedly caused by an external cause found in the *Illinois Violent Injury Code* (E-Code). See attached: Title 77: Public Health, Chapter I: Department of Public Health, Subchapter f: Emergency Services and Highway Safety, Part 560 Violent Injury Code, Section 560.Appendix A.

Purpose

The registry was established with the intention of providing accurate data specific to injuries resulting from violence to those involved with injury prevention programs, academics, health care providers, regional Emergency Medical System councils, injury prevention groups, governmental planners, special interest groups and others who are involved in needs assessment of individuals within the target population. Violent injury reports are collected regardless of the patients' age. However, this report is limited to children as specified in the statute. For the purpose of this report, the definition of "children" is 0 to 16 years of age. This is consistent with the pediatric patient definition in the Emergency Medical Services for Children (EMSC) program and the Illinois Trauma System Program.

Reporting Facilities

"Reporting facility" refers to any of the following: hospitals in Illinois licensed under the Hospital Licensing Act or the University of Illinois Act [110 ILCS 330]; ambulatory surgical treatment centers licensed under the Ambulatory Surgical Treatment Licensing Act [210 ILCS 5]; and freestanding emergency centers licensed under the Emergency Medical Services (EMS) Systems Act [210 ILCS 50]. Physician and dental offices are excluded.

Reporting Requirements

All reporting facilities shall provide information quarterly on each patient diagnosed with an injury that is allegedly caused by an external cause of injury (E-code), as defined in the Illinois Violent Injury Reporting Code [Part 560 Appendix A] under the following circumstances:

- Patients admitted and discharged from the emergency department who have been sexually assaulted or who have an injury suspected or alleged to result from domestic violence or child abuse;
- all hospital admissions, including patients admitted for 23-hour observation;
- patients who are dead on arrival (DOA); and
- patients who discharge themselves against medical advice (AMA).

Reporting Mechanism

Each reporting facility must submit the information specified. Trauma centers are required to use a Web-based registry. Other hospitals may report using either a paper format or the Web-based registry.

Coding Victims of Violent Injuries

To identify victims of violent injury for inclusion in the registry, the Department utilizes ICD-9CM E-Codes (International Classification of Diseases, 9th Revision, Clinical Modification, External Cause of Injuries). These codes are used worldwide in the health care field and are the most effective tool for capturing this information. However, there have been limitations when attempting to classify certain types of injuries, particularly those dealing with alleged domestic violence, child abuse and alleged cases of sexual assault. Initially, the codes that allowed users to differentiate between these categories were limited, but additional codes have been introduced to indicate the relationship between the victim and perpetrator. The Department will use this method of coding until a more definitive tool becomes available.

Reporting Compliance

There are approximately 220 licensed facilities with emergency departments that are mandated to report victims of violent injuries to the Illinois Department of Public Health.

Data Usage

The Illinois Department of Public Health's Division of Emergency Medical Systems and Highway Safety routinely receives data request from agencies outside of state government. Prior to the release of data these requests undergo an extensive review by the Illinois Department of Public Health Data Release Committee to assure confidentiality of the data is maintained.

Data Results

- From January - December 2002, 734 violent injury cases were reported to the Violent Injury Registry. The most frequent age reported for violent injuries to these children was 15, representing 345 of 734 cases (47%). See Figure 1.
- During 2003, there were 615 violent injuries to children reported with 15 years of age the most frequently reported (49 %). See Figures 1 and 2.
- Males were reported to have a higher incidence of violent injuries in 2002 and 2003 with 509 (69%) and 463 (75%) respectively, while females were reported in 225 (31%) and 152 (25%) of the cases. Figures 3 and 4
- Black children were represented more often than any other race in both years. See Figures 5 and 6.
- In 2002, penetrating trauma accounted for 48 percent of all cases and increased to 53 percent in 2003. The percent of blunt trauma was 51 percent in 2002 and 45 percent in 2003. Burns comprised between 1 percent and 2 percent of all cases in both years. Figures 7 and 8
- In both years, 25 percent of the children reported were admitted to an intensive care unit (ICU). Approximately 6 percent of the cases reported were admitted to the ICU for more than 15 days. Most children were in the ICU for less than seven days, 87 percent in 2002 and 94 percent in 2003. Figures 9 and 10
- Eighty-six percent of that hospital stays in 2002 and 2003 averaged seven days. Conversely, hospital stays of more than 15 days averaged 5.5 days for these two years. See Figures 11 and 12

- Death occurred on average in 6.5 percent of the cases for these two years, with 45 deaths in 2002 and 40 deaths in 2003. Patients discharged home accounted for 79.5 percent of the cases for the two years, while an average of 13.5 percent were transferred to another facility. In 2002, eight children left the hospital against medical advice and, in 2003, there were three children in this category. Of the transferred patients, children were transferred from one acute care hospital to another in 65 percent and 71 percent of the cases for 2002 and 2003 respectively. An average of 20 percent of the children went to a rehabilitation facility and about 10 percent went to a residential facility. See Figures 13 and 14

Figure 1

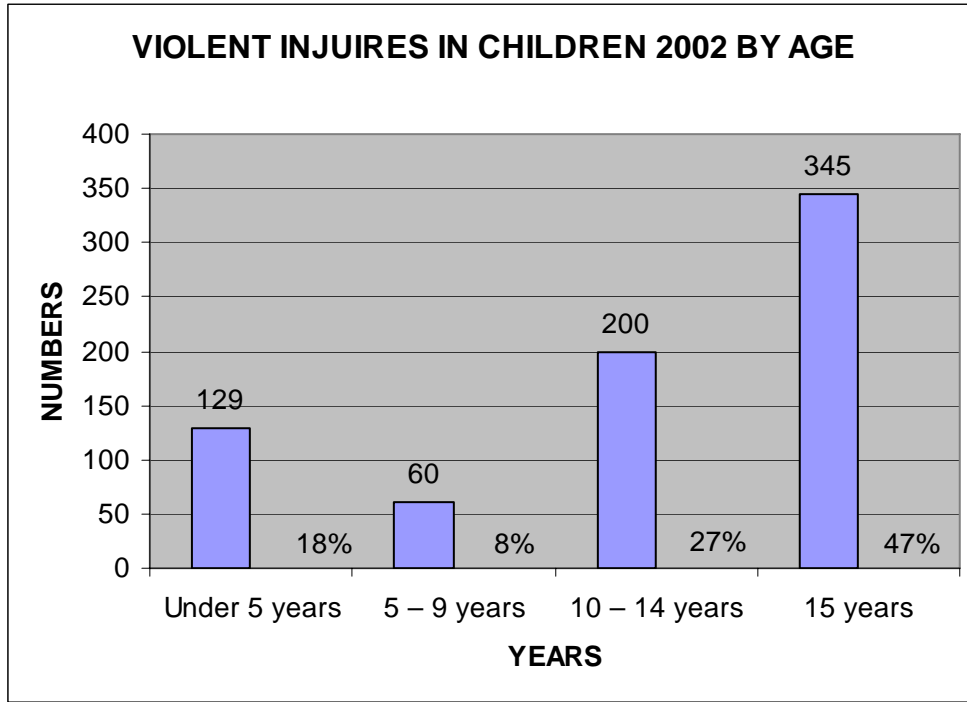


Figure 2

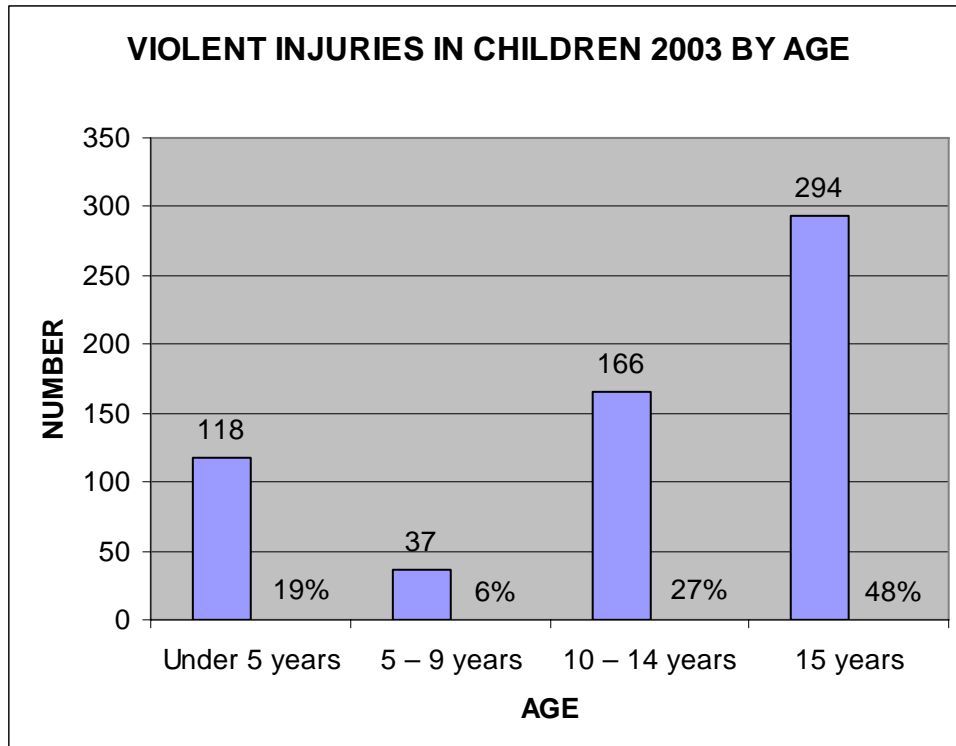


Figure 3

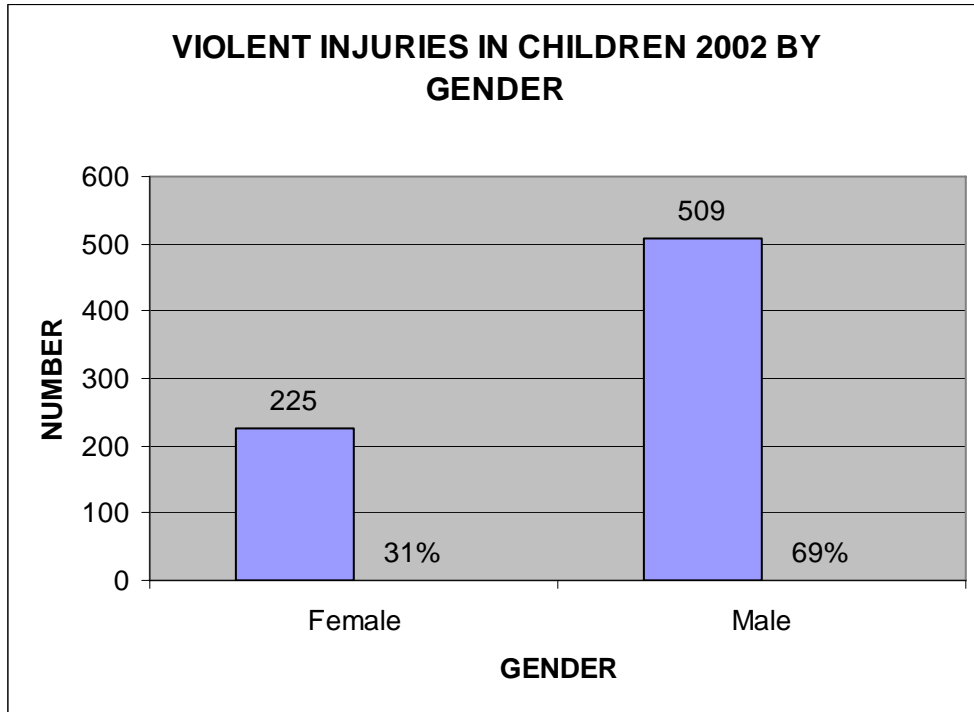


Figure 4

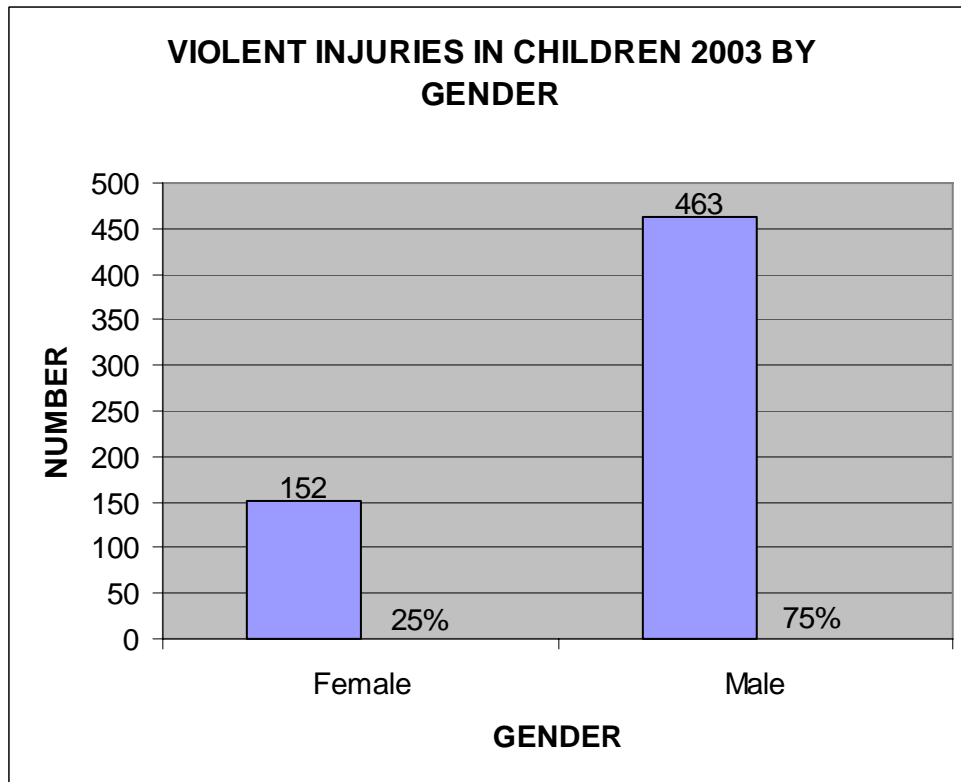


Figure 5

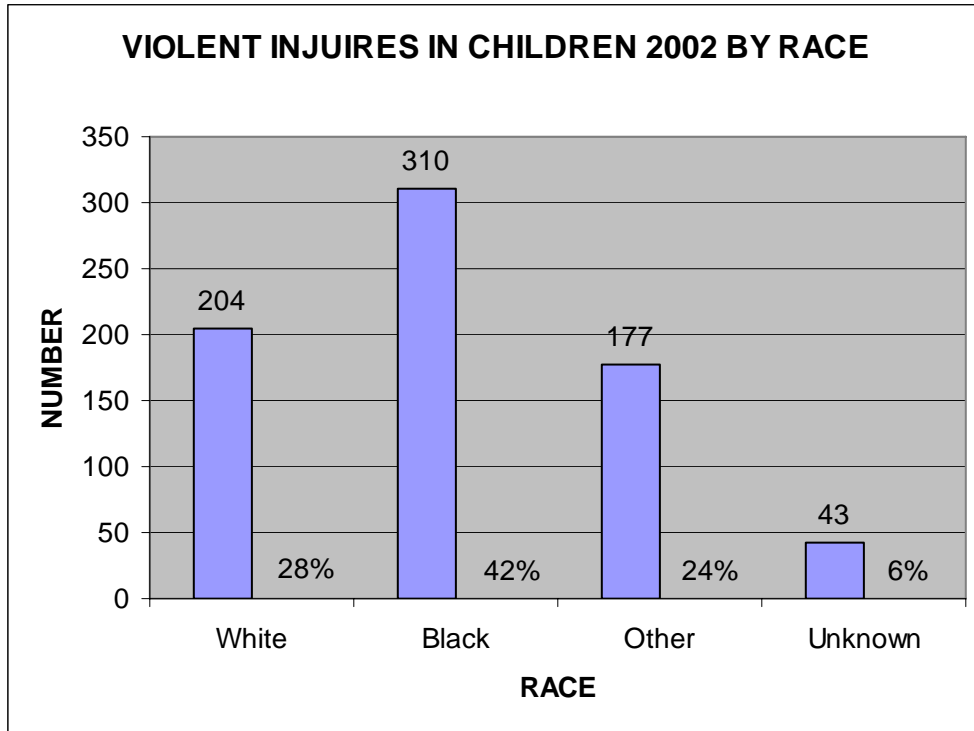


Figure 6

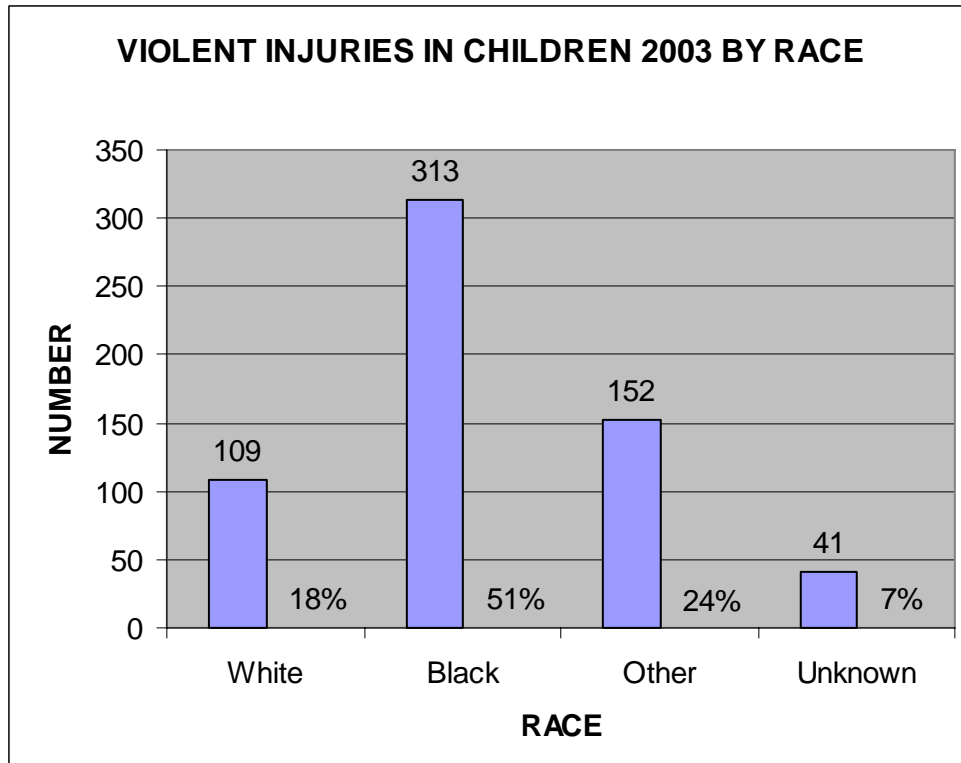


Figure 7

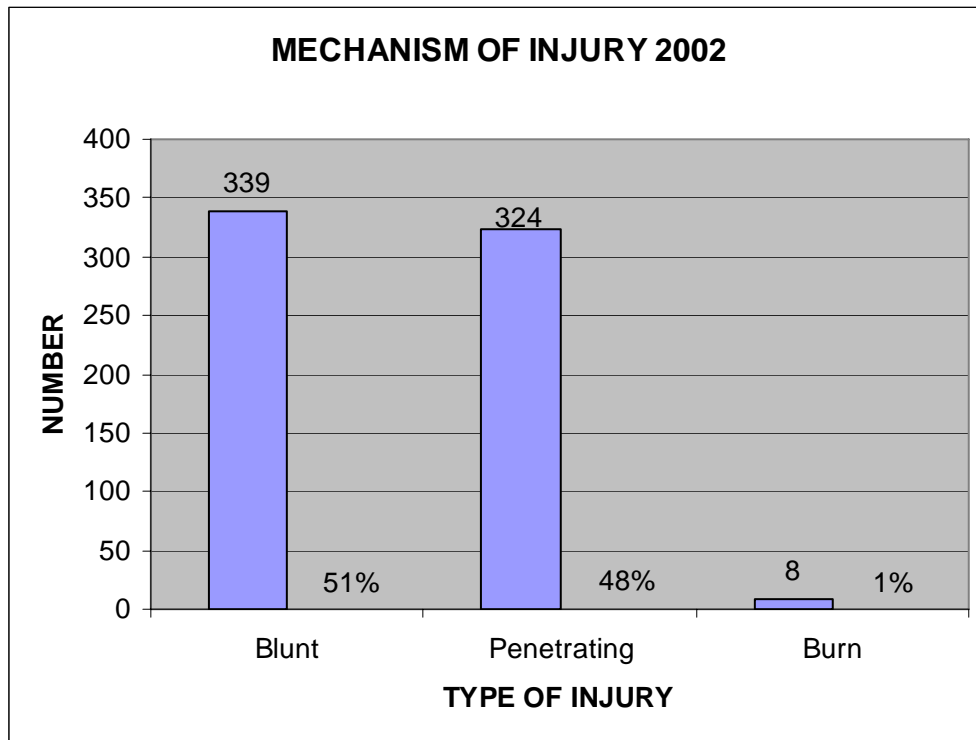


Figure 8

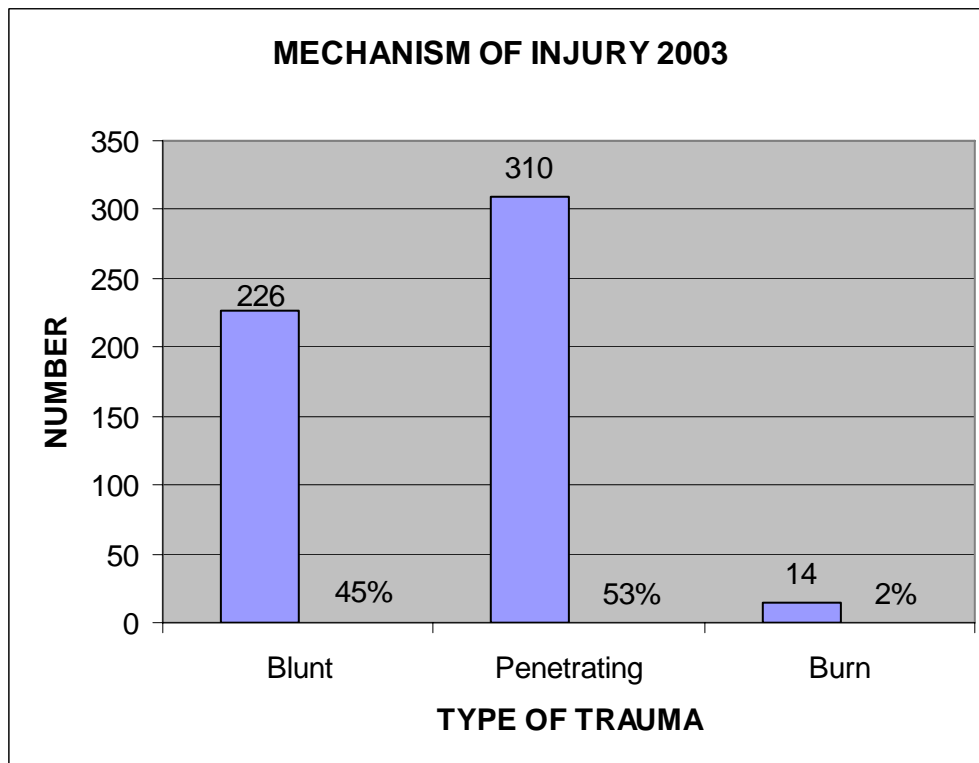


Figure 9

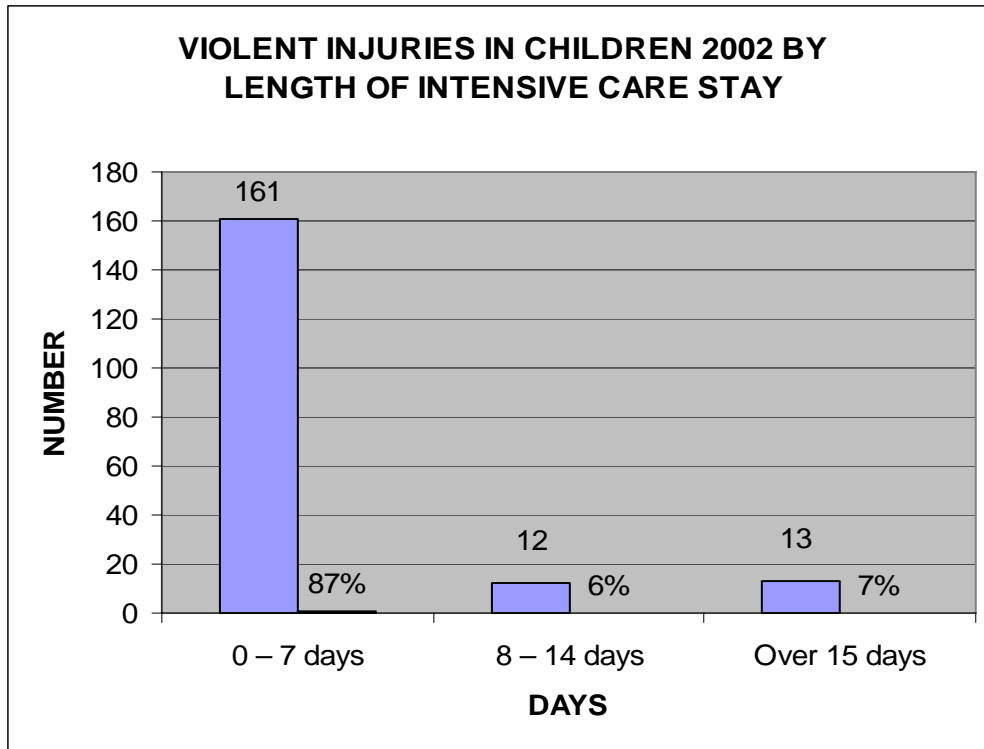


Figure 10

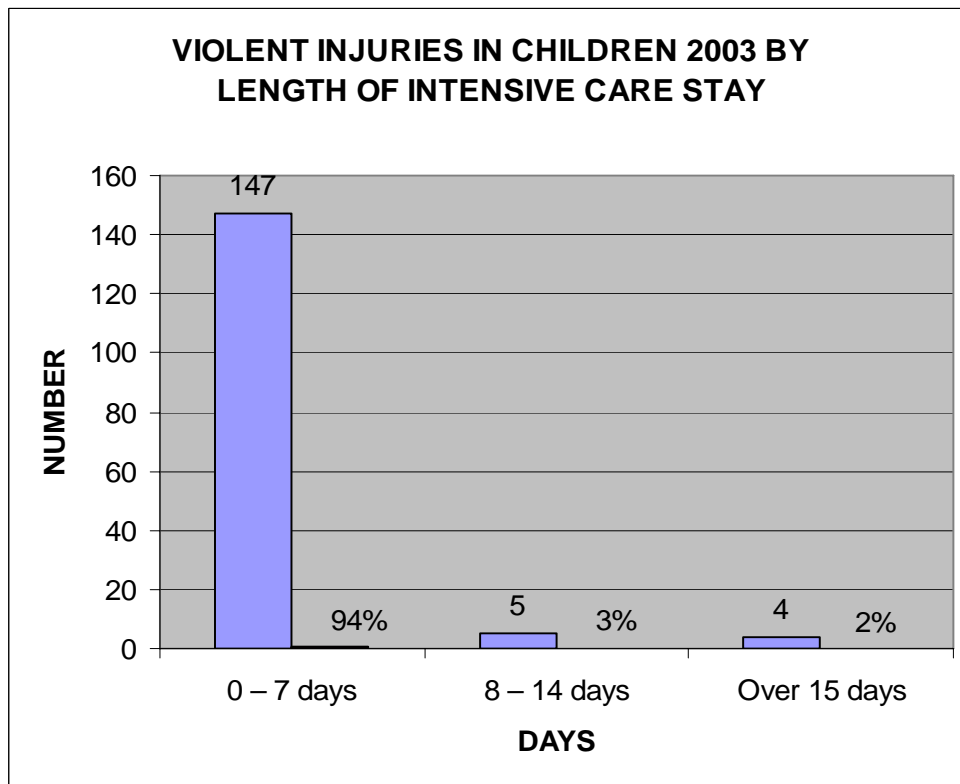


Figure 11

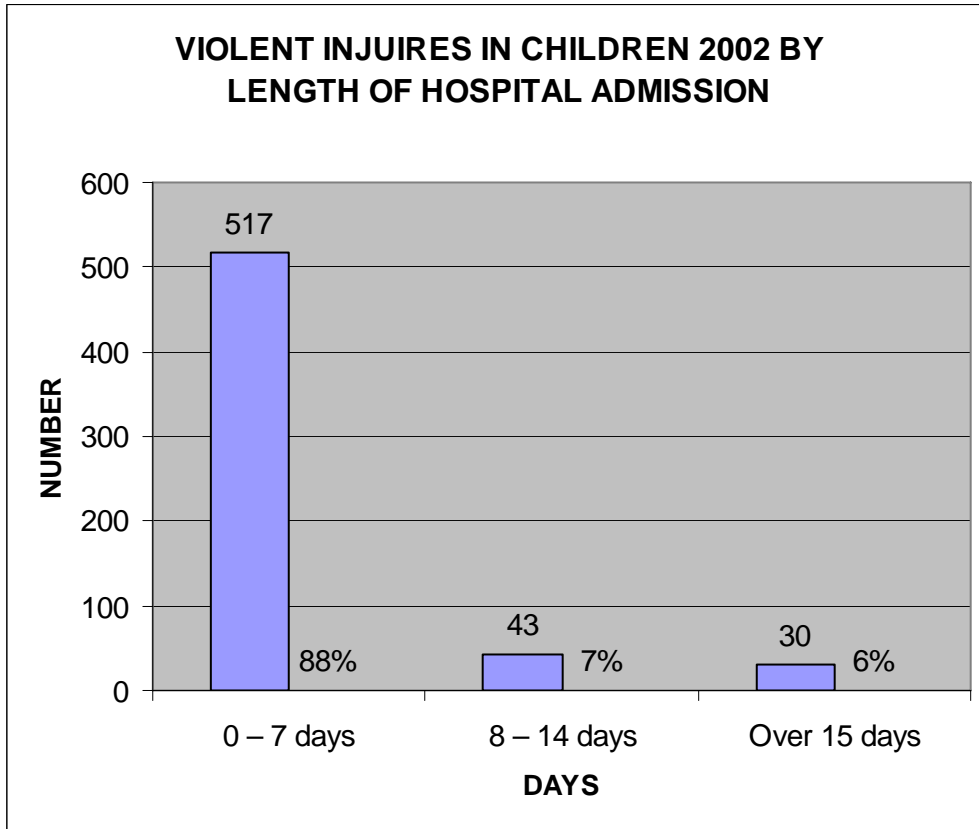


Figure 12

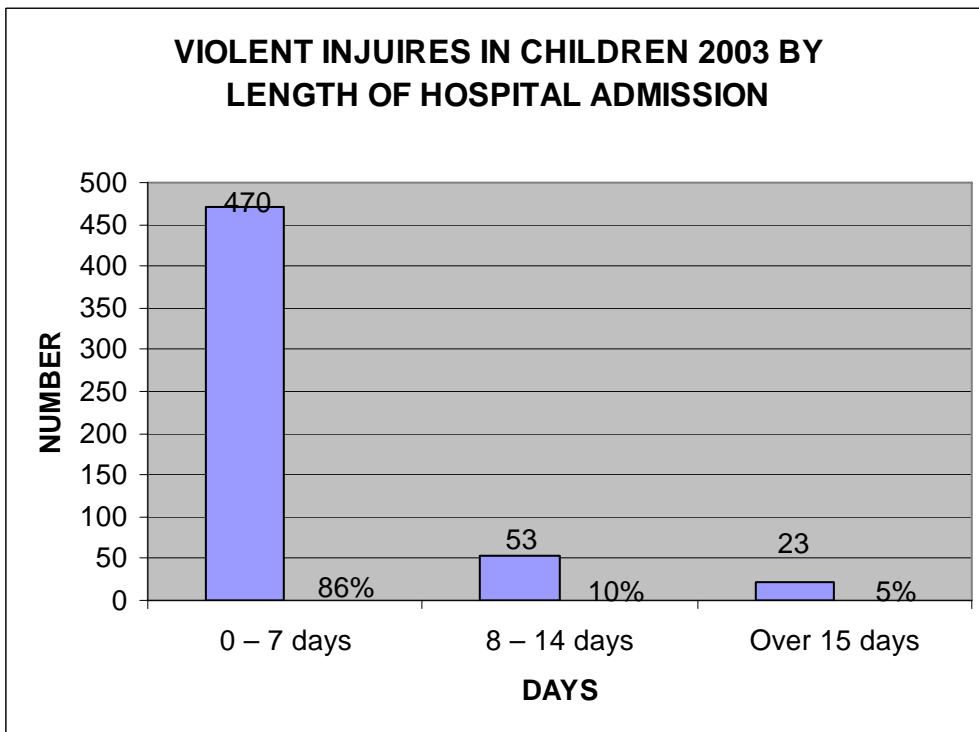


Figure 13

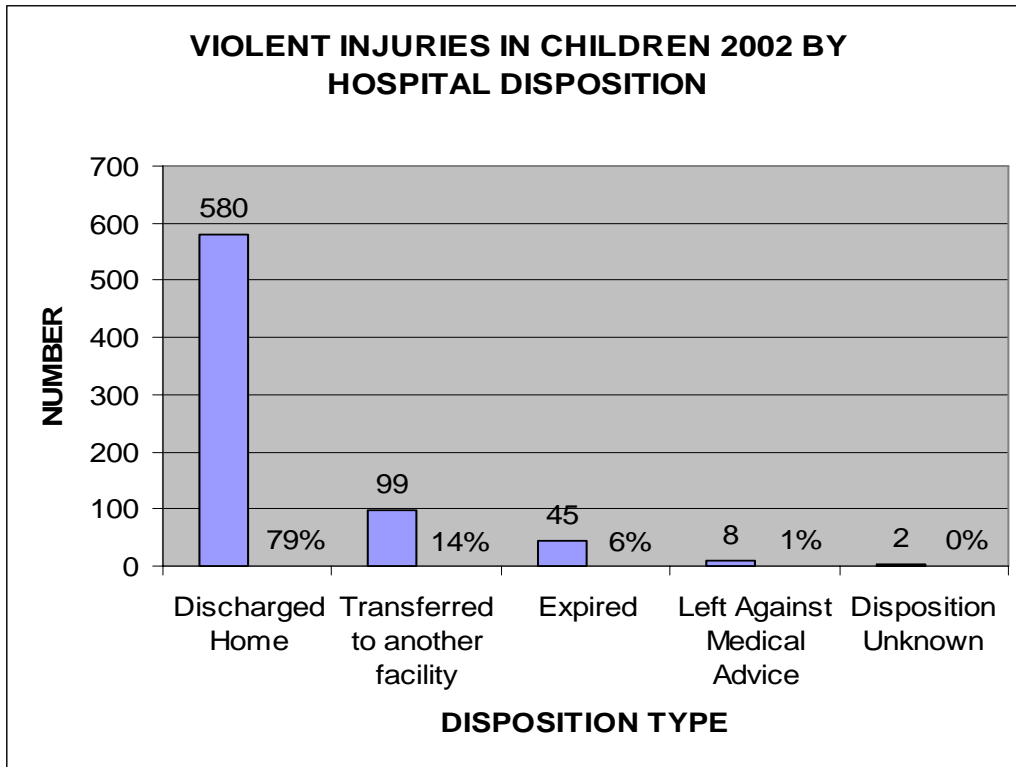


Figure 14

