Injuries from accidents and violence take an enormous toll on our community each year — disproportionately striking children and working adults, often leaving behind lasting or permanent disabilities and costing millions of dollars in medical expenses and lost productivity. Children are especially vulnerable to injuries. In Bexar County, accidents are the leading cause of death among children and young adults ages 5 to 24, according to the San Antonio Metropolitan Health District. Homicide is the second leading cause among those ages 1 to 14. And yet it must be noted that many of these deaths could have been prevented with the proper use of car seats or seatbelts, safer driving, making sure that homes are safe environments for children and similar precautions.

As tragic as those deaths were, the death rates from accidents and violence are actually lower in Bexar County than in the rest of the nation. One reason is likely the high-level system of trauma care that serves our region. At the heart of that trauma system is University Hospital, the primary Level 1 trauma center for Bexar and 21 surrounding counties — a vast region of South and West Texas encompassing 26,000 square miles. With its physician partners at the University of Texas Health Science Center San Antonio, University Hospital’s trauma center receives some 16,000 trauma patients each year — about 4,000 of them suffering from life-threatening injuries. Since its earliest days, the trauma program at University Hospital has strived to maintain the highest level of care, to focus on research and cutting-edge technology, and to train the next generation of doctors, nurses and other health professionals. University Hospital also is the leader in caring for seriously injured children. It operates the only pediatric burn program in region, and in 2012 became the first hospital in South Texas to be verified a pediatric trauma center by the American College of Surgeons.

With thousands of seriously injured patients arriving for care each year, doctors and nurses here are able to monitor and identify trends and risk factors through the use of a comprehensive trauma registry. With this, University Health System’s first annual Community Trauma Report, we are sharing some of that data in the hope of spotlighting those trends and preventing injuries in the future.

Dr. John G. Myers
Chief of Trauma and Emergency Surgery
Professor, School of Medicine at the UT Health Science Center

Top 5 injury causes
1. Car and truck crashes
2. Falls
3. Assaults
4. Motorcycle crashes
5. Pedestrians hit by vehicles

University Hospital 2012
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FALLS FROM LADDERS
THE PROBLEM: Adults of all ages are injured each year falling from ladders.
THE NUMBERS: 88 people in 2012—60 percent of them ages 45 to 64. One died.
On average, each spent more than five days in the hospital, and five required more
time in a skilled nursing facility.
THE RECOMMENDATION: Not everyone should climb a ladder. Balance and
coordination decline with age. If you do climb, take a couple of extra minutes
to make sure your ladder is set up correctly. The base of a straight ladder should
extend from the wall or upper support one foot for every four feet of vertical height.
At the correct angle, you should be able to grasp the ladder with outstretched arms
while standing straight. Secure the tops of straight ladders if possible. Always face
the ladder and maintain three points of contact with hands and feet at all times.
Don’t lean out to the side. And don’t extend the height of ladders by setting them
up on boxes or other objects.

BURNS FROM HOT FOOD
THE PROBLEM: Children burned from grabbing or spilling hot food from stove
or microwave.
THE RECOMMENDATION: In San Antonio, microwave containers of instant
ramen noodles and macaroni are major sources of injuries among children. The
temperature of the liquid in the containers can cause severe burns, and the sticky
noodles hold the heat in place. Prepare hot foods completely out of reach of children,
and don’t allow them to grab or prepare foods that can harm them on their own.
Make sure they’re cooled to a safe temperature before serving.

DISTRACTED DRIVING
THE PROBLEM: Drivers face an unprecedented number of potential distractions,
from cell phones and mp3 players, to GPS devices and stereos.
THE NUMBERS: Unknown in Bexar County. The federal government estimates
that about 38 percent of injury crashes involve driver distraction. Nationwide in
2011, an estimated 3,331 people were killed and 387,000 injured in crashes involving
a distracted driver.
THE RECOMMENDATION: Don’t talk or text on cell phones while driving —
PERIOD. Drivers who use hand-held devices are four times more likely to crash and
hurt themselves. And because texting requires concentration, vision and physical
manipulation, it raises the risk of crashes 23 times. Not only do you put yourself at
risk, but also friends and family riding with you — and countless others in nearby
vehicles, or walking, jogging and cycling alongside. If you must talk or text, wait
until you reach your destination or find a safe place to pull over and stop.
Children and adolescents are more prone to getting hurt, for several reasons. At a young age, their curiosity, lack of caution and still-developing physical coordination puts them at higher risk — as does their smaller size. As they get older, more freedom and mobility is often crossed with risk-taking behaviors and poor sleep habits.

The results can be tragic. Traumatic injury, notes Dr. Lillian Liao, University Hospital’s pediatric trauma medical director, “kills more children than all other disease processes combined.”

A total of 1,051 injured children were treated by University Hospital’s trauma team in 2012. Among the trends seen, the rate of children injured in car and truck crashes rose by 28 percent from 2011 to 2012. That one-year jump comes after several years of progress in reducing such injuries. Although it’s not clear why more children were hurt in 2012, the importance of the proper use of car seats, booster seats and seatbelts cannot be overemphasized. State law requires children to be restrained in a booster seat until they are 8 years of age, or at least 4 feet, 9 inches tall. University Health System’s Child Health & Safety Awareness program has provided thousands of seats to families in recent years through grants, and trains parents and caregivers in their use. See the Resources page at the back of this report for more information.

Bicycle injury rates among children treated at University Hospital rose 300 percent over the past four years. Many were not wearing bicycle helmets. Of the children 16 and younger injured on bicycles or motorcycles in 2012, only about a third wore helmets.

In addition, the rate of children injured in falls increased by 41 percent between 2010 and 2012. How are they falling? Several fell from balconies or windows — a scary reminder of how important it is to search for potential hazards to children in everyday settings.

The medical care of injured children is different from that of adults. Younger and more seriously injured children have better outcomes at a pediatric trauma center, which has specially trained physicians and nurses, appropriate resuscitation equipment and medications, special protocols for imaging and other diagnostic procedures, and special pain management guidelines.
It was a beautiful evening in April — so beautiful that Traci Lopez lingered outside with her two young daughters Ava and Isabella in the fading light, even as the clock approached 8 p.m., the three of them picking up grass clippings and dropping them into a trash can.

Lopez raised her head from the task and saw the car barreling toward them. And moments later, after the three of them had been hit — as her concern over Isabella’s sobbing turned to panic over 18-month-old Ava’s silence — she would question her decision to keep them outside so late.

The driver of the car later admitted to drinking several glasses of wine and taking prescription sleeping pills before getting behind the wheel. After hitting the family, the driver kept going, the bare wheels of her car throwing up sparks after the tires were shredded jumping the curb. She was arrested a short time later.

Isabella, fortunately, suffered only an abrasion on her arm. Traci Lopez had a liver laceration and soft tissue damage on her right side. But Ava’s tiny body was almost still. Her mother began rescue breathing.

“She was breathing, but it was labored. She had a pulse. But then she stopped breathing,” Lopez recalled. “I have a background in nursing, and I sat there and thought — you know what?”
Injuries to children ages 0-16 in Bexar County

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crashes</td>
<td>336</td>
<td>77.3</td>
<td>295</td>
<td>67.2</td>
<td>270</td>
<td>61.4</td>
<td>247</td>
<td>55.2</td>
<td>336</td>
<td>75.1</td>
<td>-3%</td>
</tr>
<tr>
<td>Car or truck</td>
<td>224</td>
<td>51.5</td>
<td>211</td>
<td>48.1</td>
<td>184</td>
<td>41.8</td>
<td>182</td>
<td>40.7</td>
<td>233</td>
<td>52.1</td>
<td>1%</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>21</td>
<td>4.8</td>
<td>17</td>
<td>3.9</td>
<td>11</td>
<td>2.5</td>
<td>9</td>
<td>2.0</td>
<td>10</td>
<td>2.2</td>
<td>-5.4%</td>
</tr>
<tr>
<td>Bicycle</td>
<td>14</td>
<td>3.2</td>
<td>6</td>
<td>1.4</td>
<td>7</td>
<td>1.6</td>
<td>11</td>
<td>2.5</td>
<td>25</td>
<td>5.6</td>
<td>75%</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>69</td>
<td>15.9</td>
<td>46</td>
<td>10.5</td>
<td>61</td>
<td>13.9</td>
<td>40</td>
<td>8.9</td>
<td>58</td>
<td>13.0</td>
<td>-18%</td>
</tr>
<tr>
<td>Railway</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.2</td>
<td>200%</td>
</tr>
<tr>
<td>Other vehicles (boats, ATV, dirt bike)</td>
<td>8</td>
<td>1.8</td>
<td>15</td>
<td>3.4</td>
<td>7</td>
<td>1.6</td>
<td>5</td>
<td>1.1</td>
<td>9</td>
<td>2.0</td>
<td>11%</td>
</tr>
<tr>
<td>Other accidents</td>
<td>115</td>
<td>26.5</td>
<td>79</td>
<td>18.0</td>
<td>96</td>
<td>21.8</td>
<td>108</td>
<td>24.1</td>
<td>141</td>
<td>31.5</td>
<td>19%</td>
</tr>
<tr>
<td>Burn</td>
<td>61</td>
<td>14.0</td>
<td>41</td>
<td>9.3</td>
<td>53</td>
<td>12.0</td>
<td>82</td>
<td>18.3</td>
<td>90</td>
<td>20.1</td>
<td>44%</td>
</tr>
<tr>
<td>Animal bite</td>
<td>21</td>
<td>4.8</td>
<td>14</td>
<td>3.2</td>
<td>12</td>
<td>2.7</td>
<td>14</td>
<td>3.1</td>
<td>17</td>
<td>3.8</td>
<td>-21%</td>
</tr>
<tr>
<td>Struck by falling object</td>
<td>4</td>
<td>0.9</td>
<td>7</td>
<td>1.6</td>
<td>8</td>
<td>1.8</td>
<td>1</td>
<td>0.2</td>
<td>6</td>
<td>1.3</td>
<td>44%</td>
</tr>
<tr>
<td>Machinery</td>
<td>1</td>
<td>0.2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0.4</td>
<td>100%</td>
</tr>
<tr>
<td>Electrical shock</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0.7</td>
<td>4</td>
<td>0.9</td>
<td>900%</td>
</tr>
<tr>
<td>Sports injury</td>
<td>21</td>
<td>4.8</td>
<td>11</td>
<td>2.5</td>
<td>16</td>
<td>3.6</td>
<td>4</td>
<td>0.9</td>
<td>11</td>
<td>2.5</td>
<td>-48%</td>
</tr>
<tr>
<td>Blast</td>
<td>7</td>
<td>1.6</td>
<td>6</td>
<td>1.4</td>
<td>7</td>
<td>1.6</td>
<td>4</td>
<td>0.9</td>
<td>11</td>
<td>2.5</td>
<td>56%</td>
</tr>
<tr>
<td>Violence</td>
<td>32</td>
<td>7.4</td>
<td>36</td>
<td>8.2</td>
<td>24</td>
<td>5.5</td>
<td>27</td>
<td>6.0</td>
<td>36</td>
<td>8.0</td>
<td>8%</td>
</tr>
<tr>
<td>Shooting</td>
<td>11</td>
<td>2.5</td>
<td>10</td>
<td>2.3</td>
<td>2</td>
<td>0.5</td>
<td>6</td>
<td>1.3</td>
<td>9</td>
<td>2.0</td>
<td>-20%</td>
</tr>
<tr>
<td>Stabbing or Cutting</td>
<td>4</td>
<td>0.9</td>
<td>5</td>
<td>1.1</td>
<td>4</td>
<td>0.9</td>
<td>3</td>
<td>0.7</td>
<td>12</td>
<td>2.7</td>
<td>200%</td>
</tr>
<tr>
<td>Assault</td>
<td>17</td>
<td>3.9</td>
<td>21</td>
<td>4.8</td>
<td>18</td>
<td>4.1</td>
<td>18</td>
<td>4.0</td>
<td>15</td>
<td>3.4</td>
<td>-13%</td>
</tr>
<tr>
<td>Falls</td>
<td>368</td>
<td>84.7</td>
<td>224</td>
<td>51.0</td>
<td>149</td>
<td>31.9</td>
<td>193</td>
<td>43.2</td>
<td>214</td>
<td>47.8</td>
<td>-44%</td>
</tr>
<tr>
<td>Other</td>
<td>106</td>
<td>24.4</td>
<td>239</td>
<td>54.5</td>
<td>214</td>
<td>48.6</td>
<td>282</td>
<td>63.1</td>
<td>324</td>
<td>72.4</td>
<td>19%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>957</td>
<td>220.2</td>
<td>873</td>
<td>198.9</td>
<td>753</td>
<td>171.2</td>
<td>857</td>
<td>191.6</td>
<td>1,051</td>
<td>235.0</td>
<td>7%</td>
</tr>
</tbody>
</table>

Rate per 100,000 population, 16 and younger

Some major injury categories involving children 16 and younger have seen rising rates over the past two years, including motor vehicle crashes, bicycle crashes, burns, shootings and falls.

Rate per 100,000 population, 16 and younger
Motor vehicle crashes brought 237 injured children ages 0-16 to University Hospital's Trauma Center in 2012. Of those, 11 died — a number that may be misleadingly low since others never make it to the hospital. Many of these injuries could have been prevented with the proper use of car seats and seatbelts, and drivers who maintained safe speeds, remained sober behind the wheel, and avoided using cell phones or other electronic devices while driving.

At University Hospital’s Pediatric Burn Center, 248 children suffered burns, some of them debilitating. Household accidents and fires, the vast majority of them preventable, were usually the cause. Hot food, hot stoves and scalding water in the kitchen were common sources.

<table>
<thead>
<tr>
<th>Sources of burn</th>
<th>Younger than 1</th>
<th>Age 1-4</th>
<th>Age 5-9</th>
<th>Age 10-14</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>Curling iron</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Electrical</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Fire</td>
<td>0</td>
<td>10</td>
<td>11</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Fireworks</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Food</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Gas fire</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Hot drinks</td>
<td>5</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Hot water</td>
<td>8</td>
<td>41</td>
<td>3</td>
<td>69</td>
<td>120</td>
</tr>
<tr>
<td>Inhalation</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Iron</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Oil</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Soup</td>
<td>4</td>
<td>21</td>
<td>10</td>
<td>2</td>
<td>37</td>
</tr>
<tr>
<td>Stove</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>115</td>
<td>49</td>
<td>30</td>
<td>225</td>
</tr>
</tbody>
</table>

*Source data limited to ages 0-14

<table>
<thead>
<tr>
<th>Age of victim</th>
<th>No.</th>
<th>Infant</th>
<th>1 to 4</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>10</td>
<td>21</td>
<td>29</td>
<td>28</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Severity of burn</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st degree</td>
<td>83%</td>
</tr>
<tr>
<td>2nd degree</td>
<td>8%</td>
</tr>
<tr>
<td>3rd degree</td>
<td>9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of burn</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>46%</td>
</tr>
<tr>
<td>Neck/shoulder</td>
<td>30%</td>
</tr>
<tr>
<td>Hand/arms</td>
<td>30%</td>
</tr>
<tr>
<td>Back/loins</td>
<td>13%</td>
</tr>
</tbody>
</table>

(1st degree least severe)
Parents should have emergency numbers at hand should injuries happen, from 9-1-1 to summon EMS or Fire, to 1-800-222-1222 for Poison Control.

Sometimes kids are injured just being kids. Injuries can occur on the sports field, or in a pickup game of basketball. The neighbor’s dog can turn unfriendly. While injuries can’t always be foreseen, the risks of serious injury can be limited by making sure kids are properly dressed or outfitted for the activities they’re taking part in. Teach children not to approach strange dogs, or those that are sleeping, eating or caring for puppies. Don’t adopt dogs with a history or tendency toward aggression if you have children.

Parents should have emergency numbers at hand should injuries happen, from 9-1-1 to summon EMS or Fire, to 1-800-222-1222 for Poison Control.

WHERE THEY LIVE
This map shows the home address of children ages 0-16 injured in car and truck crashes. One ZIP code, 78227, just north of Lackland Air Force Base, had by far the largest number of child crash victims taken to University Hospital, at 9.

WHERE THEY WERE HURT
This map shows location of crashes where children were injured. The most injuries occurred in 78251, on the Northwest Side.
Injuries to adults

Adults up to age 44 are more likely to die from motor vehicle crashes in Bexar County than from other kinds of accidents, according to the San Antonio Metropolitan Health District. Beginning at age 45, however, other types of accidental injuries combined make up the larger group. Household falls become a greater risk with age. Homicide also drops off as a major cause of death after age 45.

In total, 3,166 injured adults were treated by University Hospital’s trauma team in 2012. Statistically, while older adults have a variety of health concerns, injuries remain a major risk. Motor skills can deteriorate with age, along with eyesight and strength. Falls are the leading cause of injury to adults 65 and older, and the second leading injury cause for all adults brought to University Hospital. The rate of gunshot wounds increased significantly from 2009 to 2012, by 49 percent.

Car and truck crashes are the leading cause of injuries at University Hospital for adults of all age groups up to 64, and the No. 2 cause of injuries among those 65 and older, behind falls. The rate of adult car and truck crash injuries rose 19 percent between 2010 and 2012, and the number of victims broke the 1,000 mark (1,010) in 2012 for the first time in recent years.

Injuries from violence also are on the rise. Although shooting victims make up a minority of injured patients at University Hospital, the rate of gunshot wounds increased significantly from 2009 to 2012, by 49 percent.

Alcohol and drugs often are contributing factors to injuries and violence. Alcohol or drug use was documented in 40 percent of car and truck crash injuries involving adults, and in 38 percent of motorcycle crash injuries. The Behavioral Risk Factor Surveillance System survey shows San Antonio is among the 20 U.S. communities with the most binge drinkers — defined as five or more drinks in one setting for men, and four for women. Roughly one in five local adults reported they’d engaged in binge drinking in the past month.

Chance Bothe fired off one last text message as he was nearing his home in Ganado, a small town 35 miles northeast of Victoria. The message: “I need to quit texting because I could die in a car accident and then how would you feel?”

The 21-year-old student, on a break from classes at Texas State University, missed a curve and his pickup went airborne. Witnesses pulled him from the wreckage moments before it burst into flames. He was airlifted to University Hospital with injuries too many to count, including a broken neck and punctured lung. His face was crushed. But to his family, the worst injury was to his brain, from the terrible force of the impact.

After a year marked by multiple surgeries and intense physical and cognitive rehabilitation, Chance’s body is on the mend. He’s walking again, with a limp — and constant pain. His family is unsure what kind of future he faces. He’s taking an online course or two, to test his ability to learn and communicate — both of which were altered by the crash. He was popular for his sense of humor before the crash. Now, his attempts at humor often fall flat, or come off as rude, said his mother, Vicki Bothe.

“I miss Chance. I miss the old Chance,” his mother said. “There’s quite a bit of damage to his brain, especially the frontal lobe. A lot of his mannerisms, the things that made Chance Chance, are no longer there. So he’s evolving as a different Chance.”

The family has found some comfort in their new role as advocates, spreading the word about the dangers of distracted driving.

“I didn’t know for a while if Chance was going to live or die, but I felt it was necessary — I felt it was my responsibility as his mother — to get the word out. I know we can’t save the world, but maybe we can bring some attention to it. And by sharing our story, people can see that here was this child so full of life and health, whose life will now forever be changed. All of our lives will forever be changed. And it was something that never should have happened.”
LEADING CAUSES OF INJURY TO ADULTS BY AGE GROUP

Ages 17-24
1. Car and truck crashes
2. Motorcycle crashes
3. Falls
4. Assaults
5. Gunshot wounds

Ages 25-44
1. Car and truck crashes
2. Falls
3. Motorcycle crashes
4. Assaults
5. Gunshot wounds

Ages 45-64
1. Car and truck crashes
2. Falls
3. Motorcycle crashes
4. Pedestrians hit by vehicle
5. Assaults

Ages 65 and older
1. Falls
2. Car and truck crashes
3. Pedestrians hit by vehicle
4. Motorcycle crashes
5. Assaults

Injuries to adults 17 and older in Bexar County

<table>
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<tr>
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<td>20</td>
<td>1.5</td>
<td>16</td>
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<tr>
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<td>12.0</td>
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<td>0</td>
<td>4</td>
<td>0.3</td>
<td>1</td>
<td>0.1</td>
<td>20</td>
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<td>Other vehicles [boats, ATV, dirt bike]</td>
<td>16</td>
<td>1.3</td>
<td>11</td>
<td>0.9</td>
<td>14</td>
<td>1.1</td>
<td>16</td>
<td>1.2</td>
<td>16</td>
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<td>11</td>
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<td>0.1</td>
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<td>0.6</td>
<td>6</td>
<td>0.5</td>
<td>4</td>
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<td>3</td>
<td>0.3</td>
<td>16</td>
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<td>0</td>
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<td>0.1</td>
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<td>0.1</td>
<td>29</td>
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<td>5</td>
<td>0.4</td>
<td>9</td>
<td>0.8</td>
<td>29</td>
<td>0.2</td>
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<td>7.2</td>
<td>72</td>
<td>6.1</td>
<td>64</td>
<td>5.4</td>
<td>74</td>
<td>5.7</td>
<td>87</td>
<td>6.5</td>
<td>390</td>
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<tr>
<td>Other</td>
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<td>8.3</td>
<td>114</td>
<td>9.4</td>
<td>100</td>
<td>8.1</td>
<td>99</td>
<td>8.0</td>
<td>102</td>
<td>8.1</td>
<td>630</td>
<td>5.3</td>
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<tr>
<td>TOTAL</td>
<td>2,662</td>
<td>224.0</td>
<td>2,502</td>
<td>206.3</td>
<td>2,604</td>
<td>204.3</td>
<td>2,784</td>
<td>212.7</td>
<td>3,166</td>
<td>241.9</td>
<td>9,984</td>
<td>868.7</td>
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</table>

Rate per 100,000 population, 17 and older
Accidents involving motor vehicles account for a disproportionate share of adult injuries. In fact, almost a third of those rushed to University Hospital's Trauma Center were hurt in a car or truck crash. Speed, alcohol or drugs, distracted driving and improper seatbelt use were all factors. And of the 10 people killed on motorcycles, six were not wearing a helmet.
Violence remains a large and chronic problem, bringing hundreds of people a year to University Hospital. More than 10 percent of patients treated in the Trauma Center are victims of shootings or stabbings.

Injuries from falls can happen to anyone, at any age. The elderly are at particular risk because of strength and balance problems. Nationwide, one in every three adults age 65 and older suffers from a fall. Hip fractures and head injuries are serious complications. Falls are the leading cause of injury death in that age group. But even younger adults are at risk, with falls from ladders a common theme in the emergency room. Falls often can be prevented — with exercise and removing hazards from the home in the elderly, and with the careful use of ladders for everyone. More prevention tips are available on the Resources page.
A system of trauma care

When someone is seriously injured in Texas, an organized system exists to get them to a hospital with the skills and capability to care for that level of injury as quickly as possible. Bexar County is part of Trauma Service Area-P, which includes 53 hospitals and 71 EMS agencies within a 22-county region. The Southwest Texas Regional Advisory Council, or STRAC, is the leadership organization for the region. Trauma centers are designated by the Texas Department of State Health Services according to their ability to treat injured patients. University Hospital serves as a Level 1 trauma center, which is the highest level of trauma center. San Antonio Military Medical Center also provides Level 1 trauma care for the region. University Hospital is also the only pediatric trauma center in all of South Texas.

One of the most critical tools in ensuring that patients get to an appropriate trauma center quickly is MEDCOM, a San Antonio-based communications center that rapidly processes over 300 critical trauma transfer requests each month. MEDCOM is staffed around the clock to connect doctors at regional hospitals by telephone with a trauma surgeon in San Antonio — usually in less than ten minutes. MEDCOM also serves as the communications hub for regional mass casualty and disaster response, allowing EMS, air medical and hospital personnel to coordinate their activities.

AirLife, a helicopter ambulance service jointly owned by University Health System and the Baptist Health System, is a critical component in the rapid transfer of seriously injured patients throughout the vast region. With three Bell 430 helicopters capable of quickly reaching remote or hard-to-access locations, AirLife covers a 150-mile radius of San Antonio. Within the city, San Antonio EMS is a major partner for pre-hospital trauma care. San Antonio EMS operates 30 full-time and five peak-period ambulances staffed by 335 paramedics and EMTs.

As a whole, this organized approach to trauma care has saved lives, improved cooperation among providers and created a more efficient, effective trauma system benefitting millions of Texas residents.
**Resources**

**General Safety**
University Health System Child Health & Safety Awareness Program
Car seat inspections and installation; school, community and family education.
www.universityhealthsystem.com/trauma-services/preventing-trauma

Centers for Disease Control and Prevention Injury Center
Safe driving, violence prevention, falls, home safety
www.cdc.gov/injury/overview

San Antonio Fire Department Safety Page
Smoke detectors and carbon monoxide safety, child car seats, fireworks safety, water safety.
www.sanantonio.gov/safd/safetyinformation

Safe Kids USA
A wide range of information on keeping kids safe
www.safekids.org

**Vehicle Safety**
Texas Department of Transportation
State laws, safe driving tips, traffic conditions, child safety, motorcycle safety classes
www.txdot.gov/driver

National Highway Traffic Safety Administration
5-star crash ratings, child safety, teen driving, distracted driving, substance abuse
www.nhtsa.gov

Texas A&M Center for Transportation Safety Research
tti.tamu.edu/group/cts

**Household safety**
Texas Falls Prevention Coalition
Classes and programs for the elderly, fall-proofing at home
www.texaspc.org

Consumer Product Safety Commission
Recalls and alerts, product safety advice
www.cpsc.gov

Texas Department of Insurance
Ladder safety
www.tdl.texas.gov/pubs/videoresource/t5laddersafe.pdf

**Research**

As the lead Level 1 trauma center for South Texas, University Hospital doctors and staff are not only tasked with saving lives, but with finding new and better ways to save lives through research. Below is a sample of research studies and articles published in 2012.


"Estimating thyroid dose in pediatric CT exams from surface dose measurement." Rani Al-Senan, Deborah L. Mueller and Mustapha R Hatab Physics in Medicine and Biology. 57 (2012) 4211–4221
University Hospital & School of Medicine at the UT Health Science Center San Antonio

Trauma faculty and staff

Dr. Ronald Stewart, Professor & Chairman, Department of Surgery
Dr. John G. Myers, Professor of Surgery, Chief of Trauma and Emergency Surgery, Chief of Staff
Dr. Brian Eastridge, Professor, Trauma Medical Director
Dr. Lillian Liao, Assistant Professor, Pediatric Trauma Medical Director
Dr. Jayson D. Aydelotte, Associate Professor
Dr. Stephen M. Cohn, Professor
Dr. Daniel L. Dent, Professor
Dr. Helen A. Markowski, Assistant Professor
Dr. Deborah L. Mueller, Clinical Associate Professor
Dr. Basil A. Pruitt, Clinical Professor of Surgery
Dr. David H. Root, Clinical Professor
Martin G. Schwacha, PhD Professor
Bill Butler, PA-C, Specialist
Greg Goodwiler, MPAS, PA-C, Specialist
Kristin Schlatther, PA-C, Specialist
Britney Beumeler, RN, ACNP, Specialist
Patricia Botello, RN, ACNP, Specialist
Amanda Loquias, RN, MSN, FNP, Specialist
Sue McCollow, RN, FNP-C, Specialist
Jeni Wilson, MS, RN, APRN, BC, Specialist
Kelley Marcantel, BBA, MBA, Manager, Finance & Administration, Trauma and Emergency Surgery
Susan Douglass, MSN, RN, CEN, Administrative Director, Child Health and Safety Awareness
Tracy Cotner-Pouncy, RN, Director, Trauma Services
Dawn Belscamper, RN, Assistant Director, Trauma Services
Jenny Oliver, RN, Assistant Director, Pediatric Trauma and Burn
Deborah Hutton, RHIT, CSTR, Trauma Registry Supervisor

2012 Trauma Report to the Community

Produced by University Health System Corporate Communications & Marketing Department
Leni Kirkman, Vice President, Strategic Communications and Patient Relations
Project manager
Don Finley, Senior Writer, Corporate Communications
Project designer
Helena Hummel, Graphic Design and Branding Coordinator
Mapping
Camerino I. Salazar, M.S., Director, Quality and Outcomes, Ambulatory Services

Thanks to Dr. Anil T. Mangla, chief of epidemiology at San Antonio Metropolitan Health District, for consultation and additional data used in this report.