
NTDB™ data points

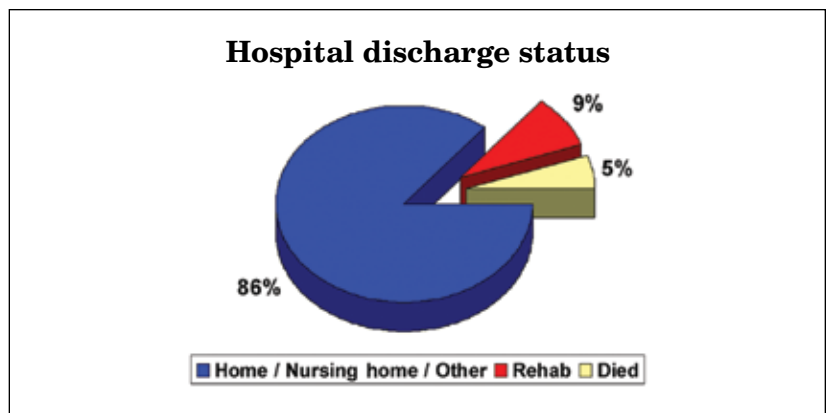
Who needs rehab?

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The trauma system agenda for the future includes a move toward developing inclusive trauma care systems. Trauma centers are only one aspect of an inclusive system. Optimal care needs to be delivered along the entire continuum of care, including prevention; pre-hospital; acute care facilities, including at trauma centers; and rehabilitation. The last—and definitely not the least important—stop for the trauma patient may be a rehabilitation facility. Monthly, we have highlighted various types and causes of acute traumatic injury.

A common thread among all these categories is the fact that a significant number of injured patients are unable to be discharged directly from the hospital and return home to their previous level of function. This group of patients requiring additional care is often discharged to a rehabilitation facility. In rehabilitation facilities, these patients are often treated by a physiatrist-led multidisciplinary team, including nurses, physical and occupational therapists, speech/language therapists, vocational counselors, respiratory specialists, social workers, rehabilitation engineers, recreation therapists, chaplains, and other health professionals.

According to the records contained in the National Trauma



Data Bank™, there were 56,764 trauma-related deaths; 898,731 were discharged to their home, a nursing home, or another unspecified location; and 90,655, or one in 10, were discharged to a rehabilitation facility. These data are depicted in the figure on this page. It is not surprising that the number of patients requiring treatment beyond acute medical care outnumbers the deaths by three to one. Patients who were discharged to a rehabilitation facility were on average 48 years of age, had an average hospital length of stay of almost 14 days and an intensive care unit length of stay of just more than six days, an average injury severity score (ISS) of 16.6, average charges close to \$69,000, and of those tested for alcohol at admission, almost one in three tested positive. Patients discharged to rehab had higher

ISS scores, longer hospital stays, and required more resources at a greater cost. These are the patients who need rehab. As evidenced by the large number of patients requiring rehab, we need to embrace the trauma system agenda for the future. By building a more inclusive trauma system, we can improve the continuum of care from injury through rehab, which should have a direct effect of improved patient outcomes.

Throughout the year, we will be highlighting these data through brief reports monthly in the *Bulletin*. The full NTDB Report Version 4.0 is available on the ACS Web site as a PDF file and a PowerPoint® presentation at <http://www.ntdb.org>. If you are interested in submitting your trauma center's data, contact Melanie L. Neal, Manager, NTDB, at mneal@facs.org.