

Northern Virginia Emergency Medical Services Council

Performance Improvement and
Trauma Committee
FY23 Q2
Wednesday, Dec. 14, 2022
9:00 am



Meeting hosted via Zoom

AGENDA

Type of Meeting: Collaborative exchange of information and reporting of regional performance improvement (PI) and trauma initiatives

Facilitators: Dr. Elizabeth Franco
Dr. Babak Sarani

1. Call to order
2. Approval of September 14, 2022 committee minutes
3. Vision Zero – Presentation
4. Topics as Planned: Please bring any agency/Hospital information you might have.
Looking at data from 7/1/2021 – 6/30/2022
 - Pedestrian Struck
 - Blood Administration in the field for medical reasons.
5. Discuss future Topics
6. Dates for 2022:

March 8, 2023
June 14, 20223
September 13, 2023
December 13, 2023
7. Adjournment



Northern Virginia EMS Council
Trauma and Performance Improvement Committee
Meeting held virtually via Zoom
December 14, 2022 Meeting Minutes

Those present were (All attendees were present via Zoom):

Andrew Sanders	asanders@pwcgov.org
Babak Sarani, M.D.	bsarani@mfa.gwu.edu
Beth Adams	beth.adams@fairfaxcounty.gov
Chip Morrison	cmorrison@pwcgov.org
Christy Kwan	christykwan@gmail.com
Craig French	craig.french@inova.org
Dennis Wang	dnswng888@gmail.com
Dr. Dan Abstreih	avstreih@gmail.com
Dynette Rombough	dxrombou@sentara.com
Elizabeth Franco	elizabeth.franco@inova.org
Helaina Roisman	helaina.roisman@gwu-hospital.com
James Cooper	jamie.cooper@loudoun.gov
James Tharp	j.tharp@manassasparkva.gov
John Bowers	jbcityfire@gmail.com
John Morgan	john.morgan@loudoun.gov
John Wanamaker	john.wanamaker@hcahealthcare.com
Justin Nelson	jnelson@virginiahospitalcenter.com
Kari Scantlebury	karibury@gmail.com
Kate Kramer	kkramer@arlingtonva.us
Kim Klein	kim.klein@inova.org
Laura Vandegrift NVEMSC	laura@vaems.org
Lindsay Jacobs	lindsay.jacobs@loudoun.gov
Melinda Myers	melinda.myers@inova.org
Michelle Ludeman	michelle@vaems.org
Nathan Kee	nathan.kee@inova.org
Neha Sullivan	nsullivan@pwcgov.org
Ray Whatley	ray@vaems.org
Reed Smith	rsmith@arlingtonva.us
Stephanie Boese	stephanie.boese@gwu-hospital.com
Tracey Taylor	tracey.taylor@hcahealthcare.com
Tracy Lane	tracy.lane@loudoun.gov

The PI and Trauma Committee meeting was called to order at 9:02 a.m. by Dr. Elizabeth Franco.

Approval of the Minutes

Minutes from September 14, 2022, were sent via email before the meeting for review.

Northern Virginia EMS Council
Trauma and Performance Improvement Committee
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- Motion to approve the minutes as written by John Morgan
 - Seconded by Beth Adams
 - ***The Motion was unanimously approved***

Presentation – Helaina Roisman, Injury Prevention, and Outreach Coordinator, GW Hospital, and Christy Kwan, Volunteer Co-Chair, DC Families for safe streets

Helaina and Christy presented an overview of what Vision Zero is and its strategies for traffic safety www.DCFamiliesForSafeStreets.org

- Their presentation can be found at the end of these minutes

In northern VA there is a chapter of Families for Safe Streets www.novasafestreets.org
You can reach them through Mike Doyle, Founding member at contact@novafss.org

Trauma Topic – Pedestrian Struck

Data review July 1, 2021, to June 30, 2022

- Dr. Franco, Inova Fairfax
 - The presentation can be found at the end of these minutes
- Dr. Sarani, GWU Hospital
 - The presentation can be found at the end of these minutes
- Inova Loudoun – Kim Klein
 - Total 43
 - Trauma activation 95.4% modified
 - 4.6 full activation
 - 44% female; 56% male
 - Most 15-64 ages
 - Arrival
 - Most by EMS
 - Locations
 - Street
 - Parking lot – most at Walmart
 - Crosswalks
 - Arrival times
 - 11 am and 6 pm were the majority
 - Most common
 - Tib fib fractures, rib fractures, and radius/ulna fractures
 - ED Disposition
 - Discharged home 81%
 - STCU 9.3%
 - Admit to floor 7%
 - Intermediate care unit 2.3%
 - All discharged alive
- Justin Nelson, Virginia Hospital Center

Northern Virginia EMS Council
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- The presentation can be found at the end of these minutes
- Tracey Taylor, Reston Hospital
 - The presentation can be found at the end of these minutes
- Dr. Morgan, Loudoun County Fire & Rescue
 - The presentation can be found at the end of these minutes
- Beth Adams, Fairfax County Fire & Rescue
 - The presentation can be found at the end of these minutes
- Dr. Sullivan stated that Prince William County recently transitioned from Safety Pad to ESO and was having trouble pulling data at this time
 - Michelle will get with Andrew Sanders and assist them
- Kate Kramer, Arlington County Fire Department
 - 140 total patients
 - 72 male
 - 51 female
 - 17 were listed as other
 - Most lower extremities next were head injury
 - The ages ranged from 9-85
 - The most common hours were 6-7 pm and 9-10a

Blood administration in the field for medical patients

- Arlington County Fire Department, Dr. Reed Smith
 - They initially had one unit fielded in September 2021
 - They've transfused 20 units over 27 months
 - 7 of those were medical
 - Medical protocols require
 - Visible evidence of blood loss
 - Then 2 of the following
 - Shock, low systolic BP, low heart rate, altered mental status
 - These are a sample of their
 - 94 yo SNF resident that vomited large amounts of coffee ground emesis
 - No TXA or calcium was administered because blood wasn't fully infused yet
 - Upon arrival at the hospital, the patient looked better, and color had improved.
 - They were discharged back to SNF
 - 49 yo female with new onset large amount of vaginal bleeding and was status post hysterectomy 2 weeks
 - On EMS arrival they found a large pool of clotted blood on the floor and the patient stated she could feel continued bleeding
 - The patient was tachycardic and hypotensive
 - Patients condition improved with the transfusion of blood
- Loudoun County Fire and Rescue, Dr. John Morgan

Northern Virginia EMS Council
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- Based on 60 cases over 2 years, 9 medical (15%) for all agencies (Arlington, Loudoun, and Fauquier)
- Loudoun had only 2 medical out of 26 total administrations in 2 years
 - 1 was a GI bleed
 - 1 was a dialysis fistula
 - Both were clear indications, shocky, low BP, etc
 - Both did well and received additional blood in the hospital
 - Both elderly with multiple comorbidities
- NVEMS Council – Arlington, Fauquier, and Loudoun 9 blood administrations were medical in etiology over the last 2 years out of 60 cases, as mentioned by Dr. Morgan
 - 4 were male, 5 were female
 - Ages were 69-91 for males and 30-74 for females
 - Findings were (based on data entered):
 - 4 GI bleed
 - 3 vaginal bleed
 - 1 status post spontaneous abortion
 - 1 status post hysterectomy
 - 1 dialysis fistula hemorrhage (on anti-coagulant)
 - 1 massive hematemesis

Future Trauma Topics

- Presentation on MVA patient from Fauquier County
- Needle thoracostomy overuse
 - Needle decompression – blunt vs medical
 - Active discussion in the state and educational topic, this was last discussed at our meeting in 2019
 - Are we overutilizing this technique?
 - Dr. Smith to pull UVA data and send it to review in advance of the meeting
- Review the latest studies on pediatric c-spine and immobilization
 - How are we immobilizing kids, or are we, and to what extent?
 - What are you using to transport pediatric patients? Pedi-mate vs. other products
- Revisiting what changes in behaviors, protocols, community education, etc., agencies and hospitals have done since the group discussed a certain topic?
 - Perhaps we can designate one meeting per year to discuss all topics for the last year?
 - Dr. Franco suggested revisiting one topic from the last 1-2 years at the end of each meeting to make it more manageable.
- Dr. Wang from Reston Hospital suggested we discuss the use of tourniquets
 - Is there any follow-up on the frequency of use
 - Are we using them appropriately? Are we overutilizing when other bleeding options are available in normal EMS operations? Different than high-threat operations.
 - Agencies applications and how many of those in the trauma bay received some type of vascular procedure

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- Dr. Wang said they discouraged at one point many years ago because they were doing more harm, now were teaching non-medical personnel for mass casualty to teachers, etc., and they don't think it will work; how can you expect someone with minimal training in rare circumstance to perform this skill properly?
 - At some point, they'll pull the data again and pull it back because there's not a good balance between harm and no harm.
- Injury prevention initiatives
 - What initiatives each hospital has and what does EMS do?
- Fall prevention
- Spinal cord injuries
- Head trauma

Regarding the medical topic, should we add an hour to this meeting and roll it over into medical and systems issues or make it a separate meeting?

- Do we want to do a separate stand-alone meeting or roll into this?
 - Dr. Morgan stated there can be 2 ways to go about it
 - Combined with medical, trauma, and systems
 - When we had many fewer trauma attendees and they may not have an interest in EMS medical topics, we could transition from this meeting and take a break then get back into it or agree to meet on 2 separate meetings
 - To do trauma and medical topic with data pulling is a heavy lift for many agencies due to varied resources
 - Dr. Sullivan suggested that we do a second meeting in the same time slot on a different day
 - Beth Adams also suggested we review behavioral health as a topic for that meeting
 - What are the CSBs doing? What are other agencies doing?
 - adult vs. pediatrics for OD and suicides (less than 17)
 - Resources are lacking between ages 13-18,
 - Good data on middle school and HS populations on the behavioral health topic
 - Narcan and revive kits
 - Marcus alert and change in practice, triage models, change in protocol, dispatch, etc.
 - The Council will send out meeting dates for the Medical PI meetings in early 2023 which will be in the same time slot but on a different day than the Trauma PI.

The 2023 Regional Trauma/PI meetings are scheduled for

- March 8, 2023
- June 14, 2023
- September 13, 2023

Northern Virginia EMS Council
Trauma and Performance Improvement Committee
December 14, 2022 Meeting Minutes

- December 13, 2023

The meeting was adjourned at 11:05 am

CERTIFICATION OF PERFORMANCE IMPROVEMENT AND TRAUMA MEETING

Northern Virginia EMS Council
7250 Heritage Village Plaza, Ste. 102
Gainesville, VA 20155

I, Michelle Ludeman, Regional Coordinator of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the minutes of the Performance Improvement and Trauma Meeting of the Northern Virginia EMS Council on December 14, 2022. The minutes were officially approved on March 8, 2023, at the meeting of the Committee.

Michelle Ludeman
Northern Virginia EMS Council

Date

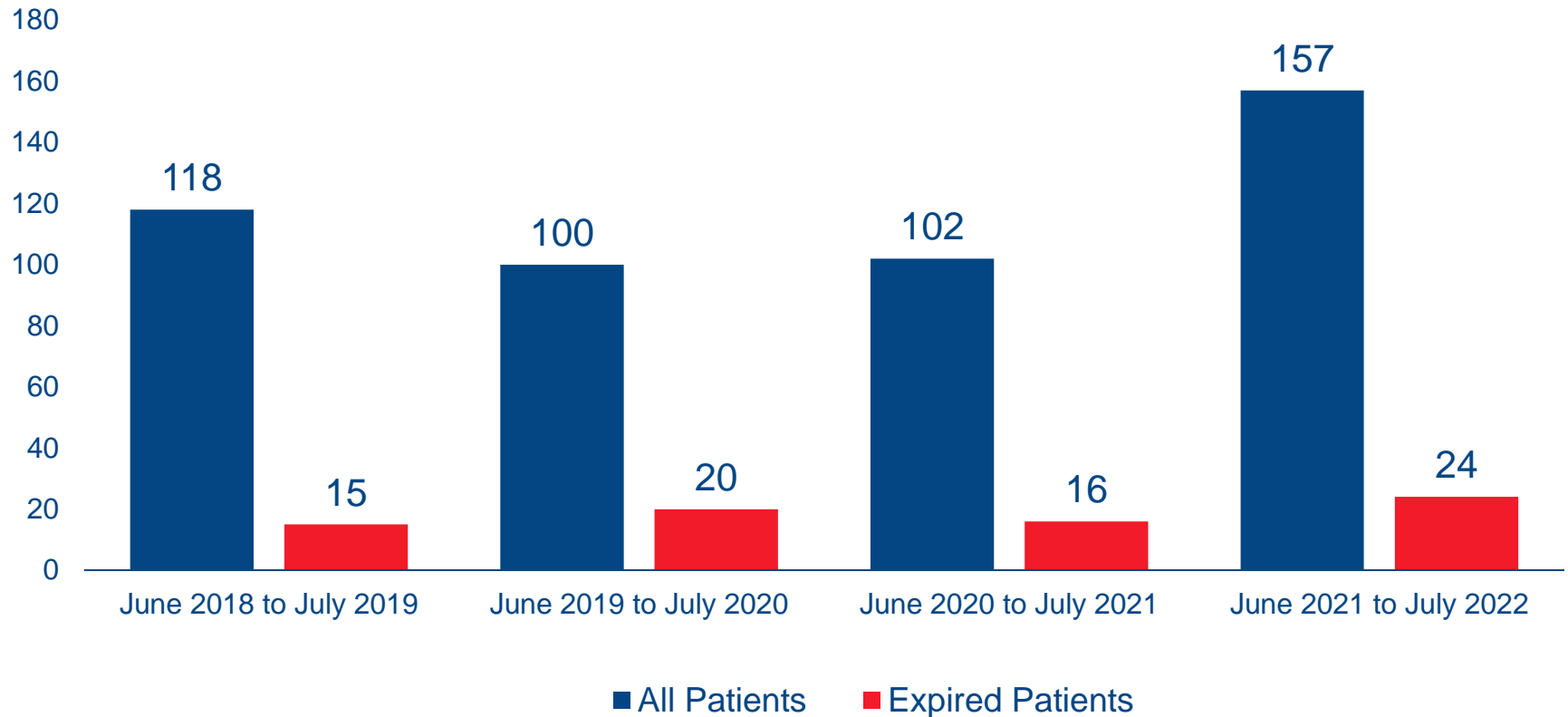


Pedestrian Struck

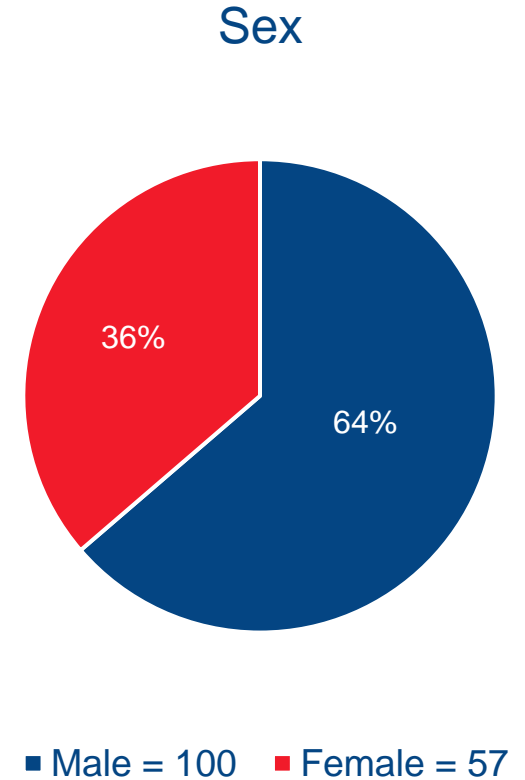
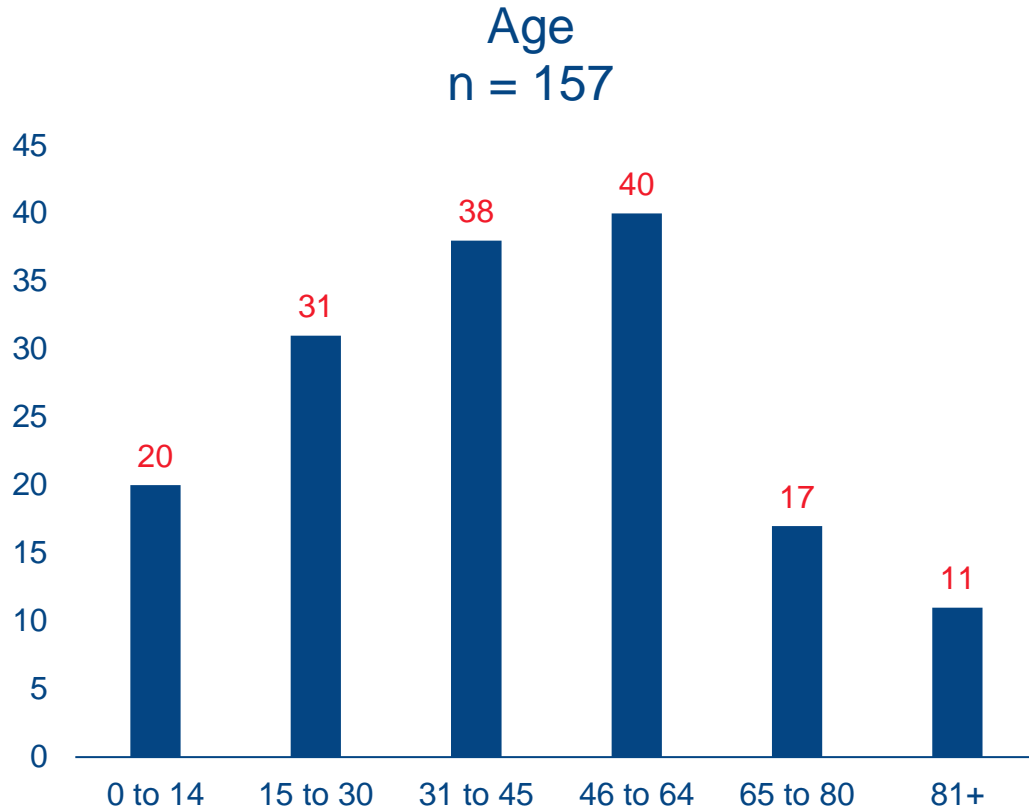
NVEMS Council December 2022

*This presentation is a privileged document for PI
under VA Code Ann.8.01-581.17*

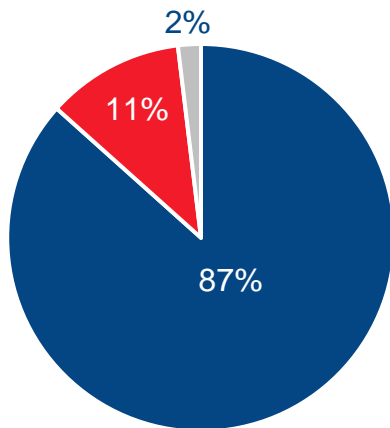
Pedestrian Struck Trend



Pedestrian Struck – July 2021 – June 2022

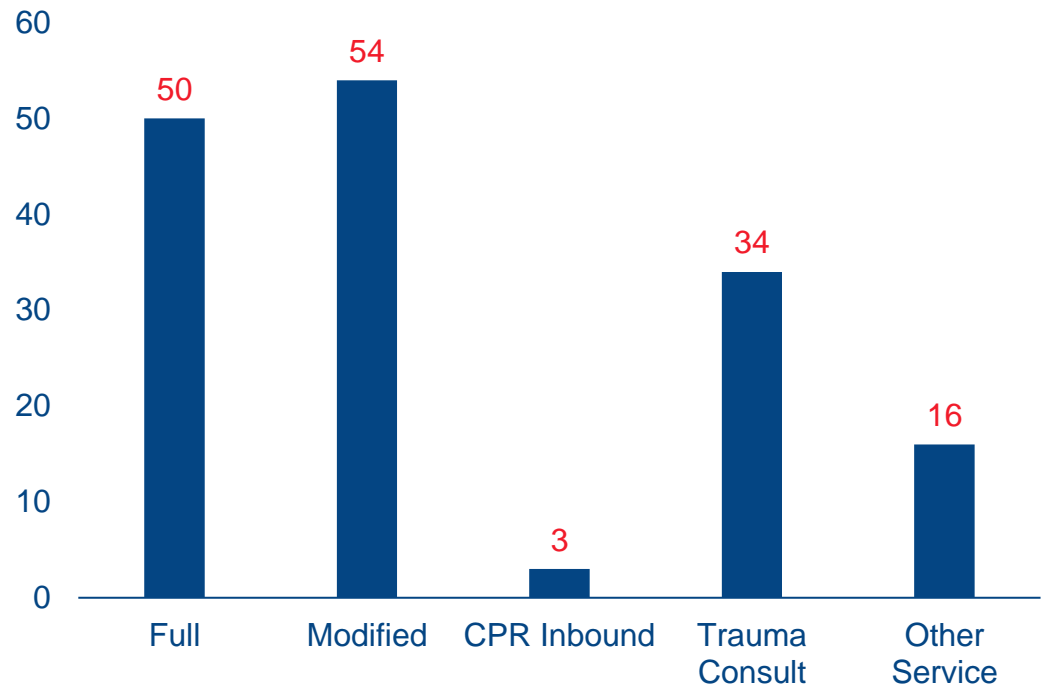


Method of Arrival to IFMC



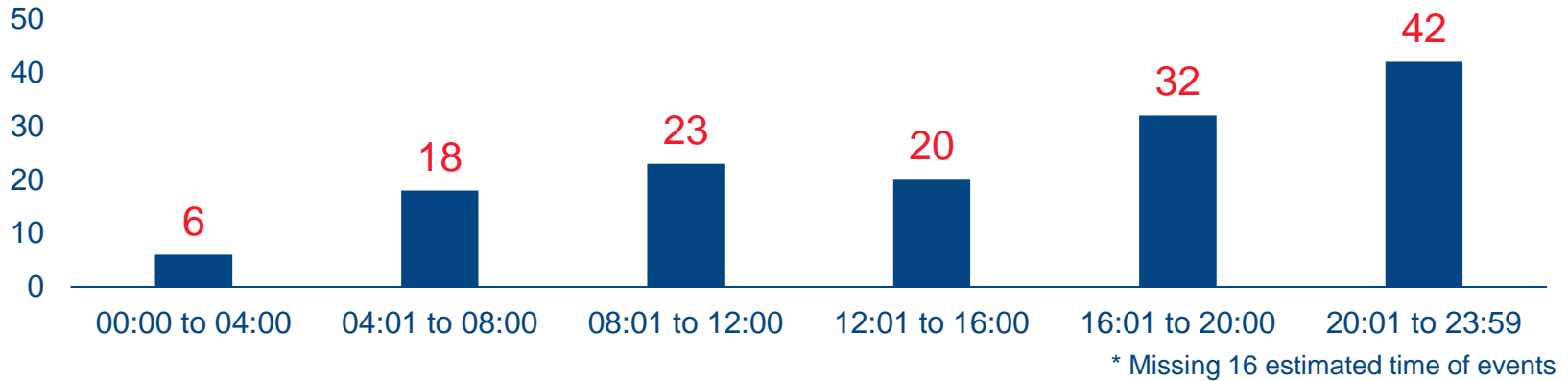
- EMS from Scene = 136
- Transfers from OSH = 18
- Arrived POV = 3

Trauma Activation/Consultation Type

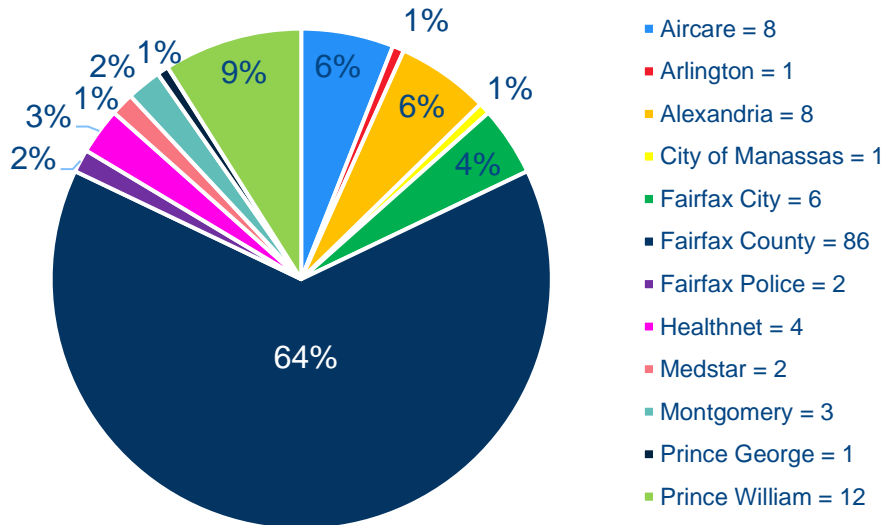


Pedestrian Struck – July 2021 – June 2022

Time of Event*



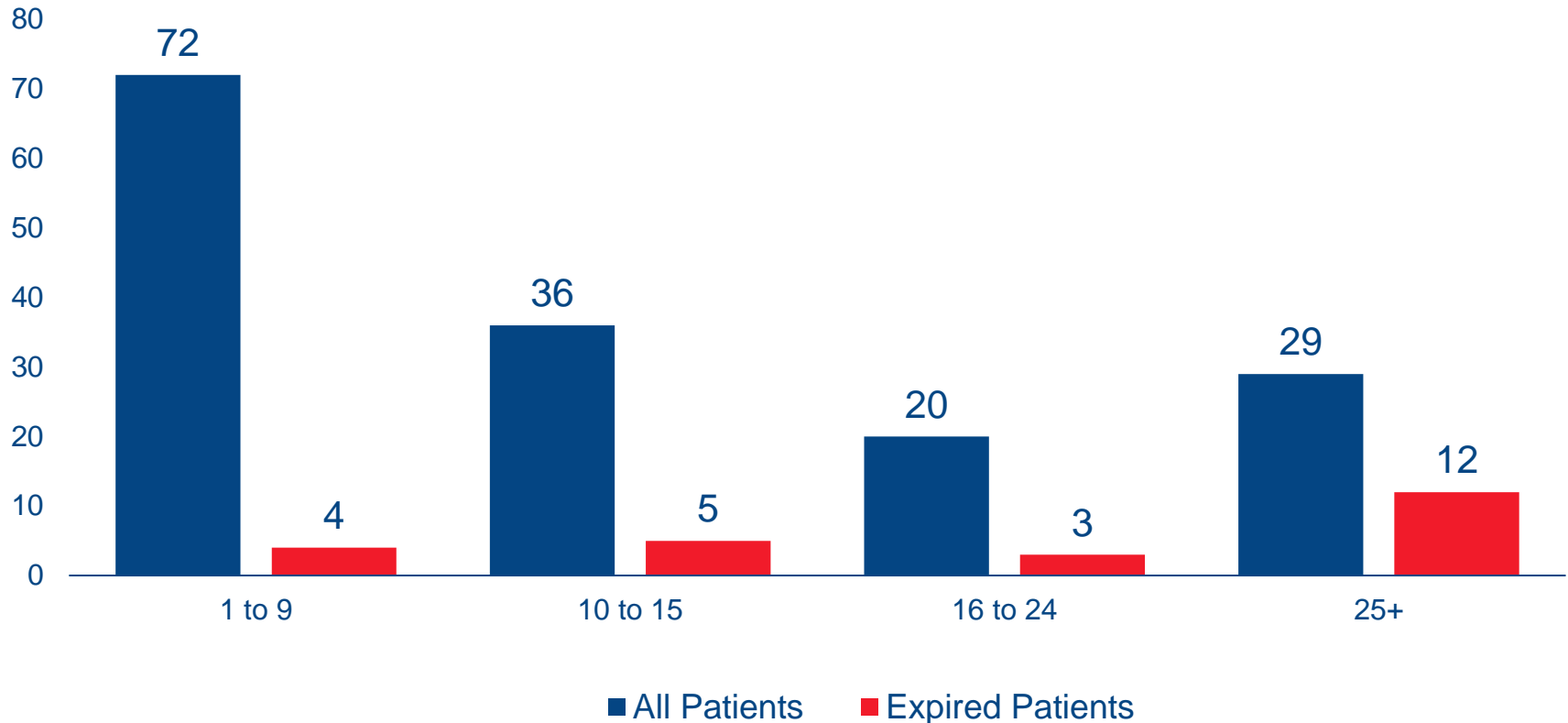
Transporting Agency



EMS Unit Patterns

- FCFRD 408 = 11
- FCFRD 411 = 7
- FCFRD 409 = 6
- Alexandria 208 = 6
- FFX City = 6

Injury Severity Score



5 of 9 low ISS (≤ 15) mortalities were traumatic cardiac arrest events; not able to determine specific injuries

Common Injury Patterns:

- **Minor Injury Patients**

- Contusions/abrasions/minor lacerations
- Concussion
- Foot and ankle fractures

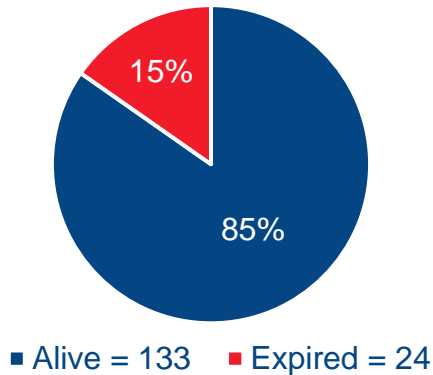
- **Major Injury Patients**

- Traumatic brain injury
- Multiple pelvic fractures
- Abdominal organ injuries (liver, spleen, kidney)
- Lower extremity fractures
- Traumatic cardiac arrest

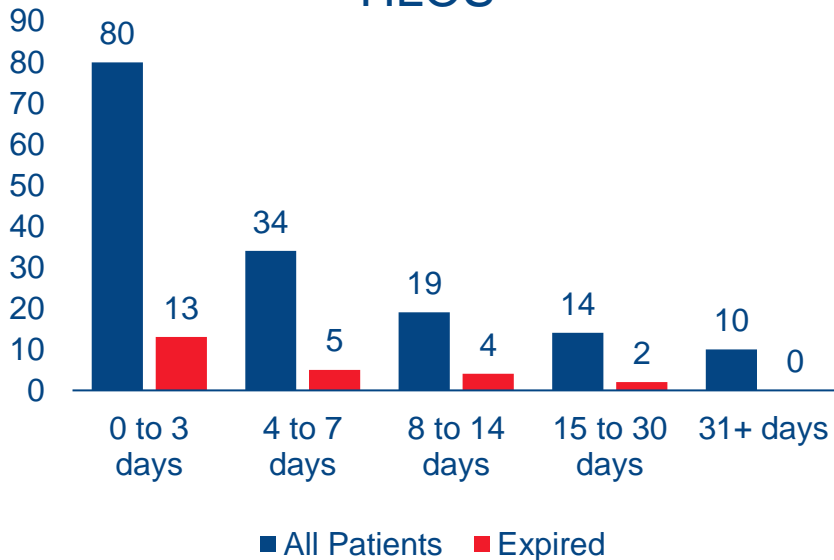
Common Procedures: Craniotomy, ICP monitor, ORIF of lower extremities, IR embolization for pelvic fractures, TEVAR, spinal fixation, chest tube

Pedestrian Struck – July 2021 – June 2022

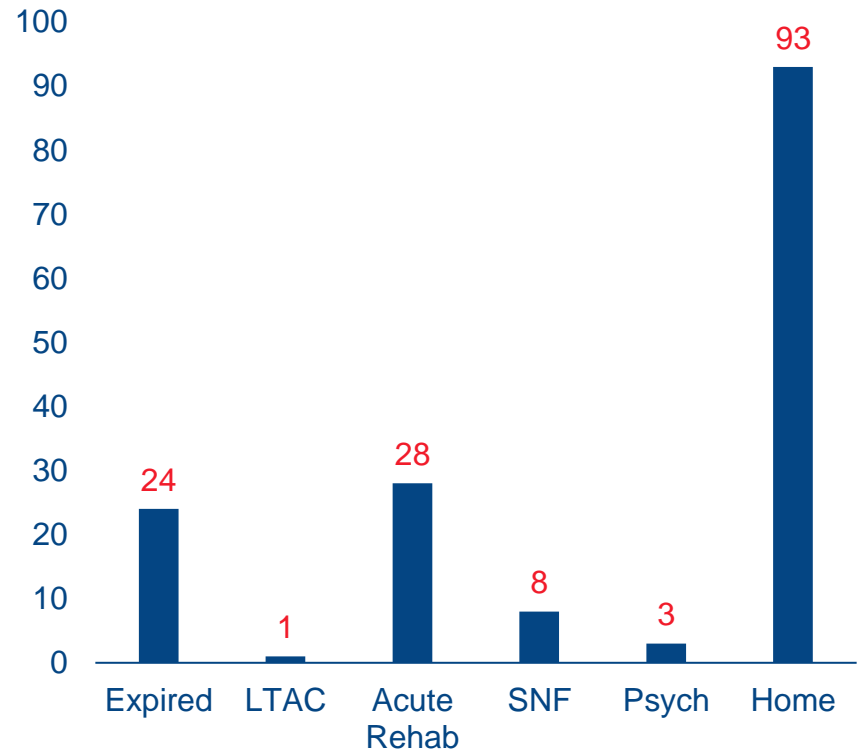
Outcome



HLOS



Disposition



Frequent Intersections of Events:

- **Richmond Highway &**

- Boswell Ave
- Collard St
- Huntington Ave
- Ladson Lane
- Lockheed Blvd
- Shields Ave

- **Duke Street &**

- N Jordan St
- Reinekers Lane
- Sweeley St

- **S Van Dorn St &**

- Edsall Rd
- S Pickett Rd.

- **Little River Turnpike &**

- Backlick Rd
- Wadsworth Ct
- Service Rd

- **John Marr Drive &**

- Columbia Pike
- Tom Davis Dr.

Multi-Patient Pedestrian Struck Events:

- **May 2020** – Daniels and Martin Ave

- 4 patients struck
- 1 patient expired from her injuries

- **June 2020** – Blake Lane and Five Oaks Rd

- 3 patients struck
- 2 patients expired from their injuries

Future investigations:

- **Evaluate whether incidents increase in early morning or early evening light variation by season**
- **Driver, pedestrian distractions: phones, intoxication**
- **Are incidents higher in different ethnic populations or in people whose primary language is not English?**
- **Location**

CIREN (Crash Injury Research and Engineering Network)

NHTSA funded research

Latest contract considering pedestrian injuries

Pedestrian Struck

Dates: 07/01/2021-06/30/2022



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Pedestrian Struck - Volume

07/01/2021-06/30/2022

- 90 patients
- 4% of our MOIs are Pedestrian struck patients during this time period



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Pedestrian Struck - Types

- Car, pick-up truck or van:
 - 82 patients
- Heavy transport vehicle or bus:
 - 3 patients
- Pedal cycle in nontraffic:
 - 2 patients
- Railway train or railway vehicle:
 - 1 patient
- Rider of standing electric scooter:
 - 1 patient
- Two- or three-wheeled motor vehicle:
 - 1 patient



Arrival By

- Walk in/POV: 4 patients
- Direct Admits: 2 patients
- EMS:
 - DCFEMS: 78 patients
 - Alexandria: 2 patients
 - Arlington: 4 patients



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EMS Arrival Time to Scene

- 0000-0600: 21 patients
- 0600-1200: 47 patients
- 1200-1800: 15 patients
- 1800-0000: 0 patients



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Injury Location

- Northern VA:

- Zip Codes

- 22202: 1 patient
 - 22204: 1 patient
 - 22209: 2 patients
 - 22305: 1 patient
 - 22314: 1 patient

- DC

- Ward 1: 5 patients
 - Ward 2: 22 patients
 - Ward 3: 10 patients
 - Ward 4: 5 patients
 - Ward 5: 3 patients
 - Ward 6: 9 patients
 - Ward 7: 5 patients
 - Ward 8: 16 patients

9 patients unknown location of injury



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Pattern of Location

- VA

- 820 I395 North
- S Four Mile Run Dr
- 1625 Wilson Blvd
- N Rhodes St
- 526 Four Mile Rd
- W Taylor Run Pkwy / Janneys Lane

- DC

- 14th Street: 4 patients
- 16th Street: 4 patients
- 18th Street: 3 patients
- Connecticut Ave: 9 patients
- 6th Street: 2 patients
- Pennsylvania Ave: 2 patients
- Massachusetts Ave: 4 patients

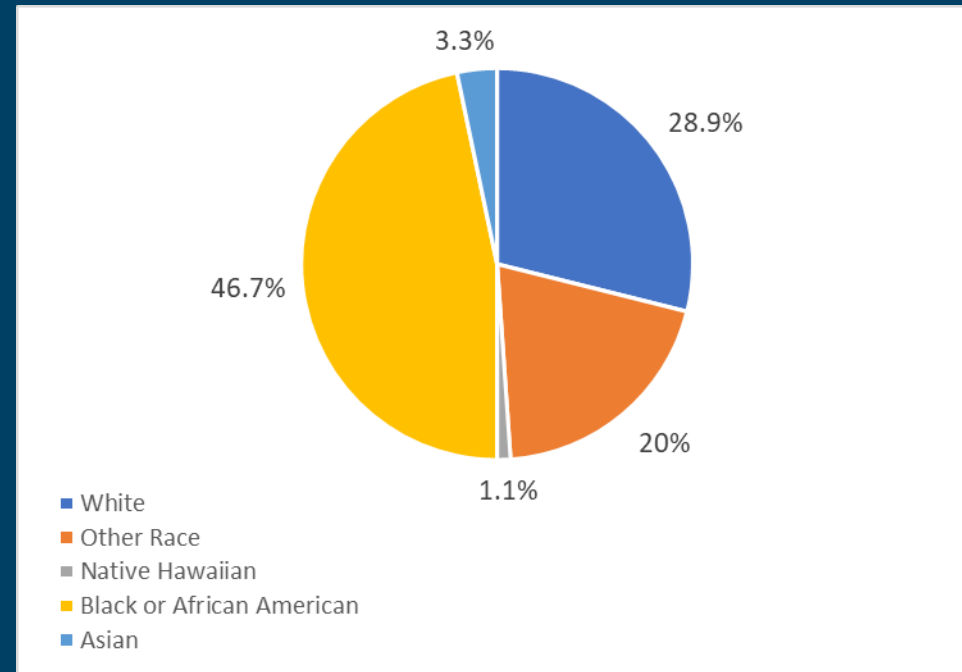


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Demographics

- Male 55.5% and Female 44.5%
- Race:



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GCS on arrival

- GCS 3: 4 patients
- GCS 3-10: 0 patients
- GCS 10-13: 2 patients
- GCS 14-15: 84 patients



ETOH

- Positive ETOH : 19 patients
 - Over the legal limit: 14 patients



Post ED Disposition

- Floor units: 41 patients
- ICU: 17 patients
- Home: 27 patients
- Interventional Radiology: 1 patient
- AMA: 1 patient
- Morgue: 1 patient
- OR: 2



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ISS and Body Region

- ISS
 - 1-10: 42 patients
 - 11-25: 16 patients
 - 26+: 4 patients
- Body Region
 - Head/Neck
 - Severity 1-3: 15 patients
 - Severity 4-6: 5 patients
 - Face
 - Severity 1-3: 16 patients
 - Severity 4-6: 0 patients
 - Chest:
 - Severity 1-3: 13 patients
 - Severity 4-6: 4 patients
- Body Region
 - Abdomen:
 - Severity 1-3: 11 patients
 - Severity 4-6: 0 patients
 - Extremities:
 - Severity 1-3: 45 patients
 - Severity 4-6: 1 patient
 - External:
 - Severity 1-3: 69 patients
 - Severity 4-6: 0 patients



Hospital Length of Stay

- 1-5 days: 39 patients
- 6-10 days: 13 patients
- 15+ days: 10 patients



Discharge To

- Home and Home with Services: 42 patients
- Jail: 1 patients
- AMA: 2 patients
- Mental Health Facility: 1 patient
- Morgue: 2 patients
- Inpatient Rehab: 9 patients
- SNF/SAR: 5 patients



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Pedestrians Struck



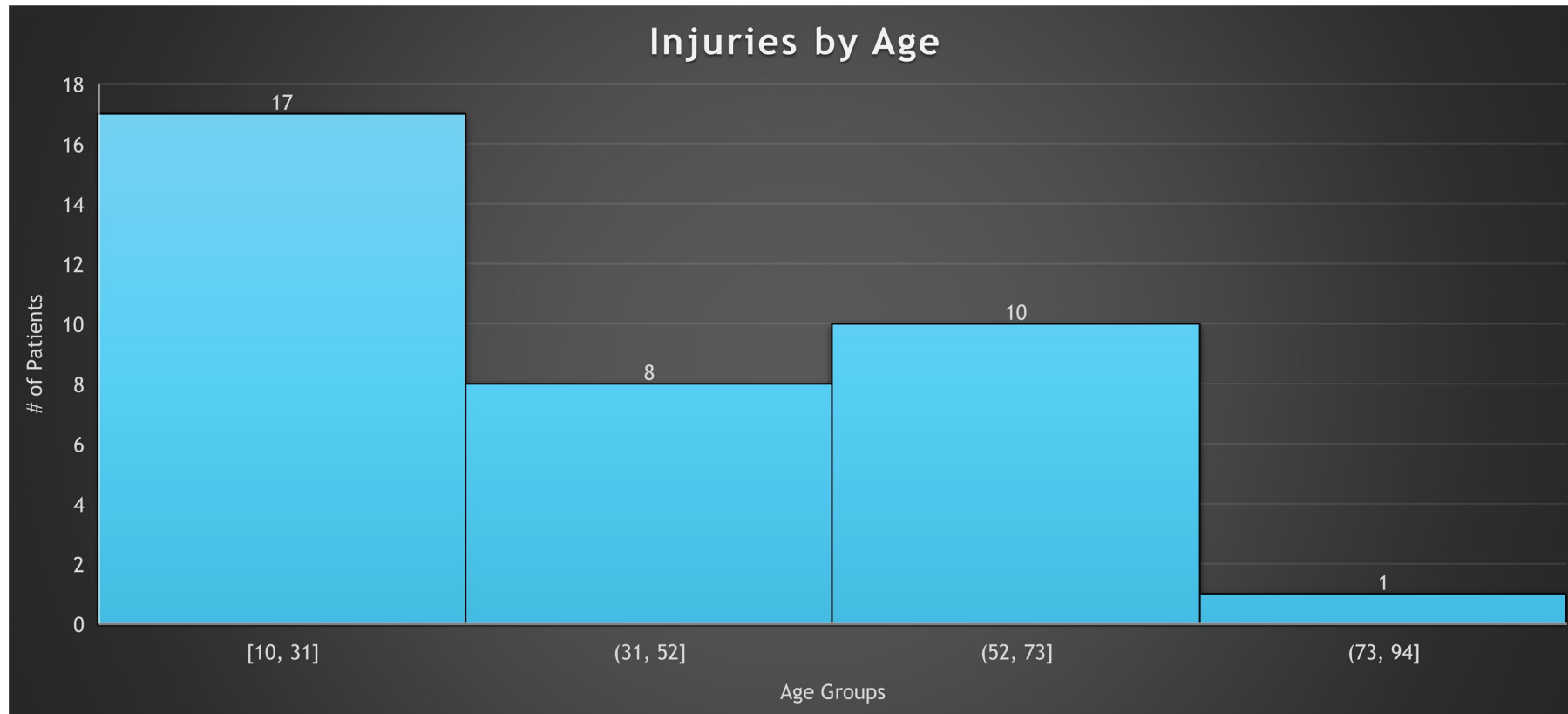
The GW Medical
Faculty Associates

Level II Trauma Center

Statistics

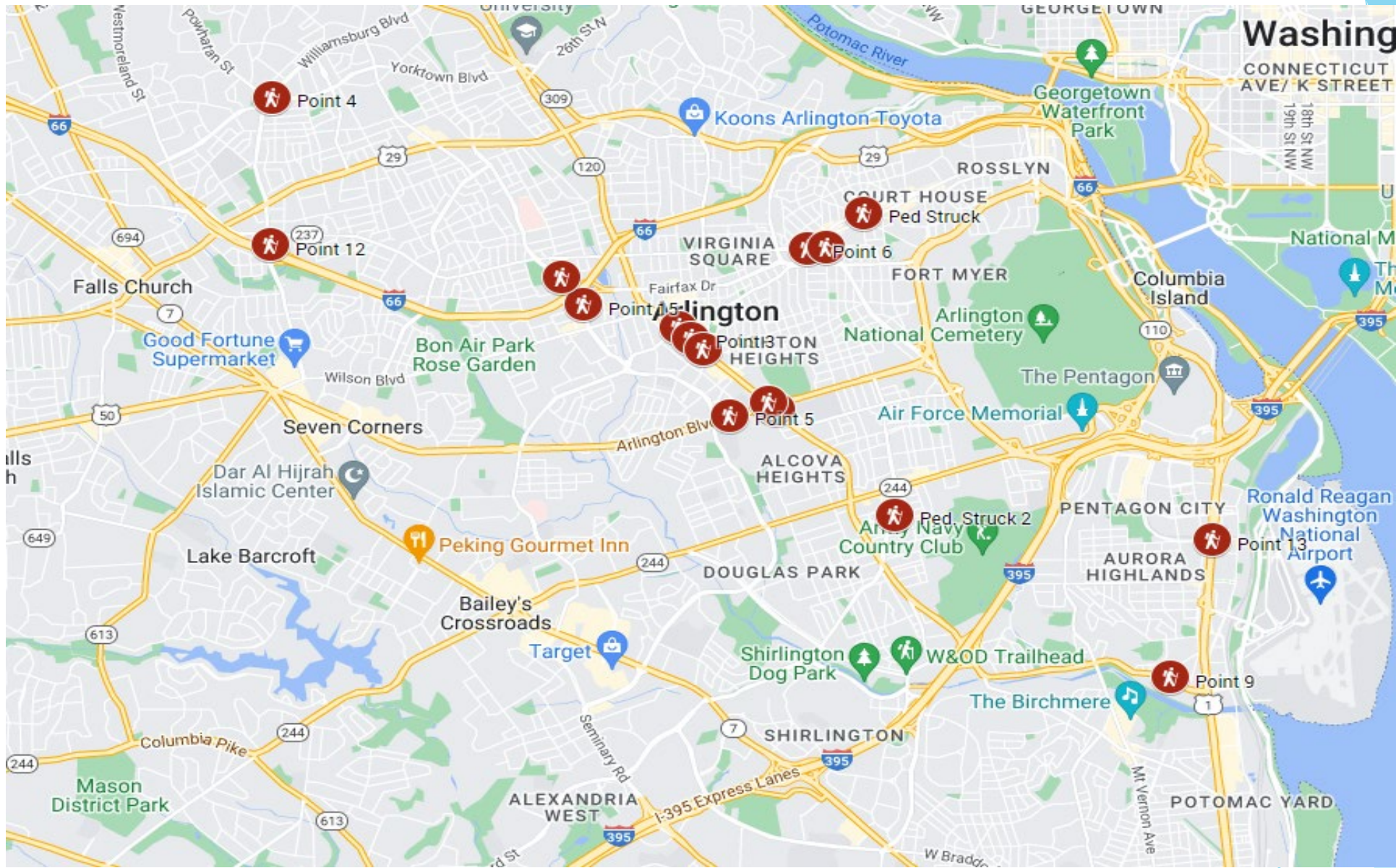
- 1,836 Patients were placed in the registry
- 284 Trauma registry patients with injuries resulting from MVC's (15%)
- 36 Pts. were MVC's with pedestrian injuries
- 13% were pedestrians struck
- All survived
- 22 Male (61%)
- 14 Female (39%)
- Highest ISS: 34
- Lowest ISS: 1

AGE



ISS

- ▶ Highest Score - 34 (1 Male Patient)
- ▶ Lowest Score - 1 (11 = 32%)
- ▶ Male - AVG. ISS Score = 12
- ▶ Female - AVG. ISS Score = 19



Questions?



Level II Trauma Center

HCA Reston Hospital Center: Pedestrian Struck

7/01/2021 to 6/30/2022

- Total: 52
- Age Range:
 - 2yo – 87yo
 - (Average 43yo)
- Mode of Arrival:
 - EMS 90%
 - 79% from Fairfax County Fire & EMS
- 9 Alphas
- 43 Bravos

- Disposition from the ED
 - 2 Transfers (Peds)
 - 11 Admits
 - 9 ICU
 - 1 Interventional Radiology
 - 3 OR
 - 25 Discharged home
- Average ISS 8

PITI 12/15/22 – Pedestrian Struck 7/1/2021 through 6/30/2022

A review of the Loudoun County Combined Fire and Rescue System Imagetrend® data was completed from July 1, 2021, through June 30, 2022, to include all incidents where Incident Complaint Reported by Dispatch is equal to “Traffic/Transportation Incident AND the Patient Care Report Narrative contained the text “Pedestrian”. A review of each narrative was then completed to exclude all incidents which involved motor vehicle collisions only.

Data included in this analysis were vehicle vs pedestrian and any incidents which involved a pedestrian on a tricycle, electric scooter, or skateboard.

This resulted in a total of forty (40) pedestrian struck vs motor vehicle incidents with 41 patients. Thirteen (13) of these incidents involved a bicycle, scooter, or skateboard.

Demographics

AGE

<u>Age</u>	<u>Total</u>
<14	6
15– 30	11
31– 55	13
> 55	11

Overall: Male: 54%
Female: 46%

Mechanism/Mode

33% of all incidents involved a bicycle, tricycle, scooter, or skateboard. The remainder involved only pedestrians in the crosswalk, street, or parking lot.

Seasonal

Majority of all incidents (34%) occurred during the 2nd quarter, October – December 2021.

FY Q1 = 11

FY Q2 = 14

FY Q3 = 8

FY Q4 = 8

DAY of WEEK - highest number of incidents occur at the beginning of the week and then tapers down

Monday – 9

Tuesday – 10

Wednesday – 6

Thursday - 6

Friday – 2

Saturday – 5

Sunday - 3

Acuity/Location

- Majority of all incidents were described as low impact with mostly orthopedic injuries to include the Lower Leg, Ankle, foot, Hip, Shoulder, and Wrist. Based on the provider's primary impression, 18/41 (44%) were documented with injuries to the lower extremities (thigh, foot, ankle)
- Twenty-eight (28%) occurred in a parking lot of either an apartment complex or commercial establishment (Target, Walmart, Wegmans). Otherwise, the location was designated as street/highway.
- 23% were refusals
- 3 incident narratives noted ETOH as being admitted to by the pedestrian.
- 5 incidents transported directly to Trauma Level II whereby the remaining balance was handled either by a freestanding Emergency Department or a Level III Trauma facility.

CC:



Data Analytics Strategy Management Division
Fairfax County Fire and Rescue Department
Pedestrian Crashes Summary



Purpose: To summarize pedestrian-vehicle crashes between July 2021 and June 2022, including figures by age, gender, injury, time of day, location, and destination type.

Requestor: Beth Adams, EMS Quality Assurance

Methodology: National Fire Incident Reporting System (NFIRS) and electronic patient care records (ePCR) data were queried from the data warehouse for July 2018 through June 2022 to provide historical context for the most recent fiscal year. NFIRS data included incidents within Fairfax County to which the Fairfax County Fire and Rescue Department (FRD) responded. ePCR data was limited to only ePCRs completed by the FRD. This excludes patient encounters occurring in Fairfax County where another agency treated and/or transported the patient.

Query Definition for "pedestrian crash": ePCR Cause of Injury code includes one or more of the following

V00.0	Pedestrian struck by another on a pedestrian transport device
V00.8	Accident on other pedestrian conveyance
V00.8	Accident on other pedestrian transport (e.g. wheelchair, stroller, mobility scooter, etc.)
V01	Pedestrian struck by bicycle
V02.9	Pedestrian struck by motorcycle two or three-wheeled
V03.0	Pedestrian struck by car, pick-up truck or van in nontraffic accident
V03.1	Pedestrian struck by car, pick-up truck or van in traffic accident
V03.9	Pedestrian injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident
V04.0	Pedestrian struck by heavy transport vehicle or bus in nontraffic accident
V04.1	Pedestrian struck by heavy transport vehicle or bus in traffic accident
V04.9	Pedestrian struck by heavy transport vehicle or bus
V05.9	Pedestrian struck by train or railway vehicle
V06.9	Pedestrian struck by other nonmotor vehicle
V09.9	Pedestrian struck by unknown transport accident
V20.9	Motorcycle three-wheel rider injured in collision with pedestrian or animal in traffic accident
V30.9	Motorcycle three-wheel rider injured in collision with pedestrian or animal in traffic accident
V40.9	MVC - car occupant injured in collision with pedestrian or animal in traffic accident
V50.9	MVC - pick-up truck or van occupant injured in collision with pedestrian or animal in traffic accident
V60.9	MVC - heavy transport vehicle occupant injured in collision with pedestrian or animal in traffic accident
V70.9	MVC - bus occupant injured in collision with pedestrian or animal in traffic accident
Y03.0	Pedestrian Struck by motor vehicle intentionally - assault

Metric Definitions

- Crashes w/Injury (NFIRS Code): incidents coded as NFIRS incident type = 323
- Pedestrian Crash Patients (ePCR): ePCR where Cause of Injury includes one or more of the above
- Crash Patients w/Transport (ePCR): ePCR where both of the following are true
 - o Cause of Injury includes one or more of the above
 - o Disposition code = 4212033 (treated & transported)
- Mature Driver Crash Patients (ePCR): ePCR where both of the following are true
 - o Injury Location of Patient in Vehicle = 'Front Seat-Left Side (or motorcycle driver)'
 - o Patient Age >= 65
- Young Driver Crash (ePCR): ePCR where both of the following are true
 - o Injury Location of Patient in Vehicle = 'Front Seat-Left Side (or motorcycle driver)'
 - o Patient Age between 15 and 20

Pedestrian Crashes Summary

Results: Figures are *not* mutually exclusive

Crashes & Patients by Type	FY2019	FY2020	FY2021	FY2022
<i>Crashes w/Injury (NFIRS Code)</i>	381	316	256	323
<i>Pedestrian Crash Patients (ePCR)</i>	401	327	34	441
<i>Pedestrian Crash Patients w/Transport (ePCR)</i>	308	308	274	383
<i>Mature Driver (65+) Crash Patients (ePCR)</i>	2	3	2	1
<i>Young Driver (15-20yo) Crash Patients (ePCR)</i>	0	1	0	1

FY2022 Pedestrian Crash Patient Encounters by Gender, Age, Destination, Scene, and Primary Impression

<i>Patient Gender</i>	<i>Total Patients</i>	<i>% Total</i>
<i>Female</i>	164	37.2%
<i>Male</i>	275	62.4%
<i>Trans M>F</i>	2	<1%
Total	441	

<i>Destination Type</i>	<i>Total Patients</i>	<i>% Total</i>
<i>Freestanding ED</i>	26	6.8%
<i>Hospital ED</i>	357	93.2%
Total	383	

<i>Scene Type</i>	<i>Total Patients</i>	<i>% Total</i>
<i>Roadway</i>	296	67.1%
<i>Parking lot</i>	63	14.3%
<i>Residence</i>	38	8.6%
<i>Public Building</i>	19	4.3%
<i>Other Paved Road</i>	6	1.4%
<i>School</i>	6	1.4%
<i>Recreation Area</i>	5	1.1%
<i>Construction Site</i>	2	<1%
<i>Health Facility</i>	2	<1%
<i>Nursing Home</i>	2	<1%
<i>Railway Station</i>	1	<1%
<i>Skating Rink</i>	1	<1%
Total	441	

<i>Age Group</i>	<i>Total Patients</i>	<i>% Total</i>
<i>Under 10</i>	22	5.0%
<i>10-19</i>	55	12.5%
<i>20-29</i>	52	11.8%
<i>30-39</i>	82	18.6%
<i>40-49</i>	65	14.7%
<i>50-59</i>	56	12.7%
<i>60-69</i>	42	9.5%
<i>70-79</i>	42	9.5%
<i>80-89</i>	19	4.3%
<i>90+</i>	6	1.4%
Total	441	

<i>Primary Impression</i>	<i>Total Patients</i>	<i>% Total</i>
<i>Injury – Upper Body</i>	174	39.3%
<i>Injury – Lower Body</i>	116	26.2%
<i>Injury – Head/Face</i>	72	16.3%
<i>Pain</i>	31	7.0%
<i>Injury - Other</i>	16	3.6%
<i>Cardiac Arrest</i>	10	2.3%
<i>Behavioral</i>	7	1.6%
<i>Neuro</i>	6	1.4%
<i>General Exam</i>	4	0.9%
<i>Foreign Body to Eye</i>	2	0.5%
<i>Weakness</i>	2	0.5%
<i>GI/GU</i>	1	0.2%
Total	441	

Pedestrian Crashes Summary

FY2022 Pedestrian Crash Patient Encounters by Hour of Day and Day of Week

Hour of Day	MON	TUE	WED	THU	FRI	SAT	SUN	Total
0700	2	3	1	2	1	3	1	13
0800	3	0	3	3	1	1	3	14
0900	3	1	1	0	3	4	1	13
1000	4	3	1	9	2	1	5	25
1100	6	3	2	5	6	2	3	27
1200	4	3	2	4	5	1	4	23
1300	7	2	2	4	3	3	3	24
1400	6	5	6	3	2	4	4	30
1500	2	5	6	1	7	3	4	28
1600	5	4	4	2	11	4	4	34
1700	8	2	4	5	10	3	2	34
1800	4	7	5	3	4	5	3	31
1900	2	1	8	5	4	6	5	31
2000	3	8	3	6	6	0	1	27
2100	3	0	6	2	4	1	1	17
2200	3	1	4	3	4	0	3	18
2300	1	0	1	2	0	1	2	7
0000	0	0	1	1	1	1	1	5
0100	1	0	0	0	0	2	1	4
0200	0	0	0	1	1	1	1	4
0300	1	0	0	0	0	1	0	2
0400	0	1	0	0	1	0	1	3
0500	1	4	1	2	1	0	0	9
0600	4	4	5	0	2	2	1	18
Total	73	57	66	63	79	49	54	441

Supporting documents: \Fairfax County Government\Team-Fire Data Analytics - Documents\Data Analytics\Analysis\EMS\2022-12_PedestrianCrashes

Blood Administration in the Field

- Total 7

- EMS:

Loudoun County Fire And Rescue, Loudoun County Fire And Rescue	Normal Saline, Epinephrine 1 to 10000, Blood
Loudoun County Fire And Rescue	Oxygen, Fentanyl (Duragesic), Blood, Zofran
Loudoun County Fire And Rescue, Sterling Vol Rescue Squad	Epinephrine 1 to 10000, Blood
Loudoun County Fire And Rescue	Normal Saline, Blood
Loudoun County Fire And Rescue	Fentanyl (Duragesic), Blood, Sodium Chloride (NaCl, Salt)
Ashburn Volunteer Fire And Rescue Department, Loudoun County Fire And Rescue	Fentanyl (Duragesic), Oxygen, Blood
Loudoun County Fire And Rescue, Hamilton Volunteer Rescue Squad	Oxygen, Blood