

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 (IDPH) established a registry specific to victims of violent injuries on March 10, 1998. A monitoring system was established at that time and IDPH began data collection from all reporting facilities in Illinois. Facilities were mandated to report victims diagnosed with an injury that were alleged to have been caused by an external cause found in the *Illinois Violent Injury Code* (ECode).

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 have resulted 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 using a web-based registry.

Coding Victims of Violent Injuries

To identify victims of violent injury for inclusion in the registry, IDPH utilizes ICD-9CM E-Codes (International Classification of Diseases, 9th Revision, Clinical Modification, External Cause of Injuries). While IDPH is aware of its limitations, the agency will use this method of coding until ICD-10CM E-codes (International Classification of Diseases, 10th Revision, Clinical Modification, External Cause of Injuries), a more definitive coding mechanism are implemented.

Reporting Compliance

There are approximately 220 licensed facilities with emergency departments that are mandated to report victims of violent injuries to IDPH.

Data Results

- In 2013, 5879 children with violent injuries were reported to the Violent Injury Registry. That number decreased to 5602 in 2014. The most frequently reported age group with violent injuries was 10-15 in 2013. The most frequently reported age group with violent injuries in 2014 was 1-4.

Table 1. Children with Violent Injuries 2013

Age Group (Years)	Number of Children	Percentage
Under 1 year	642	10
01-04	1709	30
05-09	1619	27
10-15	1909	33
Total	5879	100

Table 2. Children with Violent Injuries 2014

Age Group (Years)	Number of Children	Percentage
Under 1 year	279	5
01-04	1965	35
05-09	1534	27
10-15	1824	33
Total	5602	100

- Males were reported to have a higher incidence of violent injuries in 2013 and 2014.

Table 3. Children with Violent Injuries by Gender 2013

Gender	Number of Children	Percentage
M	3619	62
F	2260	38
Total	5879	100

Table 4. Children with Violent Injuries by Gender 2014

Gender	Number of Children	Percentage
M	3492	62
F	2110	38
Total	5602	100

- Black children were represented more often than any other race for violent injuries in years 2013 and 2014.

Table 5. Children with Violent Injuries by Race 2013

Race	Number of Children	Percentage
Black	2894	49
White	1109	19
Other	999	17
Unknown	877	15
Total	5879	100

Table 6. Children with Violent Injuries by Race 2014

Race	Number of Children	Percentage
Black	2775	50
White	1063	19
Other	791	14
Unknown	973	17
Total	5602	100

- In 2013 and 2014, children with blunt injuries accounted for the majority of cases.

Table 7. Mechanism of Violent Injuries on Children 2013

Mechanism of Injury	Number of Children	Percentage
Blunt	5000	85
Penetrating	428	7
Other	451	8
Total	5879	100

Table 8. Mechanism of Violent Injuries on Children 2014

Mechanism of Injury	Number of Children	Percentage
Blunt	4587	82
Penetrating	463	8
Other	552	10
Total	5602	100

• In both years, majority of children reported with violent injuries were admitted to an Intensive Care Unit (ICU). Those admitted to ICU generally stayed between 0-7 days.

Table 9. Children with Violent Injuries Length of Stay in ICU (Intensive Care Unit) 2013

Number of ICU Days	Number of Children	Percentage
0 – 7 Days	925	92
8 -14 Days	49	5
Over 15 Days	28	3
Total	1002	100

Table 10. Children with Violent Injuries Length of Stay in ICU (Intensive Care Unit) 2014

Number of ICU Days	Number of Children	Percentage
0 – 7 Days	833	92
8 -14 Days	47	5
Over 15 Days	28	3
Total	908	100

• The majority of reported children with violent injuries who were admitted in the hospital in 2013 and 2014 stayed an average of 0-7 days.

Table 11. Children with Violent Injuries Length of Hospital Stay 2013

Number of Hospital Days	Number of Children	Percentage
0 – 7 Days	4041	95
8 -14 Days	133	3
Over 15 Days	92	2
Total	4266	100

Table 12. Children with Violent Injuries Length of Hospital Stay 2014

Number of Hospital Days	Number of Children	Percentage
0 – 7 Days	3865	95
8 -14 Days	121	3
Over 15 Days	89	2
Total	4075	100

- In 2013 and 2014, a significant number of reported children with violent injuries who were admitted to the hospital were discharged to home, either with or without home health services. This was followed by those who were transferred to another facility.

Table 13. Children with Violent Injuries Hospital Disposition 2013

Hospital Disposition	Number of Children	Percentage
Home	4650	79
Transferred to Another Facility	1110	19
Expired	67	1
Left Against Medical Advice	52	1
Total	5879	100

Table 14. Children with Violent Injuries Hospital Disposition 2014

Hospital Disposition	Number of Children	Percentage
Home	4441	79
Transferred to Another Facility	1052	19
Expired	69	1
Left Against Medical Advice	40	1
Total	5602	100

- In 2013 and 2014, a large number of those who were transferred to another facility, went to either an acute or a sub-acute hospital; while a small but significant number went to a child protection agency.

Table 15. Children with Violent Injuries Transfer 2013

Transfer Facility	Number of Children	Percentage
Acute or Sub Acute Hospital	951	86
Rehabilitation Center	59	5
Child Protection Agency	26	2
Other	74	7
Total	1110	100

Table 16. Children with Violent Injuries Transfer 2014

Transfer Facility	Number of Children	Percentage
Acute or Sub Acute Hospital	945	90
Rehabilitation Center	59	6
Child Protection Agency	36	3
Other	12	1
Total	1052	100