KENTUCKY TRAUMA DATA BANK
2025 ANNUAL REPORT

OCTOBER 2026

Kentucky State Trauma System
Right Patient • Right Care • Right Time

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KENTUCKY INJURY PREVENTION AND RESEARCH CENTER

CONTENTS

Foreword 1
Introduction 2
Kentucky's reporting trauma centers, 2025 4
Hospitals in the Kentucky trauma system 5
Kentucky Trauma Data Bank Records 6
Table 1. Records by reporting trauma center, 2025 6
Sex 7
Table 2. Records by sex, 2025 7
Race/Ethnicity 8
Table 3. Records by race and ethnicity, 2025 8
Age 9
Figure 1. Records by age group, 2025 9
Patient County of Residence 10
Table 4. Top 10 counties of residence, 2025 10
2025 Trauma Data Bank Facilities for Kentucky with 30- and 60-Minute Drive Time Coverage 11
Injury Information 12
Work-Related Cases 12
Table 5. Work-related trauma records by cause of injury, 2025 12
Table 6. Work-related trauma records by industry, 2025 13
Cause and Intent of Injury 14
Table 7. Records by cause and intent of injury, 2025 14
Cause and Intent of Injury by Age Group 15
Table 8. Records by age and major cause of injury, 2025 15
Traffic Collision Involvement 16
Table 9. Traffic collision involvement, 2025 16
Protective Devices 17
Table 10. Use of occupant protective devices in motor vehicle traffic collisions 2025 17
Transportation Mode 18
Table 11. Transportation mode, 2025 18
Emergency Department Information 19
Month of Arrival at Emergency Department/Hospital 19
Figure 2. Month of emergency department/hospital arrival, 2025 19
Weekday of Arrival to ED/Hospital 19
Figure 3: Day of emergency department/hospital arrival, 2025 19
Time to ED/Hospital Arrival 20
Table 12. Time to emergency department/hospital arrival, 2025 20
Alcohol Use Indicators 21
Table 13. Alcohol use indicators, 2025 21
Drug Use Indicators 22
Table 14a. Drug use indicators, 2025 22

Table 14b. Drug type, 2025 22
Injury Severity Scores 23
Table 15. Records by Injury Severity Score, 2025 23
Outcome Information 24
Table 16. Discharge type by facility, 2025 24
Emergency Department Discharges 25
Table 17. Emergency department discharge disposition, 2025 25
Inpatient Hospital Discharges 26
Table 18. Inpatient hospital discharge destination, 2025 26
Financial Information 27
Table 19. Primary source of payment, 2025 27
Conclusion 28
Acknowledgments 28

FOREWORD

The Kentucky Trauma Data Bank (KTDB) was established by state law (KRS 211.490 et seq.; 902 KAR 28:040) to be the statewide repository for trauma data. It is housed administratively in the Kentucky Department for Public Health and managed by the Kentucky Injury Prevention and Research Center (KIPRC), a unit of the University of Kentucky's College of Public Health and a bona fide agent of the Kentucky Department for Public Health. All trauma centers designated by the Commissioner of Public Health in the Kentucky Trauma Care System maintain trauma registries that are compatible with the National Trauma Data Bank standards established in the National Trauma Data Standard Data Dictionary. The same standards apply to trauma centers in the process of applying for designation. The trauma centers upload their trauma data electronically to the KTDB at least quarterly. ImageTrend is the vendor that manages the downloading and compilation of data from participating trauma centers, including unverified facilities that report to the data bank, and supplies the data to the Kentucky Injury Prevention and Research Center.

With support from the National Highway Traffic Safety Administration through the Kentucky Transportation Cabinet, KIPRC analyzes the statewide trauma data bank data and provides a detailed profile of the traumatic injuries treated in the state's trauma facilities.

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Introduction

Kentucky law (Kentucky Revised Statutes [KRS] 311A.010) defines trauma as a single- or multi-system injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability. This report summarizes data reported to the Kentucky Trauma Data Bank (KTDB) as of October 2026 on trauma patients cared for at Kentucky trauma centers, both verified and in applicant status, during calendar year 2025. A list of these facilities appears on page 4.

It is important to note several characteristics of the data reported here:

- Governing state law (KRS 211.490 [6]) protects patient privacy by forbidding the identification of individual trauma patients in Kentucky Trauma Data Bank data. Patients transferred between hospitals have separate records for treatment at each reporting facility that cannot be merged because they lack personal identifiers. Thus, the number of records in the KTDB reflects total episodes of care in reporting facilities and is greater than the number of patients treated. The rest of this report refers to each episode of trauma care as a "case".
- These data represent the most serious injuries—those that meet national inclusion criteria—rather than all traumatic injuries in the state.
- Trauma that results in death at the scene of the injury event is not part of the reported data. Hospital trauma registrars report KTDB data only for patients who reach a hospital.
- If a traumatic injury occurs in Kentucky but the patient is treated in an out-of-state facility, the case is not included in KTDB data. Border areas are thus under-represented in this report.

Definitions (per 902 Kentucky Administrative Regulation [KAR] 28:010):

(18) "Level I trauma center" means a regional trauma center that
  (a) provides total care of every aspect of injury from prevention through rehabilitation and
  (b) meets the requirements established in 902 KAR 28:020.

(19) "Level II trauma center" means a regional trauma center that
  (a) provides screening and initial trauma care of the injured patient regardless of the severity of injury and
  (b) meets the requirements established in 902 KAR 28:020.

(20) "Level III trauma center" means a regional trauma center that
  (a) provides prompt assessment, resuscitation, emergency operations, and stabilization;
  (b) arranges for transfer to a facility that can provide trauma care at a higher level;
  (c) serves communities that do not have immediate access to a Level I or Level II trauma center; and
  (d) meets the requirements established in 902 KAR 28:020.

(21) “Level IV trauma center” means a regional trauma center that
(a) provides advanced trauma life support before a patient is transferred to a higher level of care;
(b) is located in a hospital emergency department; and
(c) meets the requirements established in 902 KAR 28:030.

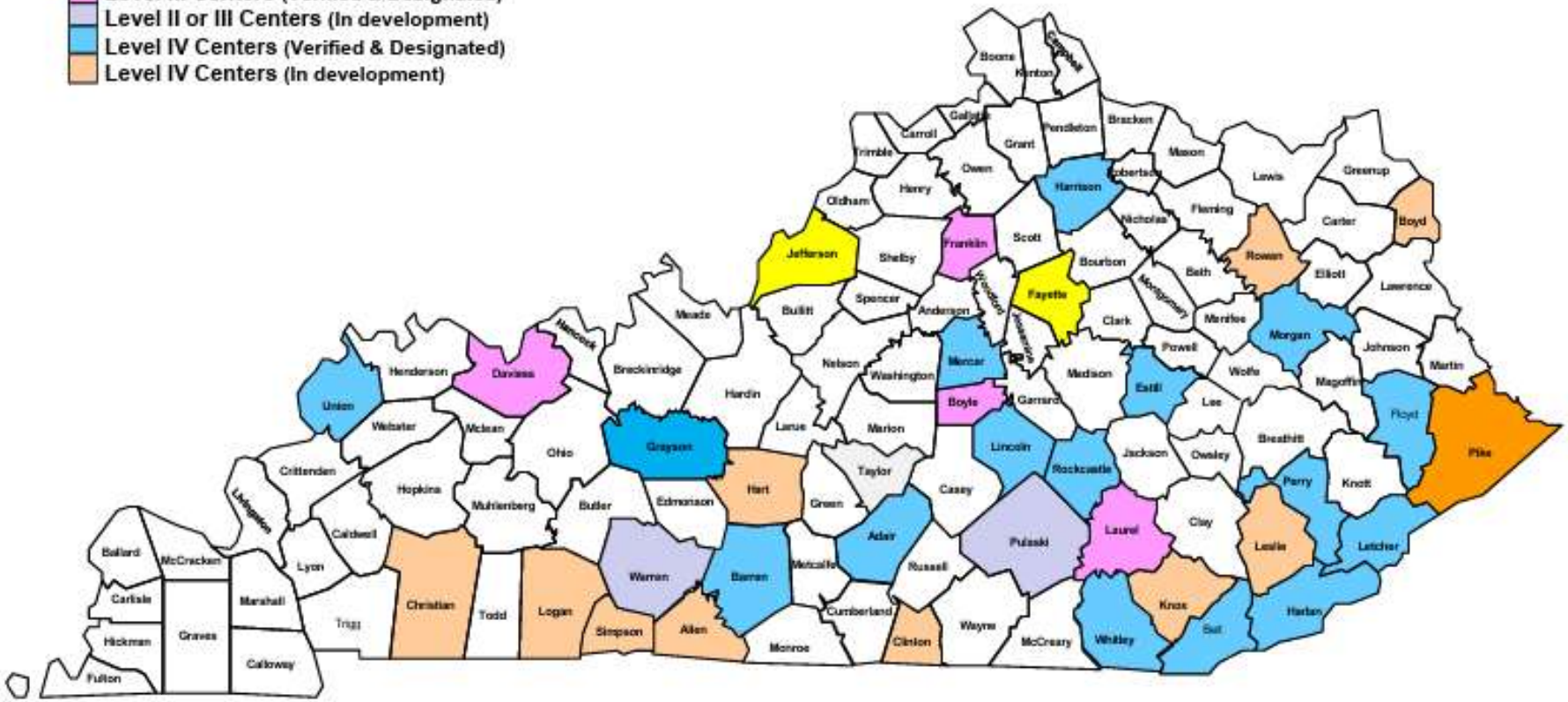
Kentucky's reporting trauma centers, 2025

Trauma Center	Designation/Status
Baptist Health Corbin	Level IV
Barbourville ARH Hospital	Level IV in progress
CommonSpirit St. Joseph London	Level III
Deaconess Union County Hospital	Level IV
Ephraim McDowell Fort Logan Hospital	Level IV
Ephraim McDowell James B. Haggin Memorial Hospital	Level IV
Ephraim McDowell Regional Medical Center	Level III
Frankfort Regional Medical Center	Level III
Harlan ARH Hospital	Level IV
Harrison Memorial Hospital	Level IV
Hazard ARH Hospital	Level IV
Highlands ARH Regional Medical Center	Level IV
Mercy Health Marcum and Wallace Memorial Hospital	Level IV
Medical Center at Albany	Level IV in progress
Medical Center at Bowling Green	Level III in progress
Medical Center at Caverna	Level IV in progress
Medical Center at Franklin	Level IV in progress
Middlesboro ARH Hospital	Level IV
Morgan County ARH Hospital	Level IV
Norton Children's Hospital	Level 1 Pediatric
Our Lady of the Way ARH Hospital	Level IV in progress
Owensboro Health Regional Medical Center	Level III
Owensboro Health Twin Lakes Reg. Med Ctr	Level IV
Pikeville Medical Center	Level II
Rockcastle Regional Hospital	Level IV
TJ Health Columbia	Level IV
TJ Samson Community Hospital	Level IV
Tug Valley ARH (formerly Williamson ARH)	Level IV
University of Kentucky Golisano Children's Hospital	Level I Pediatric
University of Kentucky Medical Center	Level I
University of Louisville Hospital	Level I
Whitesburg ARH Hospital	Level IV

Hospitals in the Kentucky Trauma System

(September 18, 2026)

- Level I Centers (Verified & Designated)
- Level II & IV Centers (Verified & Designated)
- Level III Centers (Verified & Designated)
- Level II or III Centers (In development)
- Level IV Centers (Verified & Designated)
- Level IV Centers (In development)



Verified Trauma Centers

Level I - Pediatric – Norton Children's Hospital, Louisville
Level I - Pediatric – UK Golisano Children's Hospital, Lexington
Level I - Adult - UK Chandler Hospital Lexington
Level I - Adult - University of Louisville Hospital, Louisville
Level II - Pikeville Medical Center
Level III - CommonSpirit St. Joseph Hospital - London
Level III - Ephraim McDowell Reg. Med. Center, Danville
Level III - Frankfort Regional Medical Center
Level III - Owensboro Health Regional Hospital
Level IV - Baptist Health Corbin Hospital
Level IV - Deaconess Union Co. Hospital, Morganfield
Level IV - Ephraim McDowell Fort Logan Hospital, Stanford
Level IV - Ephraim McDowell Haggin, Harrodsburg
Level IV - Harlan ARH Hospital
Level IV - Harrison Memorial, Cynthiana
Level IV - Hazard ARH Hospital, Hazard, KY
Level IV - Highlands ARH Reg Med Cntr, Prestonsburg
Level IV - Mercy Marcum & Wallace Hospital, Irvine
Level IV - Middlesboro ARH
Level IV - Morgan Co. ARH, West Liberty
Level-IV - Owensboro Health Twin Lakes Reg Med Cntr, Leitchfield
Level IV - Rockcastle Reg. Hospital, Mt. Vernon
Level IV – TJ Health Columbia Hospital, Columbia
Level IV – TJ Samson Community Hospital, Glasgow
Level-IV - Tug Valley ARH Reg Med Cntr, S. Williamson
Level-IV - Whitesburg ARH Hospital

Kentucky Trauma Data Bank Records

The Kentucky Trauma Data Bank (KTDB) has grown from five reporting facilities in 2008 to 33 in 2025. A total of 18,022 records were reported in 2025 (Table 1), more than double the 2008 total and a 12.6% increase from 2021 to 2024.

Table 1. Records by reporting trauma center, 2025

Facility Name	Frequency	Percentage (%)
Baptist Health Corbin	382	2.12
Barbourville ARH Hospital	*	
CommonSpirit St. Joseph London	504	2.8
Deaconess Union County Hospital	*	
Ephraim McDowell Regional Medical Center	642	3.56
Ephraim McDowell James B. Haggin Memorial Hospital	13	0.07
Ephraim McDowell Fort Logan Hospital	14	0.08
Frankfort Regional Medical Center	873	4.84
Harlan ARH Hospital	120	0.67
Harrison Memorial Hospital	23	0.13
Hazard ARH Hospital	324	1.8
Highlands Regional Medical Center	*	
Mercy Health Marcum and Wallace Memorial Hospital	41	0.23
Medical Center Albany	*	
Medical Center Bowling Green	672	3.73
Medical Center Caverna	*	
Medical Center Franklin	62	0.34
Medical Center Russellville	32	0.18
Medical Center Scottsville	*	
Middlesboro ARH Hospital	86	0.48
Norton Children's Hospital	305	1.69
Our Lady of the Way ARH Hospital	20	0.11
Owensboro Health Twin Lakes Regional Medical Center	142	0.79
Owensboro Medical Center	1,017	5.64
Pikeville Medical Center	1,586	8.8
Rockcastle Regional Hospital	*	
TJ Health Columbia	52	0.29
TJ Samson Community Hospital	280	1.55
Tug Valley ARH Hospital	*	
University of Kentucky Golisano Children's Hospital	1,675	9.29
University of Kentucky Medical Center	5,381	29.86
University of Louisville Hospital	3,700	20.53
Whitesburg ARH Hospital	19	0.11
Total	**18,022**	

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy.

SEX

Injuries to males comprised a majority (56.6%) of KTDB records (Table 2). Some Kentucky reporting facilities exclude isolated hip fractures, the most common traumatic injury in older adults and a category in which women are overrepresented because of their greater longevity. Thus, KTDB demographics vary significantly from those of the related report on all Kentucky injuries, in which males and females are roughly equally represented (see Kentucky Inpatient and Emergency Department Traumatic Injury Data Reports at https://kiprc.uky.edu/sites/default/files/2025-12/2024-indicators.pdf). Designation of sex was missing from 70 records.

Table 2. Records by sex, 2025

Sex	Count	Percentage (%)
Male	10,165	56.62
Female	7,787	43.38
Total	**17,952**	**100**

RACE/ETHNICITY

Most (88.75%) of the records reported treatment for white patients, reflecting Kentucky's largely white population, while about one in 12 (7.83%) were for black patients (Table 3). Information on patient race was missing in 1.89% of cases, while 1% were missing information on ethnicity.

Table 3. Records by race and ethnicity, 2025

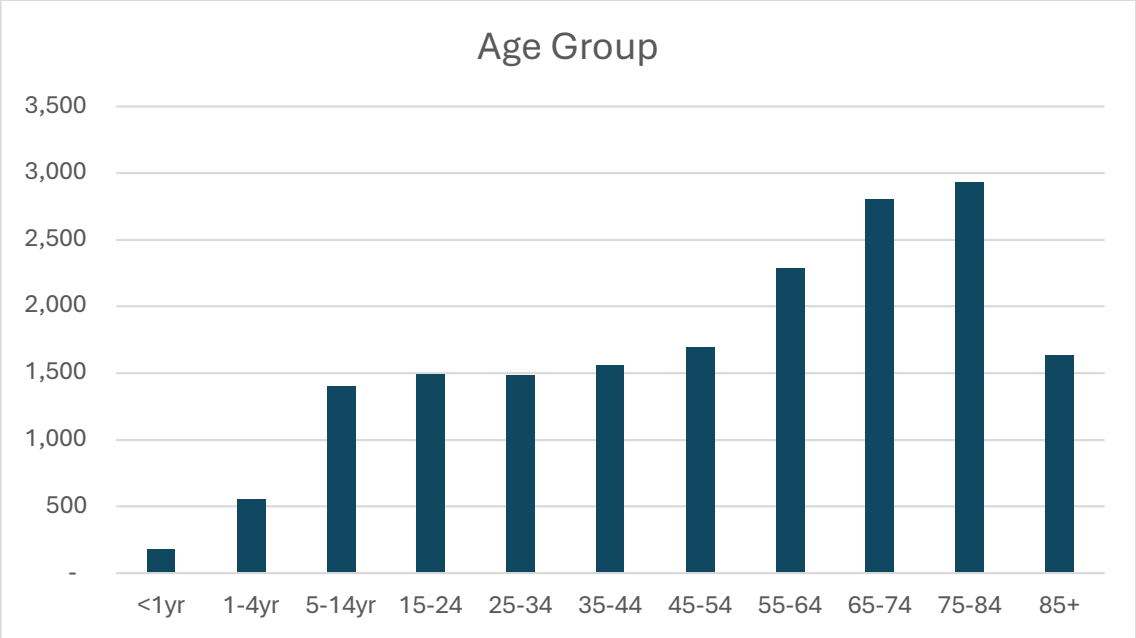
Race	Ethnicity				
	Hispanic or Latino	Not Hispanic or Latino	Not Known/Not Recorded	Total	Percentage (%)
American Indian	0	*	0	*	
Asian	*	*	0	72	0.40
Black	*	1,154	**	1,177	6.53
More than one race	*	**	0	40	0.22
Native Hawaiian or Other Pacific Islander	*	12	0	**	
Other race	273	**	*	377	2.09
Unknown	89	191	60	340	1.89
White	146	15,807	41	15,994	88.75
Total	**527**	**17,377**	**118**	**18,022**	**100**

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy. In some cases, the next lowest count was suppressed to prevent the first value from being calculated and is indicated by a double asterisk (**).

AGE

Inclusion criteria influence the distribution of trauma records by age group. The statewide hospitalization data for all types of injury are skewed toward older age groups due to the inclusion of hip fractures, whereas about 60% of KTDB records are for adults under 65 years of age (Figure 1).

Figure 1. Records by age group, 2025



PATIENT COUNTY OF RESIDENCE

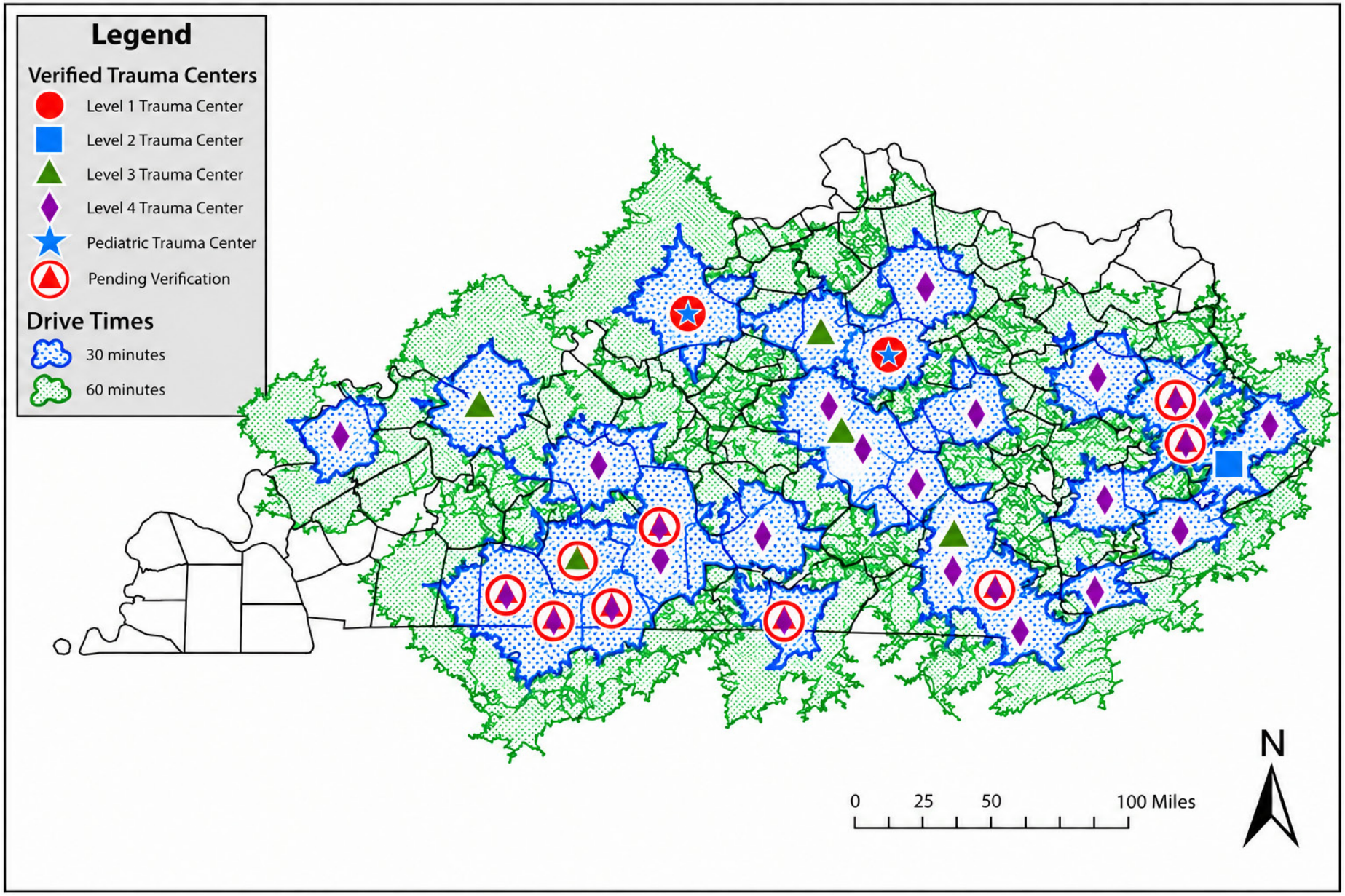
Table 4 includes the number and proportion of KTDB records for the counties with the highest number of reports. One in six (16.71%) of the records were for patients residing in Jefferson or Fayette counties, which is expected as these are the most populous counties in the state. Nearly one in 10 (9.8%) of the total KTDB records were for out-of-state patients.

Table 4. Top 10 counties of residence, 2025

Home County	Frequency	Percentage (%)
Jefferson	1,860	10.32
Fayette	1,152	6.39
Pike	759	4.21
Franklin	690	3.83
Daviess	670	3.72
Laurel	532	2.95
Madison	472	2.62
Whitley	467	2.59
Warren	394	2.19
Boyle	337	1.87
All other KY counties combined	8,853	49.12
Out of state	1,766	9.80
Missing	70	0.39
Total	**18,022**	**100**

A map of travel times to the state's trauma facilities follows.

2025 Trauma Data Bank Facilities for Kentucky with 30- and 60-Minute Drive Time Coverage



WORK-RELATED CASES

Work-related trauma is defined as injury that occurs during paid employment. A total of 593 work-related trauma cases were recorded in the KTDB data set in 2025, a major (23.79%) increase from cases reported in 2023. Falls were the most common cause of injury (Table 5).

Table 5. Work-related trauma records by cause of injury, 2025

Cause	Count	Percentage (%)
Fall	232	39.12
Struck by/Against	81	13.66
Other	71	11.97
MVT occupant	58	9.78
Machinery	52	8.77
Cut/Pierce	39	6.58
Other/Unspecified	60	10.12
Total	**593**	**100**

Table 6 shows the industry associated with the patient's work environment for work-related trauma records. Construction industry workers made up the largest single group at nearly one-fourth of all work-related trauma, while production workers represented another fifth of work-related trauma in the KTDB. However, these numbers are not a complete reflection of the occupational distribution of workplace injuries because 17.54% of work-related records were missing information regarding occupation.

Table 6. Work-related trauma records by industry, 2025

Patient's Occupation	Frequency	Percentage (%)
Construction and extraction occupations	133	22.43
Production occupations	128	21.59
Other	71	12.14
Transportation and material moving occupations	53	8.94
Farming, fishing, and forestry occupations	34	5.73
Installation, maintenance, and repair	33	5.56
Food preparation- and serving-related occupations	19	3.2
Building and grounds cleaning and maintenance	17	2.87
Not known/Not recorded	105	17.54
Total	**593**	**100**

CAUSE AND INTENT OF INJURY

Codes indicating mechanism and intent were provided for all but 48 of the records. Unintentional falls (n=9,501) and unintentional motor vehicle traffic collisions (n=3,884) were the leading causes of injuries reported to KTR (Table 7).

Table 7. Records by cause and intent of injury, 2025

CAUSE	INTENT			
	Unintentional	Intentional	Other/ Undetermined	Total
Fall	9,501	**	*	9,519
Motor vehicle traffic	3,884	**	*	3,890
Struck by/Against	618	**	*	971
MV non-traffic	822	0	0	822
Firearm	161	390	48	599
Cut/Pierce	362	**	*	576
Other specified,classifiable	370	*	**	379
Other land transport	194	0	0	194
Bite and stings	194	0	0	194
Machinery	182	0	0	182
Pedal cyclist, other	175	0	0	175
Natural/Environmental, other	129	0	0	129
Overexertion	91	0	0	91
Pedestrian, other	75	0	0	75
Child/Adult abuse	0	67	0	67
Unspecified	44	*	**	48
Other transport	28	0	0	28
Foreign body	18	0	0	18
Fire/Flame	16	*	**	17
Hot object/Substance	15	*	**	16
Other specified, not elsewhere classifiable	0	**	*	15
Poisoning (drug/non-drug)	**	*	0	*
Suffocation	0	*	0	*
Drowning/Submersion	*	**	0	*
Total	**16,890**	**1,057**	**75**	**18,022**

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy. In some cases, the next lowest count was suppressed to prevent the first value from being calculated and is indicated by a double asterisk (**).

CAUSE AND INTENT OF INJURY BY AGE GROUP

Patients aged 15–24 accounted for nearly one-sixth (16.85%) of motor vehicle crash-related trauma, followed by those aged 25-34 (14.94%). This finding is similar to those of previous years. Falls among those 55 and older accounted for three-quarters (74.47%) of all unintentional falls treated in trauma centers. Over four in 10 (44.37%) of the injuries that are attributed to being unintentionally struck by or against an object were experienced by patients 5–24 years of age. An earlier review of the struck by/against injuries in this age group found that more than half were sports-related. Nearly two-thirds (64.61%) of assault injuries were to adolescents and young adults aged 15–44 (Table 7). Self-harm is far less common than assault as a cause of trauma hospitalization because it more frequently leads to death than to survivable injury in Kentucky.

Table 8. Records by age and major cause of injury, 2025

	Unintentional					Intentional	
Age Group	Other Unintentional	Falls	Motor Vehicle (Traffic AND Nontraffic)	Other Transport	Struck by/Against	Self-Harm	Assault
<1	14	109	*	*	*	0	37
1-4	119	311	**	*	44	0	23
5-14	186	651	282	123	119	*	29
15-24	170	177	793	40	96	33	159
25-34	181	241	703	49	59	48	188
35-44	186	355	641	56	61	37	208
45-54	210	582	647	43	70	32	103
55-64	221	1,166	657	70	67	21	68
65-74	168	1,991	502	51	46	*	27
75-84	79	2,424	335	23	32	*	*
85+	15	1,494	94	*	**	0	*
Total	**1,549**	**9,501**	**4,706**	**472**	**618**	**195**	**859**

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy. In some cases, the next lowest count was suppressed to prevent the first value from being calculated and is indicated by a double asterisk (**).

Motor vehicle injuries include both traffic and non-traffic injuries.

TRAFFIC COLLISION INVOLVEMENT

Among the motor vehicle traffic collision (MVTC) records, three-quarters (75.04%) were coded as vehicle occupants and 15.40% as motorcyclists (Table 9). The rate of traumatic injury among motorcycle riders in Kentucky is unknown because of the large number of unregistered vehicles. Pedestrians and pedal cyclists accounted for 9.02% of traffic-related trauma.

Table 9. Traffic collision involvement, 2025

Role in Motor Vehicle Collision	Frequency	Percentage (%)
Occupant	2,919	75.04
Motorcyclist	599	15.40
Pedalcyclist	84	2.16
Pedestrian	267	6.86
Other	*	
Unspecified	*	
Total	**3,890**	

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy.

PROTECTIVE DEVICES

There were 3,890 records for vehicle occupants injured in motor vehicle traffic collisions. The numbers in the table below reflect some entries where multiple protective devices were noted. Protective devices were not used in nearly one-eighth (12.13%) of reported cases. Although this is a major improvement from the 17% rate in 2024, Kentucky continues to fall well below national norms for use of motor vehicle occupant protective devices, and helmets are not mandated for motorcycle users.

Table 10. Use of occupant protective devices in motor vehicle traffic collisions, 2025

Protective Device Used	Frequency
Shoulder and lap belt	1,533
Shoulder belt only	90
Lap belt only	152
Child restraint	57
Airbag	1,767
None used	472

Data were missing for one record.
Note: In some records, two or more protective devices were listed; therefore, counts do not add up to the total number of MVTC cases.

TRANSPORTATION MODE

Interfacility transfers are patients who are transferred to the reporting facility from another acute care facility. The mode of transportation to trauma facilities and incidence of interfacility transfers are presented in Table 10. The interfacility transfer variable indicates whether the patient was transferred to the reporting facility from another acute care facility. Helicopter ambulances were used in 934 (13.56%) of interfacility transfers and 922 (8.29%) of the non-transfer cases.

Table 11. Transportation mode, 2025

Transport Mode	Interfacility Transfer		
	Yes	No	Total
Fixed-wing ambulance	*	*	*
Ground ambulance	4,486	7,637	12,123
Helicopter ambulance	934	922	1,856
Other	*	**	20
Police	14	36	50
Private/Public vehicle/Walk-In	1,451	2,502	3,953
Total	**6,890**	**11,116**	**18,006**

Data were missing for 14 cases.

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy. In some cases, the next lowest count was suppressed to prevent the first value from being calculated and is indicated by a double asterisk (**).

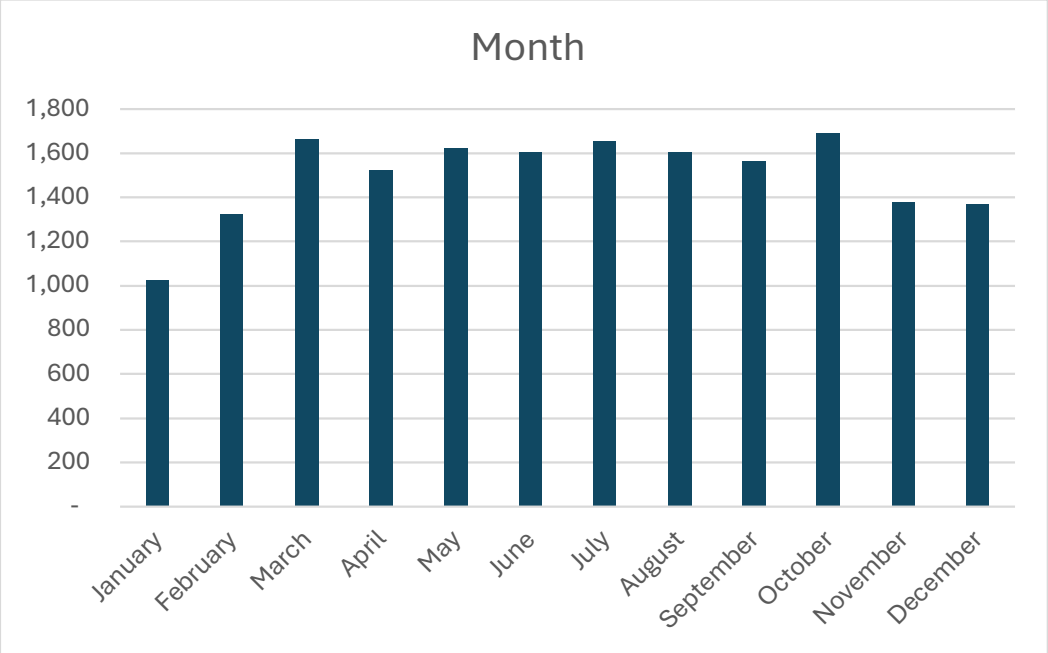
EMS Information

EMS notification, departure, and arrival times are not applicable data elements for patients who arrived at the trauma facility by private vehicle, and they may not be known for patients transferred from another acute care facility. It is reasonable to expect that EMS information will be available for patients who were not interfacility transferees and were transported to the trauma facility by ground ambulance (n=6,891) or air ambulance (n=1,050) (Table 11). Work is ongoing to integrate these data elements with future KTDB reports.

MONTH OF ARRIVAL AT EMERGENCY DEPARTMENT (ED)/HOSPITAL

Trauma volume typically varies by season, with a higher volume during summer months, and this pattern continued with the exception of a peak in October (Figure 2).

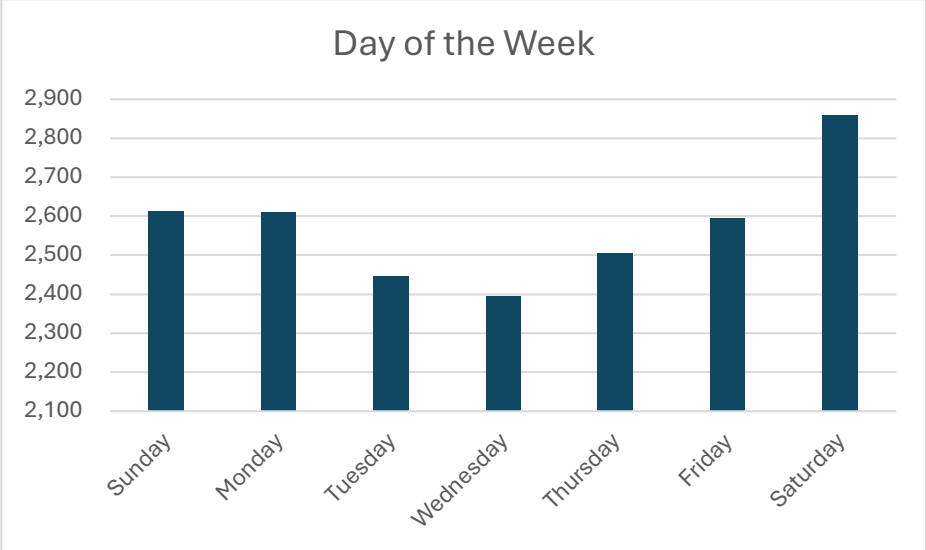
Figure 2. Month of emergency department/hospital arrival, 2025



WEEKDAY OF ARRIVAL TO ED/HOSPITAL

Saturdays, Sundays, and Mondays saw larger volumes of ED trauma cases (Figure 3).

Figure 3: Day of emergency department/hospital arrival, 2025



TIME TO ED/HOSPITAL ARRIVAL

Because patients with traumatic injuries need timely access to definitive care, the length of time between the injury incident and hospital arrival is an important indicator of trauma system quality. The distribution of KTDB records by time from injury to hospital arrival and interfacility transfer status is presented in Table 12. Due to the lack of personal identifiers in trauma registry data collection, we cannot track specific patients from one facility to another. Further complicating this analysis, the incident time is unknown or missing in more than half (59%) of cases. This data gap reflects the lack of integration between emergency medical services data and hospital-based data and is the subject of ongoing data linkage initiatives. The absence of time-of-injury indicators hinders efforts to assess the critical metric of timely transportation to definitive care for trauma patients as well as outcome data that may reflect delays in access to definitive care.

Table 12. Time to emergency department/hospital arrival, 2025

	Interfacility Transfer		
Time to Hospital	**Yes**	**No**	**Total**
24+ hours	483	588	1,071
<1 hour	2	1,295	1,297
[1-2)	31	1,279	1,310
[12-24)	274	146	420
[2-5)	919	625	1,544
[5-12)	1,518	223	1,741
Next day or later (exact incident time unknown)	955	455	1,410
Same day (exact incident time unknown	2,714	6,267	8,981
Unknown	1	233	234
Total	**6,897**	**11,111**	**18,008**

Information on interfacility transfer is missing for 14 records.

ALCOHOL USE INDICATORS

Of the 4,950 (27.47%) of trauma cases tested for blood alcohol, over three-quarters (76.97%) had concentrations of zero, while about one in six (18.55%) had concentrations over the legal limit of .08%.

Table 13. Alcohol use indicators, 2025

Blood Alcohol Concentration	Frequency	Percentage %
0	3,810	76.97
0.01-0.07	222	4.48
0.08-0.20	494	9.98
0.21-0.30	305	6.16
0.31-0.40	91	1.84
0.41 and above	28	0.57
Total	**4,950**	**100.00**
Not tested	12,938	

Data were missing for 134 records.

DRUG USE INDICATORS

Illegal use of illicit or prescription drugs was confirmed in 2,465 (13.91%) of the records (Table 14a). However, it is important to note that nearly 80% of cases either were not tested for drug use or whether testing was performed was not documented, so the extent of this relationship is unknown. A second table sets out the types of drugs found on testing. Marijuana and opioids were each found in about one-quarter of those tested (Table 14b). More than one drug may have been recorded for individual patients.

Table 14a. Drug use indicators, 2025

Drug Use Indicator	Frequency	Percentage (%)
No (confirmed by test)	1,250	7.06
Yes (confirmed by test)	2,465	13.91
Not tested	8,889	50.17
Not known/recorded	5,113	28.86
Total	**17,717**	**100.00**

Data were missing for 305 records.

Table 14b. Drug type, 2025

Drug Type	Frequency
AMP (Amphetamine)	585
BAR (Barbiturate)	55
BZO (Benzodiazepines)	351
COC (Cocaine)	197
MDMA (Ectasy)	24
MTD (Methadone)	104
OPI (Opioid)	638
OXY (Oxycodone)	439
Other evidence of drugs	185
TCA (Tricyclic antidepressant)	24
THC (Cannabinoid)	1,119
mAMP (Methamphetamine)	148
PCP (Phencyclidine)	*

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy.
Drug types are not mutually exclusive. An overdose that involves multiple drugs will be counted in each relevant category.

INJURY SEVERITY SCORES

The Injury Severity Score (ISS) is an anatomical rating system that provides numerical values for patients with multiple and varying injuries. The National Trauma Data Bank characterizes ISS scores of 1–9 as mild, 10–15 as moderate, 16–24 as severe, and over 24 as very severe.

Using this metric, over two-thirds (68.22%) of trauma registry injuries were mild, 17.63% were moderate, 8.75% were severe, and 5.41% were very severe. ISS was missing for one percent of the records (Table 15).

Table 15. Records by Injury Severity Score, 2025

Injury Severity Score	Frequency	Percentage (%)
1-9	12,196	68.22
10-15	3,152	17.63
16-24	1,564	8.75
25-34	767	4.29
35-44	144	0.81
45-75	55	0.31
Total	**17,878**	

Injury severity scores were missing for 144 records.

Table 16. Discharge type by facility, 2025

FACILITY NAME	ED DISCHARGE		INPATIENT DISCHARGE	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Baptist Health Corbin	168	0.9	214	1.2
Barbourville ARH Hospital	*		0	0.0
CommonSpirit St. Joseph London	242	1.3	262	1.5
Deaconess Union County Hospital	*		*	
Ephraim McDowell Regional Medical Center	275	1.5	367	2.0
Ephraim McDowell James B. Haggin Memorial Hospital	13	0.1	0	0.0
Ephraim McDowell Fort Logan Hospital	14	0.1	0	0.0
Frankfort Regional Medical Center	406	2.3	467	2.6
Harlan ARH Hospital	85	0.5	35	0.2
Harrison Memorial Hospital	22	0.1	*	
Hazard ARH Hospital	114	0.6	210	1.2
Highlands Regional Medical Center	*		0	0.0
Mercy Health Marcum Wallace Memorial Hospital	40	0.2	*	
Medical Center Albany	*	0.0	0	0.0
Medical Center Bowling Green	234	1.3	438	2.4
Medical Center Caverna	*		0	0.0
Medical Center Franklin	60	0.3	*	
Medical Center Russellville	32	0.2	0	0.0
Medical Center Scottsville	*		0	0.0
Middlesboro ARH Hospital	69	0.4	17	0.1
Norton Children's Hospital	147	0.8	158	0.9
Our Lady of the Way ARH Hospital	20	0.1	0	0.0
Owensboro Health Twin Lakes Regional Medical Center	115	0.6	27	0.2
Owensboro Medical Center	110	0.6	907	5.0
Pikeville Medical Center	175	1.0	1,411	7.8
Rockcastle Regional Hospital	*		0	0.0
TJ Health Columbia	49	0.3	*	
TJ Samson Community Hospital	179	1.0	101	0.6
Tug Valley ARH Hospital	*		0	0.0
University of Kentucky Golisano Children's Hospital	814	4.5	861	4.8
University of Kentucky Medical Center	890	4.9	4,491	24.9
University of Louisville Hospital	107	0.6	3,593	19.9
Whitesburg ARH Hospital	16	0.1	*	
Total	**4,451**		**13,571**	

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy.

EMERGENCY DEPARTMENT DISCHARGES

Three-quarters (74.52%) of ED records indicated that the patient was admitted to a service at the same hospital, while 13.80% were transferred to another hospital, 10.34% were able to go home without services, and 1.1% were pronounced dead in the ED (Table 17).

Table 17. Emergency department discharge disposition, 2025

ED Discharge Disposition	Frequency	Percentage (%)
Floor bed (general admission, non-specialty unit bed)	6,117	34.98
Observation unit	233	1.33
Telemetry/step-down unit	1,914	10.94
Home with services	*	
Died/Expired	192	1.10
Other (jail, institutional care, mental health, etc.)	*	
Operating room	2,430	13.89
Intensive care unit (ICU)	2,338	13.37
Home without services	1,809	10.34
Left against medical advice	20	0.11
Transferred to another hospital	2,413	13.80
Interventional radiology	*	
Total	**17,489**	

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy.

INPATIENT HOSPITAL DISCHARGES

More than half (56.13%) of 2025 trauma registry records on patients discharged from inpatient care indicated that the patient was well enough to go home without formal home health services, but over one-third (37.04%) required some kind of post-acute care (Table 18). In-hospital deaths were recorded for 419 (3.09%) patients.

Table 18. Inpatient hospital discharge destination, 2025

Hospital Discharge Disposition	Frequency	Percentage (%)
Acute care hospital	116	0.85
Deceased/Expired	419	3.09
Discharged to home or self-care (routine discharge)	7,618	56.13
Discharged/Transferred to another type of institution not defined elsewhere	**	
Discharged/Transferred to court/law enforcement	70	0.52
Discharged/Transferred to home under care of organized home health service	794	5.85
Discharged/Transferred to hospice care	198	1.46
Discharged/Transferred to a psychiatric hospital or psychiatric distinct unit of a hospital	53	0.39
Inpatient rehabilitation facility	2,140	15.77
Intermediate care facility	*	
Left against medical advice or discontinued care	162	1.19
Long-term care hospital	90	0.66
Skilled nursing facility	1,892	13.94
Total	**13,552**	

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy. In some cases, the next lowest count was suppressed to prevent the first value from being calculated and is indicated by a double asterisk (**).

FINANCIAL INFORMATION

Among the encounters listing expected payer, Medicare (39.66%) was the leader, followed by Medicaid (25.29%) and commercial insurance (26.30%) (Table 19). The proportion of "self-pay" (i.e., uninsured) patients in 2025, 4.80%, continues to reflect the impact of Medicaid expansion. The "self-pay" category was in the 40% range before 2014, when Medicaid coverage became available to new categories and income levels of Kentuckians. This decline is important because "self-pay" patients are rarely able to pay for their trauma care, and the federal funding that has historically provided some offset to uncompensated care has declined substantially. The expected source of payment was missing for 149 records.

Table 19. Primary source of payment, 2025

Primary Method Payment	Frequency	Percentage (%)
Medicaid	4,558	25.29
Medicare	7,148	39.66
Not billed (for any reason)	*	
Not known/Not recorded	**	
Other	151	0.84
Other government	406	2.25
Private/Commercial insurance	4,740	26.30
Self-pay	865	4.80
Total	17,868	

*Counts greater than zero but less than 11 were suppressed in accordance with state data management policy. In some cases, the next lowest count was suppressed to prevent the first value from being calculated and is indicated by a double asterisk (**).

CONCLUSION

As the proportion of Kentucky hospitals reporting to the Kentucky Trauma Data Bank grows, the data bank will become more representative of major trauma in the state as a whole. In a voluntary system like Kentucky's, growth is inevitably slow. The state Trauma Advisory Committee leadership continues to work closely with candidate facilities as they progress toward state or national verification and designation.

Funding from the National Highway Traffic Safety Administration, made available through a grant from the Kentucky Office of Highway Safety, supports software or portal activation costs for a facility's first year in the KTDB as well as the compilation of this report and other initiatives. The University of Louisville health system graciously supported activation fees for several newly reporting facilities in 2025 and 2026. We look forward to increasing the value of KTDB data for systemwide and facility-specific quality improvement initiatives through collaboration with investigators at the state's research universities and the Transportation Cabinet.

The progress made by Kentucky's trauma system is particularly noteworthy because during the time covered by this report the system had no state funding. The system itself would not have existed without the professionalism and dedication of clinical and support staff. The sustainability of statewide trauma care on this tenuous basis is a constant concern that has been brought before state policymakers repeatedly. The value added by the state's trauma system—saving lives and avoiding catastrophic trauma-related disability—must be recognized and given proportionate support if the state trauma system is to continue its record of growth and effectiveness.

Acknowledgments

In addition to the invaluable support from Trauma Advisory Committee leadership and our grant funders, KTDB facilities' trauma registrars have worked diligently to assure continuous quality improvement for KTDB data as well as trauma care across the state.