Database Summary Description: Possible Sources for Obtaining Burn Data

DATABASE	DESCRIPTION
National Burn Repository (NBR): https://ameriburn.org/research/burn-dataset/	To support scientific research, the American Burn Association (ABA) maintains a research dataset which is available to requestors– nonprofit, advocacy, medical and patient education, and commercial use. The concept behind the NBR is simple:burn centers send to a central repository a standard set of data elements regarding their burn cases. The NBR Annual Reports summarize clinical characteristics and course of burn treatment for cases submitted to the NBR from specialized burn care facilities. These cases constitute a convenience sample of burn patients that received specialized burn care. They do not represent a random sample of all patients presenting to a hospital for burn treatment or a sample of all patients admitted to burn centers. It is a large sample of patients from facilities that have a strong commitment to excellent burn care.
Global Health Observatory Data Repository (GHO): www.who.int/gho/database/en/	The World Health Organization's GHO data repository contains an extensive list of indicators, which can be selected by theme or through a multi-dimension query functionality. GHO is the WHO's main health statistics repository.
Health Departments (State or Local)	For local data, contact your State or local Health Departments or the Public Health Administrator and State Health Officer. Similar to many states, here is an example of what data reports the Michigan Department of Community Health provides on injury hospitalizations and death: www.michigan.gov/mdch/0,1607,7-132-54783_54879---,00.html
National Ambulatory Medical Care Survey (NAMCS): www.cdc.gov/nchs/ahcd/about_ahcd.htm	NAMCS is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States. Findings are based on a sample of visits to non-federal employed office-based physicians who are primarily engaged in direct patient care. Physicians in the specialties of anesthesiology, pathology, and radiology are excluded from the survey. The survey was conducted annually from 1973 to 1981, in 1985, and annually since 1989. Included are medications ordered or provided. The survey also provides statistics on the demographic characteristics of patients and services provided, including information on diagnostic procedures, patient management, and planned future treatment.
National Center for Health Statistics (NCHS): www.cdc.gov/nchs/	A division of the Centers for Disease Control and Prevention (CDC) that serves as a data clearinghouse i.e. provides statistics, reports, summaries, and general information.

National Electronic Injury Surveillance System (NEISS): www.cpsc.gov/en/Research--Statistics/NEISS-Injury-Data/	The Consumer Product Safety Commission's (CPSC) NEISS is a national probability sample of hospitals in the U.S. and its territories. Patient information is collected from each NEISS hospital for every emergency visit involving an **injury associated with consumer products**. From this sample, the total number of product-related injuries treated in hospital emergency rooms nationwide can be estimated. This
	web access to NEISS allows certain estimates to be retrieved on-line. These estimates can be focused by setting some or all of the following variables (and an example of each): Date (one year maximum range; e.g., how many burn injuries were treated in 2011); Product (e.g., how many bicycle-related injuries occurred); Sex (e.g., how many injuries occurred to women); Age (e.g., how many injuries occurred to people aged 35-55); Diagnosis (e.g., how many lacerations occurred); Disposition (e.g., how many people were admitted to the hospital); Locale (e.g., how many injuries occurred at a school); Body part (e.g., how many injuries involved the knee)
Nationwide Emergency Department Sample (NEDS): www.hcup-us.ahrq.gov/nedsoverview.jsp	NEDS is part of a family of databases and software tools developed for the Healthcare Cost and Utilization Project (HCUP). NEDS is the largest all-payer emergency department (ED) database in the United States, yielding national estimates of hospital-based ED visits. Un-weighted, it contains data from approximately 30 million discharges each year. Weighted, it estimates roughly 130 million ED visits. NEDS is different from NIS in that NIS is constructed from the State Inpatient Databases (SID) and NEDS is constructed from the State Emergency Department Databases (SEDD) and the State Inpatient Databases (SID). Both the NEDS and NIS include records for ED visits that resulted in an admission. But NEDS also includes ED visits that did not result in admission (e.g., treated and released, transferred to another hospital, transferred to another type of health facility, left against medical advice, or died in ED). Sampled from the SID and SEDD, HCUP's NEDS that can be used to create national and regional estimates of ED care. The SID contains information on patients initially seen in the ED and then admitted to the same hospital. The SEDD capture information on ED visits that do not result in an admission (i.e., treat-and-release visits and transfers to another hospital). Key features of the most recent NEDS database include: • A large sample size, which provides sufficient data for analysis across hospital types and the study of relatively uncommon disorders and procedures • Discharge data for ED visits from over hospitals located in 30 States, approximating a 20-percent stratified sample of U.S. hospital-based EDs • Demographic data such as hospital and patient characteristics, geographic area, and the nature of ED visits (e.g., common reasons for ED visits, including injuries) • ED charge information for over 85 percent of patients, including individuals covered by Medicare, Medicaid, or private insurance, as well as those who are uninsured • Children's hospitals with trauma centers, which are classified with adult and pediatric trauma centers in the current versions of the NEDS.

National Fire Incident Reporting System (NFIRS): https://nfirs.fema.gov/NFIRSWeb/login	The U.S. Fire Administration's (under the Dept. of Homeland Security/Federal Emergency Management Agency) NFIRS is the standard national reporting system used by U.S. fire departments to report fires and other incidents to which they respond and to maintain records of these incidents in a uniform manner. NFIRS is the world's largest, national, annual database of fire incident information: 50 states and the District of Columbia report NFIRS data. The NFIRS database comprises 75% of all reported fires that occur annually.

National Fire Protection Association (NFPA): www.nfpa.org/research	NFPA´s Fire Analysis and Research division offers a wide range of statistical and data services through its One-Stop Data Shop.
National Hospital Ambulatory Medical Care Survey (NHAMCS): www.cdc.gov/nchs/ahcd/about_ahcd.htm	NHAMCS is designed to collect data on the utilization and provision of ambulatory care services in hospital emergency and outpatient departments and in ambulatory surgery centers. For the hospital component of the survey, findings are based on a national sample of visits to emergency and outpatient departments and to ambulatory surgery facilities in institutional general and short-stay hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. For the freestanding ambulatory surgery component of NHAMCS, findings are based a national sample of visits to these ambulatory surgery centers located in the 50 States and the District of Columbia that are regulated by states, certified by the Centers for Medicare and Medicaid Services, or whose primary business is ambulatory surgery.
National Hospital Care Survey (NHCS): www.cdc.gov/nchs/nhcs.htm	NHCS is a new survey that integrates inpatient data formerly collected by the NHDS with the emergency department (ED), outpatient department (OPD), and ambulatory surgery center (ASC) data collected by the National Hospital Ambulatory Medical Care Survey (NHAMCS). The integration of these two surveys along with the collection of personal identifiers (protected health information) will allow the linking of care provided to the same patient in the ED, OPD, ASC, and inpatient departments. It will also be possible to link the survey data to the National Death Index and Medicaid and Medicare data to obtain a more complete picture of patient care.
National Hospital Discharge Survey (NHDS): www.cdc.gov/nchs/nhds.htm	NHDS which was conducted annually from 1965-2010, was a national probability survey designed to meet the need for information on characteristics of inpatients discharged from non-Federal short-stay hospitals in the United States. Data from the NHDS are available annually and are used to examine important topics of interest in public health and for a variety of activities by governmental, scientific, academic, and commercial institutions. The National Hospital Care Survey (see above NHCS) is a new survey that integrates inpatient data formerly collected by the NHDS with the ED, OPD, and ASC data collected by NHAMCS.

National Inpatient Sample (NIS): www.hcup-us.ahrq.gov/nisoverview.jsp	NIS is the largest publicly available all-payer inpatient health care database in the U.S., yielding national estimates of hospital inpatient stays. Un-weighted, it contains data from more than seven million hospital stays each year. Weighted, it estimates more than 36 million hospitalizations nationally. Beginning in 2012, the NIS was redesigned. It was formerly a sample of hospitals, and all discharges from those hospitals were retained. The new NIS starting with 2012 data is a sample of discharges from all hospitals participating in "HCUP." • The NIS includes charge information for all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured. • The NIS's large sample size enables analyses of rare conditions, such as congenital anomalies; uncommon treatments, such as organ transplantation; and special patient populations, such as the uninsured.
	• For most States, the NIS includes hospital identifiers that permit linkages to the American Hospital Association (AHA) Annual Survey Database (Health Forum, LLC © 2012) and county identifiers that permit linkages to the Area Resource File.
National Trauma Data Bank (NTDB) and Annual Reports: www.facs.org/trauma/ntdb/index.html or www.facs.org/quality-programs/trauma/ntdb/docpub	The American College of Surgeons' NTDB is the largest aggregation of U.S. trauma registry data ever assembled. Data are collected annually from participating trauma centers, and are compiled into annual adult and pediatric reports that contain descriptive information about trauma patients (e.g., demographics, injury information, and outcomes). The NTDB's National Sample Program (NSP) is a national probability sample of 100 Level I and II trauma centers in the U.S. The goal of the NTDB NSP is to enhance current injury information by providing nationally representative baseline estimates of trauma care to meet the needs of trauma care assessment, clinical outcomes research, and injury surveillance. This program is supported by the Centers for Disease Control and Prevention and the ACS. The NSP is a unique and powerful data base that includes information on trauma patients, such as admission and discharge status; patient demographics (i.e., gender, age, race); injury and diagnosis (i.e., mechanism, e-code, ICD-9 or AIS code); procedure codes; injury severity scores (i.e., Injury Severity Score, Glasgow Coma Scale); and outcome variables (i.e., length of stay, intensive care unit days, payment method). The NTDB NSP is a stratified sample, therefore proper statistical techniques must be used to calculate standard errors and confidence intervals.

Web-based Injury Statistics Query and Reporting System (WISQARS): www.cdc.gov/injury/wisqars/index.html **Wide-ranging Online Data for Epidemiologic Research** (WONDER): wonder.cdc.gov/WelcomeT.html	The Centers for Disease Control and Prevention's (CDC) WISQARS™ is an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data from a variety of trusted sources. Researchers, the media, public health professionals, and the public can use WISQARS™ data to learn more about the public health and economic burden associated with unintentional and violence-related injury in the United States. Users can search, sort, and view the injury data and create reports, charts, and maps based on the following: Intent of injury (e.g., unintentional injury, violence-related, homicide/assault, legal intervention, suicide/intentional self-harm); Mechanism (cause) of injury (e.g., fall, fire, firearm, motor vehicle crash, poisoning, suffocation); Body region (e.g., traumatic brain injury, spinal cord, torso, upper and lower extremities); Nature (type) of injury (e.g., fracture, dislocation, internal injury, open wound, amputation, and burn); Geographic location (e.g., national, regional, state) where the injury occurred; Sex; race/ethnicity; and age of the injured person. The CDC's WONDER is an integrated information and communication system for public health, providing a single point of access to a wide variety of public health reports and data systems (both local and external) categorized by topic.