

## Summary Statistics for State Comparisons

Indicator†	Average across the states (or potential responses)	BEST value among the states (or n/N in each category)	WORST value among the states
<b>Access to Emergency Care</b>			
<b>Access to providers</b>			
Board-certified emergency physicians per 100,000 pop.	8.7	13.9	3.9
Emergency physicians per 100,000 pop.	11.8	25.2	5.3
Neurosurgeons per 100,000 pop.	1.9	5.9	1.1
Orthopedists and hand surgeon specialists per 100,000 pop.	9.5	18.7	6.1
Plastic surgeons per 100,000 pop.	2.1	7.1	0.8
ENT specialists per 100,000 pop.	3.4	7.1	1.9
Registered nurses per 100,000 pop.	873.7	1385.2	560.8
Additional primary care FTEs needed	136.3	1.8	755.8
Additional mental health FTEs needed	30.3	0.0	208.9
<b>Access to treatment centers</b>			
Level I or II trauma centers per 1M pop.	1.8	9.4	0.0
% of population within 60 minutes of Level I or II trauma center	76.0	100.0	11.3
Accredited chest pain centers per 1M pop.	1.1	4.5	0.0
% of population with an unmet need for substance abuse treatment	8.4	6.4	10.2
Pediatric specialty centers per 1M pop.	3.8	11.0	1.5
<b>Financial barriers</b>			
Physicians accepting Medicare per 100 beneficiaries	3.2	11.3	1.8
Medicaid fee levels for office visits as a % of the national average	100.0	223.4	42.0
% change in Medicaid fees for office visits (2004-05 to 2007)	6.0	62.2	-48.0
% of adults with no health insurance	17.2*	9.5	25.8
% of children with no health insurance	11.7*	4.1	21.2
% of adults with Medicaid	7.9	17.9	3.3
<b>Hospital capacity</b>			
Emergency departments per 1M pop.	19.9	66.0	6.6
Hospital closures in 2006	0.3	0.0	2.0
Staffed inpatient beds per 100,000 pop.	358.3	891.9	208.7
Hospital occupancy rate per 100 staffed beds	67.4	56.2	85.3
Psychiatric care beds per 100,000 pop.	29.9	54.8	8.2
State collects data on diversion	Yes or no	Yes (25 / 48)	—
<b>Medical Liability Environment</b>			
<b>Legal atmosphere</b>			
Lawyers per 10,000 pop.	25.2	range (7.5, 496.4)	
Lawyers per physician	0.7	range (0.3, 6.5)	
Lawyers per emergency physician	17.6	range (7.8, 196.4)	
ATRA judicial hellholes (range 0 to -7)	-1	0 (n=32)	-7 (n=1)
Malpractice award payments per 100,000 pop.	2.4	0.2	8.8
Average malpractice award payment	\$285,218	\$122,876	\$543,983
Databank reports per 1,000 physicians	20.4	7.9	40.6
Patient compensation fund	Yes or no	Yes (9 / 51)	—
Health court pilot project grant	Yes or no	Yes (5 / 51)	—

See legend on reverse

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<b>Insurance availability</b>			
Number of insurers writing medical liability policies per 1,000 physicians	9.1	43.3	0.9
Average medical liability insurance premium for primary care physicians	\$16,042	\$5,611	\$71,467
Average medical liability insurance premiums for specialists	\$65,489	\$21,811	\$171,231
<b>Tort reform</b>			
Pretrial screening panels ♦	Mandatory	13 / 51	—
	Voluntary	5 / 51	—
	None	33 / 51	—
Are pretrial screening panels' findings admissible as evidence?	Yes or no	Yes (10 / 18)	—
Periodic payments ♦	Req. by State	5 / 51	—
	Upon request	15 / 51	—
	At court's discretion	18 / 51	—
	No	13 / 51	—
Medical liability cap on non-economic damages ♦	\$250,000	4 / 51	—
	\$250,001-350,000	6 / 51	—
	\$350,001-500,000	10 / 51	—
	>\$500,000	11 / 51	—
	None	20 / 51	—
Additional liability protection for EMTALA-mandated emergency care	Yes or no	Yes (6 / 51)	—
Joint and several liability abolished ♦	Yes	27 / 51	—
	Partially	9 / 51	—
	No	15 / 51	—
State provides for case certification	Yes or no	Yes (26 / 51)	—
Expert witness required to be of the same specialty as the defendant	Yes or no	Yes (22 / 51)	—
Expert witness must be licensed to practice medicine in the state	Yes or no	Yes (4 / 51)	—
<b>Quality &amp; Patient Safety Environment</b>			
<b>State Systems</b>			
Funding for quality improvement within the EMS system	Yes or no	Yes (28 / 49)	—
Funded state EMS medical director	Yes or no	Yes (34 / 50)	—
Emergency medicine residents per 1M pop.	12.9	62.9	0.0
Adverse event reporting required	Yes or no	Yes (25 / 51)	—
Hospital-based infections reporting required	Yes or no	Yes (26 / 51)	—
Mandatory quality reporting requirement	Yes or no	Yes (38 / 51)	—
% of counties with E-911 capability	93.8	100.0	52.2
Uniform system for providing pre-arrival instructions	Yes or no	Yes (19 / 49)	—
State has or is working on a stroke system of care	Yes or no	Yes (43 / 49)	—
State has or is working on a PCI network or a STEMI system of care	Yes or no	Yes (29 / 44)	—
Statewide trauma registry	Yes or no	Yes (44 / 50)	—
<b>Institution</b>			
% of hospitals with computerized practitioner order entry	21.2	58.8	0.0
% of hospitals with electronic medical records	43.8	85.7	12.0
% of patients with acute myocardial infarction given PCI within 90 minutes of arrival	59	83	31
Number of Joint Commission reviewed sentinel events per 1M pop. (1995-2006)	18	6	74

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<b>Public Health &amp; Injury Prevention</b>			
<b>Traffic safety and drunk driving</b>			
Traffic fatalities per 100,000 pop.	16.2	6.4	37.9
% of traffic fatalities alcohol related	42*	24.0	52.0
Front occupant restraint use (%)	82*	97.6	63.8
Helmet use required for all motorcycle riders	Yes	21 / 51	—
Child safety seat/seat belt legislation (10 points possible)	5	9	0
<b>Immunization</b>			
% of children immunized, aged 19-35 months	80.5*	87.0	64.7
% of adults aged 65+ who received flu vaccine in the last 12 months	69.6*	75.9	57.7
% of adults aged 65+ who ever received pneumococcal vaccine	66.9*	74.7	52.0
<b>Injury</b>			
Fatal occupational injuries per 1M workers	49.4	15.1	149.6
Homicides and suicides (non-motor vehicle) per 100,000 pop.	18.2	9.6	36.6
Unintentional fall-related fatal injuries per 100,000 pop.	7.6	3.0	14.8
Unintentional fire/burn-related fatal injuries per 100,000 pop.	1.3	0.3	3.2
Unintentional firearm-related fatal injuries per 100,000 pop.	0.3	0.0	0.9
<b>State injury prevention efforts</b>			
Gun-purchasing legislation (8 points possible)	2	7	0
% of tobacco settlement funds spent on health-related services and programs	49.0	100.0	0.0
Total injury prevention funds per 1,000 pop.	\$455.12	\$4,505.60	\$0.00
Unintentional injury prevention funds per 1,000 pop.	\$155.97	\$1,572.84	\$0.00
Intentional injury prevention funds per 1,000 pop.	\$158.08	\$849.92	\$0.00
Fall injury prevention funds per 1,000 pop.	\$10.61	\$378.15	\$0.00
<b>Health risk factors</b>			
Infant mortality rate per 1,000 live births	6.9*	4.5	14.1
% of adults with BMI > 30	25.1*	18.2	31.4
Current smokers, % of adults	20.1*	9.8	28.5
Binge alcohol drinkers, % of adults	15.4*	8.6	24.3
<b>Disaster Preparedness</b>			
<b>Financial resources</b>			
Per capita federal disaster preparedness funds	\$13.82	\$160.57	\$6.24
Disaster preparedness funds used specifically for health care-related preparedness are tracked	Yes or no	Yes (50 / 51)	—
<b>State coordination</b>			
All-hazards medical response plan or ESF-8 plan?	Yes or no	Yes (49 / 51)	—
Plan shared with all EMS and essential hospital personnel?	Yes or no	Yes (41 / 47)	—
Public health and emergency physician input into the state planning process ♦	Yes, Yes	43 / 48	—
	Yes, No	5 / 48	—
	No, Yes	0 / 48	—
	No, No	0 / 48	—

\* = This number is a previously published, population-based national rate and not the average across the states. State-level statistics for this indicator were compared to this national rate in the state narratives.

† = for continuous indicators the mean and the "best" and "worst" state values are provided; for categorical indicators the response category sample size (n) and the total sample size (N) have been provided

♦ = response categories have been ordered "best" to "worst"

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Public health and emergency physician input into the daily operations of the SEOC ♦	Yes, Yes	17 / 46	—
	Yes, No	16 / 46	—
	No, Yes	0 / 46	—
	No, No	13 / 46	—
Written plan for the coordination of the SEOC or local EMAs to provide security to hospitals in case of emergency events	Yes or no	Yes (33 / 47)	—
Number of drills and exercises conducted involving hospital personnel, equipment, or facilities	234	1535	4
Accredited by the Emergency Management Accreditation Program ♦	Yes, accredited	17 / 51	—
	Conditionally	1 / 51	—
	No	33 / 51	—
Written plan specifically for special needs patients	Yes or no	Yes (29 / 44)	—
Written plan to supply medications for chronic conditions	Yes or no	Yes (8 / 44)	—
Written plan to supply dialysis for patients	Yes or no	Yes (8 / 44)	—
Real-time notification system in place to notify identified health care providers of an event	Yes or no	Yes (51 / 51)	—
"Just-in-time" training systems in place ♦	Statewide	43 / 46	—
	In any city or county	1 / 46	—
	None	2 / 46	—
Statewide medical communication system with one layer of redundancy	Yes or no	Yes (46 / 51)	—
Statewide patient tracking system	Yes or no	Yes (23 / 51)	—
Statewide victim tracking system	Yes or no	Yes (18 / 51)	—
Statewide real-time or near real-time syndromic surveillance system	Yes or no	Yes (38 / 51)	—
Real-time surveillance system in place for common ED presentations	Yes or no	Yes (35 / 40)	—
<b>Hospital capacity</b>			
Bed surge capacity per 1M pop.	673.4	1761.2	0.0
Burn unit beds per 1M pop.	6.0	28.9	0.0
ICU beds per 1M pop.	299.0	608.1	184.5
Verified burn centers per 1M pop.	0.2	1.7	0.0
<b>Personnel</b>			
State able to verify credentials and assign volunteer health professionals to four ESAR-VHP levels	Yes or no	Yes (40 / 50)	—
Nurses registered in ESAR-VHP per 1M pop.	125.5	636.2	0.0
Physicians registered in ESAR-VHP per 1M pop.	44.2	467.6	0.0
Training required in disaster management and response to bio- and chem terrorism for essential hospital personnel, EMS personnel ♦	Yes, Yes	24 / 51	—
	Yes, No	3 / 51	—
	No, Yes	6 / 51	—
	No, No	18 / 51	—
State or regional strike teams or medical assistance teams	Yes or no	Yes (39 / 51)	—
Additional liability protections for health care workers during a disaster ♦	Civil and criminal	2 / 51	—
	Yes, clearly defined	29 / 51	—
	Yes, not clearly defined	18 / 51	—
	No	2 / 51	—
% of RNs that received any emergency training	41.5	50.5	33.8
State requires EMS and essential ED personnel to be NIMS compliant	Yes or no	Yes (45 / 50)	—