Indiana Violent Death Reporting System (INVDRS)
Advisory Board

Time: Friday, March 17, 2017 1:00-3:00 EST
Location: Rice Auditorium (Basement), ISDH, 2 North Meridian Street
Called by: Rachel Kenny, INVDRS Epidemiologist, ISDH Division of Trauma & Injury Prevention

I. Meeting Minutes

1. Welcome & Introductions
   a. Staffing Changes
      i. Two New Records Consultants (Meghan Davis and Angela Adle)
      ii. John O’Boyle is now the INVDRS Records Coordinator
      iii. Murray has transitioned to the Prescription Drug Overdose team

2. Data Collection Updates
   a. 2015 Data Closeout Progress
      i. Closeout for the DCD is late June 2017
   b. 2016/2017 Data Collection
      i. Potential Case Count
         1. 2015: 1,581 cases
         2. 2016 (as of February 2017)
            a. Violent deaths: 1,735
            b. Accidental overdoses: 1,334
      ii. Data abstraction
         1. We now have 4 abstractors and are streamlining our records collection and abstractions processes.
      iii. Case Completion
         1. 328 of the 818 pilot county 2015 cases are complete
         2. Law enforcement and coroner reports have been received
         3. 771 of the 818 cases have at least one source document abstracted
   c. Data Provider Update
      i. 67 coroners have signed DSAs
      ii. Please See LE DSA handout
      iii. Do you have connections with these departments?
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1. White County—all LE
2. St. Joseph Sheriff
3. Elkhart—Sheriff
d. 2017 Reverse Site visit—May 16-18th, Rachel and Ryan will attend, New Orleans

3. Andrew Campbell, IU School of Medicine—Presentation on his work with IMPD and Dept. of Public Safety on Domestic violence and children
   a. See Slides

4. Advisory Board Collaboration Activity

5. Data Request Presentation—Camry Hess
   a. Data Sources
      i. ED
      ii. Hospital
      iii. Trauma registry
      iv. Mortality
      v. INVDRS
   b. Emergency Department/Outpatient
      i. Not necessarily hospitalized
      ii. ICD-9 (2002-Q3 2015)
      iii. ICD-10 (Q4 2015-Current)
   c. Hospital/Inpatient
      i. Patients who were admitted, but not necessarily from the ED
   d. Trauma Registry
      i. ICD-9 or ICD-10
         1. Hospital Admission
         2. Transfer via EMS
         3. Death from traumatic injury
   e. Mortality
      i. ICD-10
      ii. Death certificates
   f. INVDRS
      i. 1581 cases in the pilot counties
         1. 973 cases suicides (62%)
   g. OptIN
      i. Aaron’s law
         1. Senate bill 406
            a. Those who receive kits must be: trained, receive a list of resources, and call 911 after administering the treatment
   h. Data Requests
      i. Identifiable Request
         1. Patient identifiable
            a. Data release committee will let know
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2. Reviewed by the division and the data release committee
3. Division and agency request forms required

ii. Division Form
   1. Requester information
   2. Background information
   3. Purpose of request
   4. Additional information: time period, demographics, codes

iii. Agency form
   1. Requester information
   2. Purpose
   3. Agreement for only using the data for intended research

iv. Common follow up questions
   1. Ages
   2. Time frame

v. A question was asked if the same agency could make a joint request for multiple people
   1. Answer: Requests are to be filled separately

II. Next Meeting: Friday, September 15, 2017

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