

On April 13th, Ramzi Nimry (Trauma System PI Manager) and Katie Hokanson (Director) attended the Designation Subcommittee meeting at St. Vincent-Indianapolis.

On April 19th, Ramzi Nimry (Trauma System PI Manager) and Katie Hokanson (Director) attended the District 5's Regional Trauma meeting at Indianapolis EMS.

On April 20th, Ramzi Nimry (Trauma System PI Manager) attended the St. Mary's Pediatric Trauma Conference in Evansville.

On April 21st, Ramzi Nimry (Trauma System PI Manager) attended the Regional Outreach Critical Care Symposium at Reid Health.

On April 25th, Ramzi Nimry (Trauma System PI Manager) attended the Public Health Nurse Conference in Carmel.

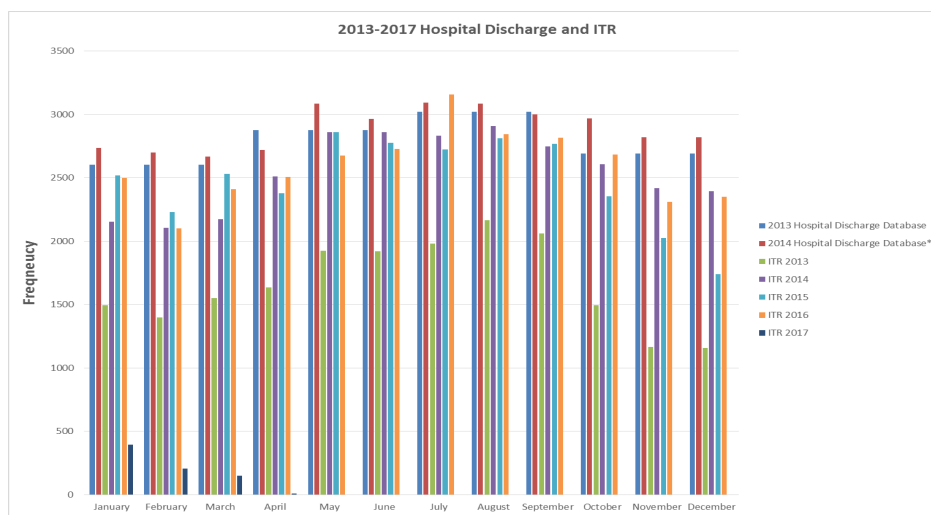
On April 27th, Ramzi Nimry (Trauma System PI Manager) attended the District 10's Trauma Regional Advisory Council meeting at Good Samaritan Hospital and provided a district data update.

On April 28th, Ramzi Nimry (Trauma System PI Manager) and Katie Hokanson (Director) attended the EMS Medical Directors' Conference in Indianapolis.

The Indiana Trauma Registry (ITR) monthly report is a dashboard style report for the Indiana Criminal Justice Institute (ICJI) and any other party concerned about trauma in Indiana. This report highlights the four data quality measures for the ICJI grant: completeness, timeliness, uniformity, integration and accessibility. This report uses data within the ITR, with an emphasis on motor vehicle collisions (MVC).

Completeness

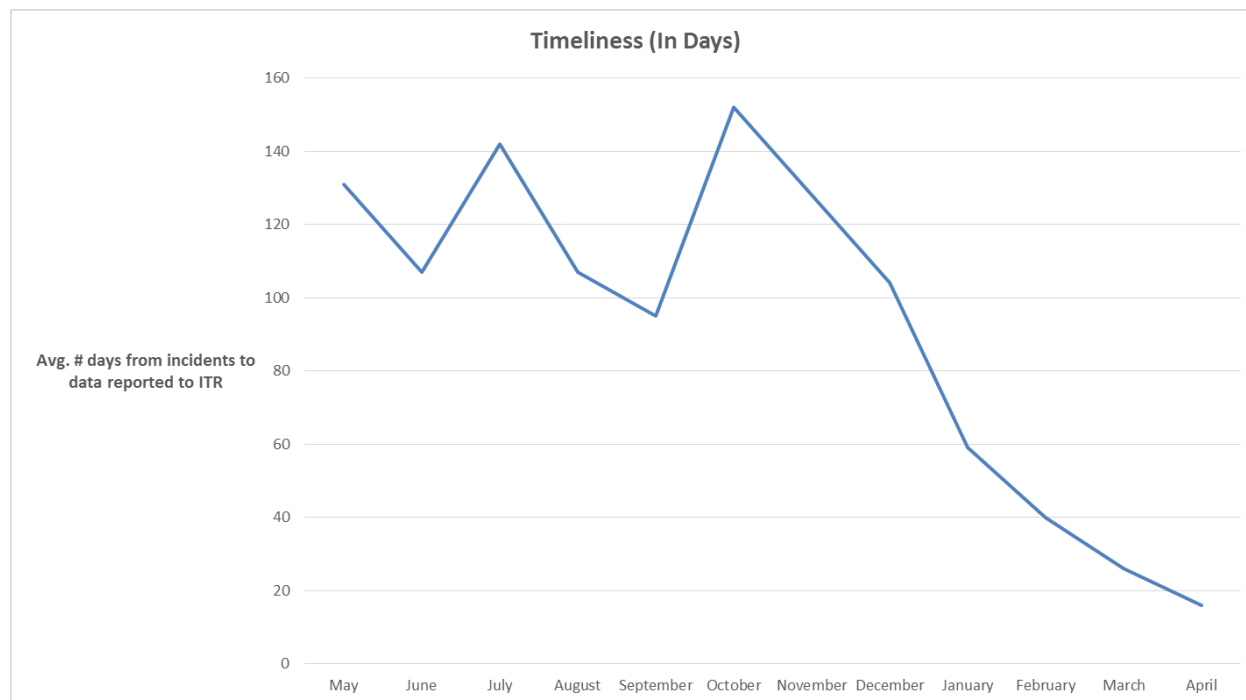
The Hospital Discharge database, also maintained by the ISDH, contains all records of patients cared for in Indiana hospitals. We compared patient records from the ITR with the Hospital Discharge database to know how complete is the ITR's data.



Timeliness

Timeliness increases as facilities wait until the data submission deadline to submit data to the ITR. Hospitals are asked to report data on the national trauma (TQIP) reporting schedule.

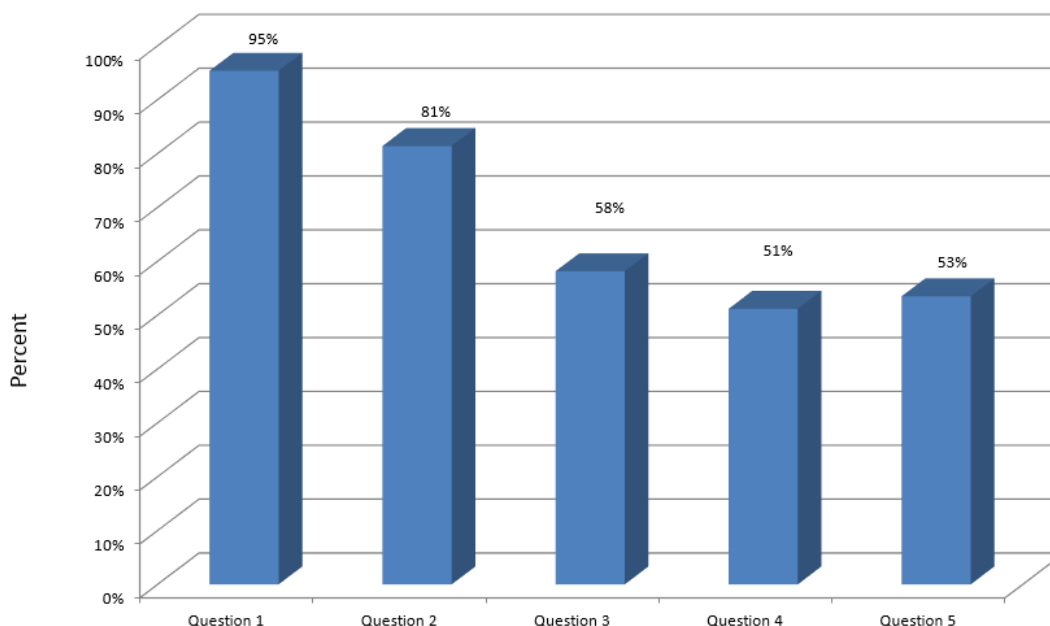
The decrease in timeliness from January 2017 until April 2017 is due to only timely reports being provided to the ITR during this time frame, typically from non-trauma hospitals and early reporting trauma centers.



Uniformity

In April we sent out the thirty-sixth monthly quiz for the inter-rater reliability study. Forty-three registrars completed the quiz from 25 hospitals. The percent of correct answers was 68% for the entire quiz and the average free-marginal Kappa (measure of consistency) 0.27. We plan to collect data for four months and track trends in percent of correct answers by individuals and as a group over time as well as their consistency. Other activities to improve the uniformity of data includes trauma registrar training throughout the state and at the Indiana State Department of Health.

Percent Correct



Integration

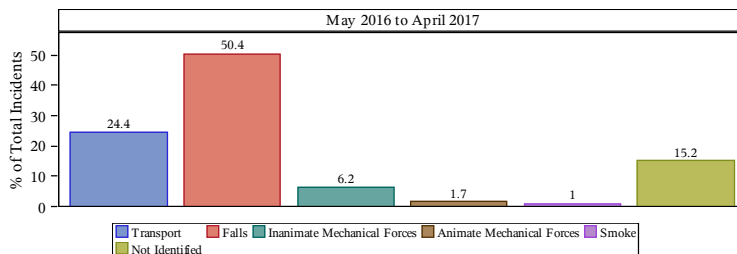
The number of linked EMS to trauma cases was 2,457 for Q3 2016 data. Trauma data is due on a quarterly basis.

Accessibility

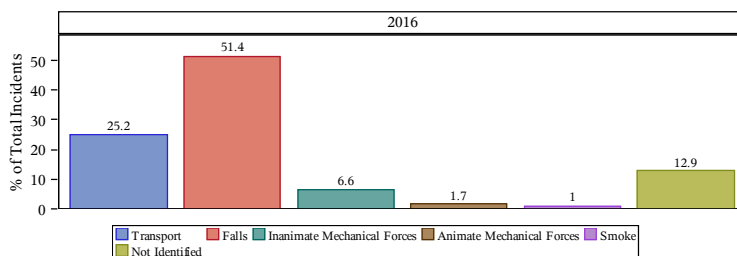
The average time to complete data requests was 1 days for aggregate requests (1 total) and 1.3 days for identifiable requests (3 total). There were no self-requests during April.

Cause of Injury (COI)

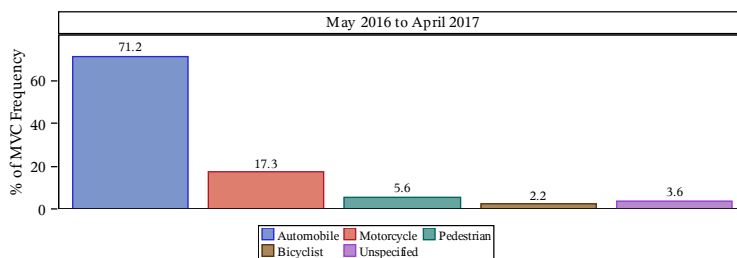
Cause of Injury (COI)



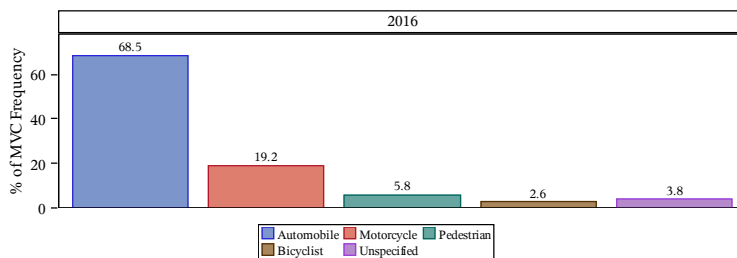
Cause of Injury (COI)



COI-Motor Vehicle Collision (MVC)

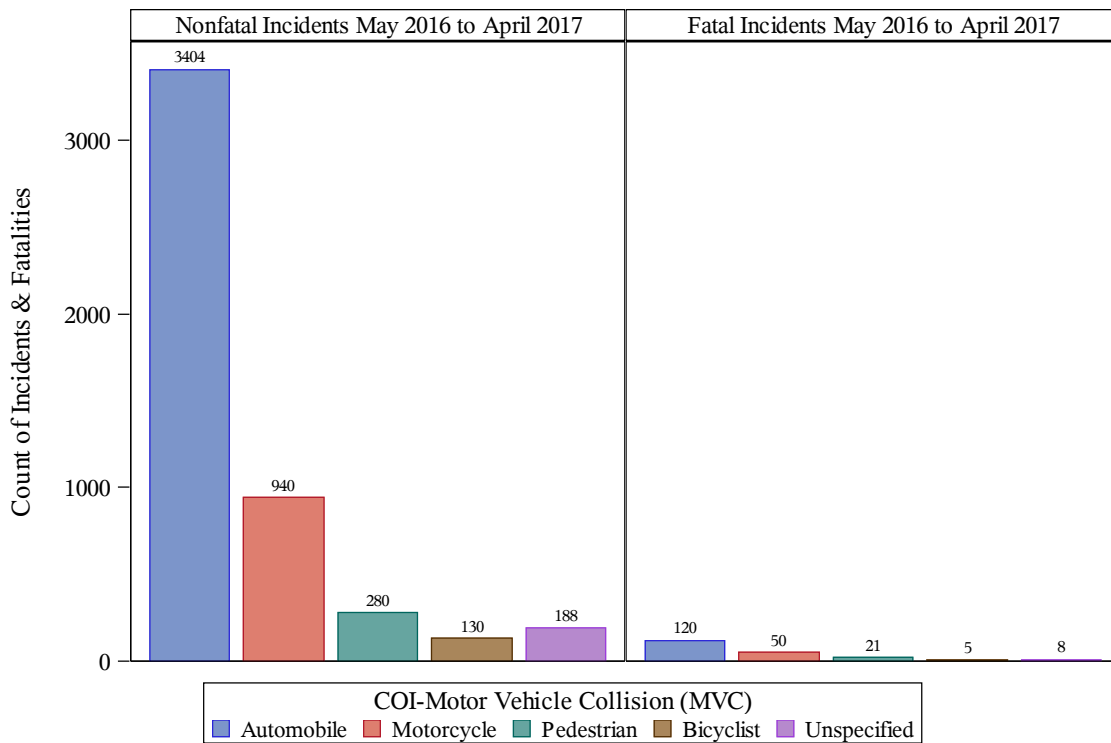
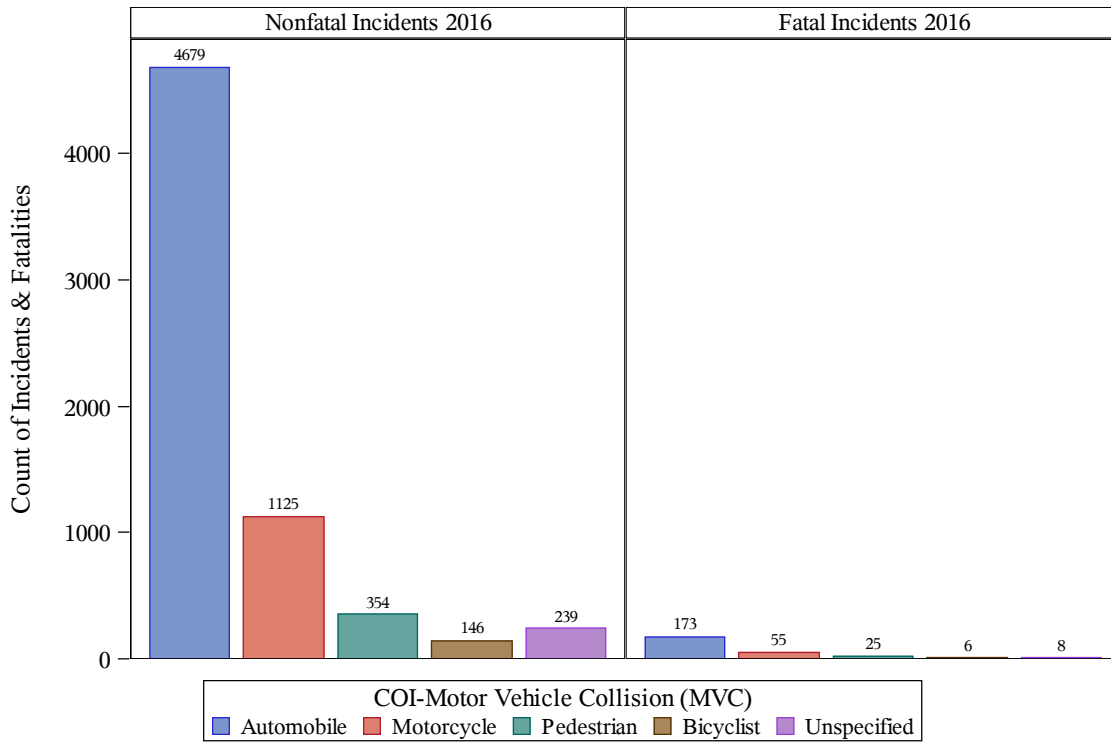


COI-Motor Vehicle Collision (MVC)



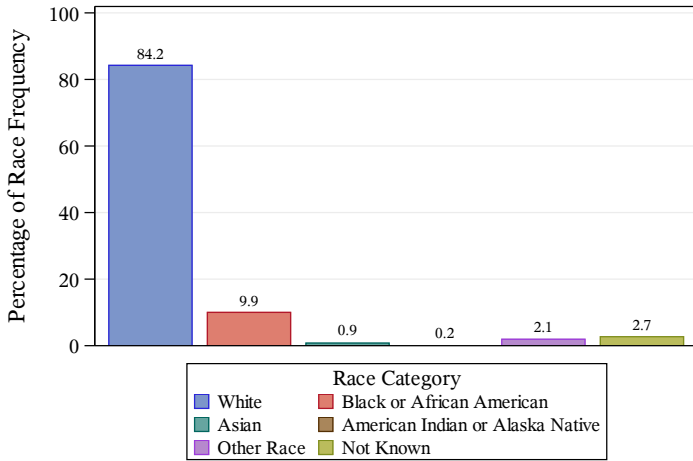
May 2016 to April 2017 **5146 Incidents**
January 2016 to December 2016 **6810 Incidents**
Motor Vehicle Collision

COI-MVC Nonfatal Incidents and Fatal Incidents

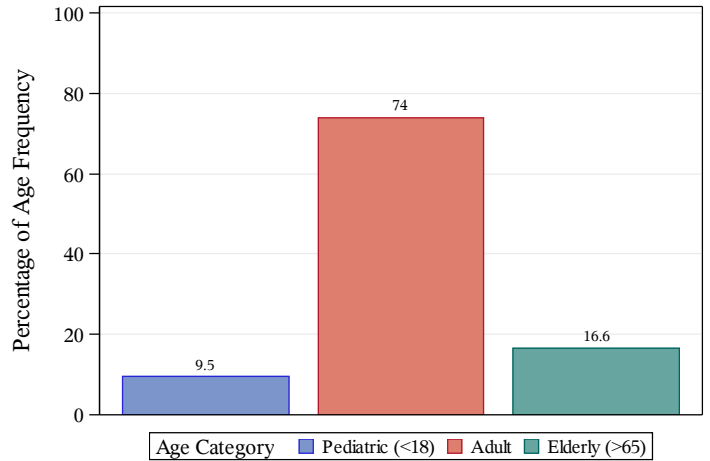


Motor Vehicle Collision

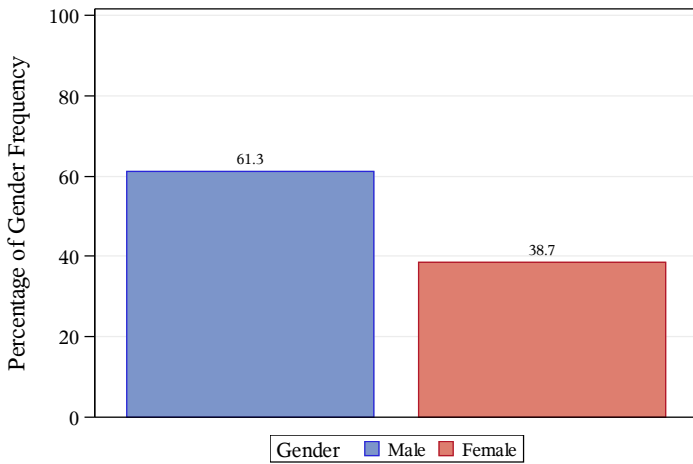
Race



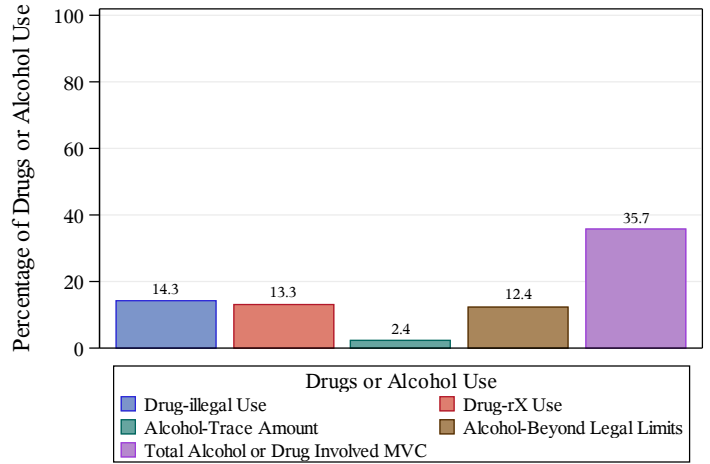
Age



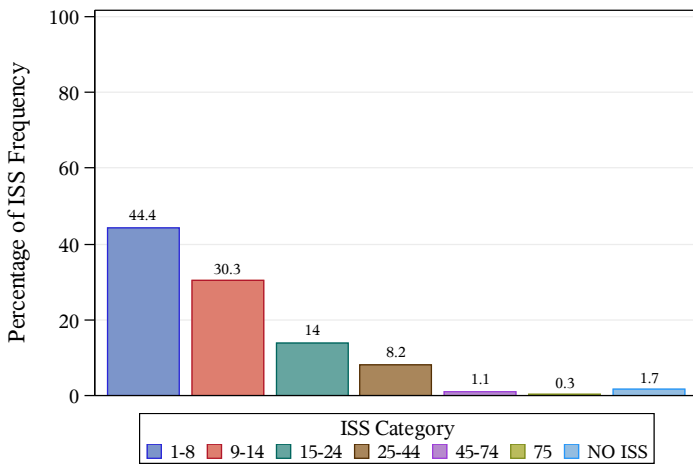
Gender



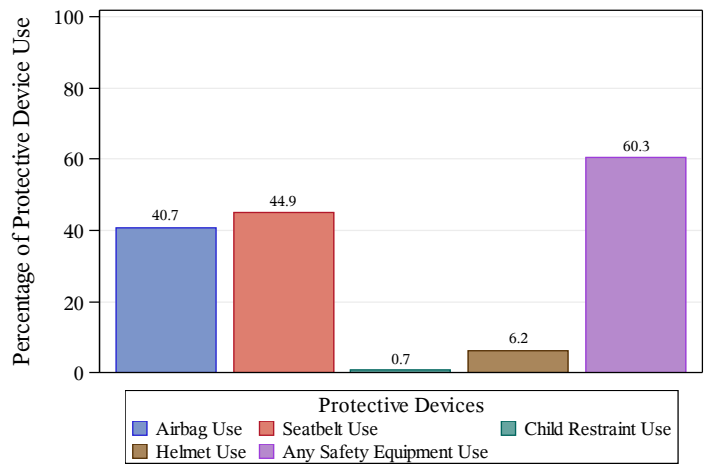
Drug & Alcohol Use



Injury Severity Score

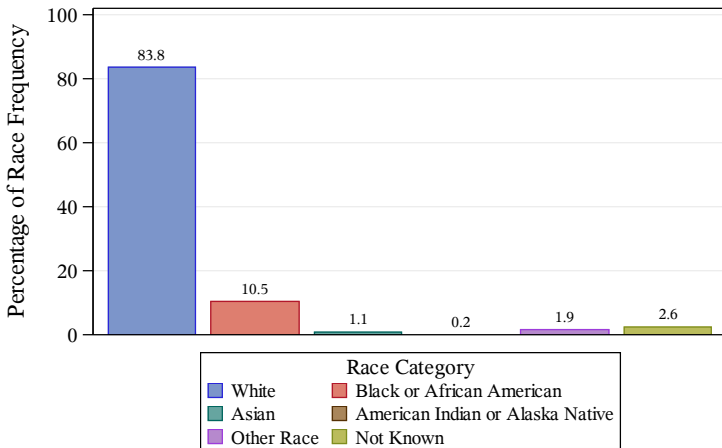


Protective Devices

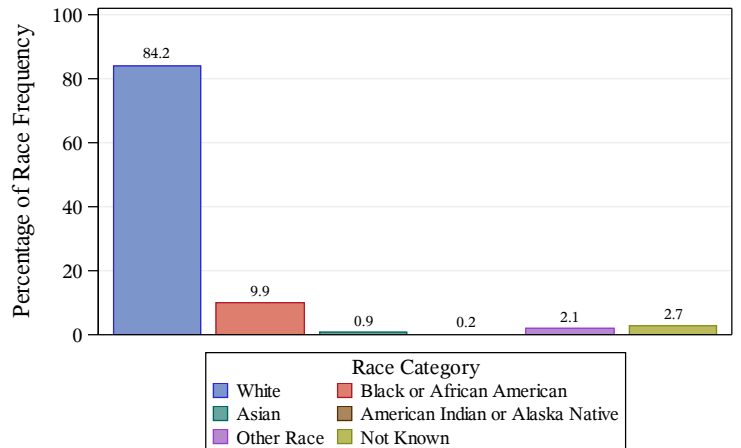


Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

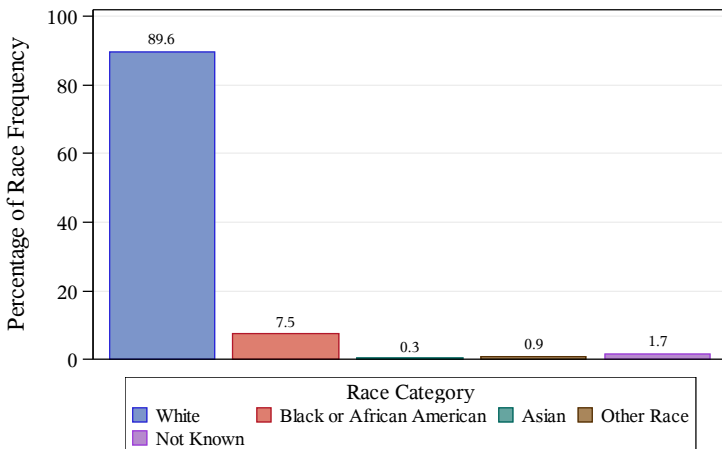
2016



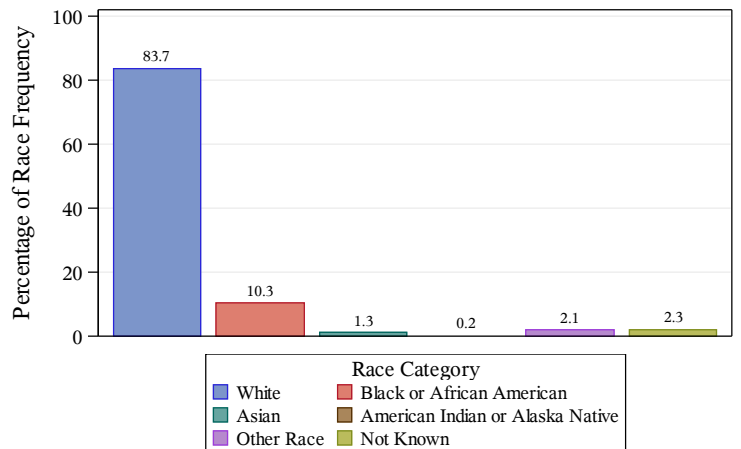
May 2016 to April 2017



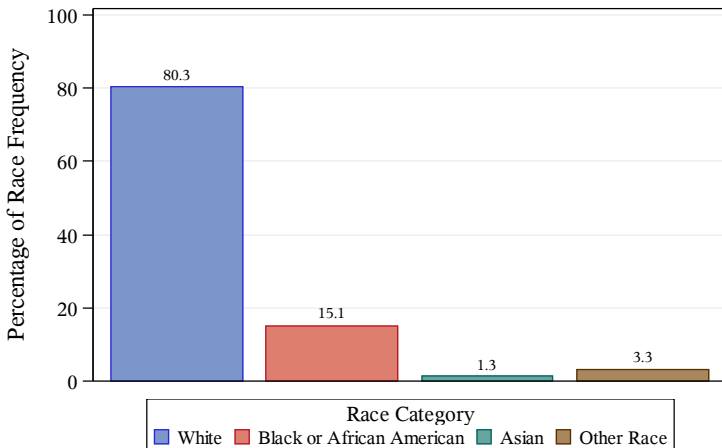
Motorcycle
May 2016 to April 2017



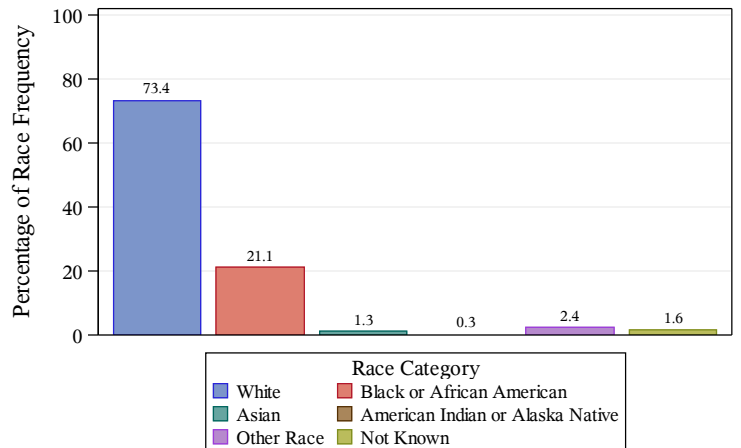
Automobile
May 2016 to April 2017



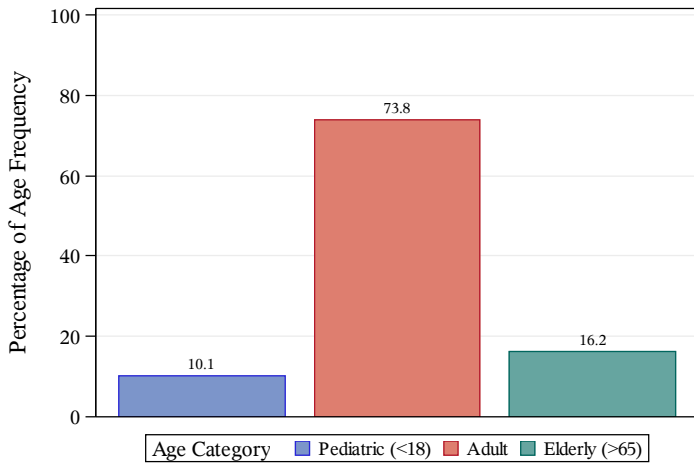
Bicyclist
May 2016 to April 2017



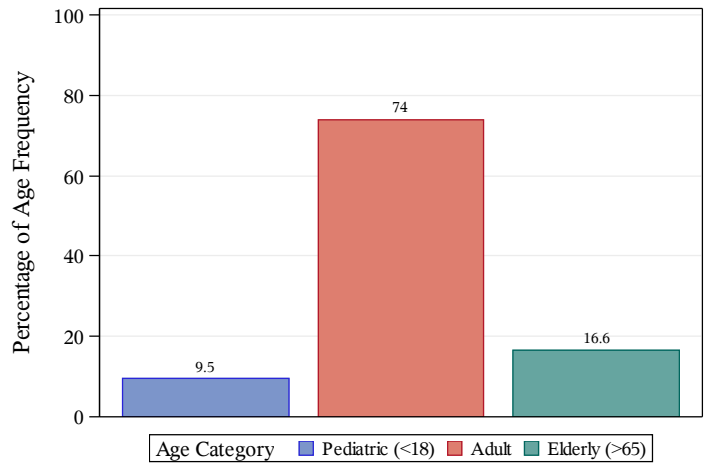
Pedestrian
May 2016 to April 2017



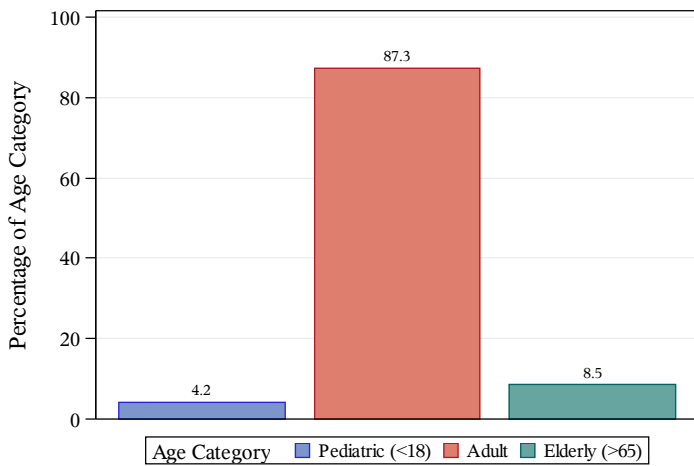
2016



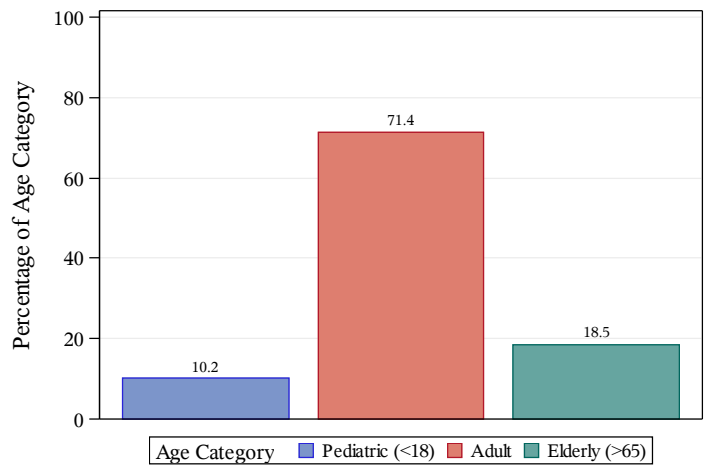
May 2016 to April 2017



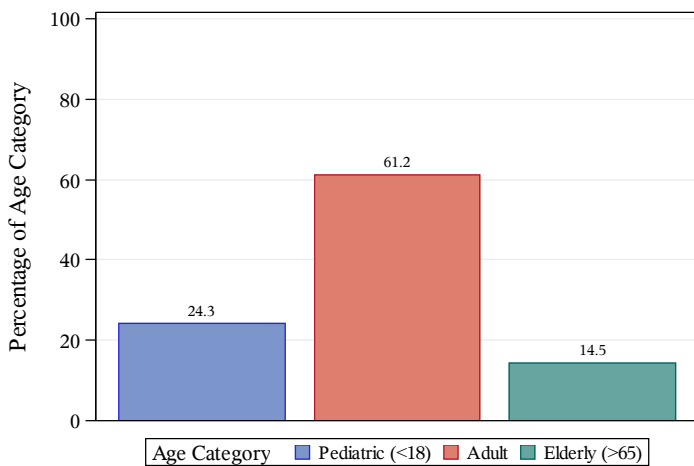
Motorcycle
 May 2016 to April 2017



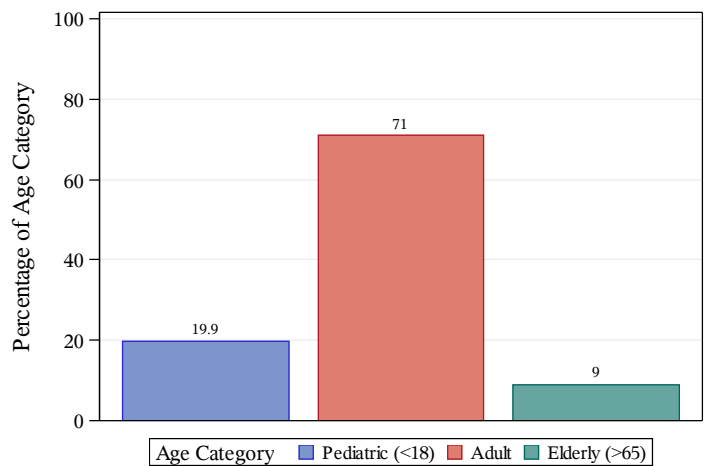
Automobile
 May 2016 to April 2017



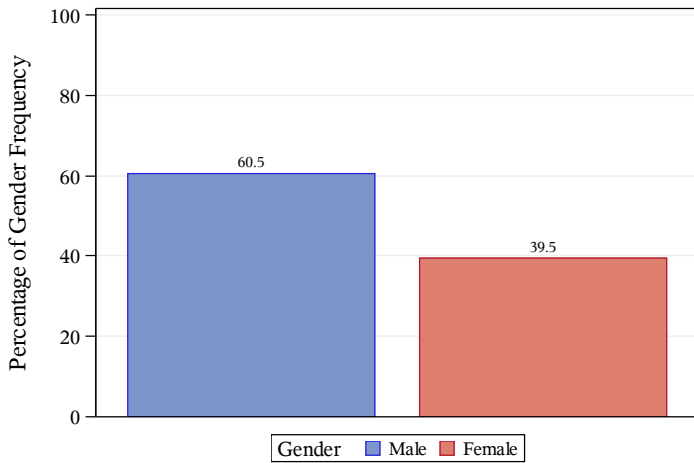
Bicyclist
 May 2016 to April 2017



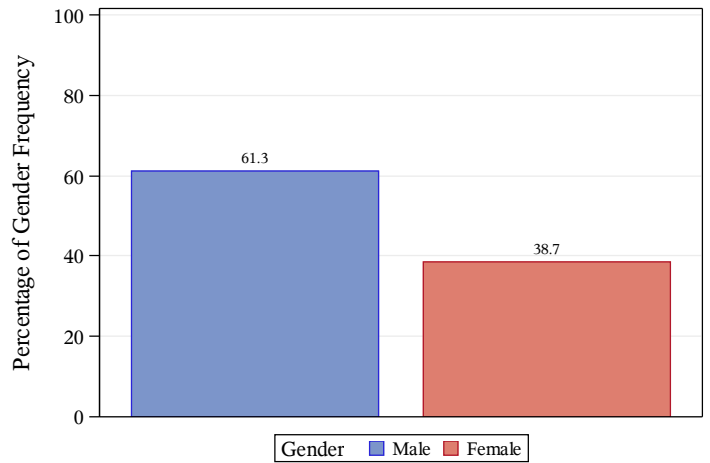
Pedestrian
 May 2016 to April 2017



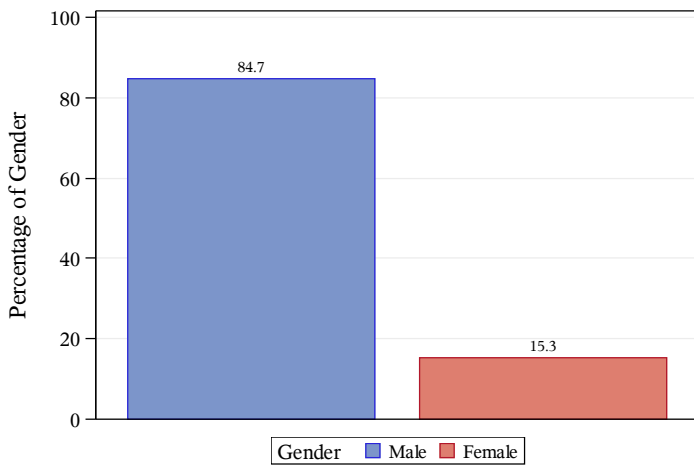
2016



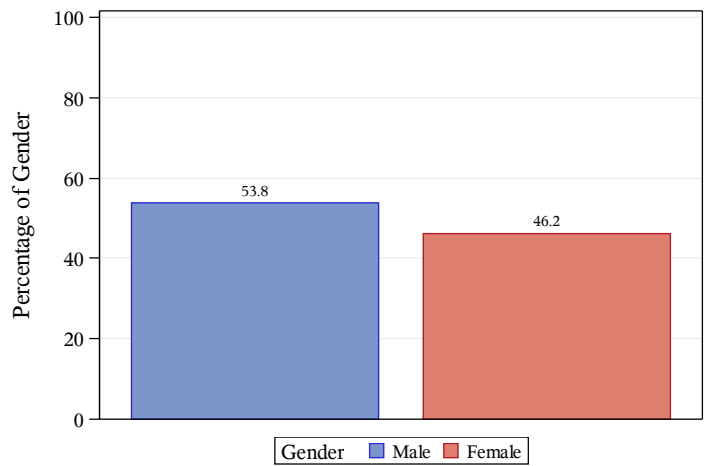
May 2016 to April 2017



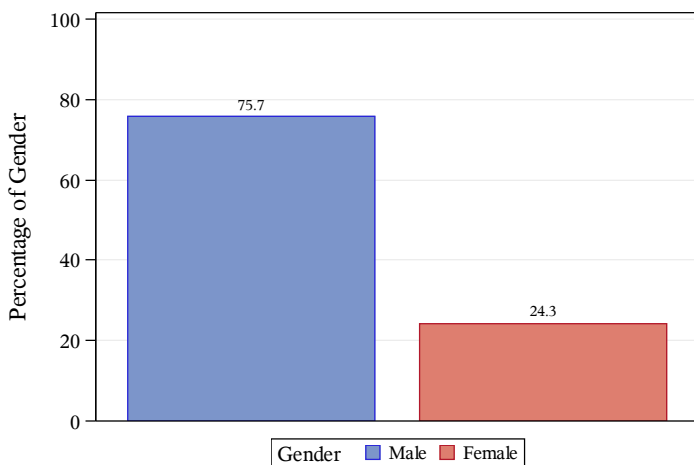
Motorcycle
May 2016 to April 2017



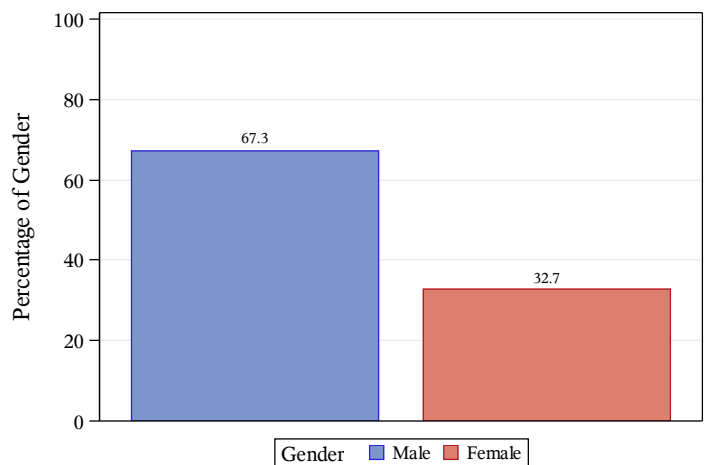
Automobile
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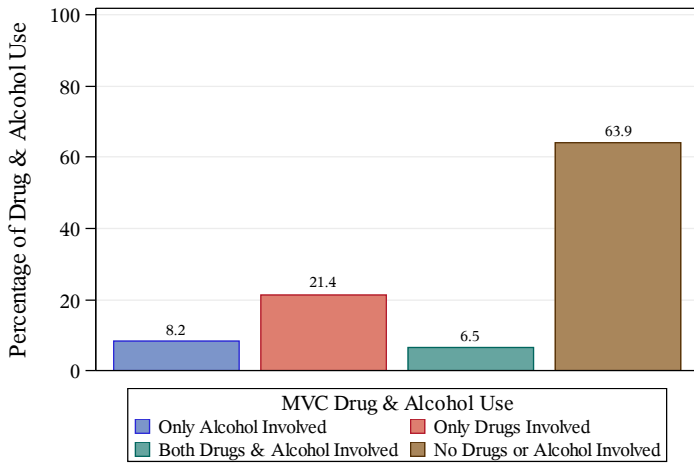
Bicyclist
May 2016 to April 2017



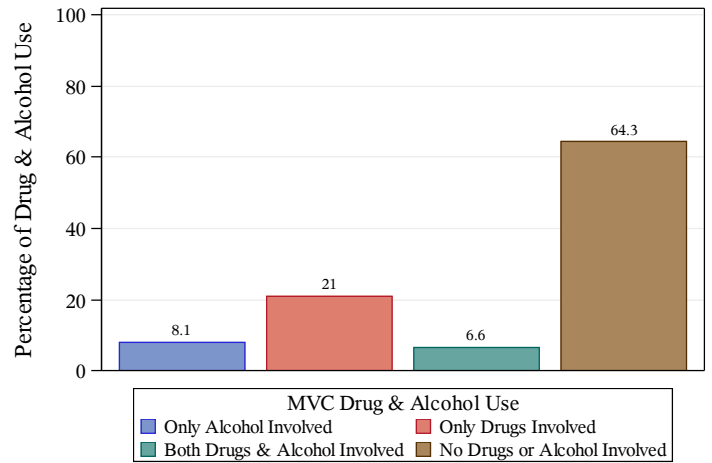
Pedestrian
May 2016 to April 2017



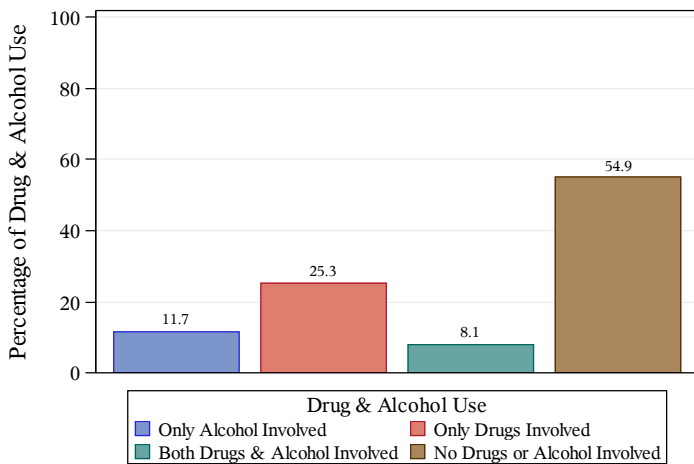
2016



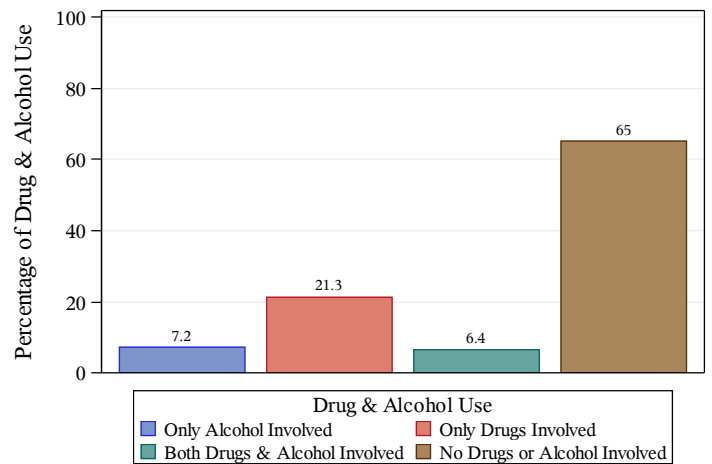
May 2016 to April 2017



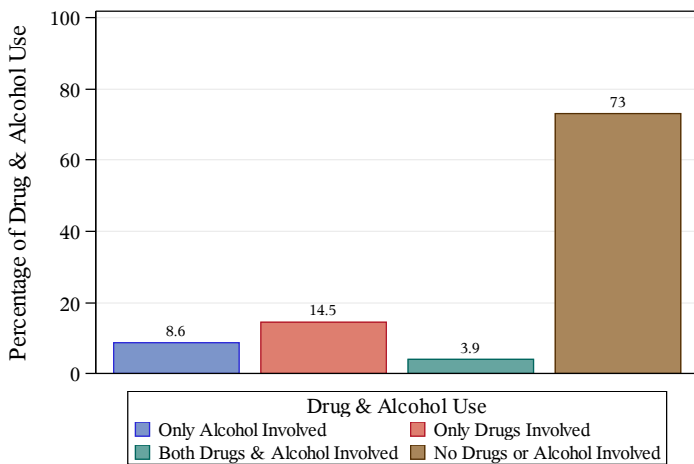
Motorcycle
 May 2016 to April 2017



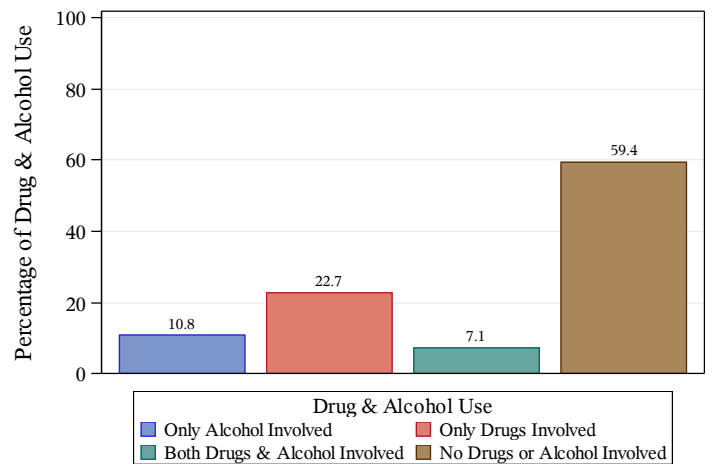
Automobile
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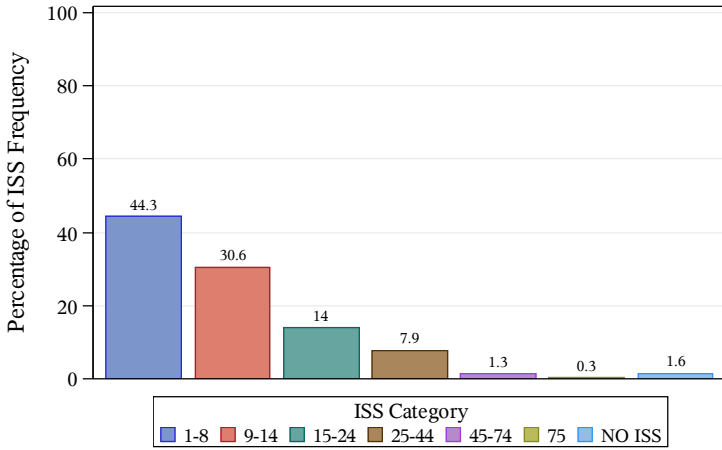
Bicyclist
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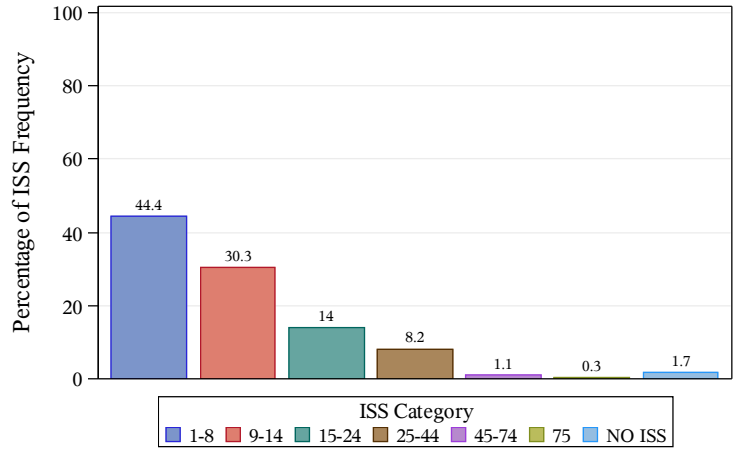
Pedestrian
 May 2016 to April 2017



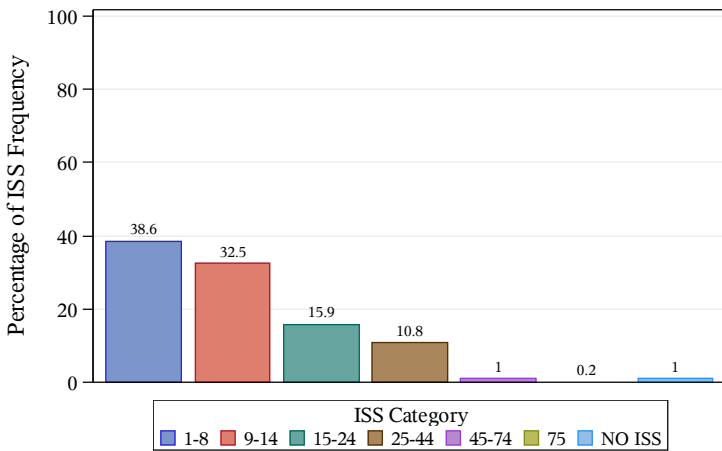
2016



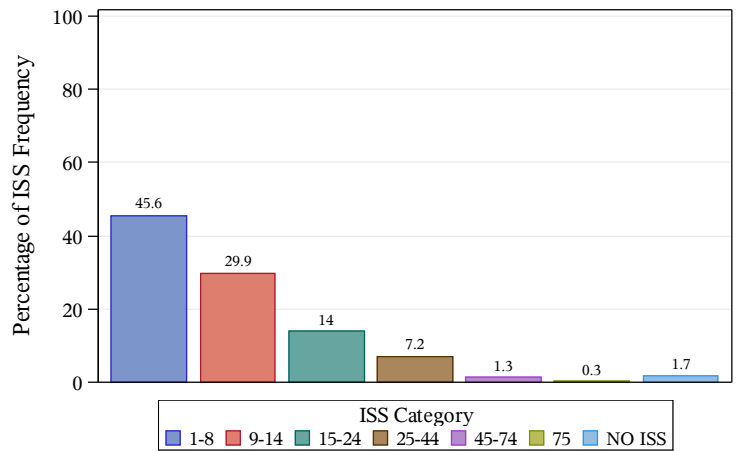
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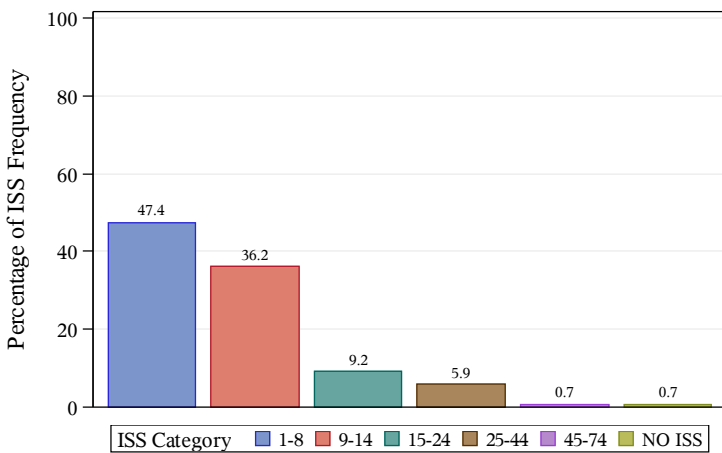
Motorcycle
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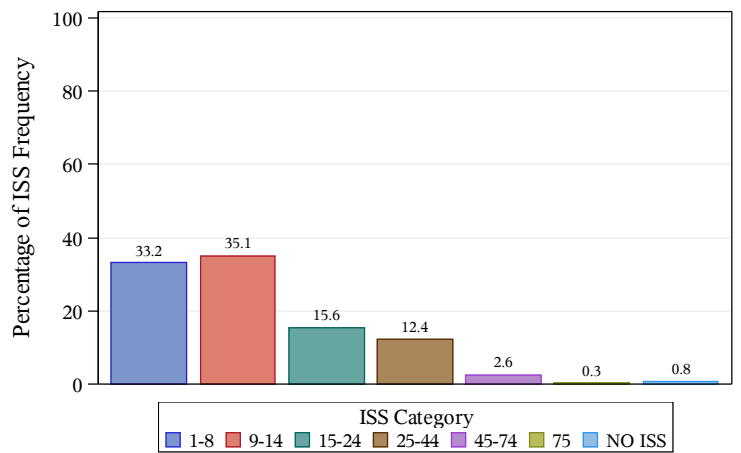
Automobile
 May 2016 to April 2017



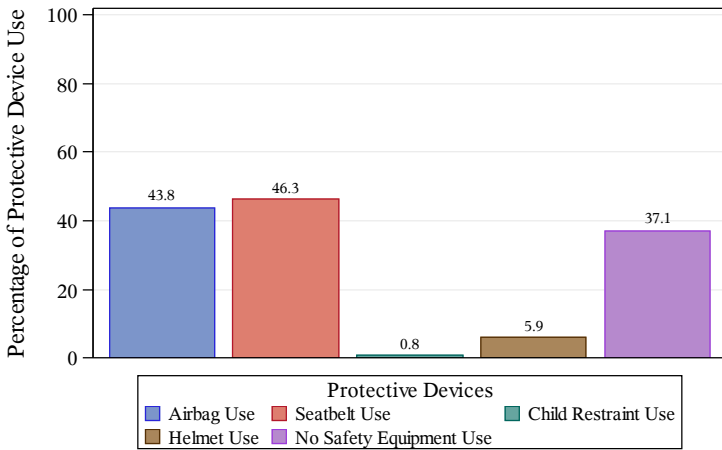
Bicyclist
 May 2016 to April 2017



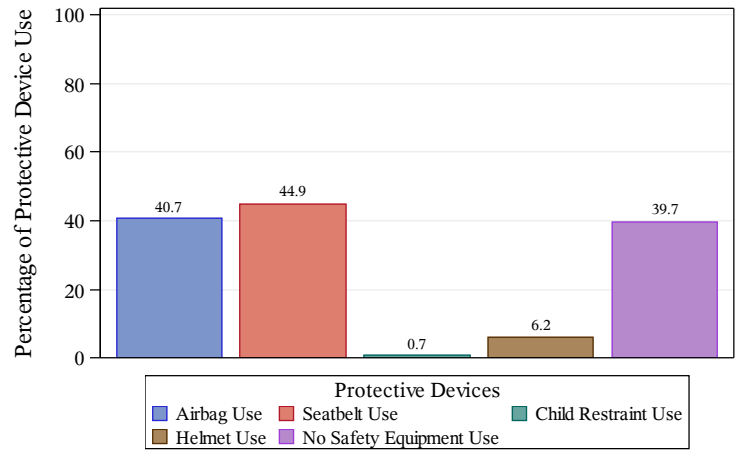
Pedestrian
 May 2016 to April 2017



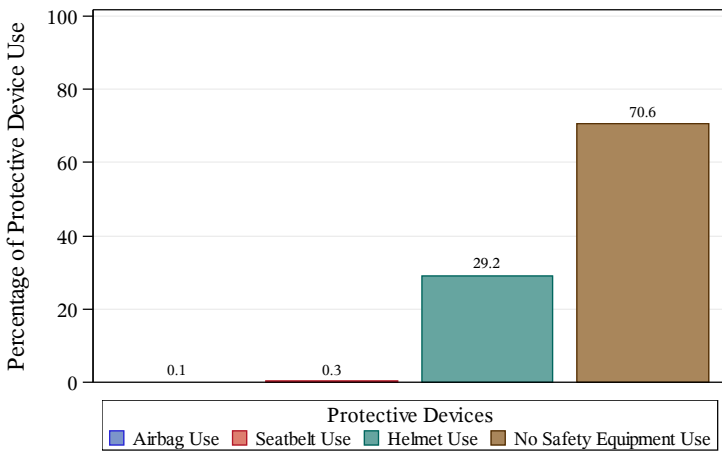
2016



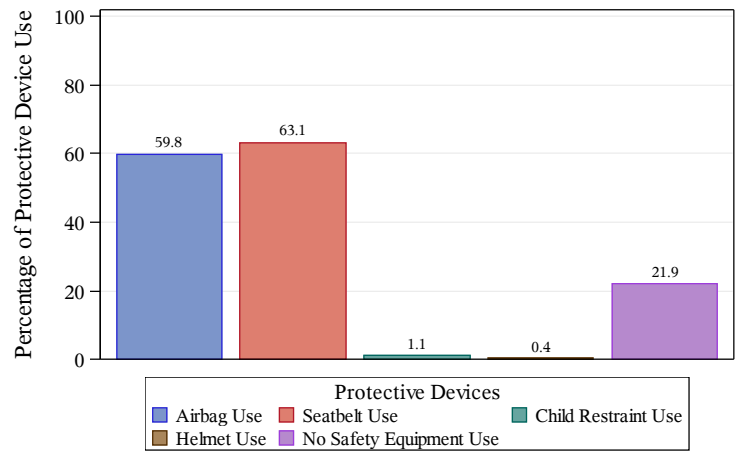
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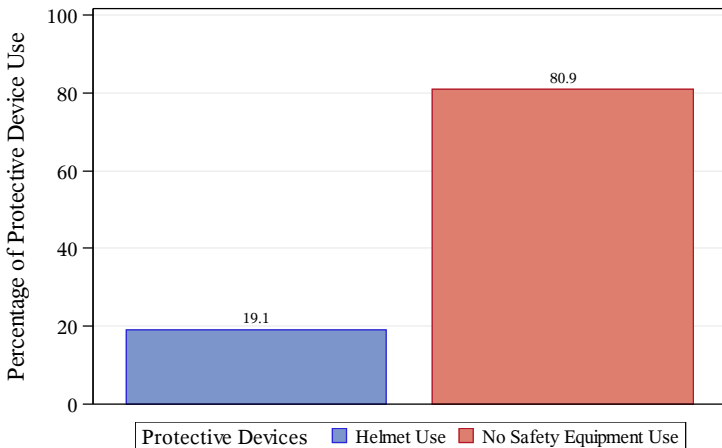
Motorcycle
 May 2016 to April 2017



Automobile
 May 2016 to April 2017



Bicyclist
 May 2016 to April 2017



Pedestrian
 May 2016 to April 2017

