Indiana Trauma Registry

On August 4th , 11th and 16th Ramzi Nimry (Trauma System PI Manager) provided ImageTrend registry trainings in: South Bend, Columbus and Indianapolis, IN. On those same dates, Katie Hokanson (Director, Division of Trauma and Injury Prevention), lead a seminar on the trauma system and development in Indiana for their Trauma Tour events.

On August 19th, Camry Hess (Database Analyst Epidemiologist), Katie Hokanson (Director, Division of Trauma and Injury Prevention) and Ramzi Nimry (Trauma System PI Manager) hosted and attended the 2015 Medical Directors Conference in Indianapolis.

On August 21st, Camry Hess (Database Analyst Epidemiologist), Katie Hokanson (Director, Division of Trauma and Injury Prevention) and Ramzi Nimry (Trauma System PI Manager) attended and presented at the Indiana State Trauma Care Committee (ISTCC) meeting.

On August 21st, Camry Hess (Database Analyst Epidemiologist), Katie Hokanson (Director, Division of Trauma and Injury Prevention) and Ramzi Nimry (Trauma System PI Manager) attended the Indiana Trauma Network (ITN) meeting.

On August 24th, Ramzi Nimry (Trauma System PI Manager) provided ImageTrend registry training to Bluffton Regional Medical Center in Bluffton, IN.

On August 26th, Camry Hess (Database Analyst Epidemiologist), Katie Hokanson (Director, Division of Trauma and Injury Prevention) and Ramzi Nimry (Trauma System PI Manager) attended the ITN Data Standardization Sub-Committee, first meeting.

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.
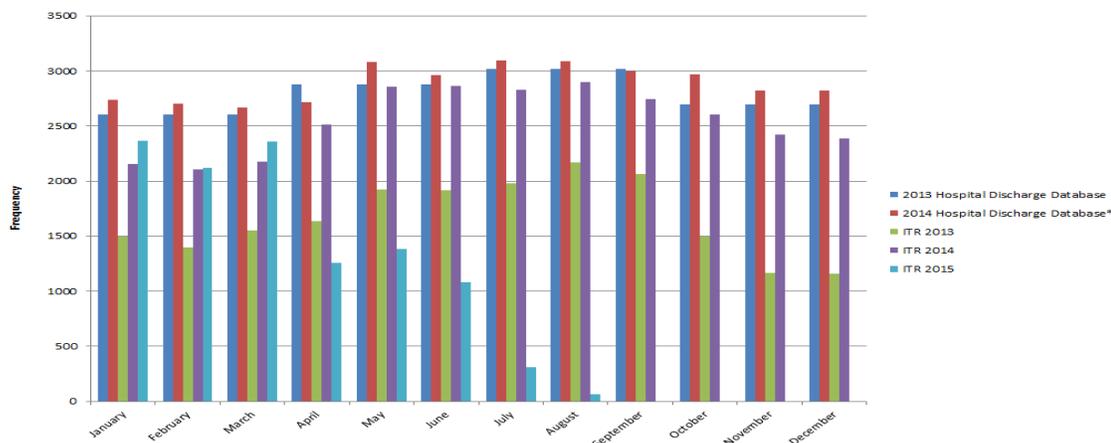
Timeliness

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 April 2015 until August 2015 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.
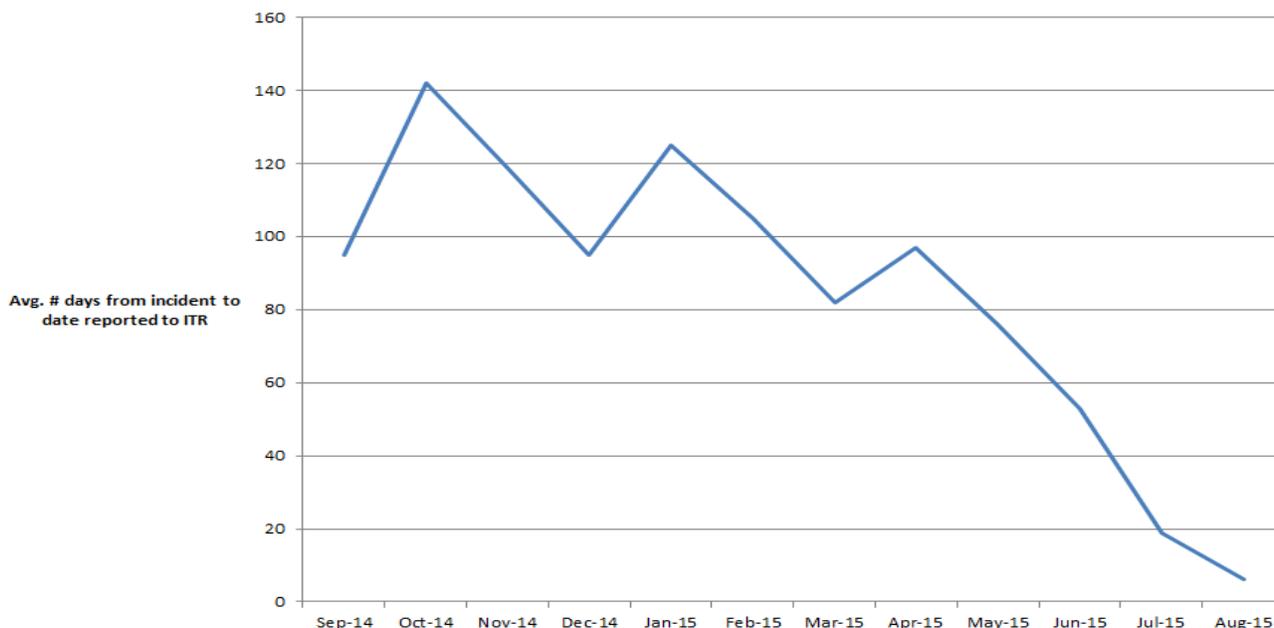
Uniformity

In August we sent out the eighteenth monthly quiz for the inter-rater reliability study. Seventy-one registrars completed the quiz from 49 hospitals. The percent of correct answers was 64% for the entire quiz and the average free-marginal Kappa (measure of consistency) 0.308. 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
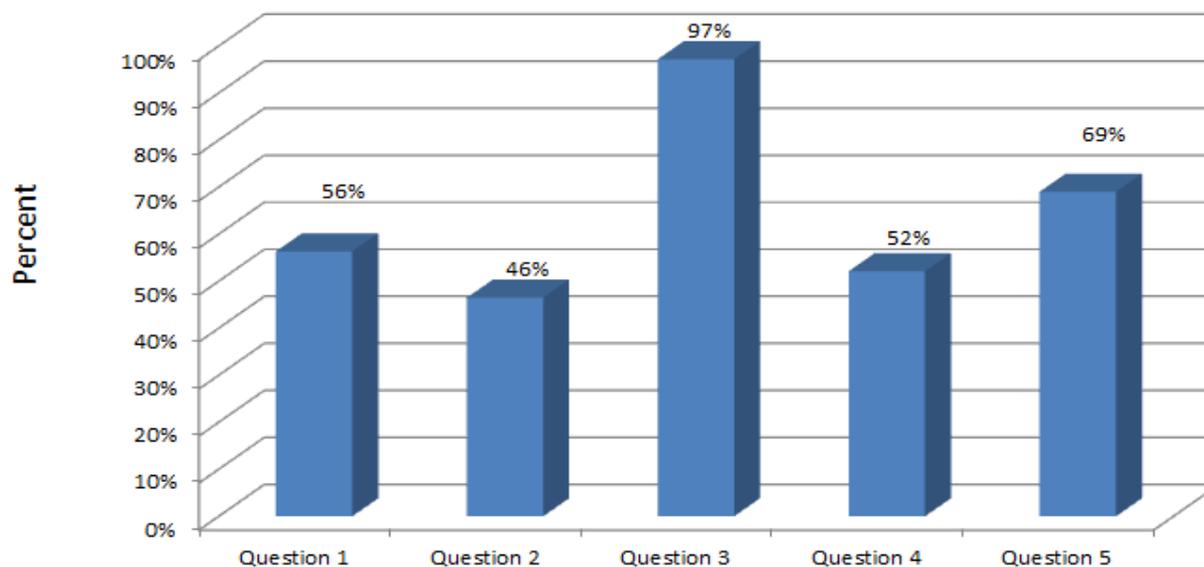
Integration

The number of linked EMS to trauma cases was 439 for Q1 2015 data. Trauma data is due on a quarterly basis.

Accessibility

The average days to delivery of aggregate data was 1 day. There were no identifiable data requests.
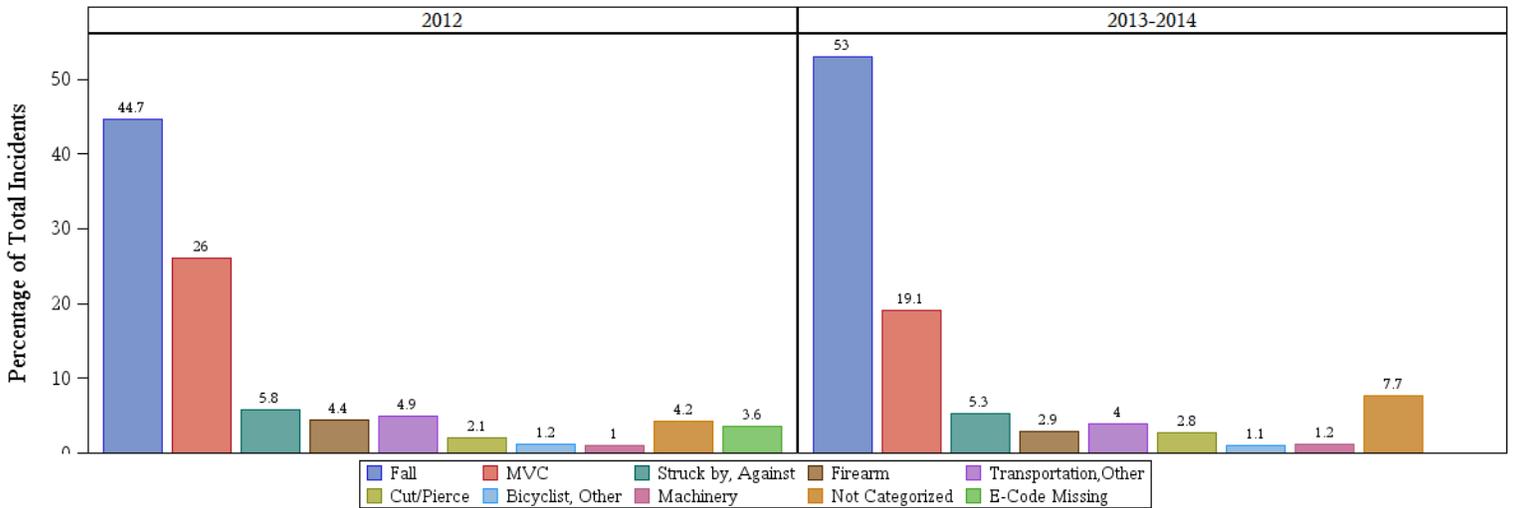
<1% of COI: Pedestrian (Other), Natural/Environmental, Overexertion, Fire/Burn, and Bites/Stings

COI-Motor Vehicle Collision (MVC)
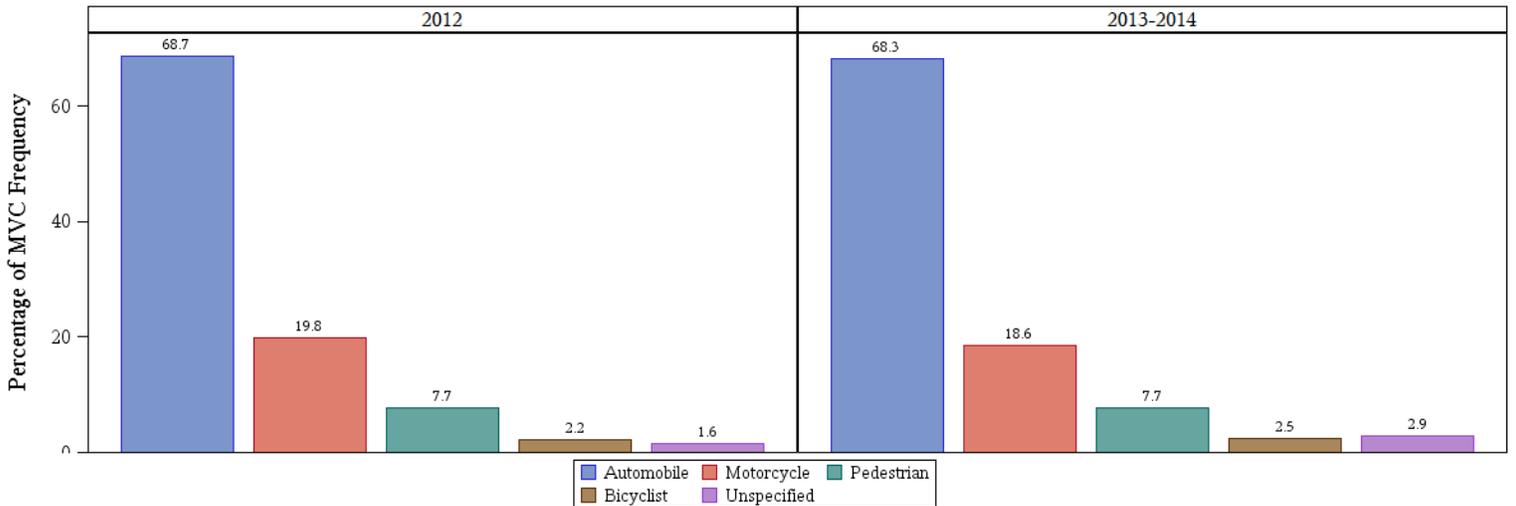
COI-MVC Nonfatal Incidents and Fatal Incidents

Motor Vehicle Collision
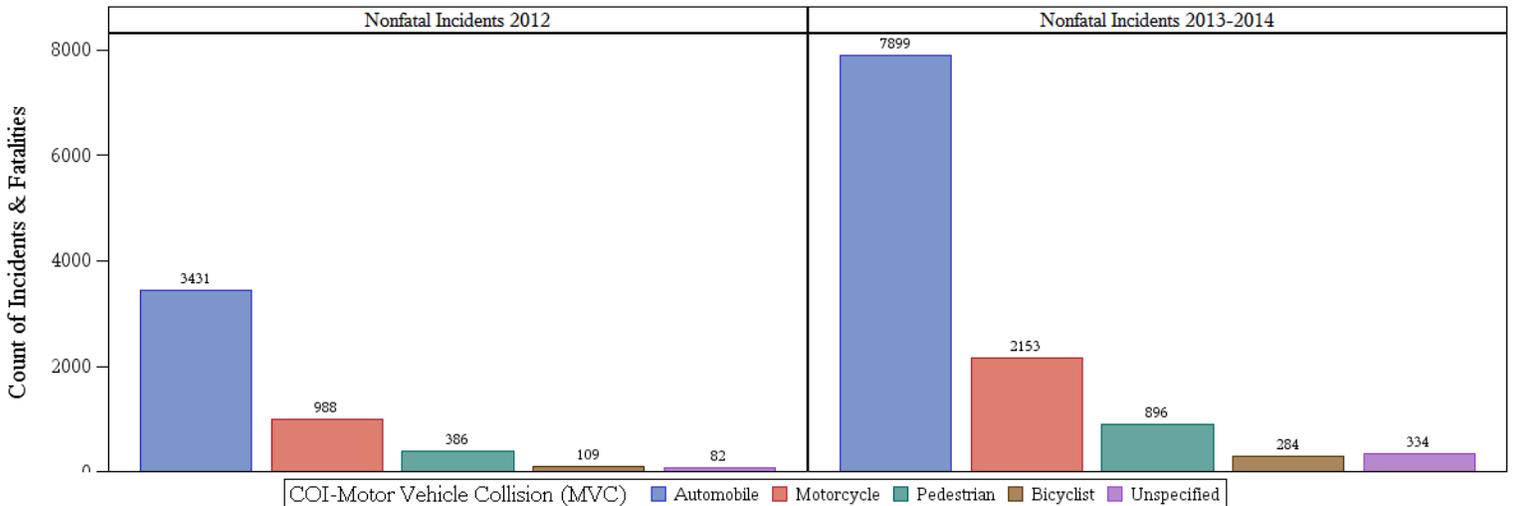
Race
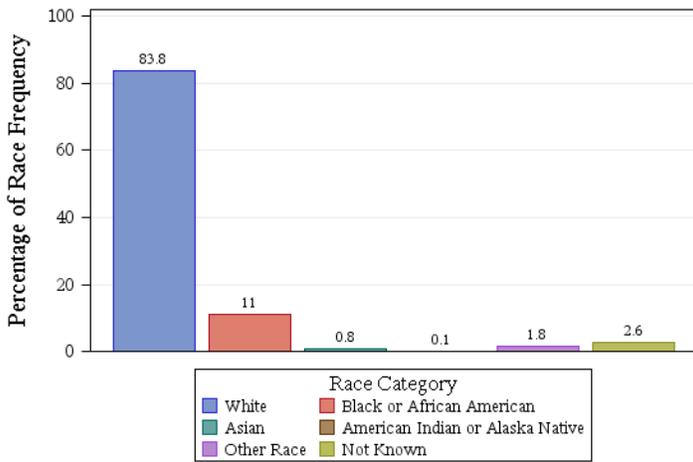
Age
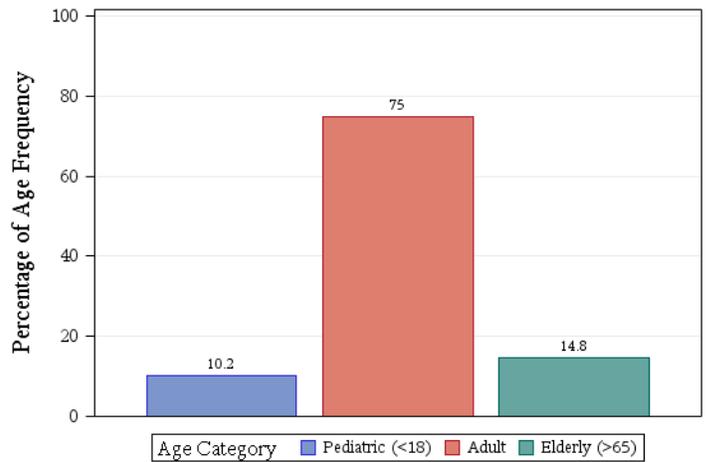
Gender
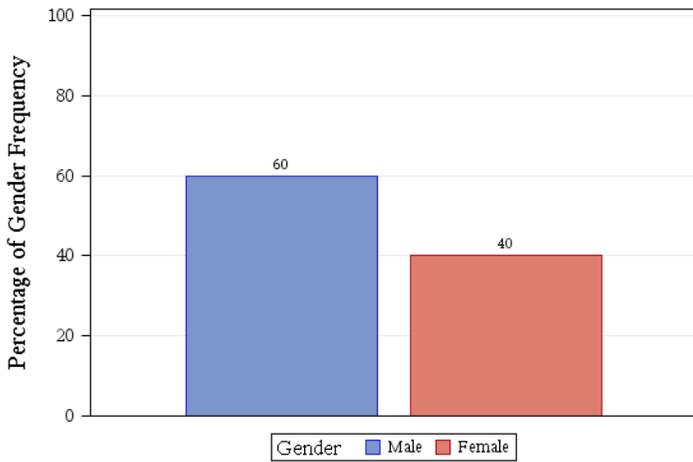
Drug & Alcohol Use
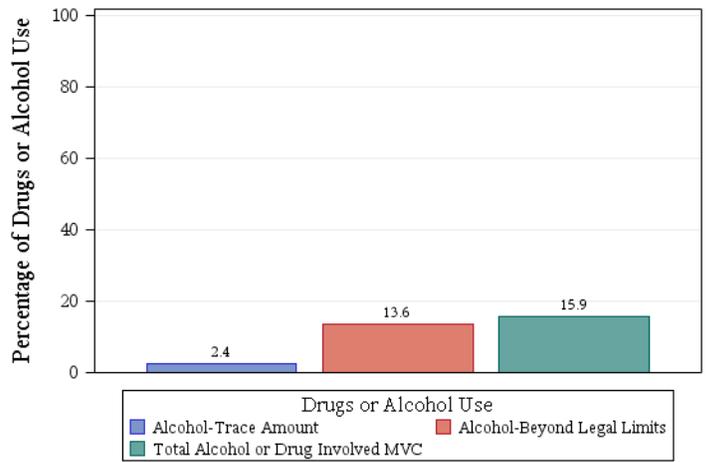
Injury Severity Score
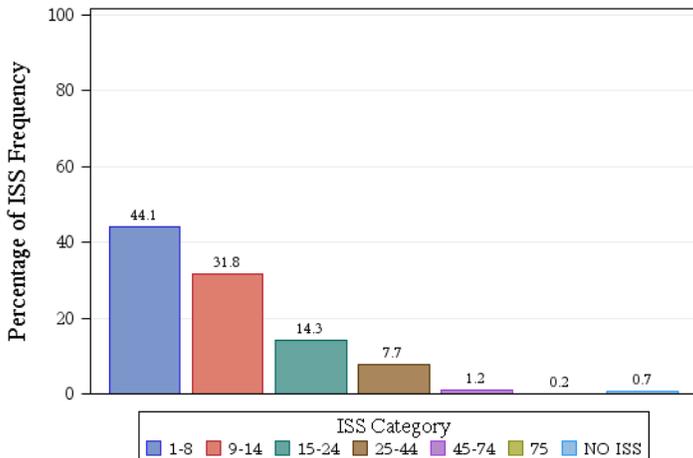
Protective Devices
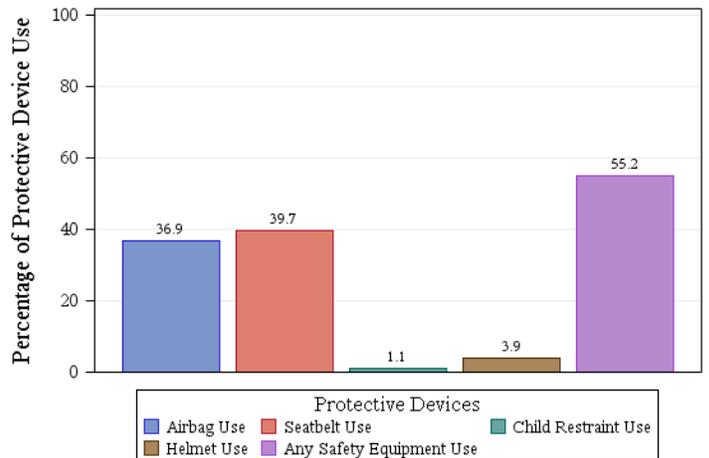
Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.
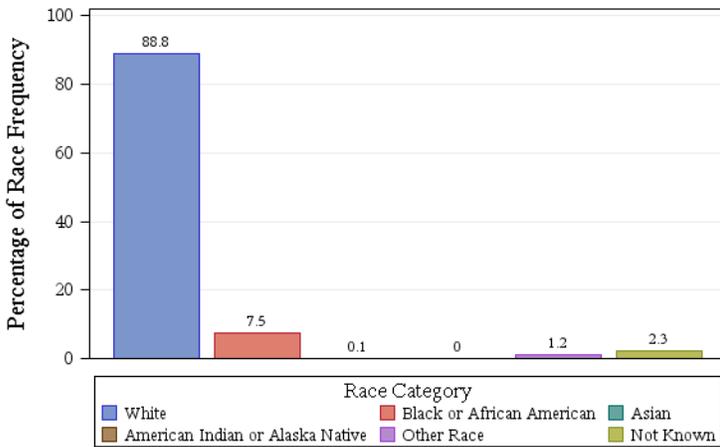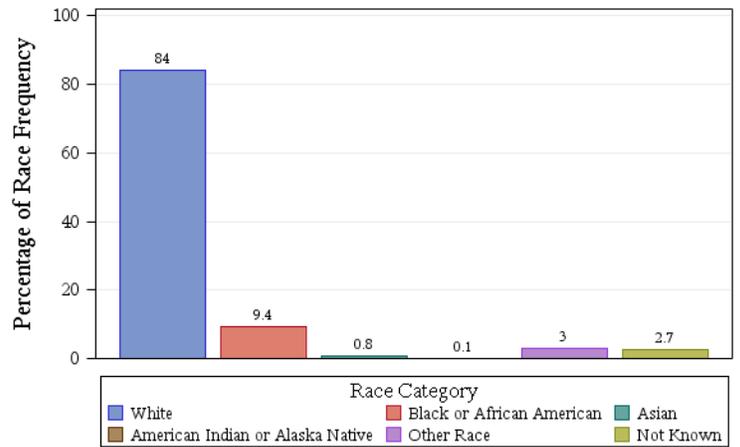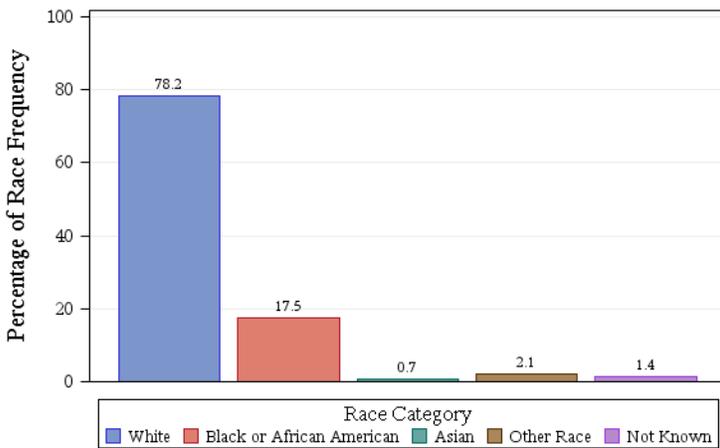
2012
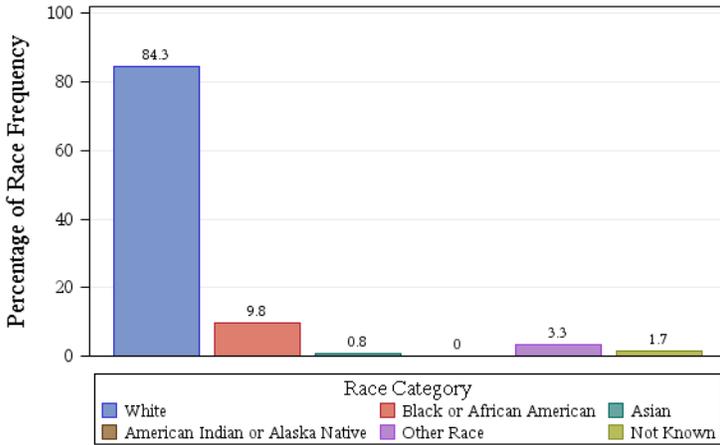
2013-2014
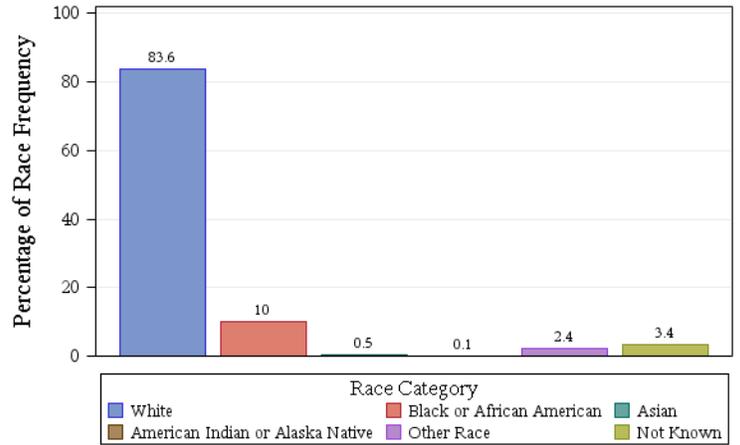
Motorcycle
2012-2014

Automobile
2012-2014

Bicyclist
2012-2014

Pedestrian
2012-2014
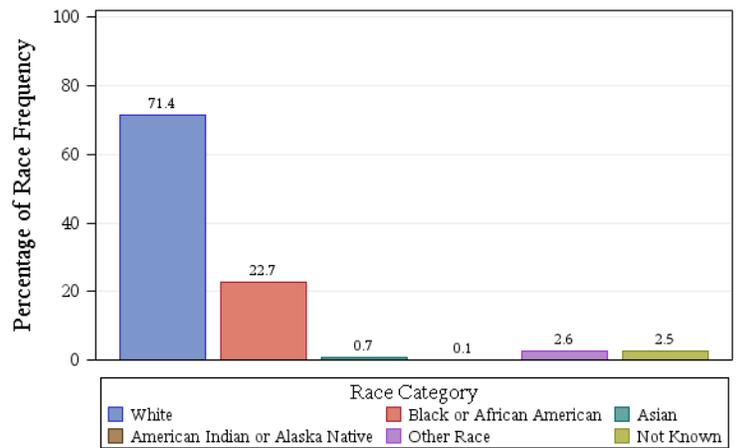
January 2012 to August 2015   18673 Incidents
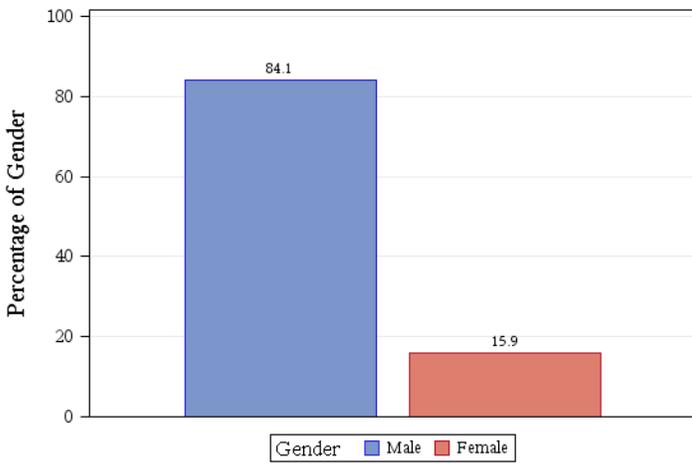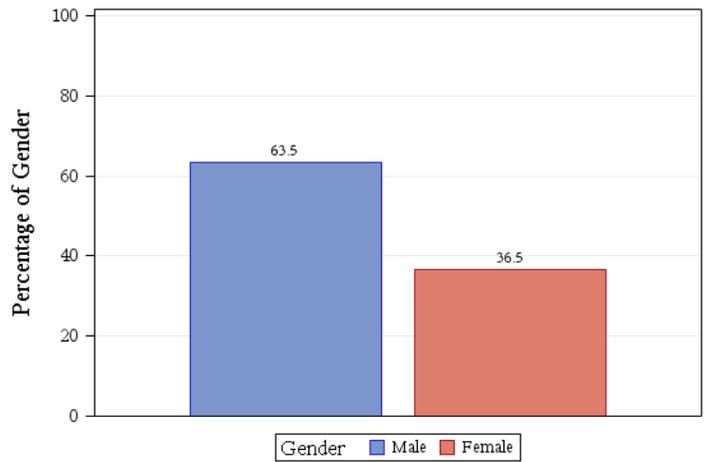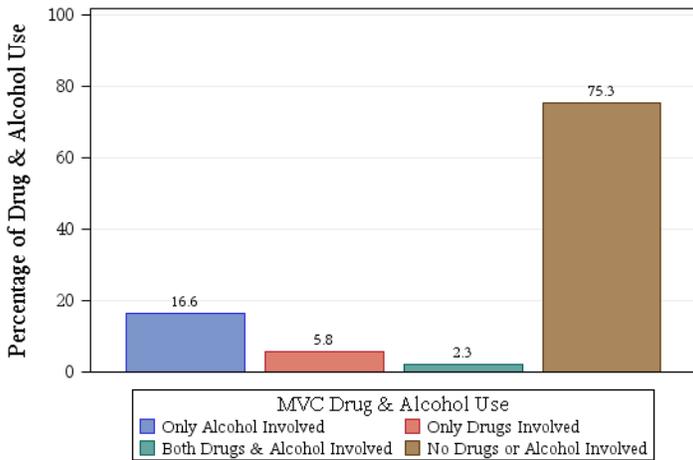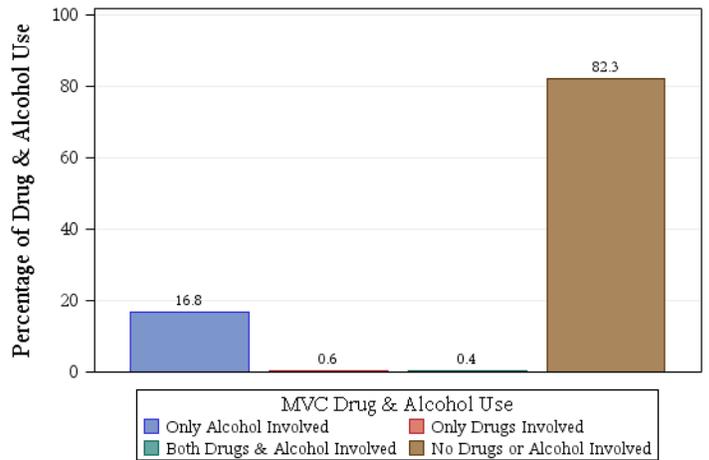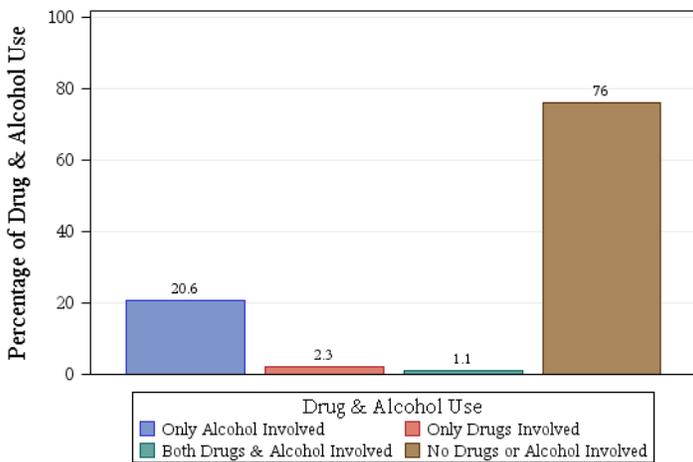*Age- Motor Vehicle Collision*

2012

2013-2014

Motorcycle
2012-2014

Automobile
2012-2014

Bicyclist
2012-2014

Pedestrian
2012-2014

2012

2013-2014

Motorcycle
2012-2014

Automobile
2012-2014

Bicyclist
2012-2014

Pedestrian
2012-2014

Drug & Alcohol Use- Motor Vehicle Collision
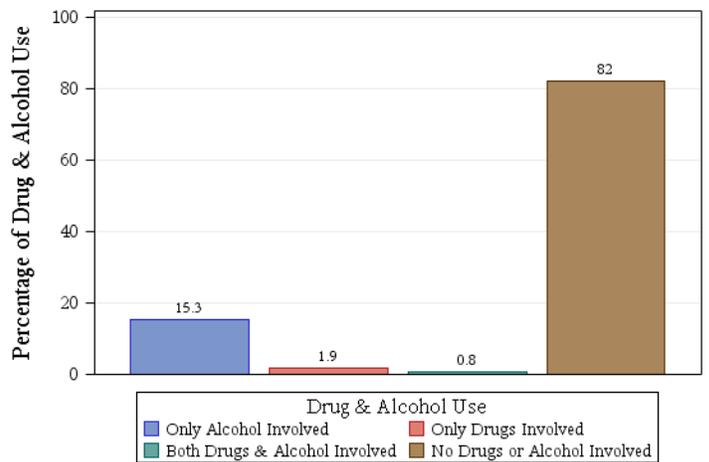
2012

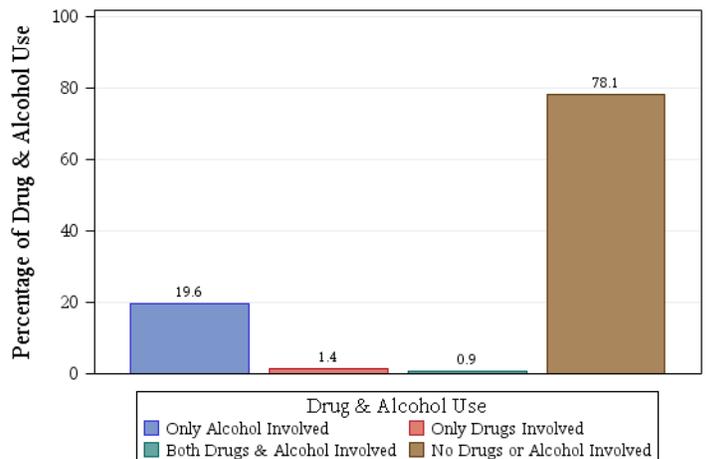## 2013-2014

Motorcycle
2012-2014

Automobile
2012-2014

Bicyclist
2012-2014

Pedestrian
2012-2014

Injury Severity Score- Motor Vehicle Collision
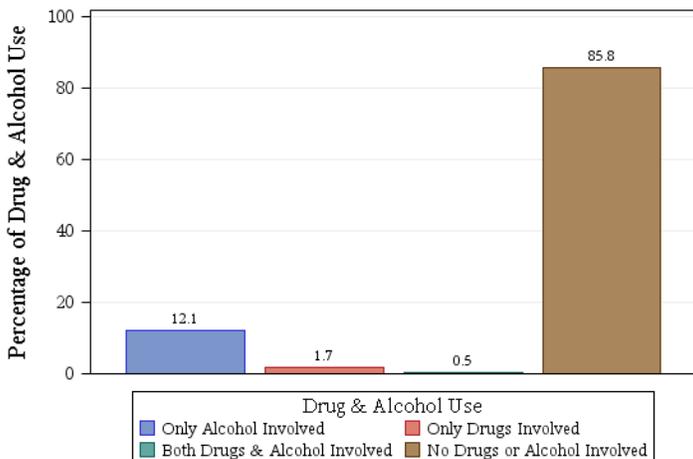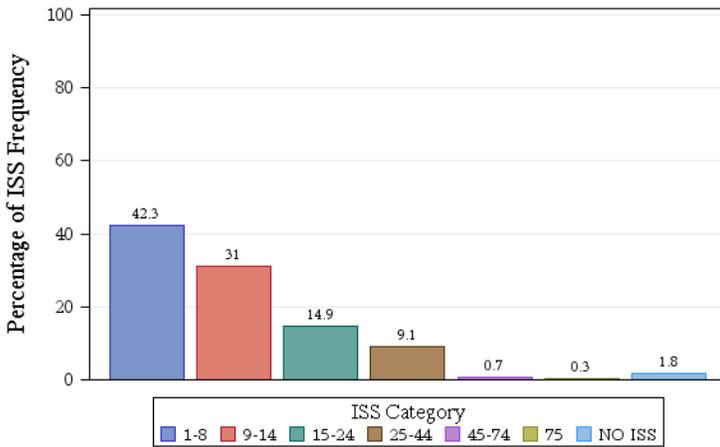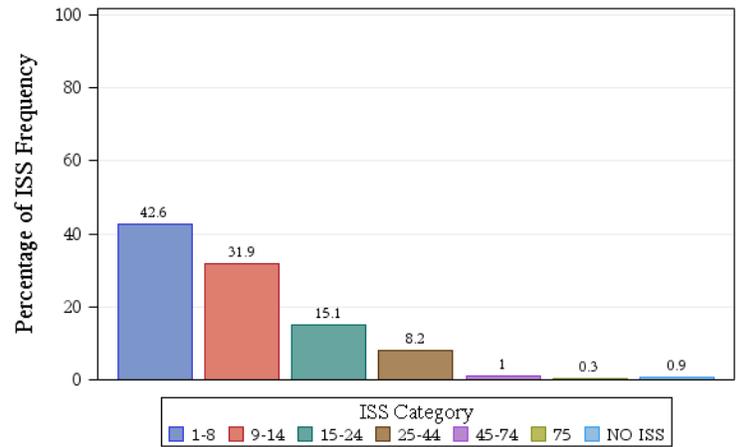
2012

2013-2014

Motorcycle
2012-2014
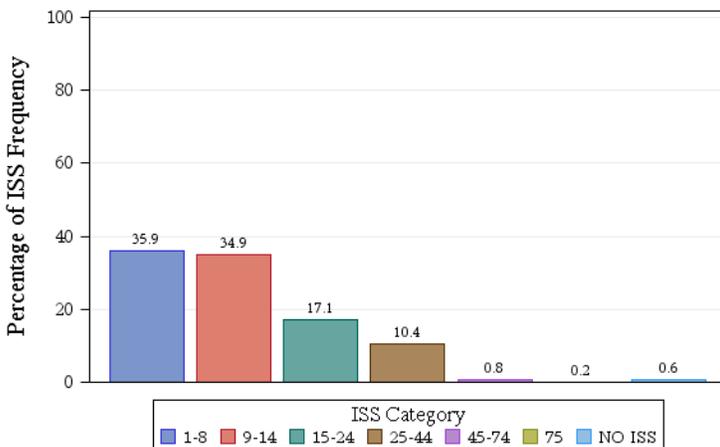
Automobile
2012-2014
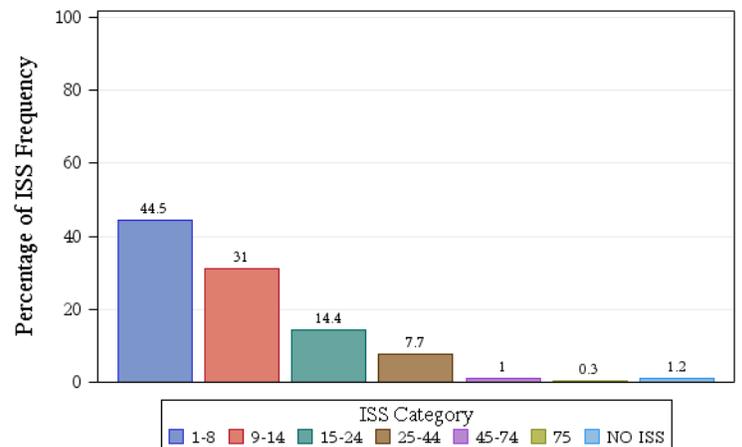
Bicyclist
2012-2014
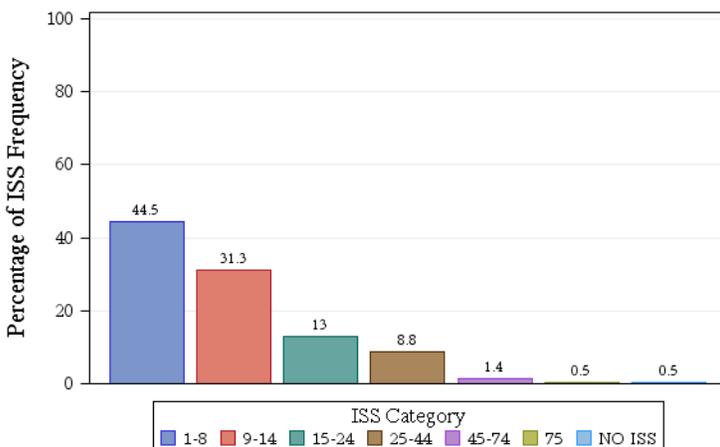
Pedestrian
2012-2014
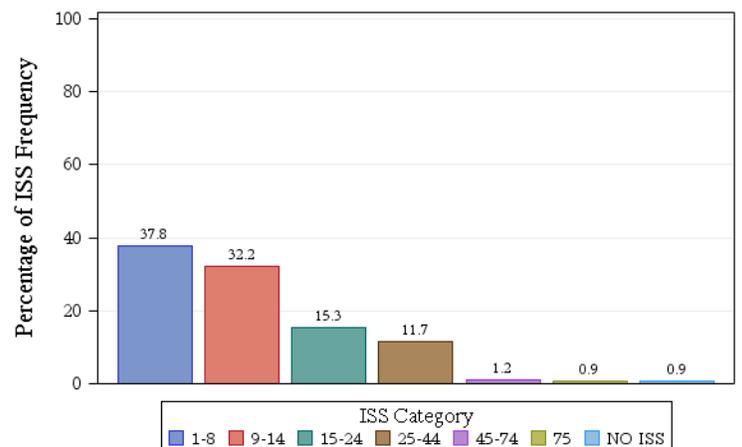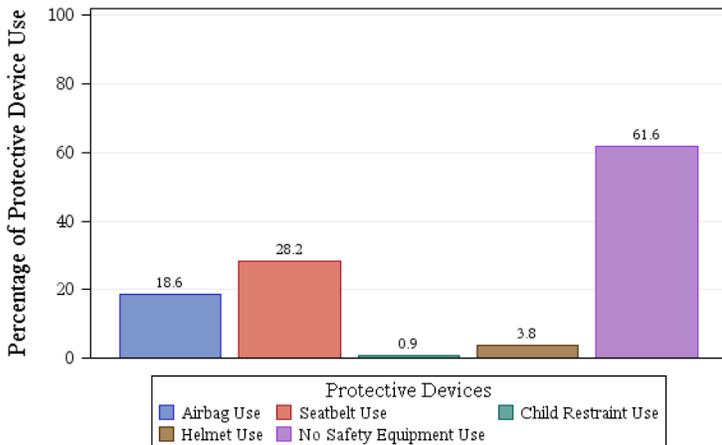
2012

2013-2014
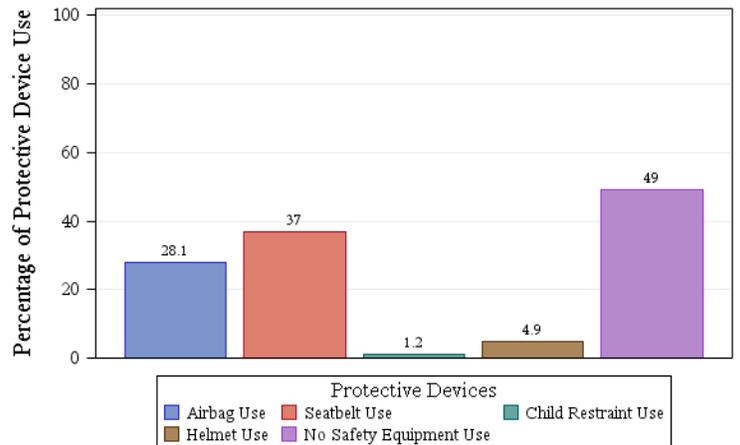
Motorcycle
2012-2014
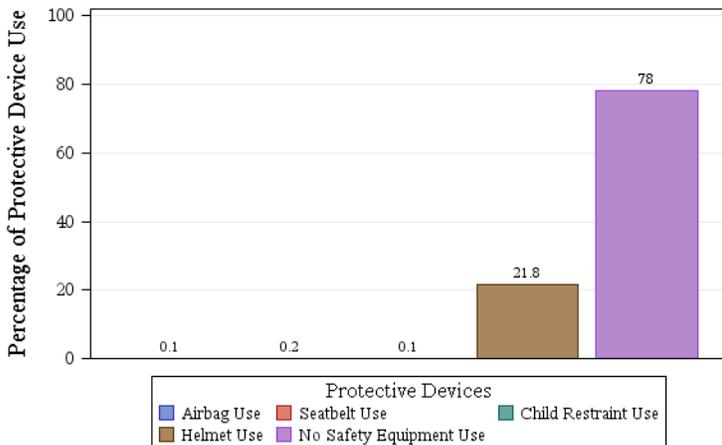
Automobile
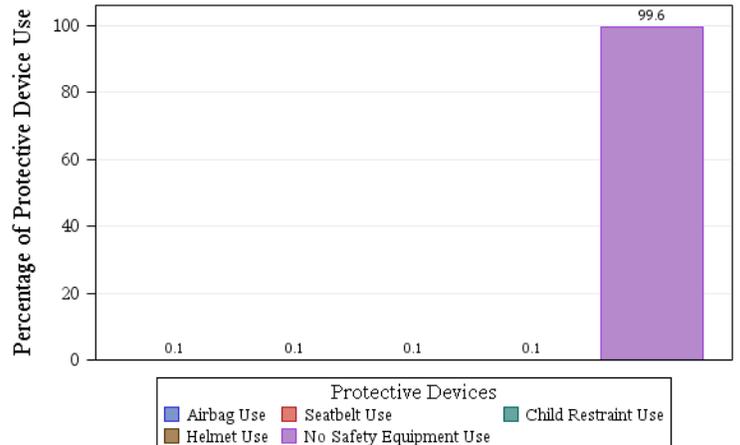### 2012-2014
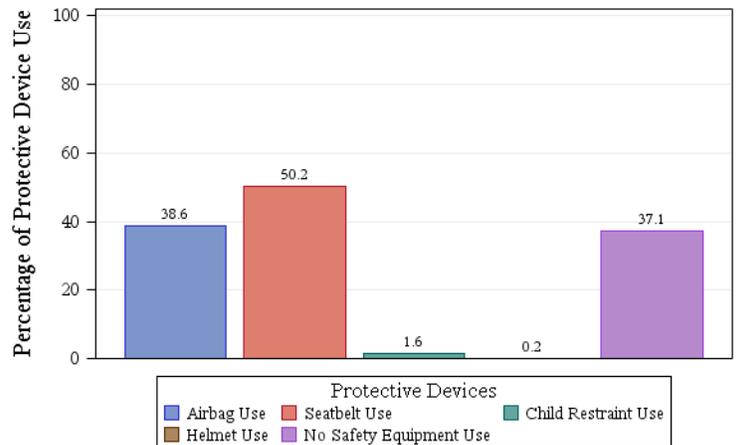
Bicyclist
2012-2014
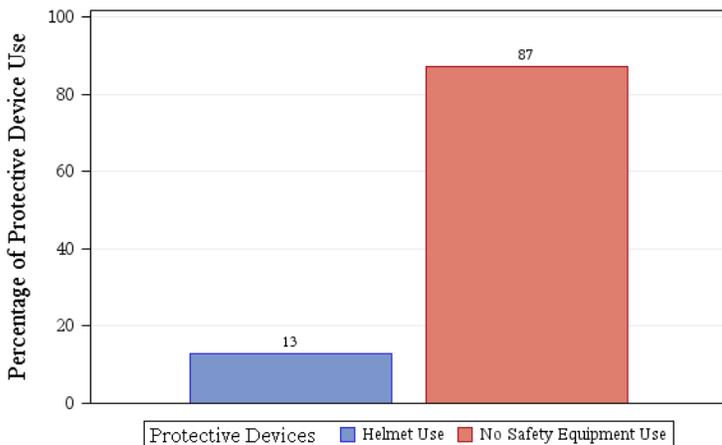
Pedestrian
2012-2014

Indiana Trauma Registry, August 31, 2014 - August 30, 2015
MVC involving Drugs or Alcohol By Public Health Preparedness Districts

Percentage of MVC involving Drugs or Alcohol

| State Average | District 1 | District 2 | District 3 |
| 2.4 / 13.6 | 2.2 / 18.5 | 2.3 / 14.2 | 1.6 / 13.2 |

| District 4 | District 5 | District 6 | District 7 |
| 2.3 / 9.9 | 1.6 / 14.3 | 1.1 / 10.9 | 2.5 / 17.8 |

| District 8 | District 9 | District 10 | |
| 3.4 / 15.2 | 8 | 7.1 / 6.7 | |

MVC involving Drugs or Alcohol   ■ Alcohol-Trace Amount   ■ Alcohol-Beyond Legal Limits