

On February 2nd, Ramzi Nimry (Trauma System PI Manager) attended the District 6 Regional Trauma Care Committee via phone conference.

On February 2nd, Ramzi Nimry (Trauma System PI Manager) and Camry Hess (Trauma Registry Data Analyst) attended the District 1 Trauma Advisory Council via phone conference.

On February 15th, Camry Hess (Trauma Registry Data Analyst), Ramzi Nimry (Trauma System PI Manager) and Katie Hokanson (Director) attended the 3rd Annual ISDH Epidemiology Open House.

On February 15th, Camry Hess (Trauma Registry Data Analyst) and Ramzi Nimry (Trauma System PI Manager) attended the Traffic Records Coordinating Committee (TRCC).

On February 16th, Ramzi Nimry (Trauma System PI Manager) attended the State Health Assessment (SHA) and State Health Improvement Plan (SHIP) Committee meeting at ISDH.

On February 17th, Camry Hess (Trauma Registry Data Analyst), Ramzi Nimry (Trauma System PI Manager) and Katie Hokanson (Director) attended the Indiana State Trauma Care Committee (ISTCC) meeting.

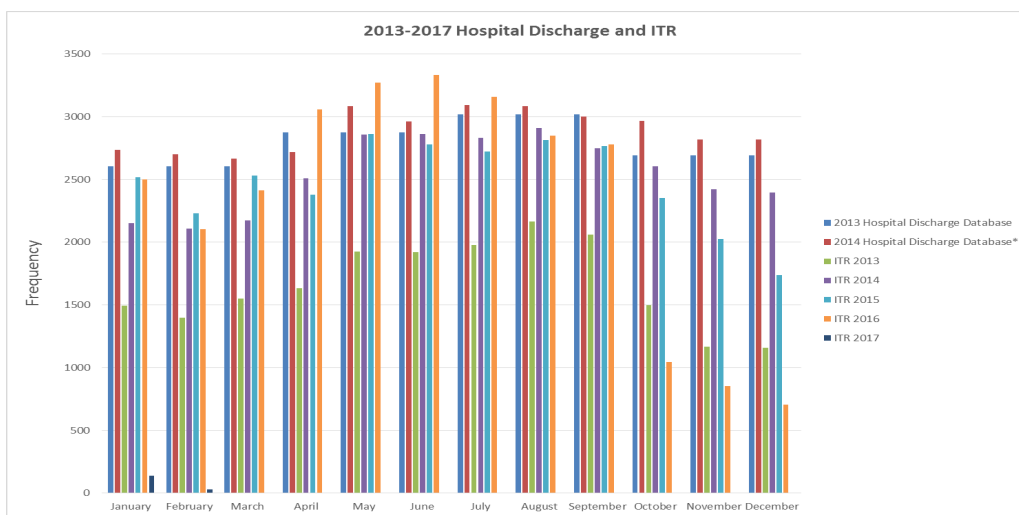
On February 17th, Camry Hess (Trauma Registry Data Analyst), Ramzi Nimry (Trauma System PI Manager) and Katie Hokanson (Director) attended the Indiana Trauma Network (ITN) meeting.

On February 28th, Ramzi Nimry (Trauma System PI Manager) attended the Pediatric Emergency Care Coordinators (PECC) Advisory Board at Indianapolis EMS.

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

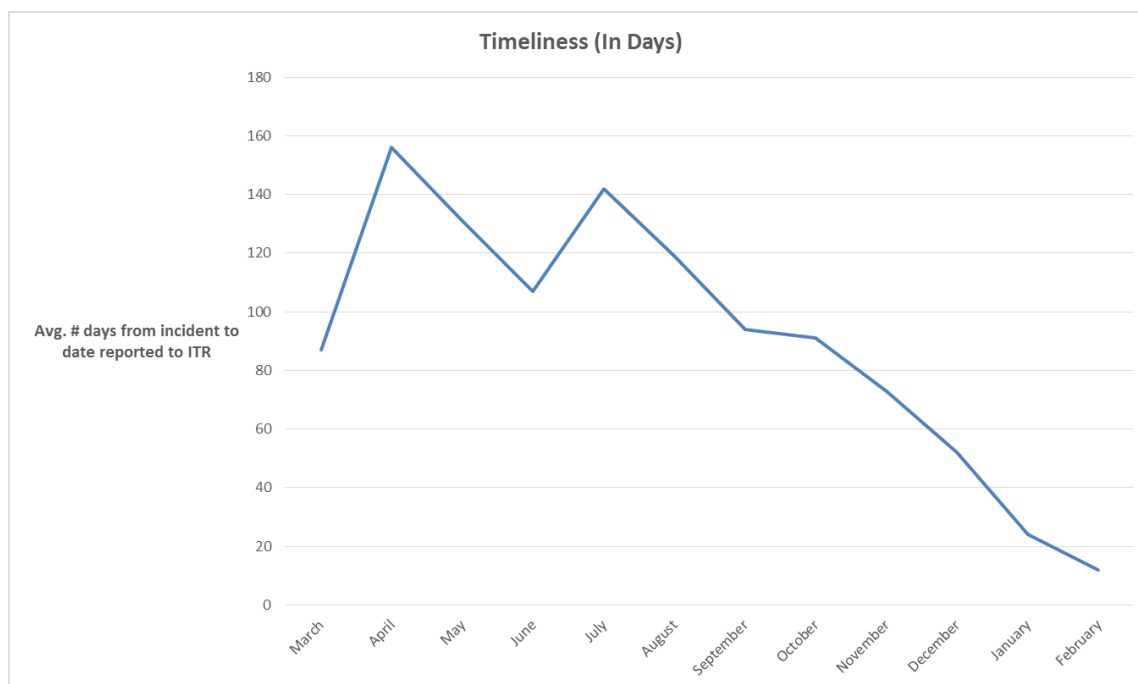
The Hospital Discharge database, also maintained by the ISDH, contains all records of patients cared for in Indiana hospitals. We compared patient records from the ITR with the Hospital Discharge database to know how complete is the ITR's data.



Timeliness

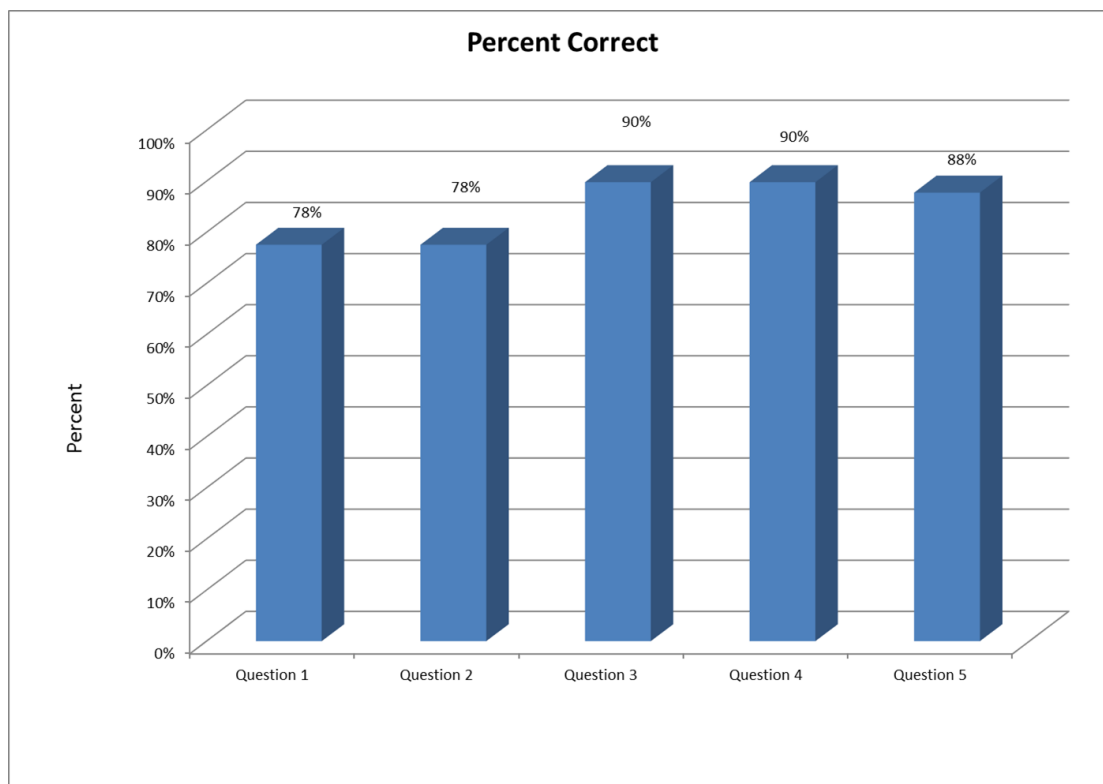
Timeliness increases as facilities wait until the data submission deadline to submit data to the ITR. Hospitals are asked to report data on the national trauma (TQIP) reporting schedule.

The decrease in timeliness from October 2016 until February 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 February we sent out the thirty-fourth monthly quiz for the inter-rater reliability study. Forty-nine registrars completed the quiz from 49 hospitals. The percent of correct answers was 84% for the entire quiz and the average free-marginal Kappa (measure of consistency) 0.48. 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.



Integration

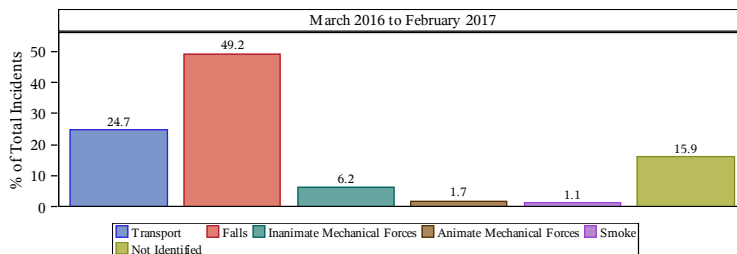
The number of linked EMS to trauma cases was 2,101 for Q2 2016 data. Trauma data is due on a quarterly basis.

Accessibility

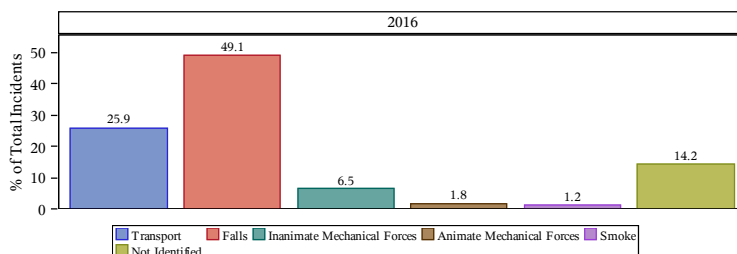
The average time to complete data requests was 1 day for aggregate requests (21 total). There were no identifiable or self-requests during February.

Cause of Injury (COI)

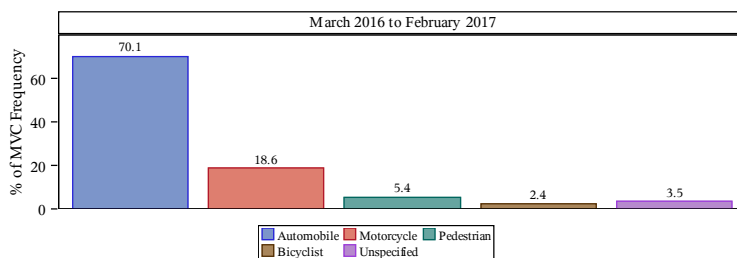
Cause of Injury (COI)



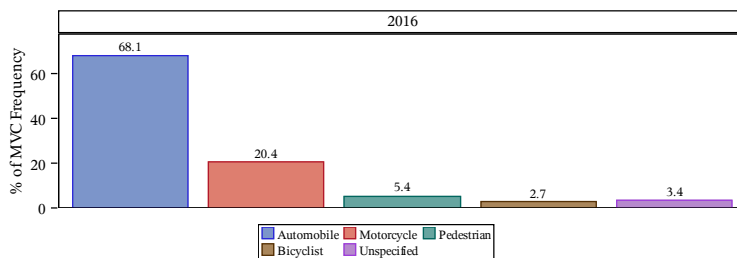
Cause of Injury (COI)



COI-Motor Vehicle Collision (MVC)

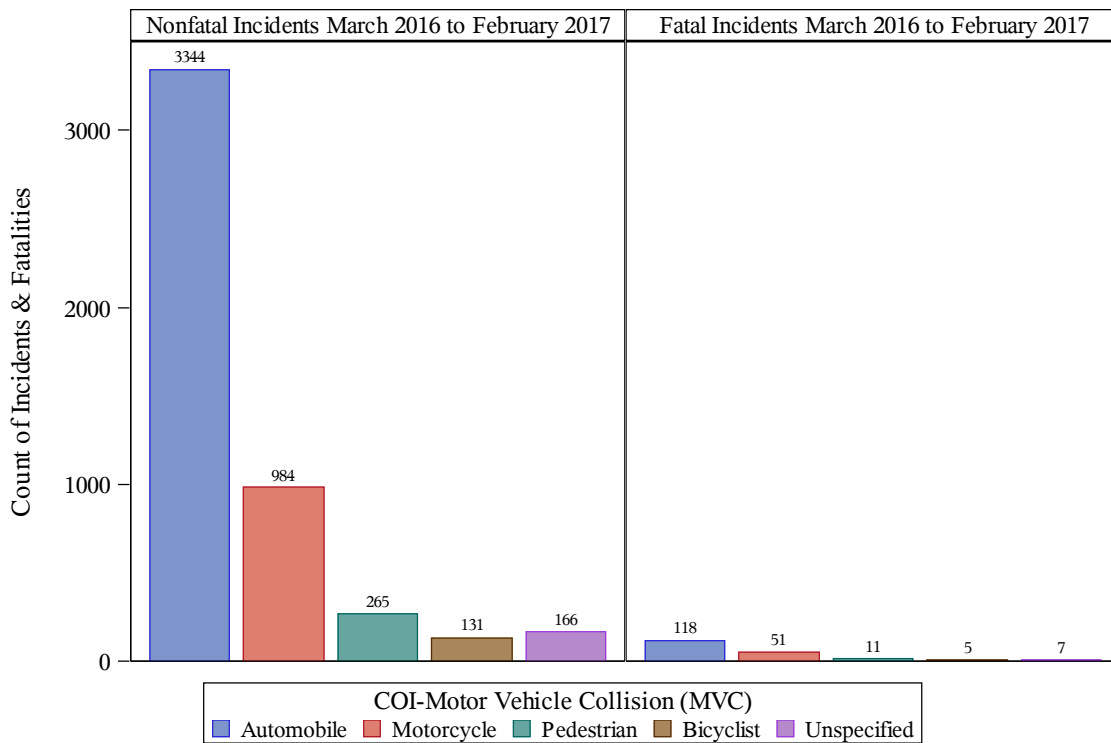
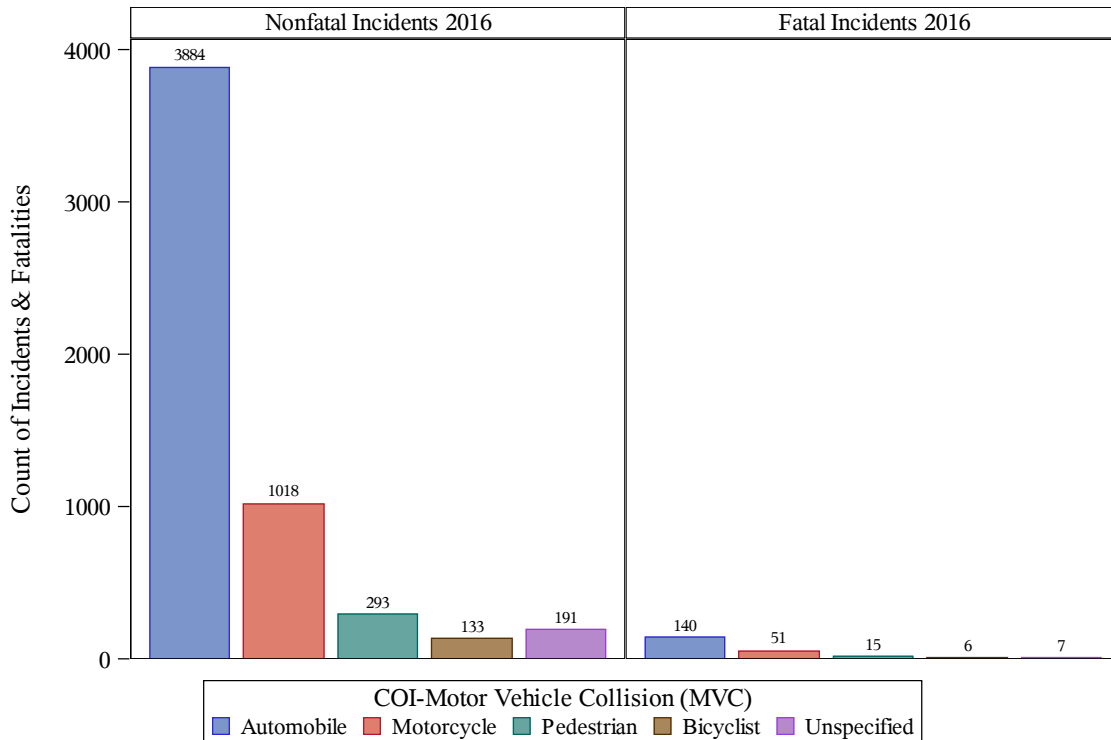


COI-Motor Vehicle Collision (MVC)



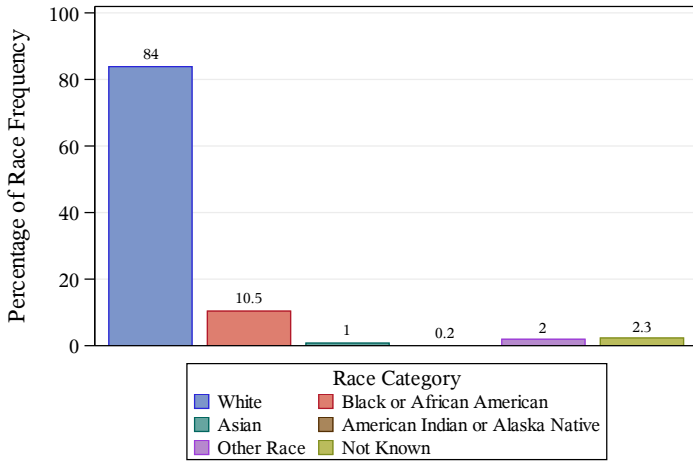
Motor Vehicle Collision

COI-MVC Nonfatal Incidents and Fatal Incidents

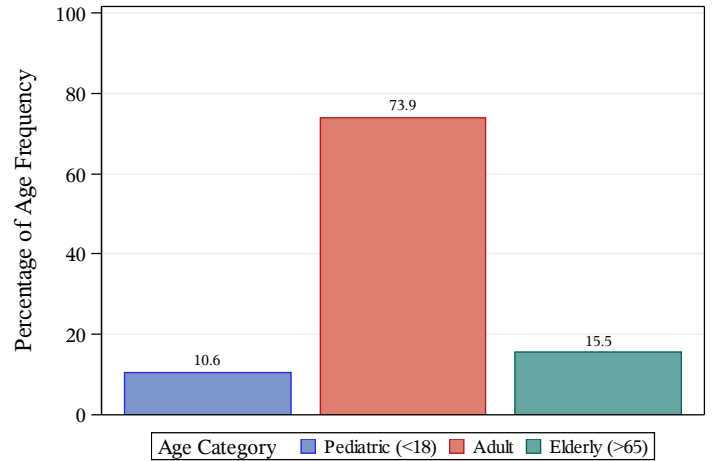


Motor Vehicle Collision

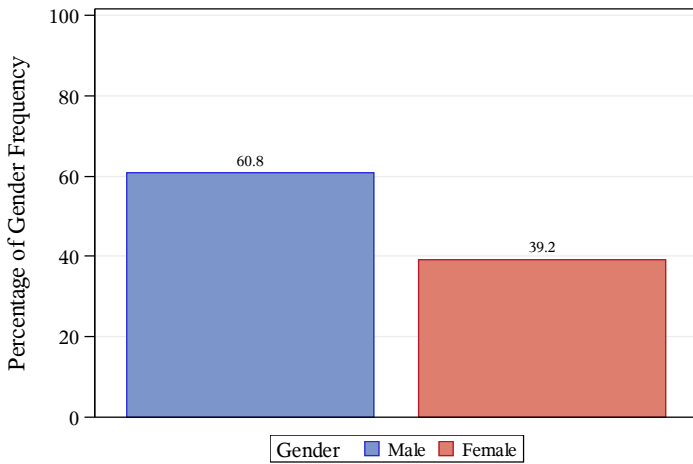
Race



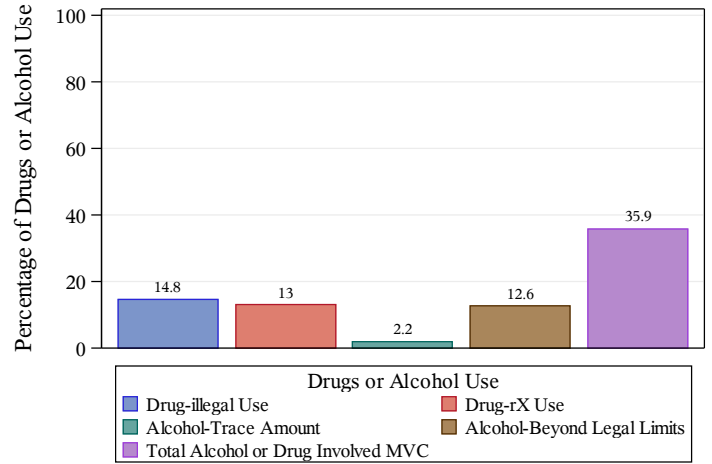
Age



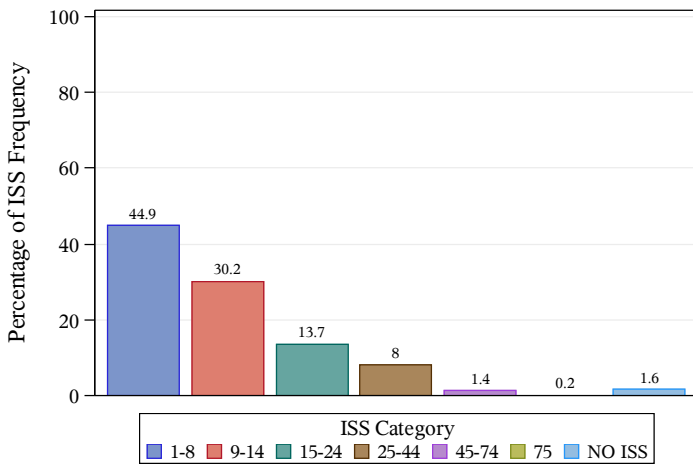
Gender



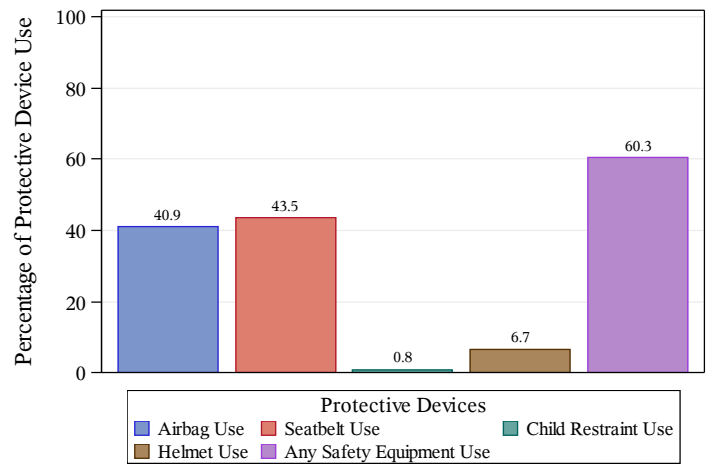
Drug & Alcohol Use



Injury Severity Score



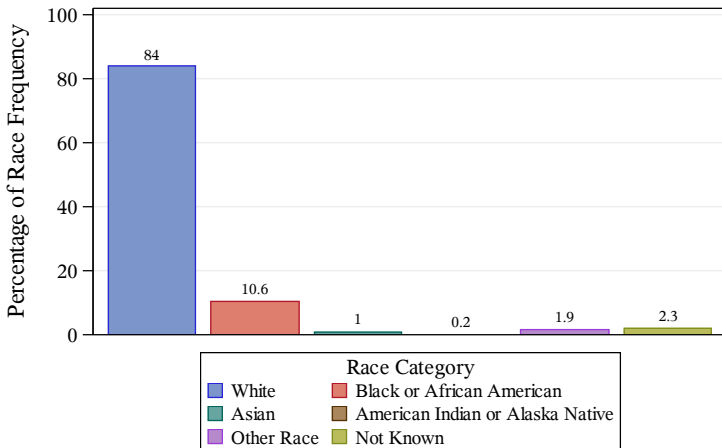
Protective Devices



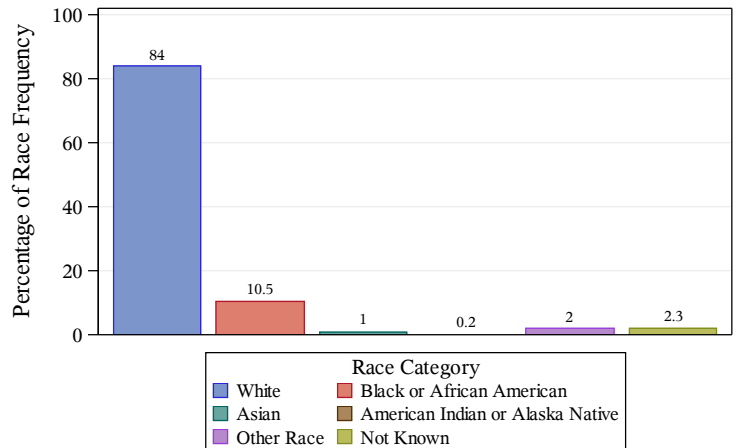
Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

Race- Motor Vehicle Collision

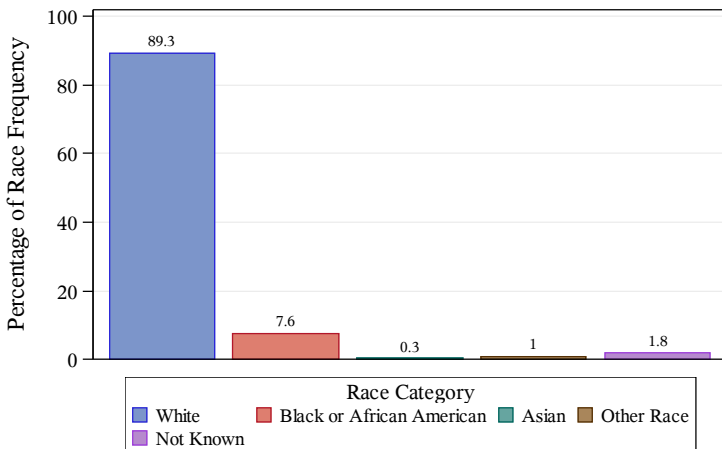
2016



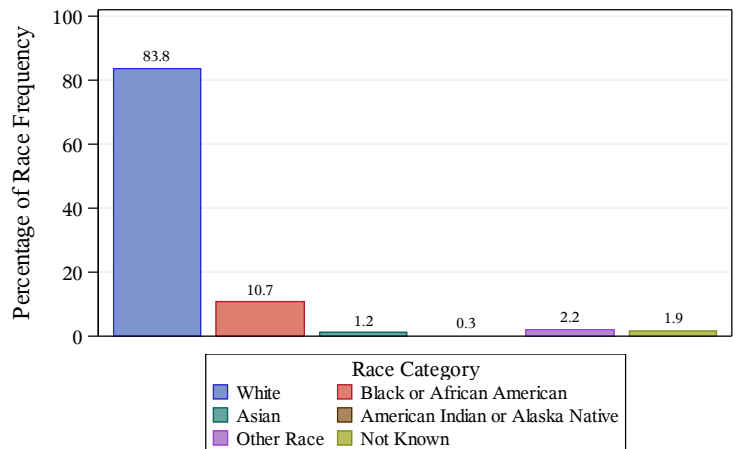
March 2016 to February 2017



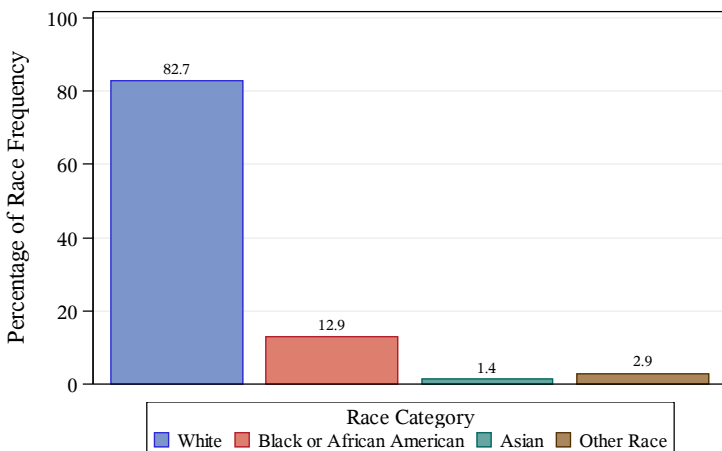
Motorcycle
March 2016 to February 2017



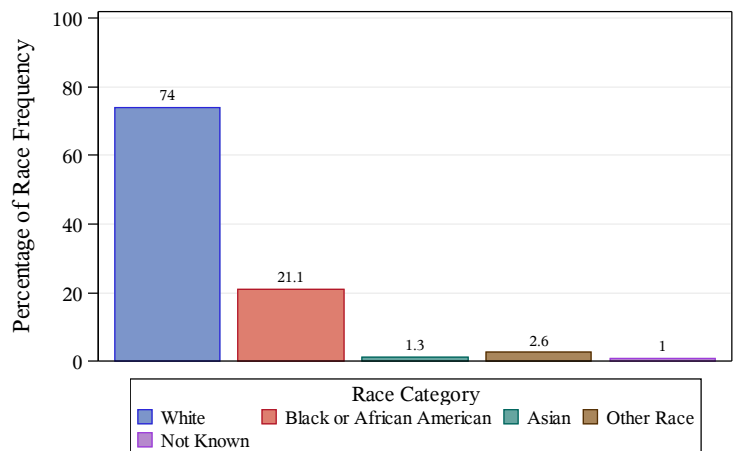
Automobile
March 2016 to February 2017



Bicyclist
March 2016 to February 2017

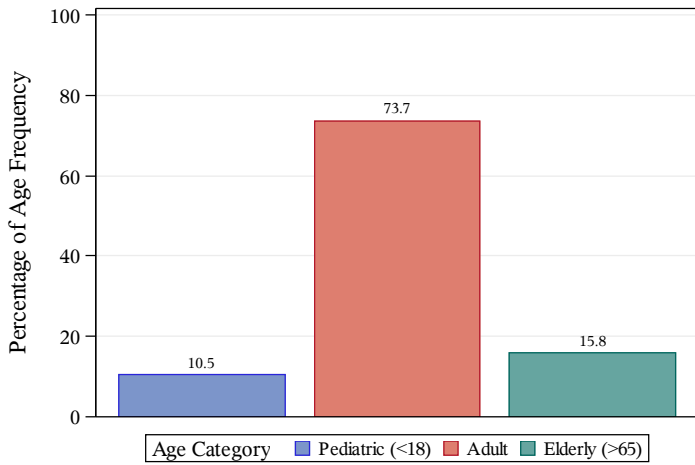


Pedestrian
March 2016 to February 2017

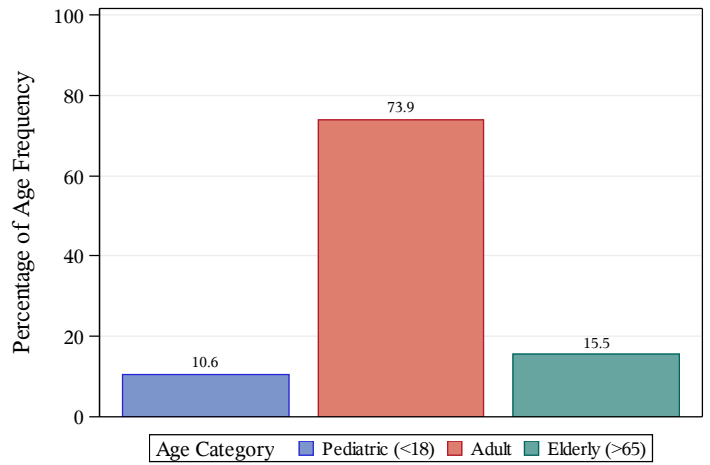


Age- Motor Vehicle Collision

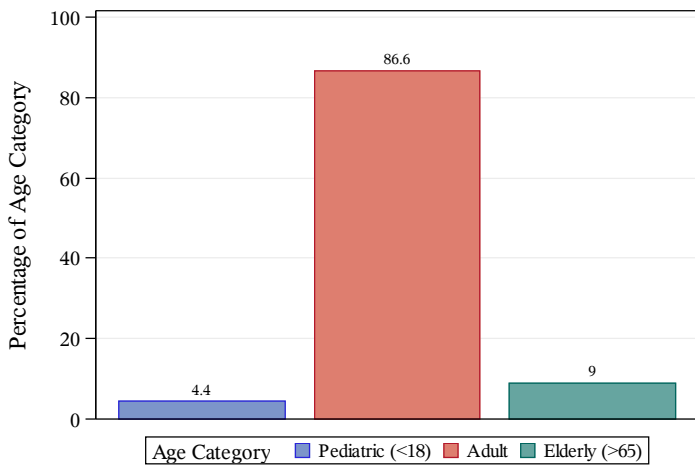
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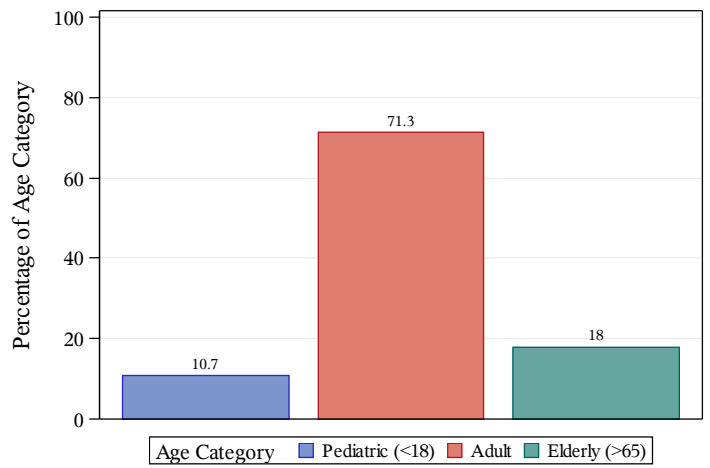
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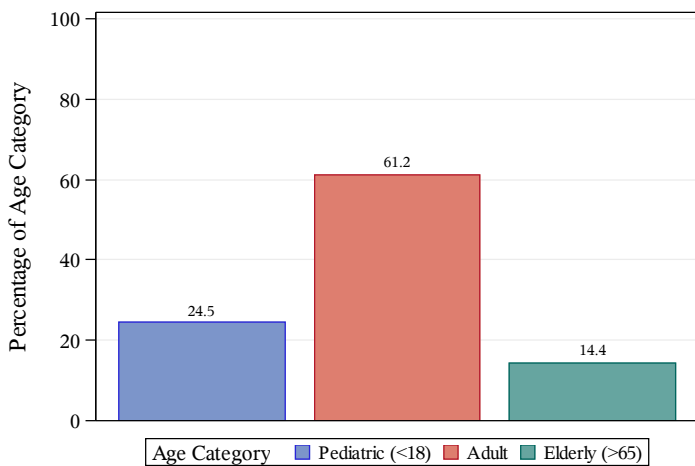
Motorcycle
March 2016 to February 2017



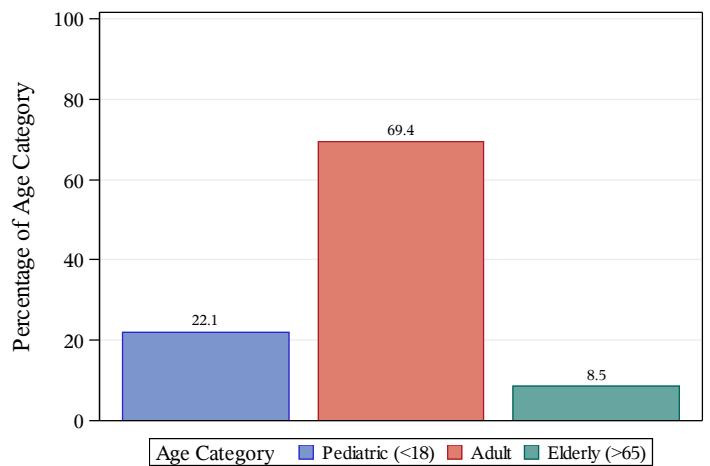
Automobile
March 2016 to February 2017



Bicyclist
March 2016 to February 2017

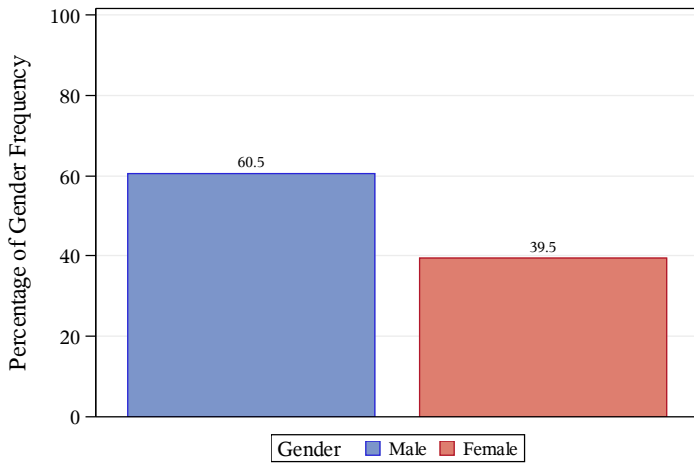


Pedestrian
March 2016 to February 2017

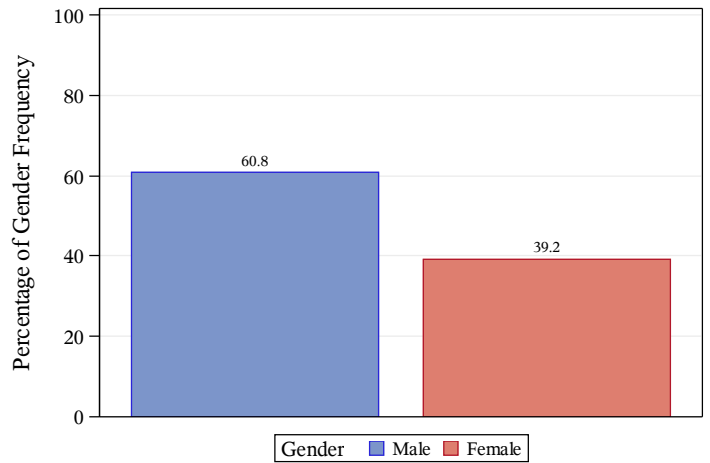


Gender- Motor Vehicle Collision

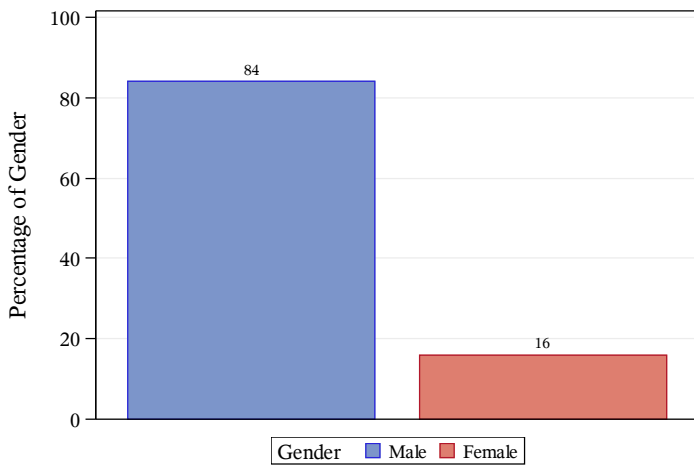
2016



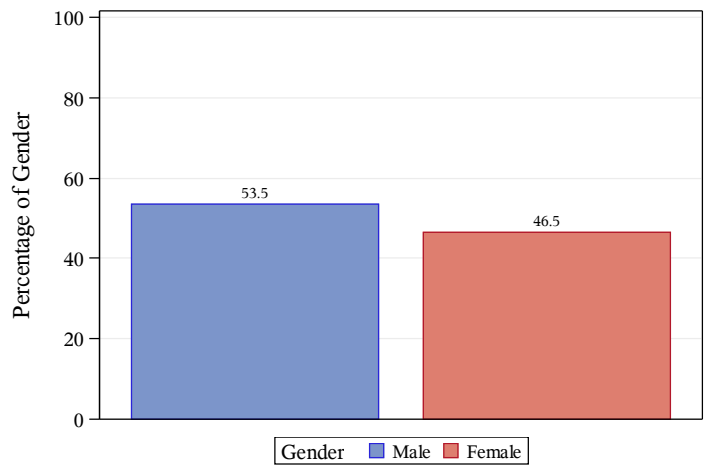
March 2016 to February 2017



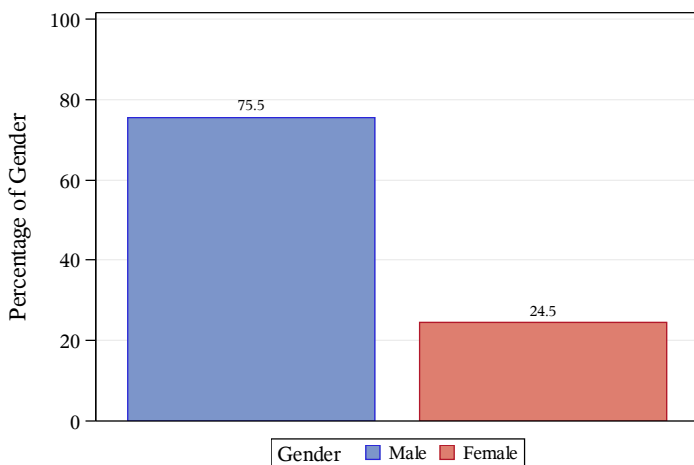
Motorcycle
March 2016 to February 2017



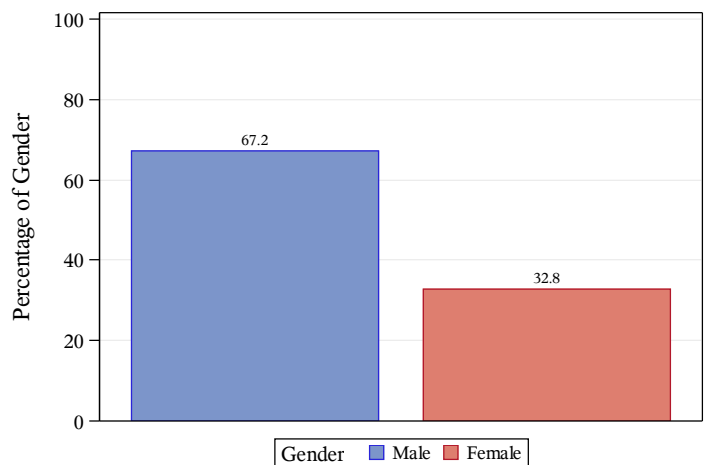
Automobile
March 2016 to February 2017



Bicyclist
March 2016 to February 2017

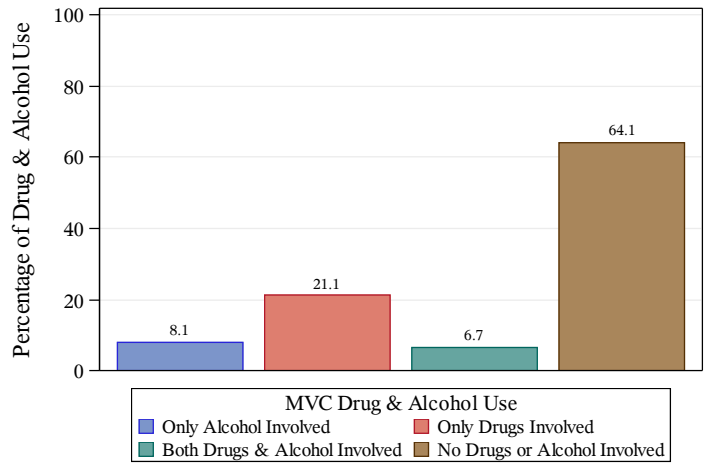
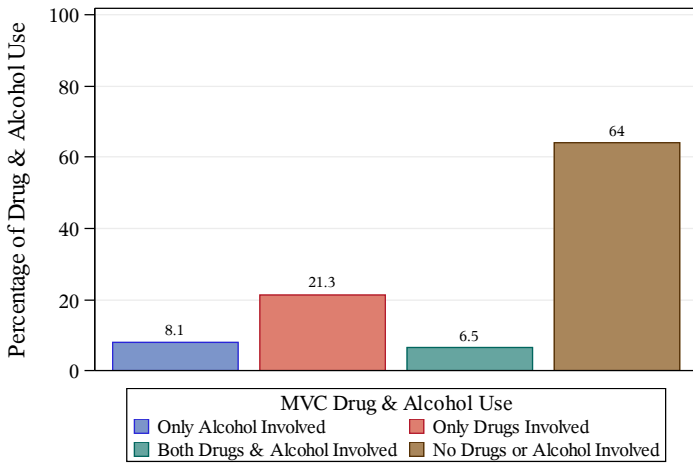


Pedestrian
March 2016 to February 2017

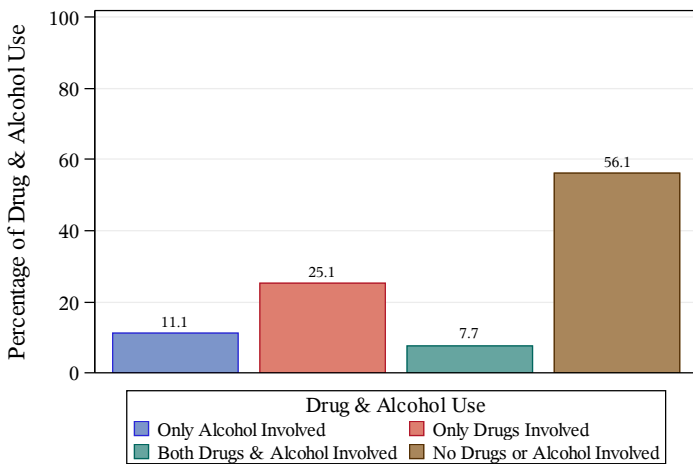


2016

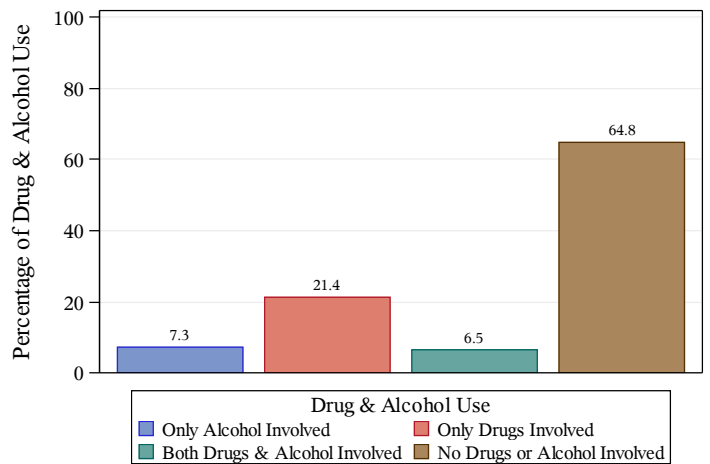
March 2016 to February 2017



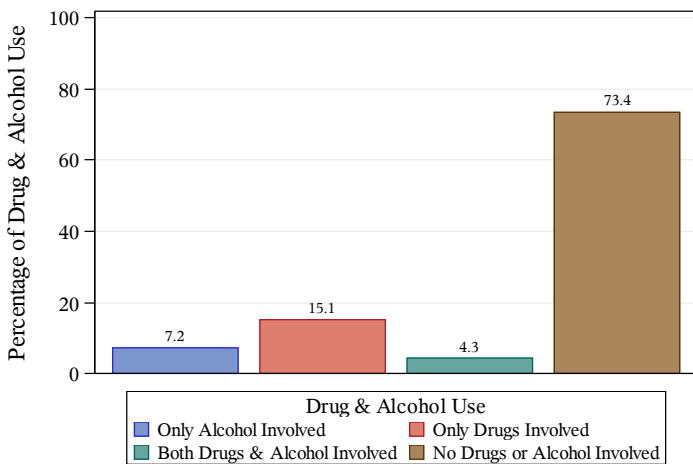
Motorcycle
March 2016 to February 2017



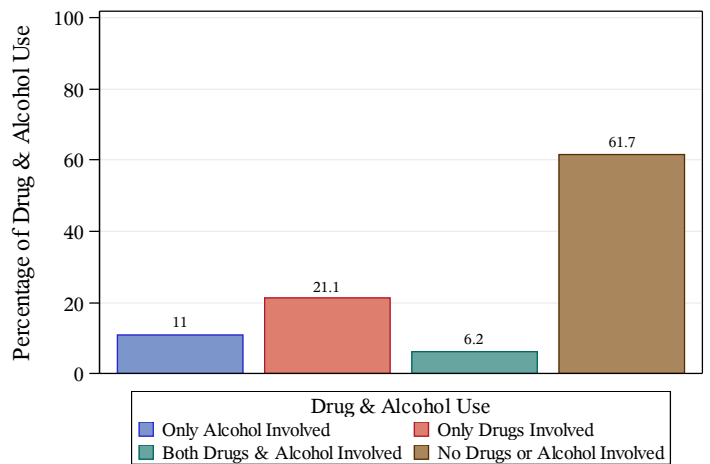
Automobile
March 2016 to February 2017



Bicyclist
March 2016 to February 2017

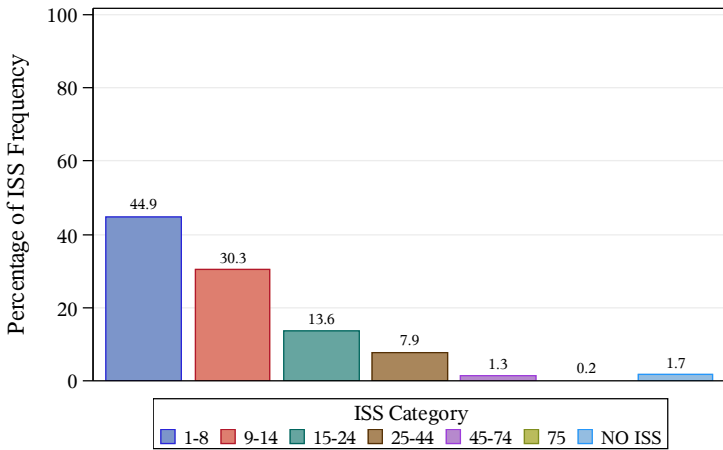


Pedestrian
March 2016 to February 2017

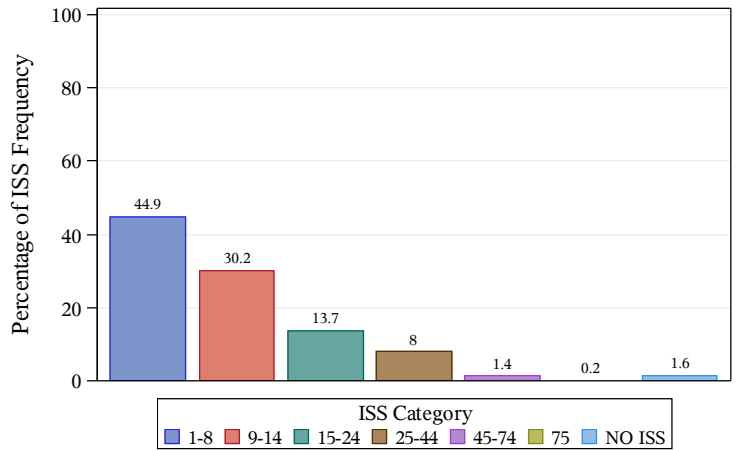


Injury Severity Score- Motor Vehicle Collision

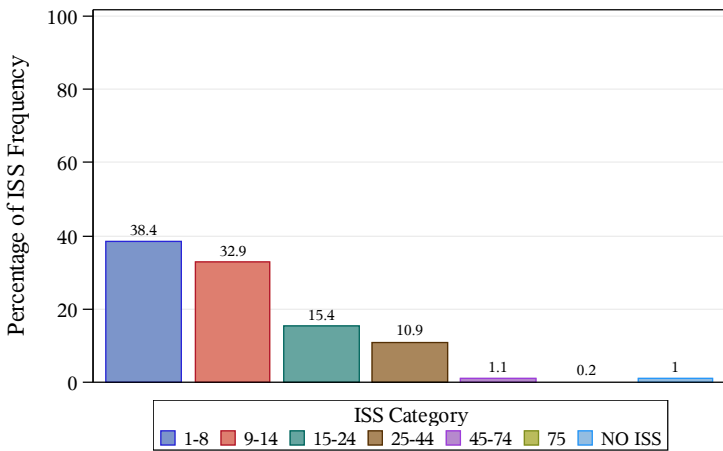
2016



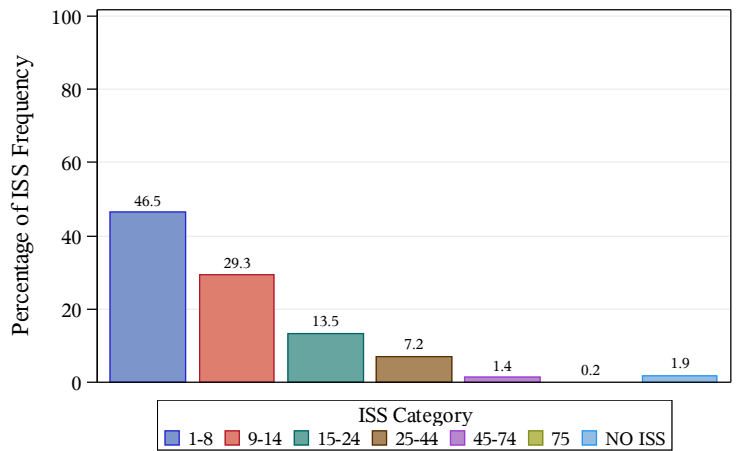
March 2016 to February 2017



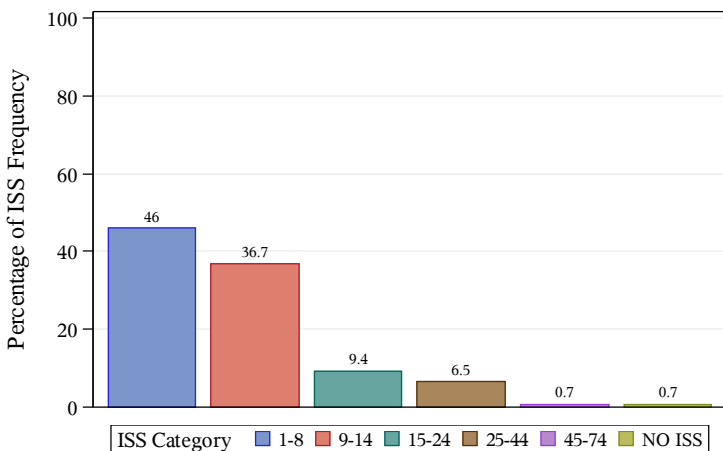
Motorcycle
March 2016 to February 2017



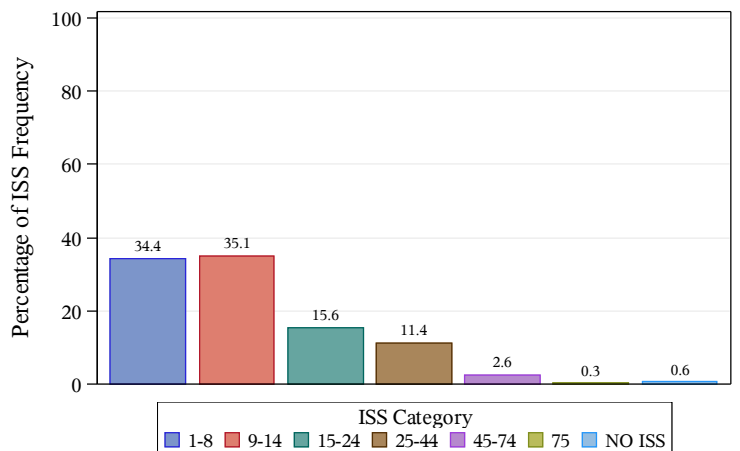
Automobile
March 2016 to February 2017



Bicyclist
March 2016 to February 2017

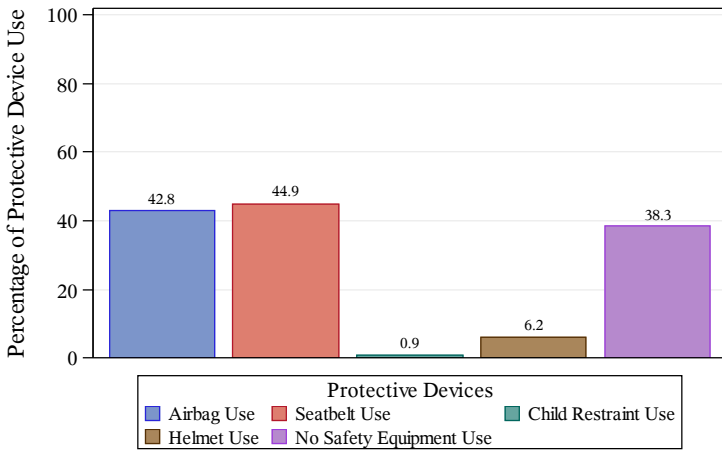


Pedestrian
March 2016 to February 2017

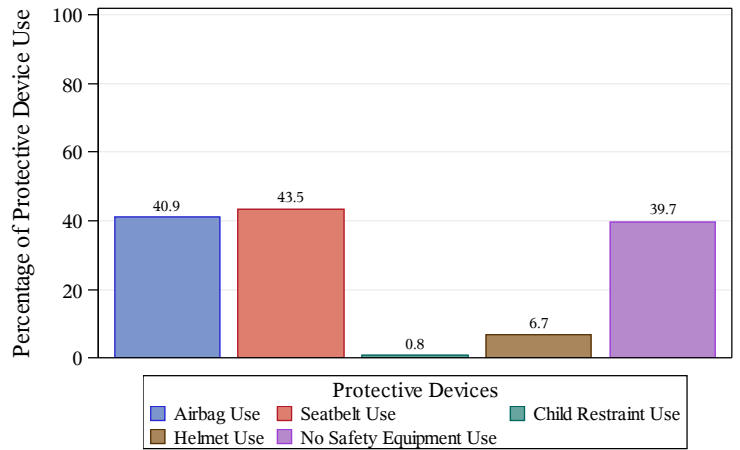


Protective Devices- Motor Vehicle Collision

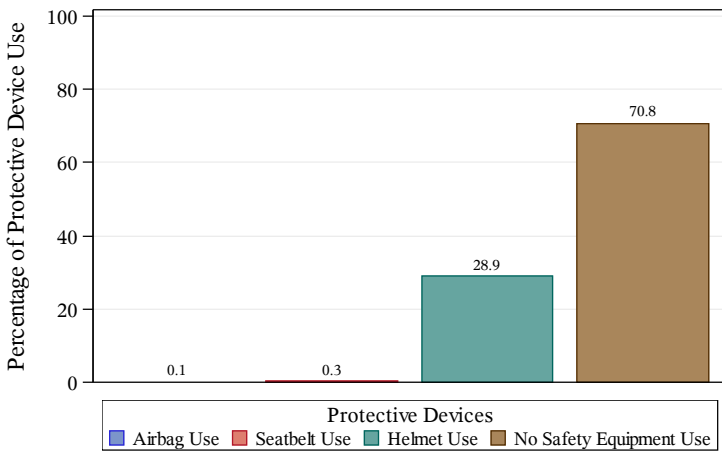
2016



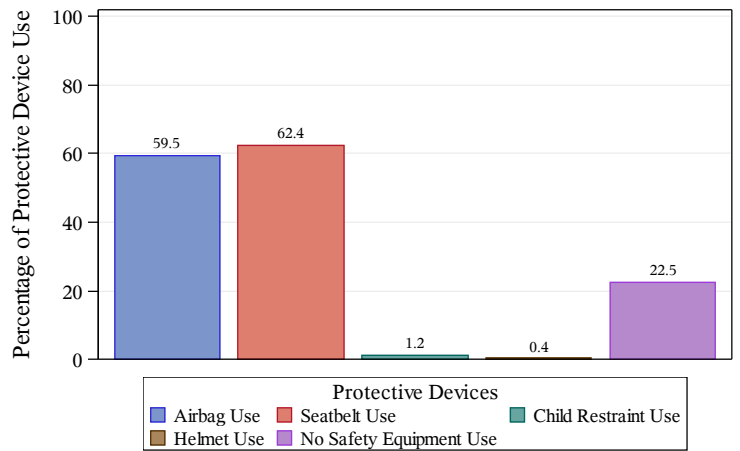
March 2016 to February 2017



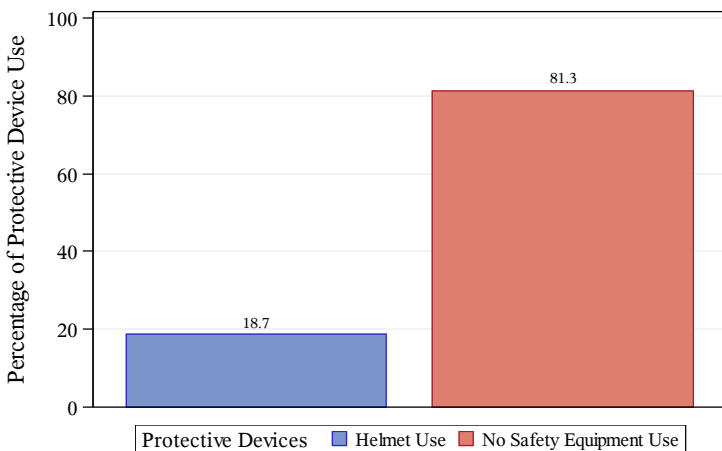
Motorcycle
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March 2016 to February 2017



Bicyclist
March 2016 to February 2017



Pedestrian
March 2016 to February 2017

