Trauma registry manager Katie Gatz hosted a training at ISDH on January 10th on the trauma registry that was attended by three different facilities: Adams Hospital, Community Howard Hospital, and IU Health—Riley Hospital for Children.

ISDH is pleased to announce Camry Hess as the new Trauma Registry Data Analyst. Camry graduated from Goshen College with a Bachelor of Science degree in Biochemistry and Environmental Science and from the Richard M. Fairbanks School of Public Health with a Master's degree in biostatistics. She worked at the Center for Health Policy at IUPUI prior to joining ISDH.

The first statewide EMS Medical Director's Conference hosted by the Indiana State Department of Health (ISDH) Division of Trauma and Injury Prevention on Friday, January 31 was a huge success. The main goal of the conference was to bring together EMS medical directors from around the state to discuss important emergency medicine topics and more than 130 attendees representing 81 services attended the day-long conference.

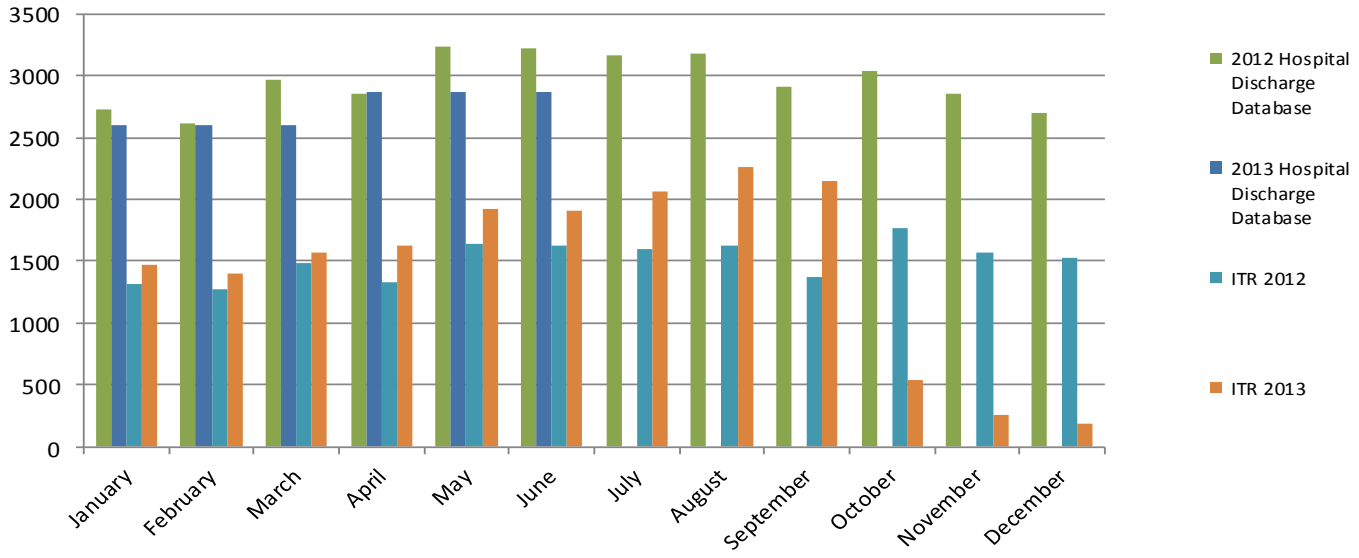
Indiana Trauma Registry

Monthly Report for January 2014

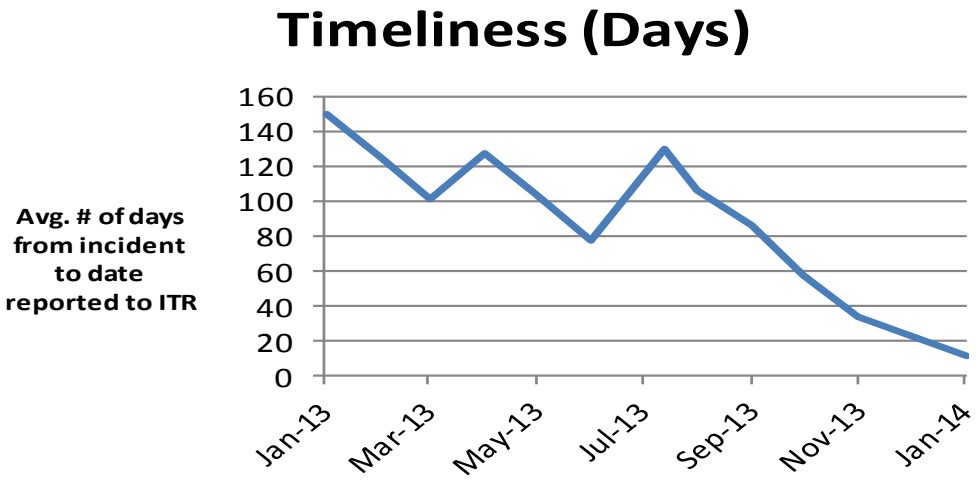
The Indiana Trauma Registry (ITR) monthly report is a dashboard style report for the Indiana Criminal Justice Institute (ICJI) and any other party concerned about trauma in Indiana. This report highlights the three data quality measures for the ICJI grant: completeness, timeliness, and uniformity. This 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 ITR's data is.



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.

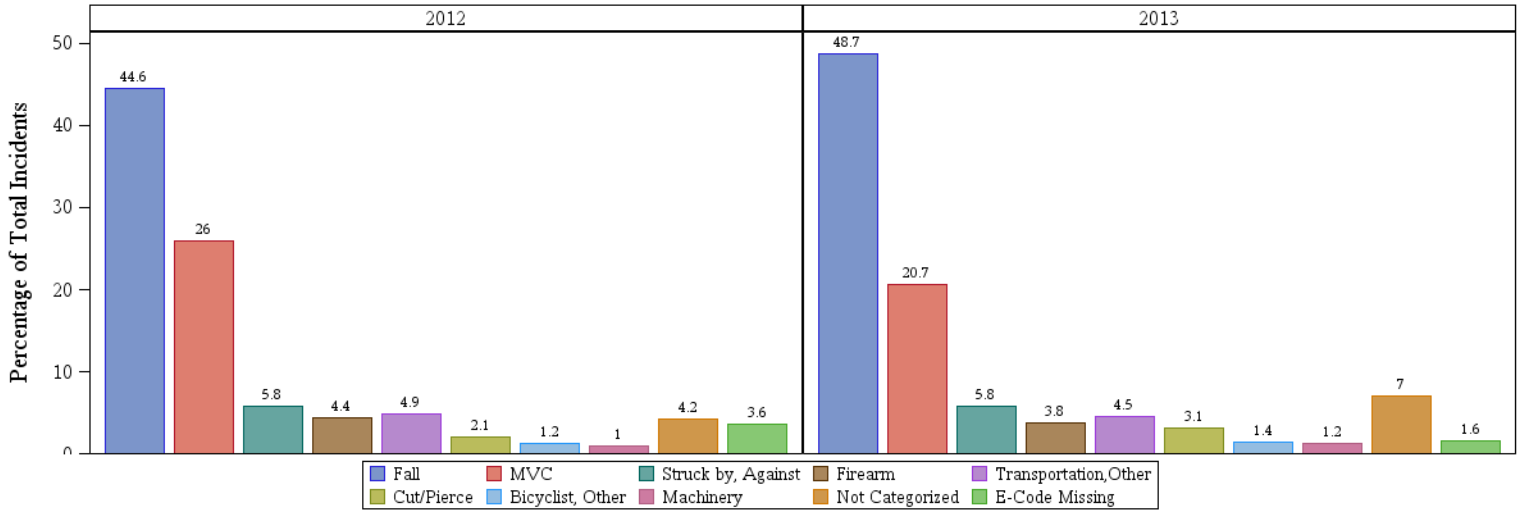
The decrease in timeliness from July 2013 until February 2014 is due to only timely reports being provided to the ITR during this time frame, typically from non-trauma hospitals and early reporting trauma centers.

Uniformity

Actions to improve uniformity of data in the Indiana Trauma Registry:

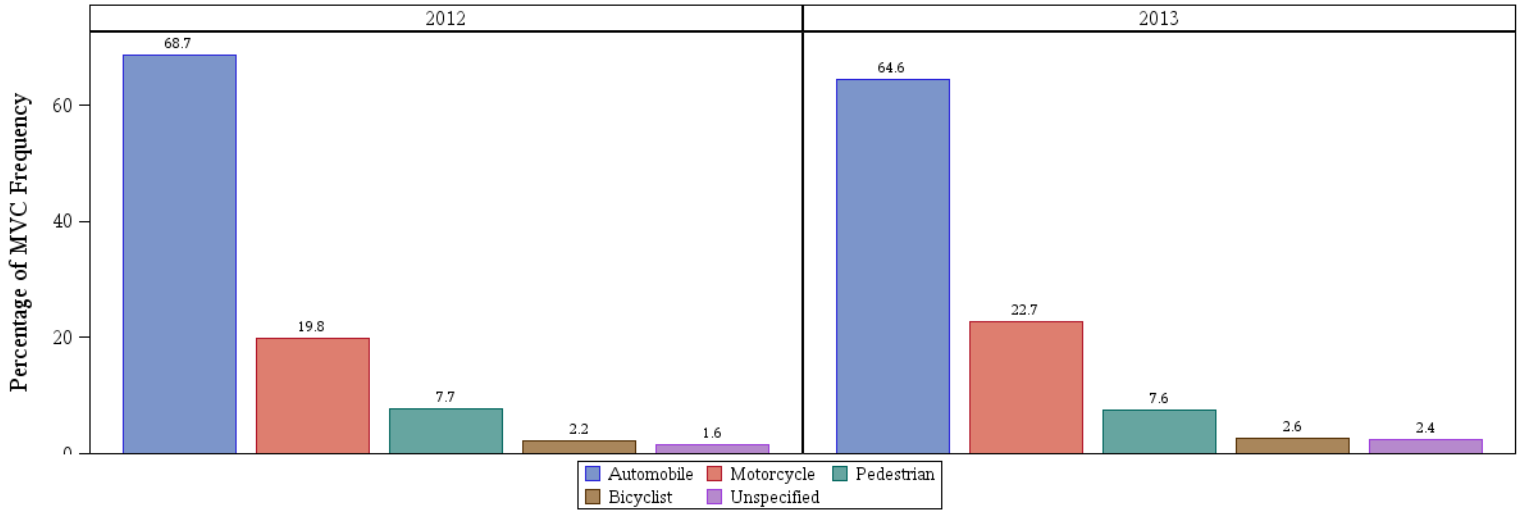
- Conducted baseline inter-rater reliability study in 2012
- Will schedule follow-up inter-rater reliability study in March 2014
  - Working to perform smaller, monthly inter-rater reliability studies starting March
  - Looking at other sources of cases for study
- Investigating integration of trauma and EMS data
  - Exploring options to link between trauma and EMS data
  - Working with EMS providers to submit valid Hospital Facility ID codes

Cause of Injury (COI)

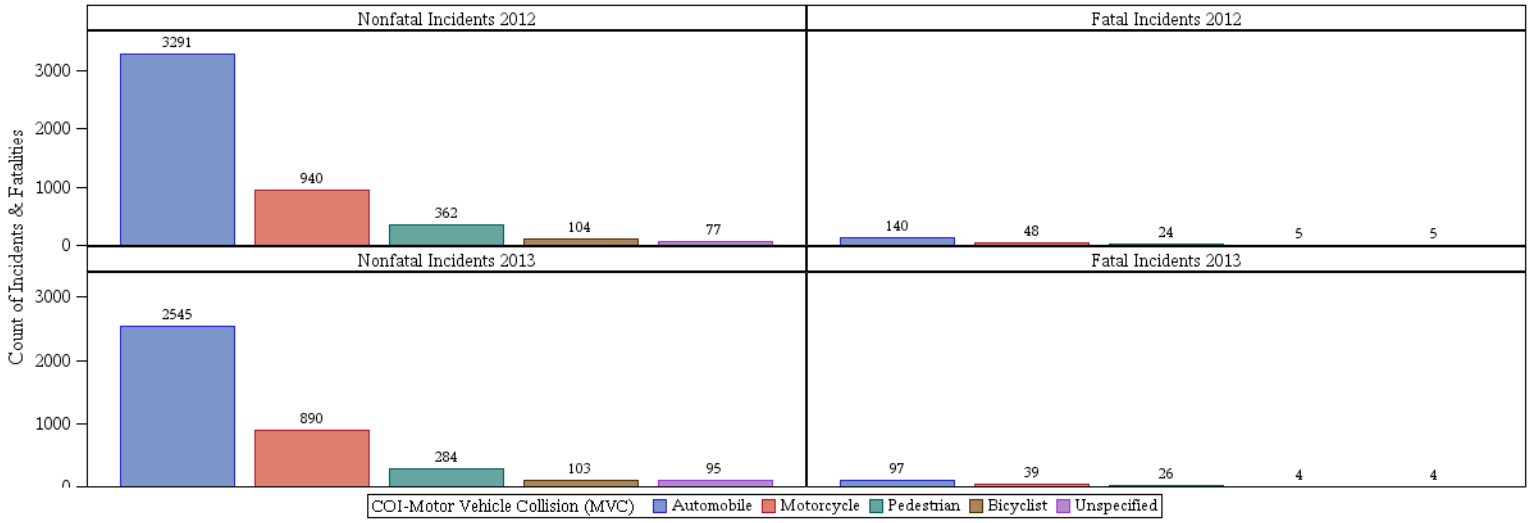


<1% of COI: Pedestrian (Other), Natural/Environmental, Overexertion, Fire/Burn, and Bites/Stings

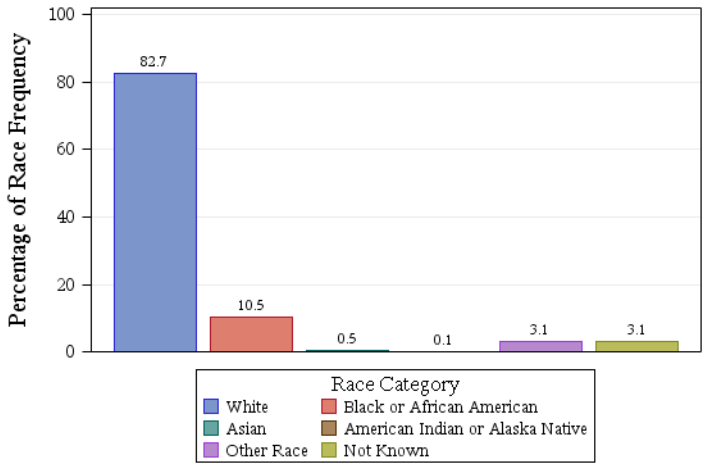
COI-Motor Vehicle Collision (MVC)



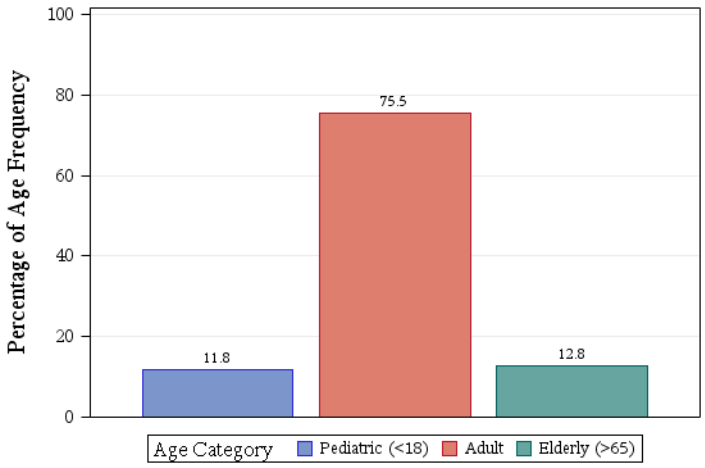
COI-MVC Nonfatal Incidents and Fatal Incidents



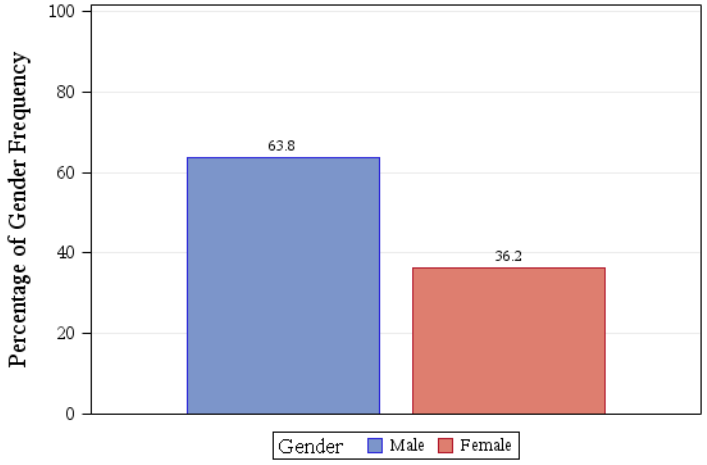
Race



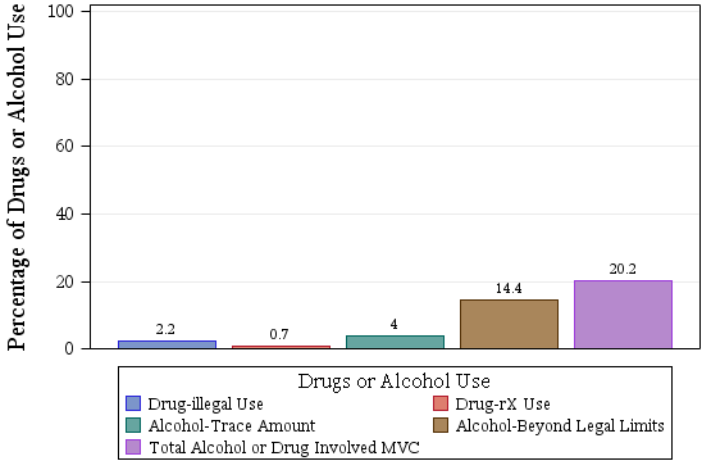
Age



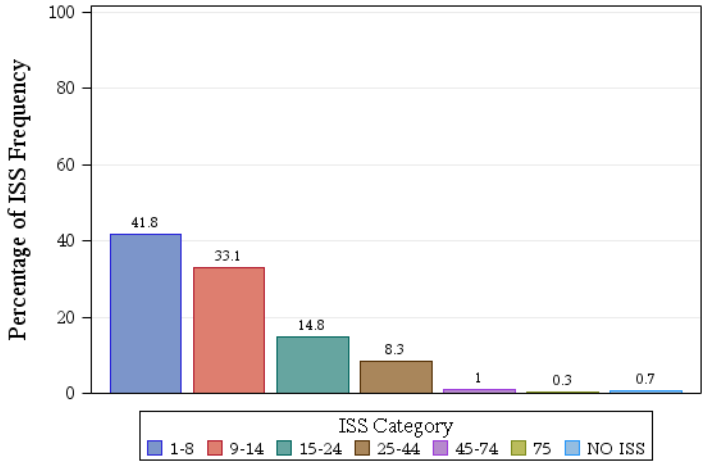
Gender



Drug & Alcohol Use

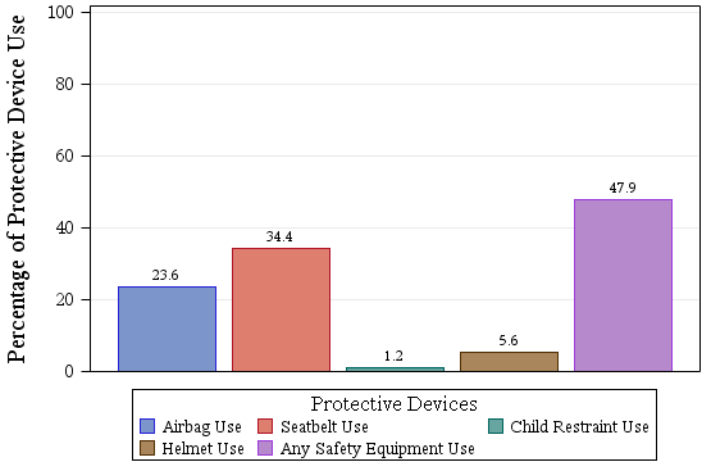


Injury Severity Score



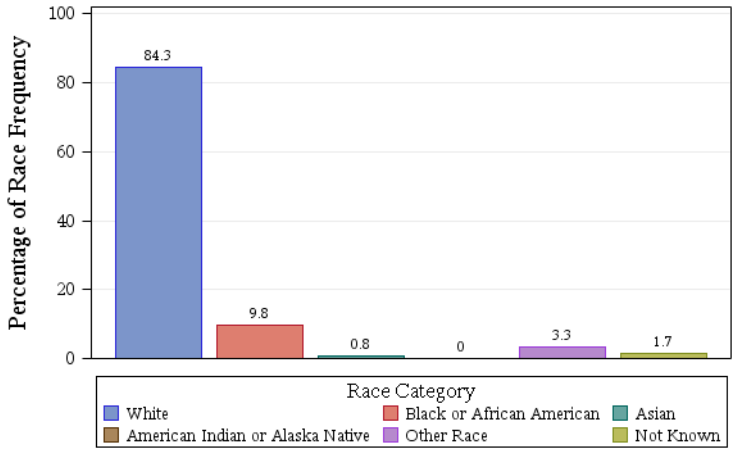
Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

Protective Devices

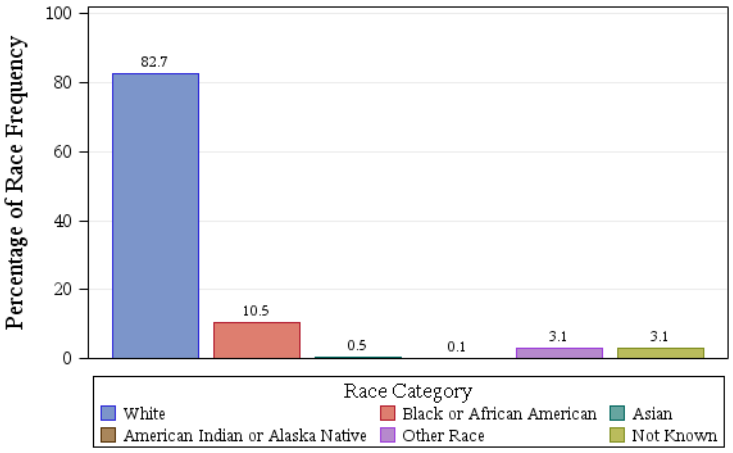


Race- Motor Vehicle Collision

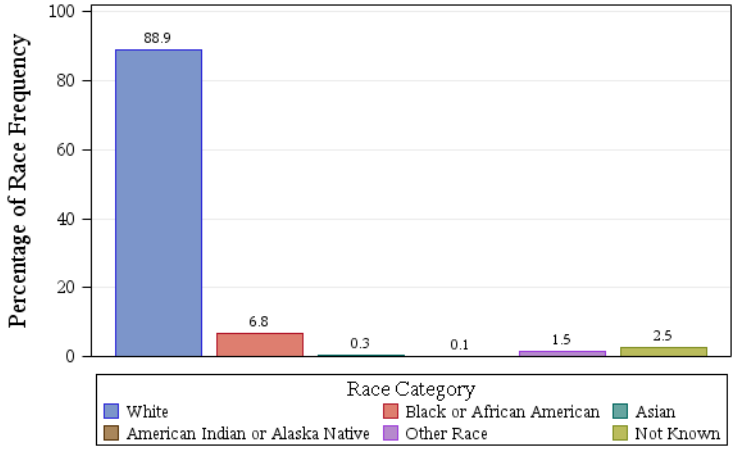
2012



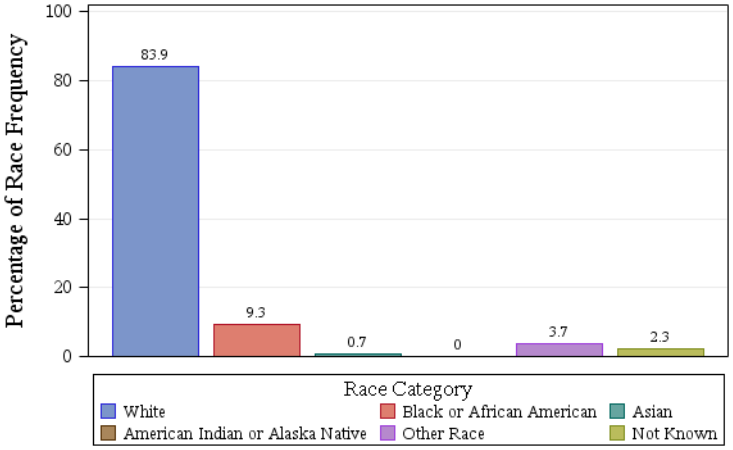
2013



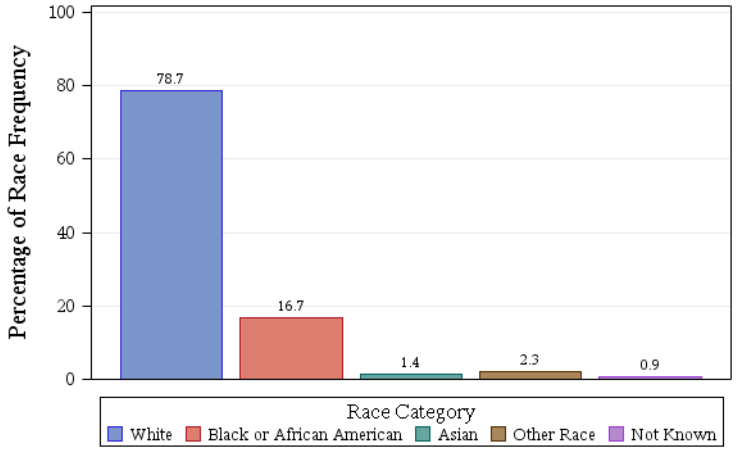
Motorcycle
2012-2013



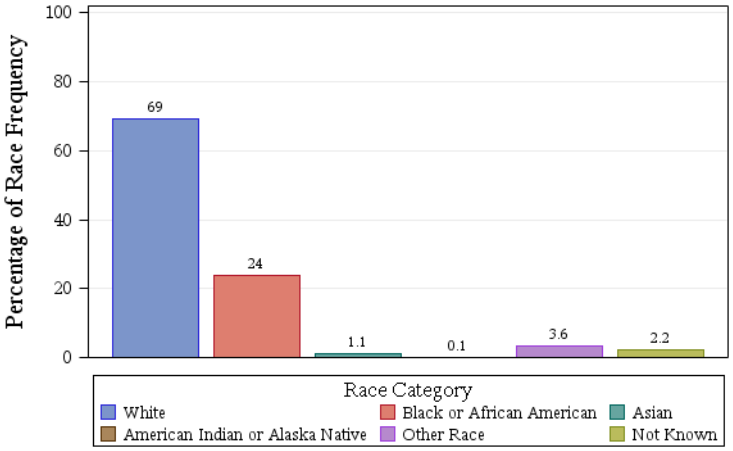
Automobile
2012-2013



Bicyclist
2012-2013

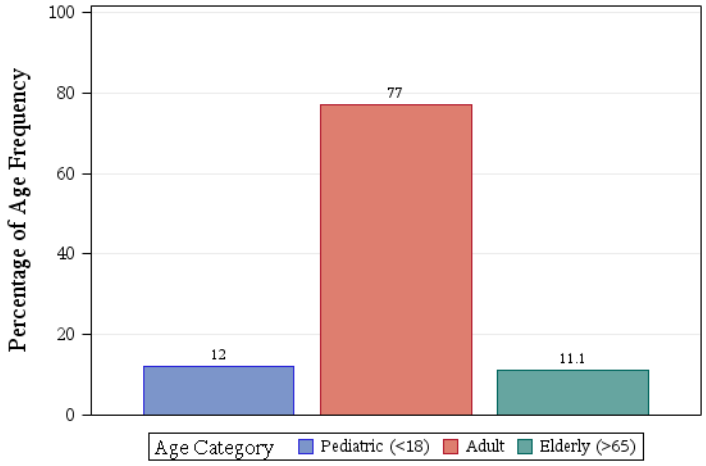


Pedestrian
2012-2013

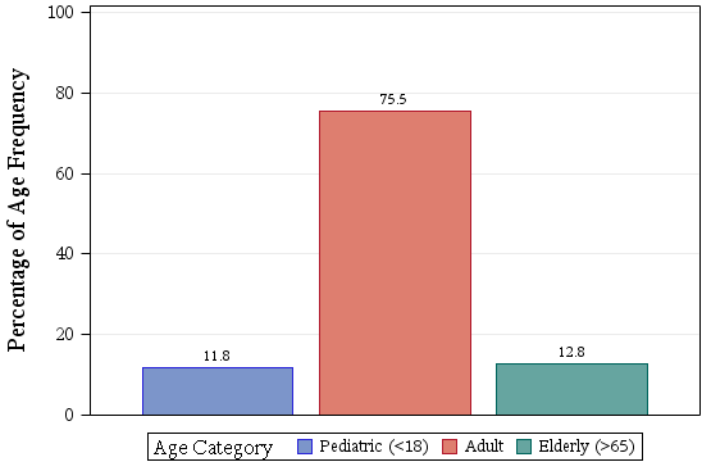


Age- Motor Vehicle Collision

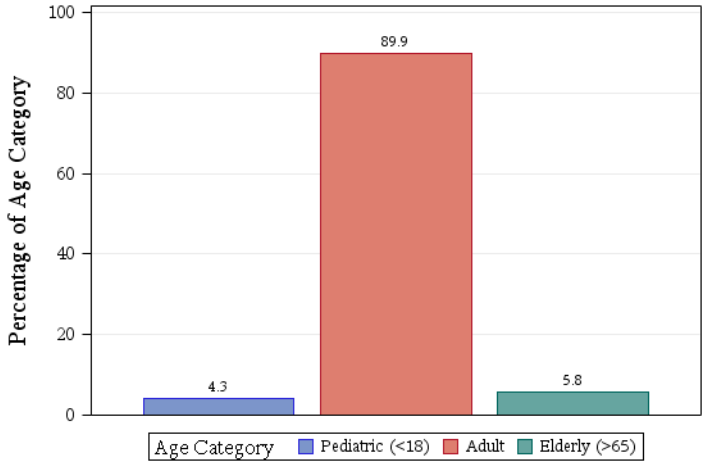
2012



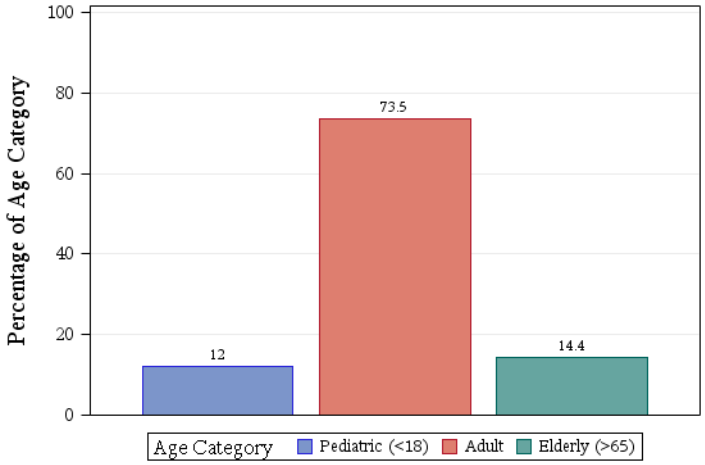
2013



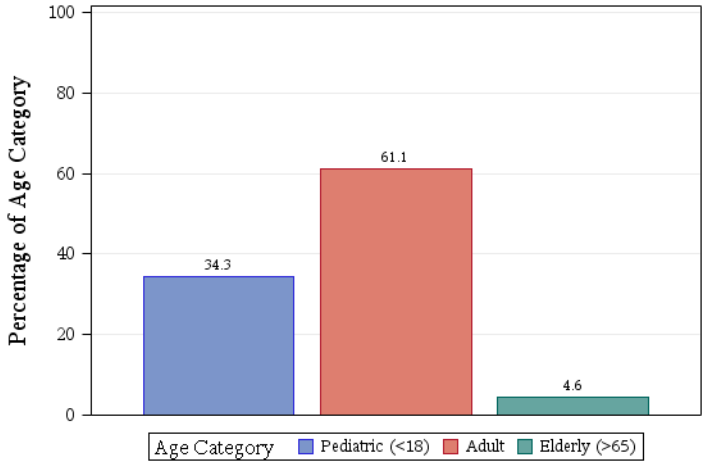
Motorcycle
2012-2013



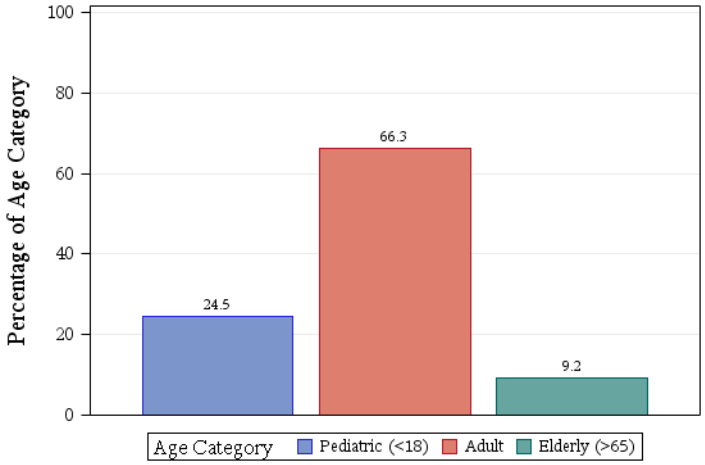
Automobile
2012-2013



Bicyclist
2012-2013

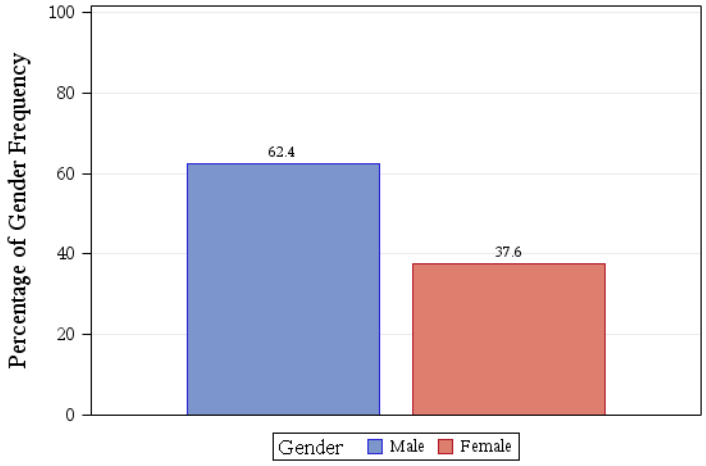


Pedestrian
2012-2013

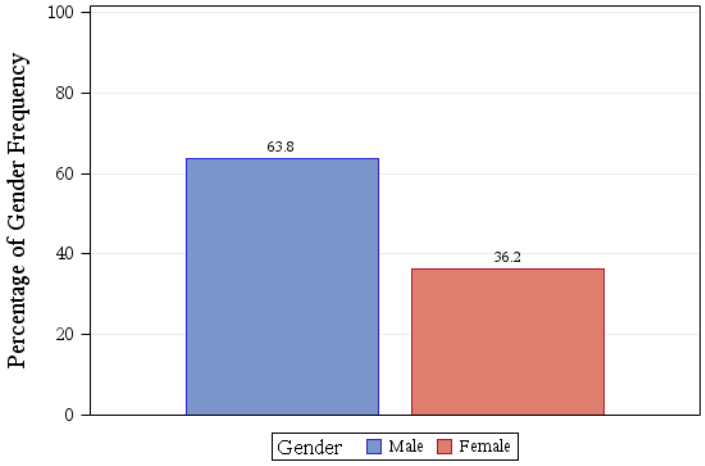


Gender- Motor Vehicle Collision

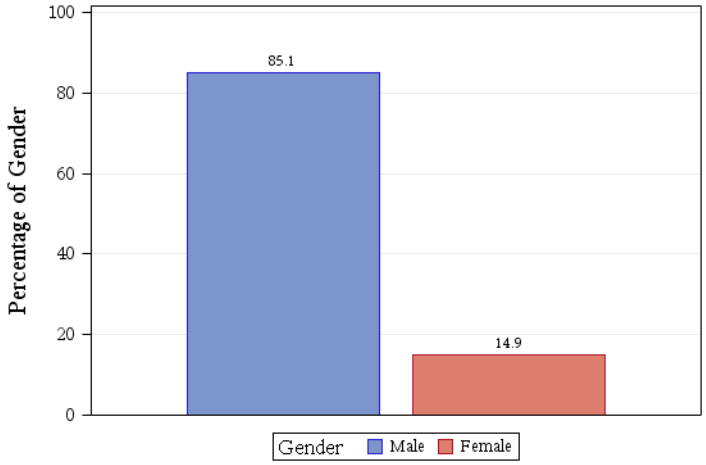
2012



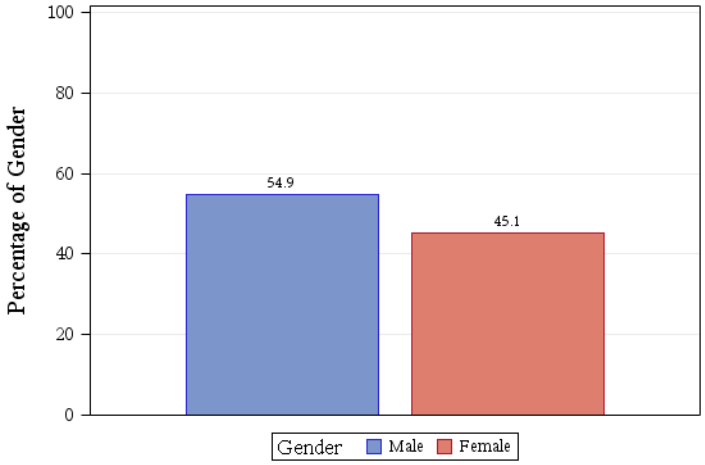
2013



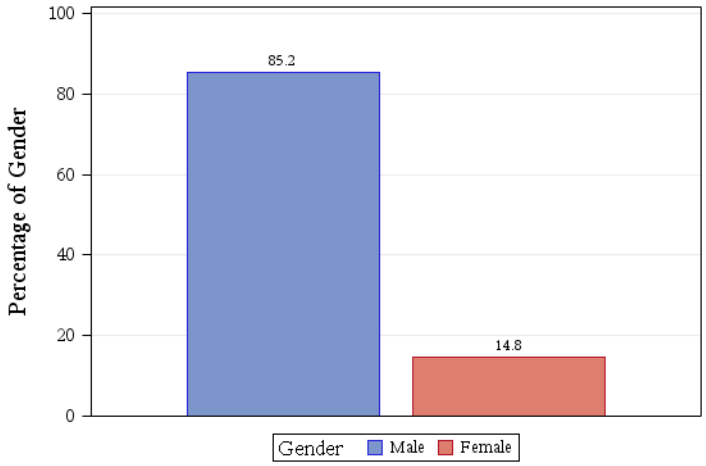
Motorcycle
2012-2013



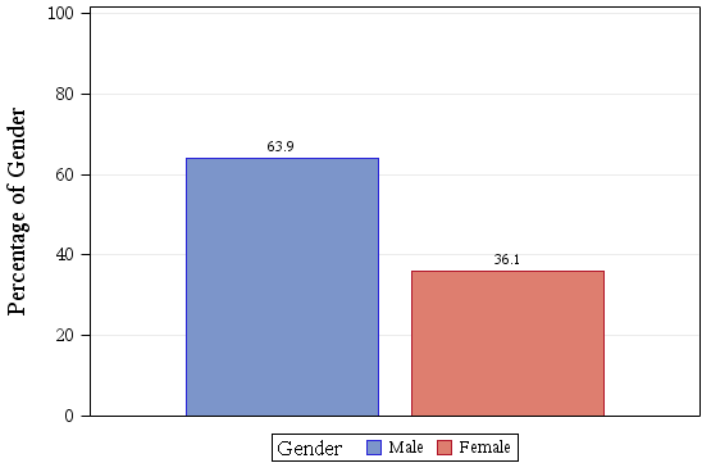
Automobile
2012-2013



Bicyclist
2012-2013

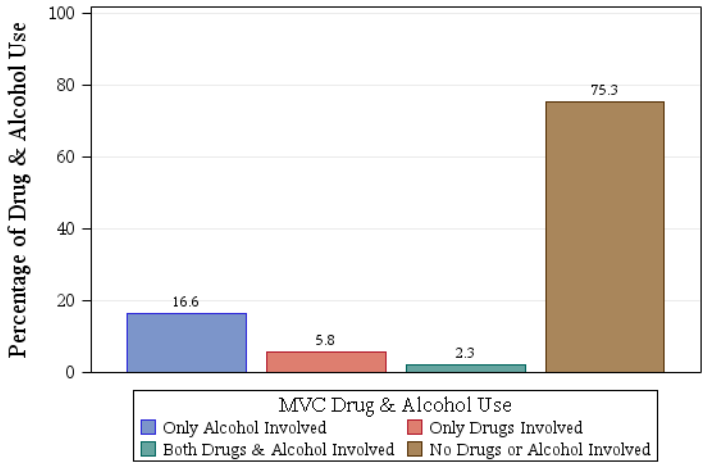


Pedestrian
2012-2013

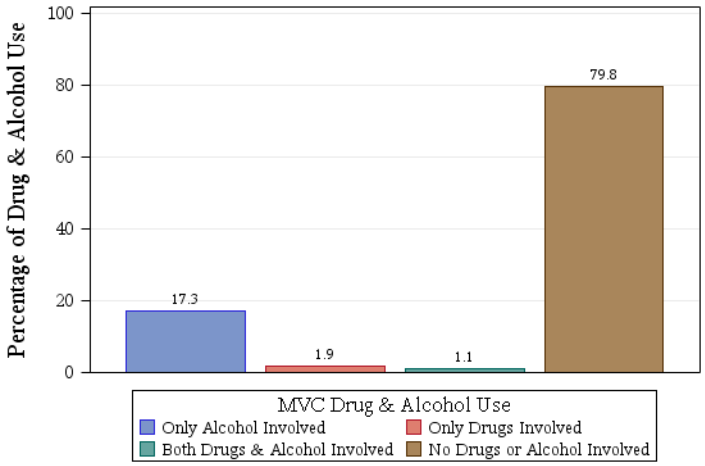


Drug & Alcohol Use- Motor Vehicle Collision

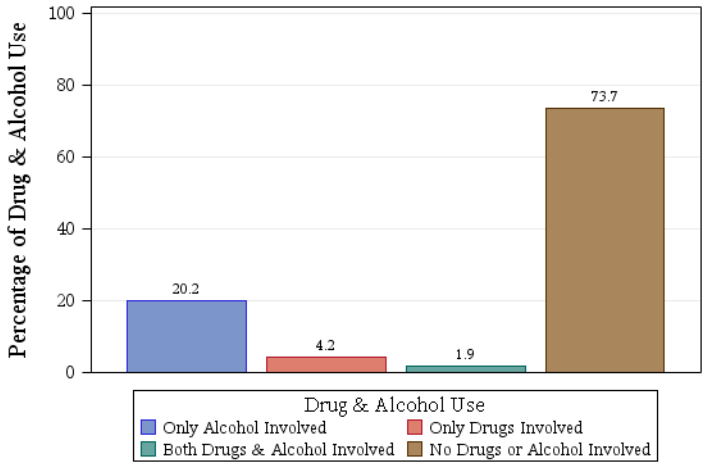
2012



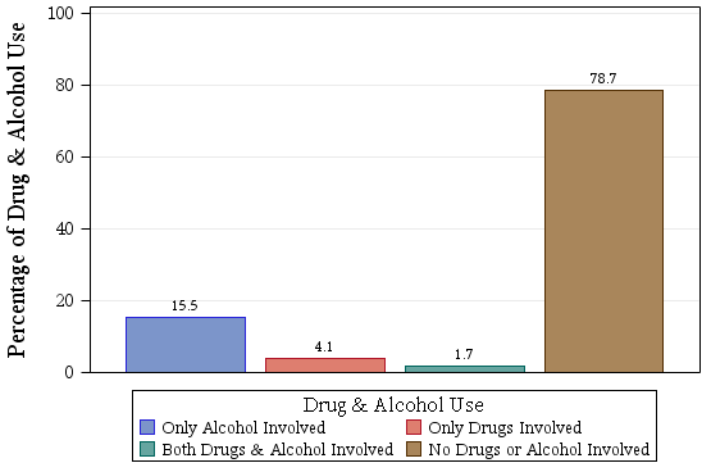
2013



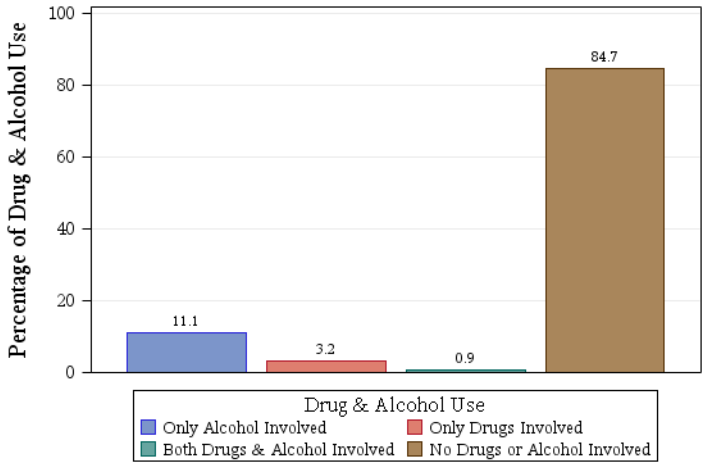
Motorcycle
2012-2013



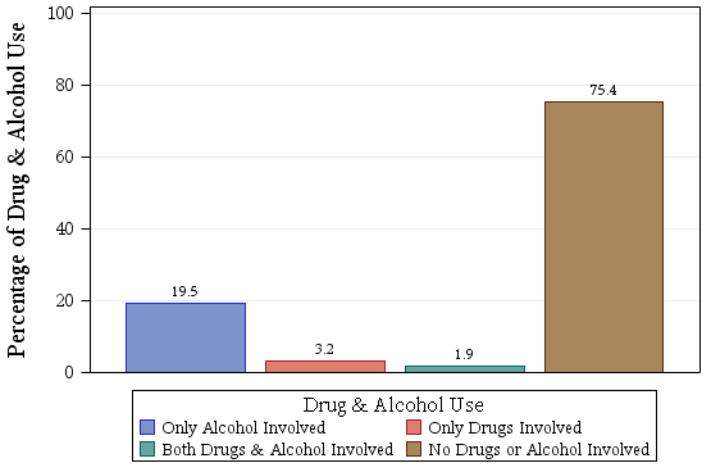
Automobile
2012-2013



Bicyclist
2012-2013

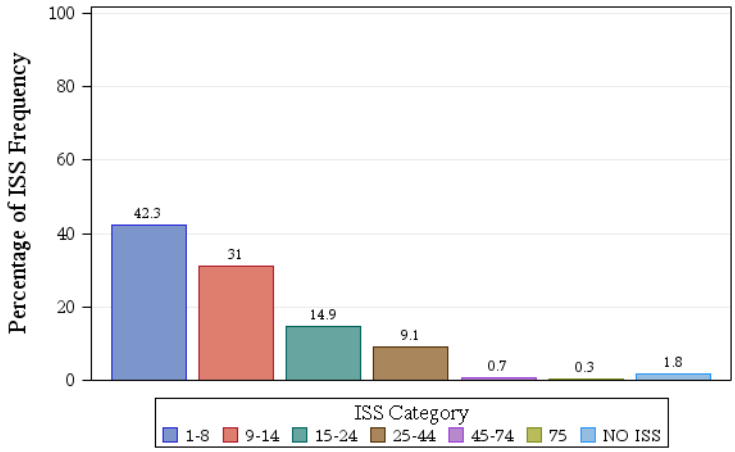


Pedestrian
2012-2013

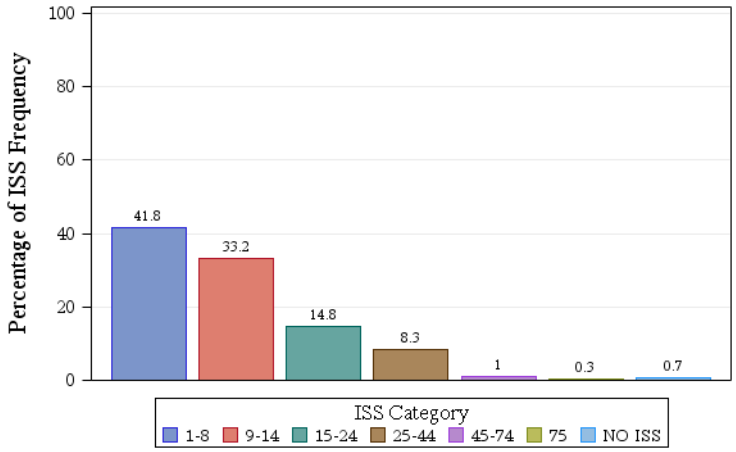


Injury Severity Score- Motor Vehicle Collision

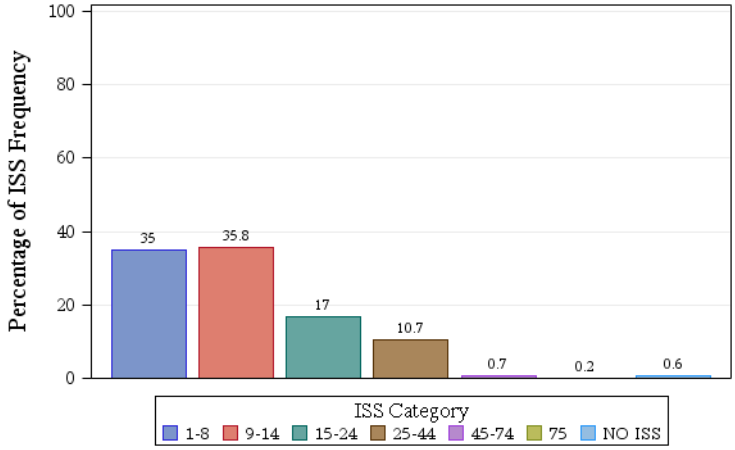
2012



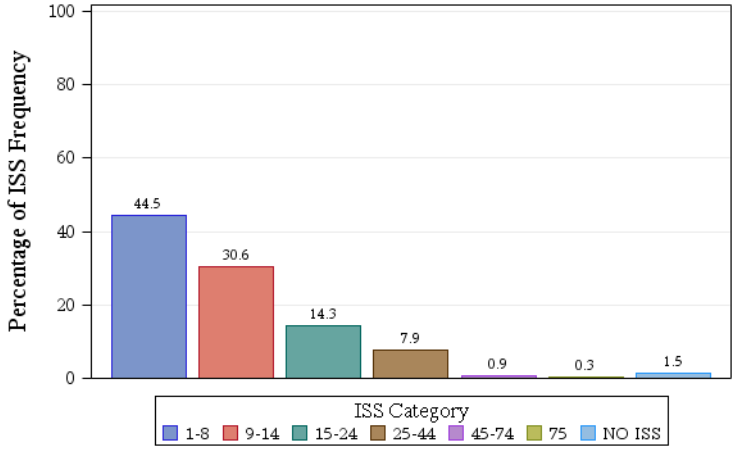
2013



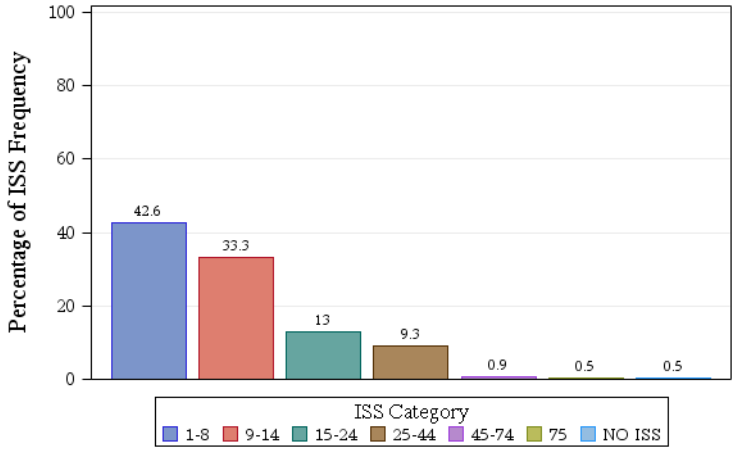
Motorcycle
2012-2013



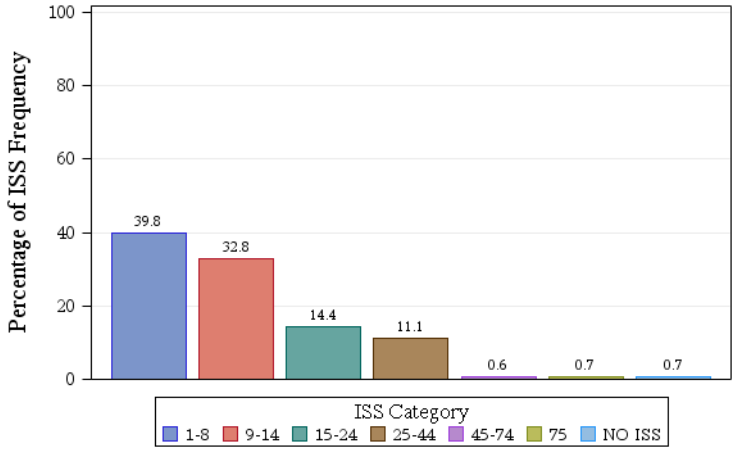
Automobile
2012-2013



Bicyclist
2012-2013

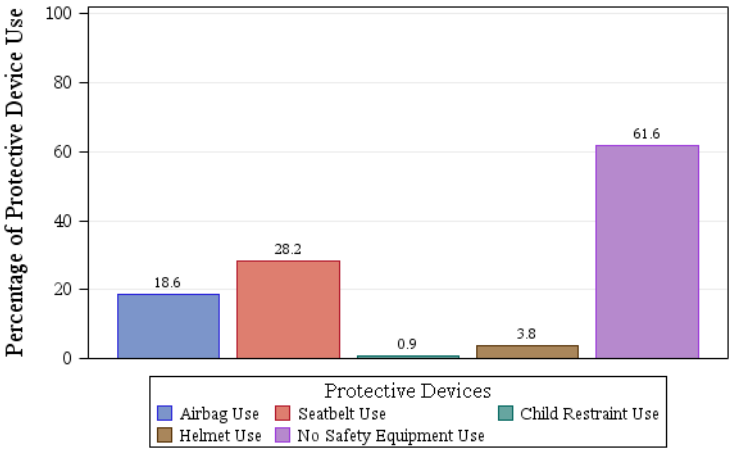


Pedestrian
2012-2013

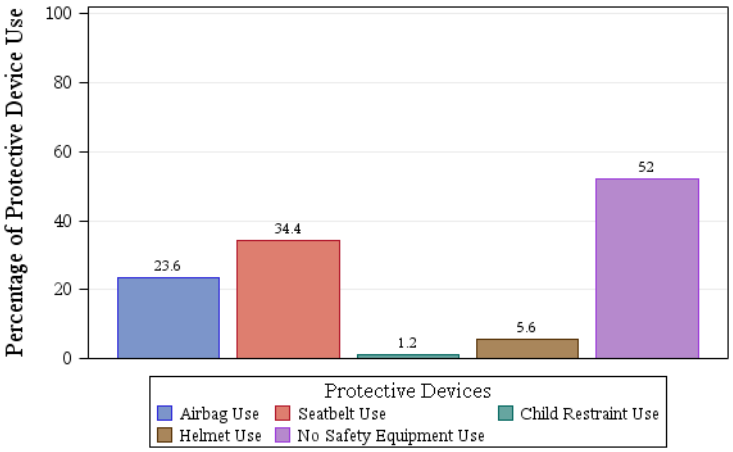


Protective Devices- Motor Vehicle Collision

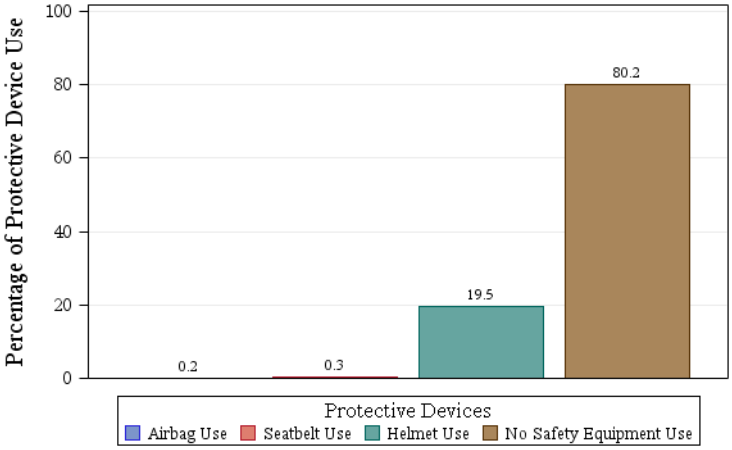
2012



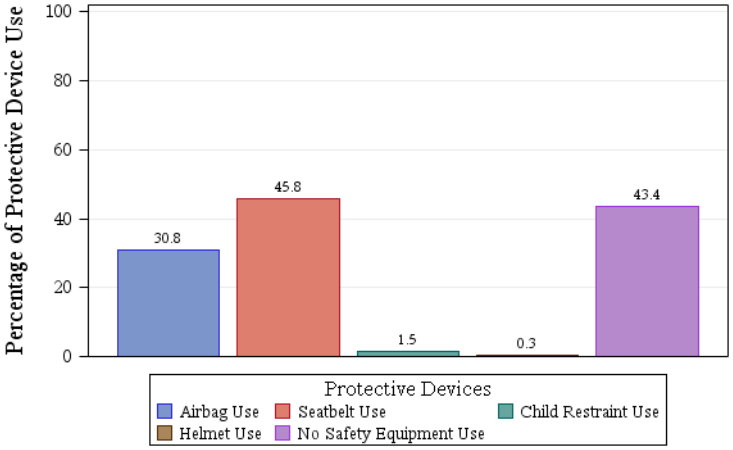
2013



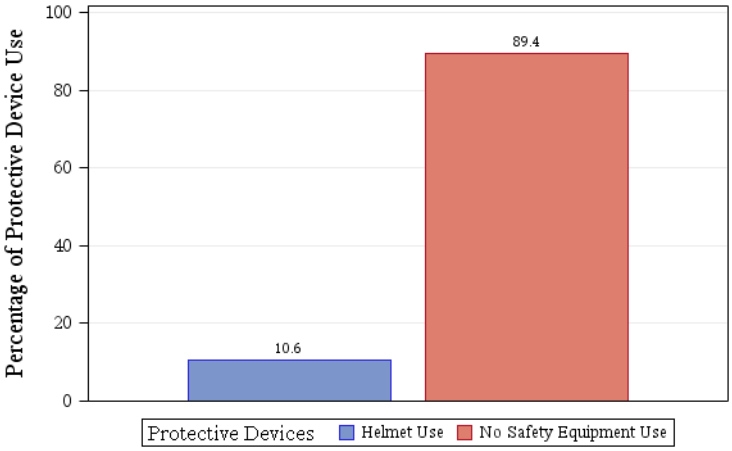
Motorcycle
2012-2013



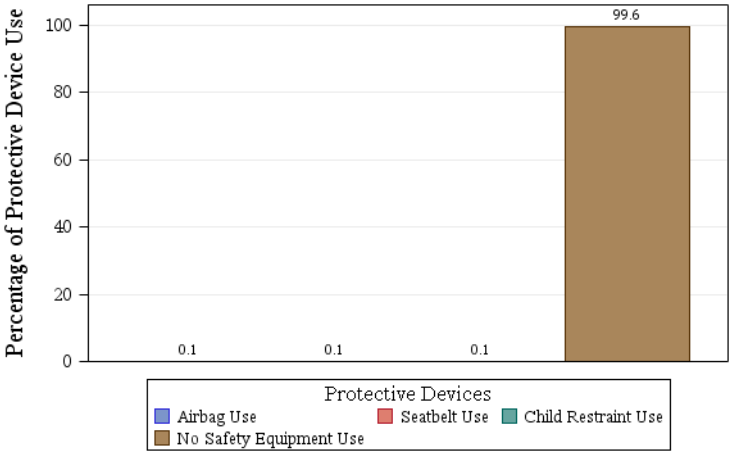
Automobile
2012-2013

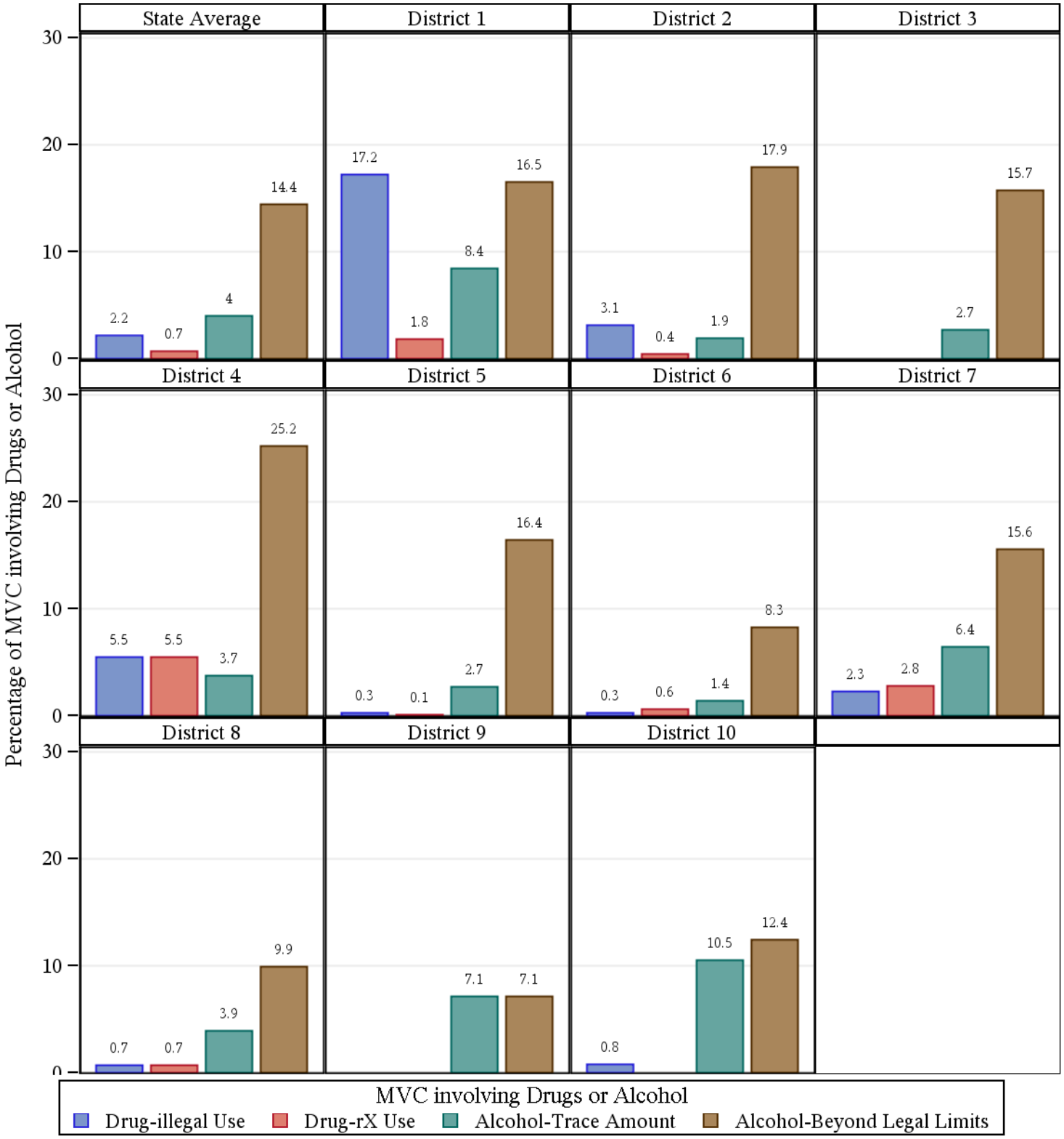


Bicyclist
2012-2013



Pedestrian
2012-2013



Indiana Trauma Registry, 2013

MVC involving Drugs or Alcohol By Public Health Preparedness Districts