On June 10th, Ramzi Nimry (Trauma System PI Manager) provided an ImageTrend registry training at St. Vincent-Fishers in Fishers, IN.

On June 14-18 Camry Hess (Database Analyst Epidemiologist) attended the 2015 Conference of State and Territorial Epidemiologists (CSTE) Annual Conference in Boston to present her poster, “Risk factors associated with death in the emergency department in Indiana, 2013-2014.”

On June 18th, Katie Hokanson (Director, Division of Trauma and Injury Prevention) and Ramzi Nimry (Trauma System PI Manager) attended the Indiana Injury Prevention Advisory Council (IPAC) meeting in Rice Auditorium at ISDH.

On June 19th, Katie Hokanson (Director, Division of Trauma and Injury Prevention) attended the EMS Commission Meeting in Fishers, IN.

On June 30th, Katie Hokanson (Director, Division of Trauma and Injury Prevention) and Ramzi Nimry (Trauma System PI Manager) attended the District 10 Trauma Tour event in Evansville, IN.
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, and integration. 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. 2014 Hospital Discharge data is not available to the ISDH at this time.

![2013-2014 Hospital Discharge and ITR](image)

## 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 2015 until June 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.

![Timeliness (In Days)](image)
Uniformity

In June we sent out the sixteenth monthly quiz for the inter-rater reliability study. Eighty-one registrars completed the quiz from 54 hospitals. The percent of correct answers was 71% for the entire quiz and the average free-marginal Kappa (measure of consistency) 0.298. 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 200 for Q4 2014 data. Trauma data is due on a quarterly basis. Integration for Q1 2015 data will be available in the August 2015 report.

Accessibility

The average days to delivery of aggregate data was 2.7 days. No identifiable requests were submitted.
January 2012 to June 2015
88470 Incidents
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
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.
January 2012 to June 2015          17921 Incidents
Age- Motor Vehicle Collision

![Bar graph for 2012 showing age categories with percentages for Pediatric (<18), Adult, and Elderly (>65).]

January 2012 to June 2015          17921 Incidents
Age- Motor Vehicle Collision

![Bar graph for 2013-2014 showing age categories with percentages for Pediatric (<18), Adult, and Elderly (>65).]

Motorcycle 2012-2014

![Bar graph for 2012-2014 showing age categories with percentages for Pediatric (<18), Adult, and Elderly (>65).]

Automobile 2012-2014

![Bar graph for 2012-2014 showing age categories with percentages for Pediatric (<18), Adult, and Elderly (>65).]

Bicyclist 2012-2014

![Bar graph for 2012-2014 showing age categories with percentages for Pediatric (<18), Adult, and Elderly (>65).]

Pedestrian 2012-2014

![Bar graph for 2012-2014 showing age categories with percentages for Pediatric (<18), Adult, and Elderly (>65).]
January 2012 to June 2015  17921 Incidents
Gender- Motor Vehicle Collision

2012

Motorcycle 2012-2014

Automobile 2012-2014

Bicyclist 2012-2014

Pedestrian 2012-2014
January 2012 to June 2015
Injury Severity Score- Motor Vehicle Collision

2012

2013-2014

Motorcycle

Automobile

Bicyclist

Pedestrian

Percentage of ISS Frequency

ISS Category

1-8 9-14 15-24 25-44 45-74 75 NO ISS

Percentage of ISS Frequency

ISS Category

1-8 9-14 15-24 25-44 45-74 75 NO ISS

Percentage of ISS Frequency

ISS Category

1-8 9-14 15-24 25-44 45-74 75 NO ISS

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Percentage of ISS Frequency

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1-8 9-14 15-24 25-44 45-74 75 NO ISS

Percentage of ISS Frequency

ISS Category

1-8 9-14 15-24 25-44 45-74 75 NO ISS
<table>
<thead>
<tr>
<th></th>
<th>State Average</th>
<th>District 1</th>
<th>District 2</th>
<th>District 3</th>
<th>District 4</th>
<th>District 5</th>
<th>District 6</th>
<th>District 7</th>
<th>District 8</th>
<th>District 9</th>
<th>District 10</th>
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<tr>
<td><strong>Percentage of MVC involving Drugs or Alcohol</strong></td>
<td>2.6</td>
<td>13.6</td>
<td>19.3</td>
<td>14.6</td>
<td>14.5</td>
<td>16.6</td>
<td>14.6</td>
<td>16.6</td>
<td>3.4</td>
<td>0.7</td>
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