

On May 2nd, Ramzi Nimry (Trauma System PI Manager) trained IU Health Bedford on the ImageTrend (Patient) Registry.

On May 12th, Ramzi Nimry (Trauma System PI Manager) attended the St. Vincent Emergency Medicine Symposium at the Indianapolis Marriott North as a vendor.

On May 16th, Ramzi Nimry (Trauma System PI Manager), Camry Hess (Data Analyst) and Katie Hokanson (Director) attended the PI Subcommittee meeting at ISDH.

On May 17th, Ramzi Nimry (Trauma System PI Manager) attended the Pediatric Emergency Care Coordinator (PECC) Advisory Board meeting at the Indianapolis EMS.

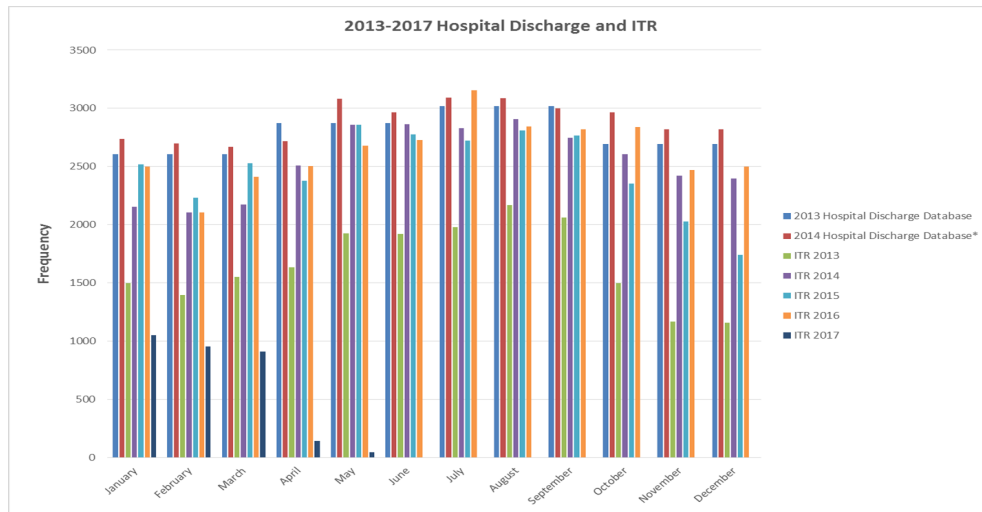
On May 19th, Ramzi Nimry (Trauma System PI Manager) and Camry Hess (Data Analyst) attended the Traffic Records Coordinating Committee (TRCC) meeting at Government Center South.

On May 31st, Ramzi Nimry (Trauma System PI Manager) attended the State Health Assessment (SHA)/State Health Improvement Plan (SHIP) at Government Center South.

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

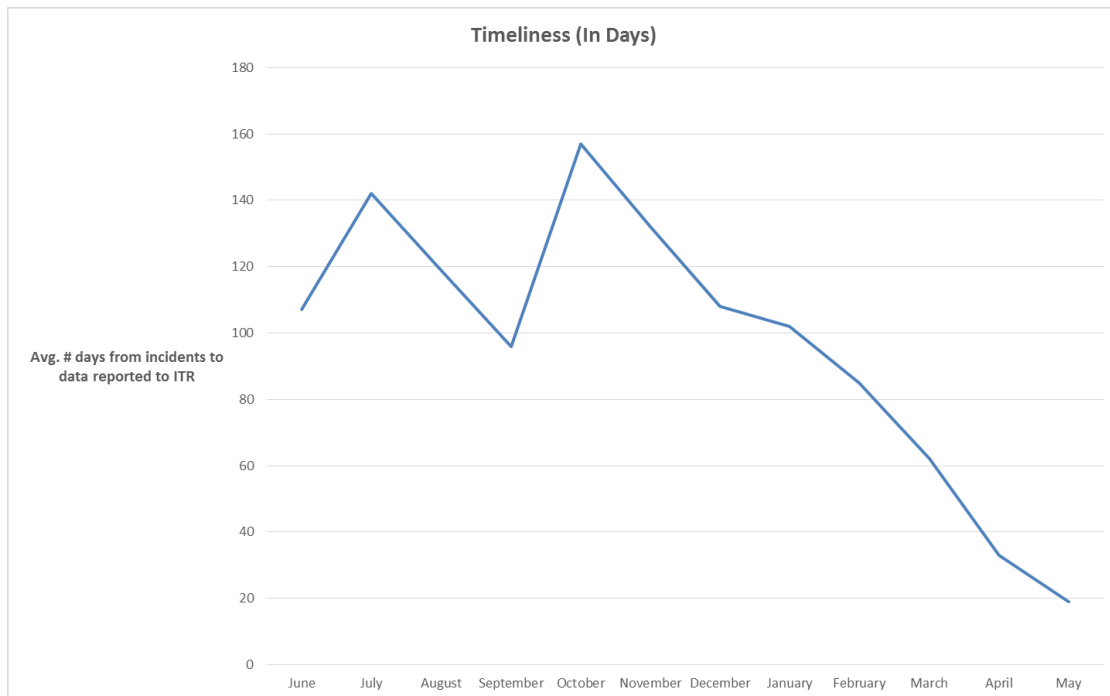
The Hospital Discharge database, also maintained by the ISDH, contains all records of patients cared for in Indiana hospitals. We compared patient records from the ITR with the Hospital Discharge database to know how complete is the ITR's data.



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.

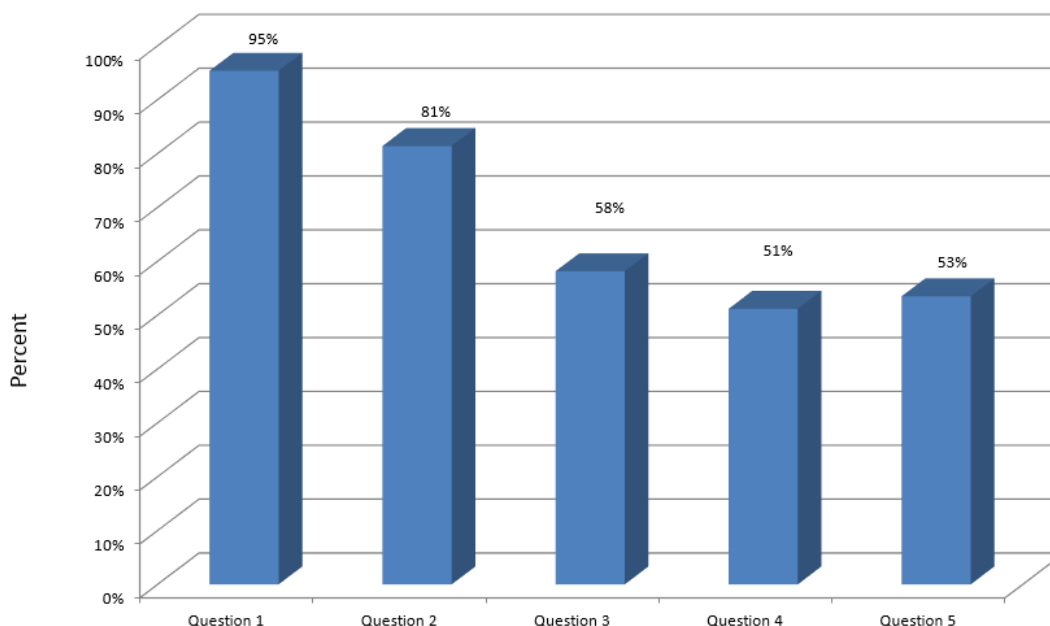
The decrease in timeliness from April 2017 until May 2017 is due to only timely reports being provided to the ITR during this time frame, typically from non-trauma hospitals and early reporting trauma centers.



Uniformity

In May we sent out the thirty-seventh monthly quiz for the inter-rater reliability study. Forty-nine registrars completed the quiz from 30 hospitals. The percent of correct answers was 65% for the entire quiz and the average free-marginal Kappa (measure of consistency) 0.35. 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

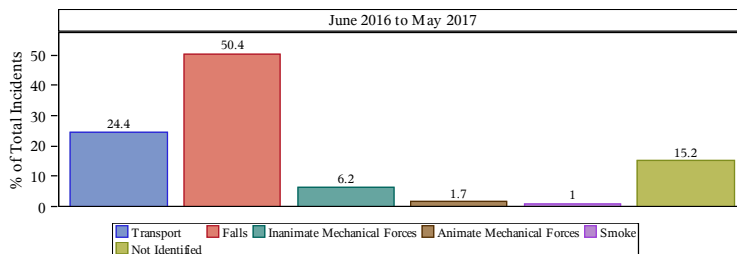
The number of linked EMS to trauma cases was 2,457 for Q3 2016 data. Trauma data is due on a quarterly basis.

Accessibility

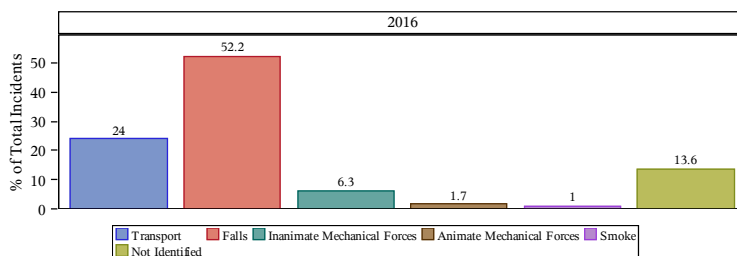
The average time to complete data requests was 1.7 days for aggregate requests (3 total), 1 day for identifiable requests (1 total), and 2.3 days for self-reports (3 requests).

Cause of Injury (COI)

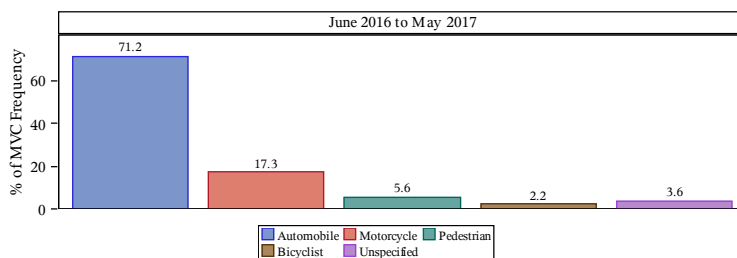
Cause of Injury (COI)



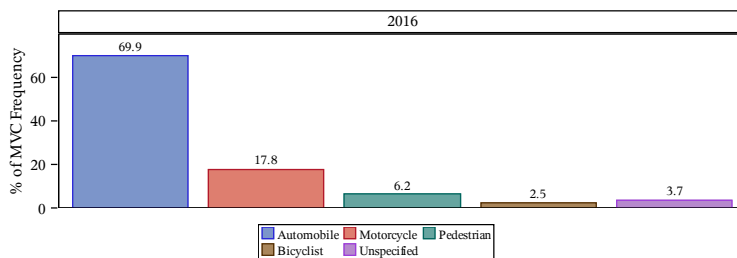
Cause of Injury (COI)



COI-Motor Vehicle Collision (MVC)

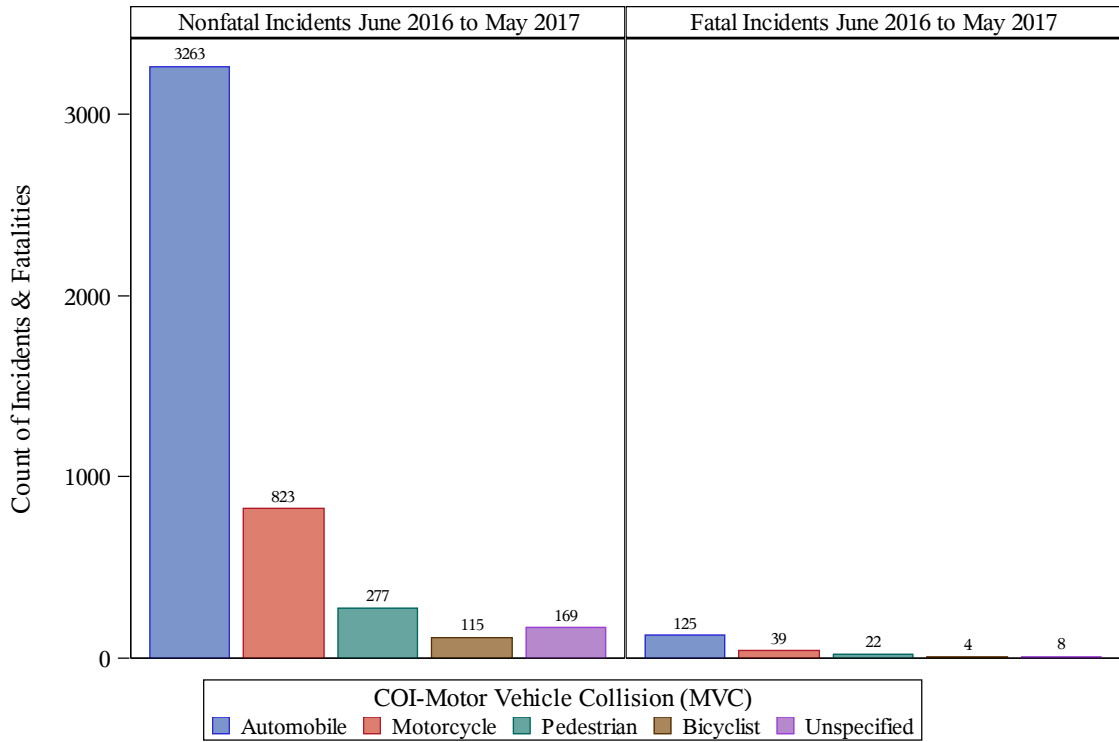
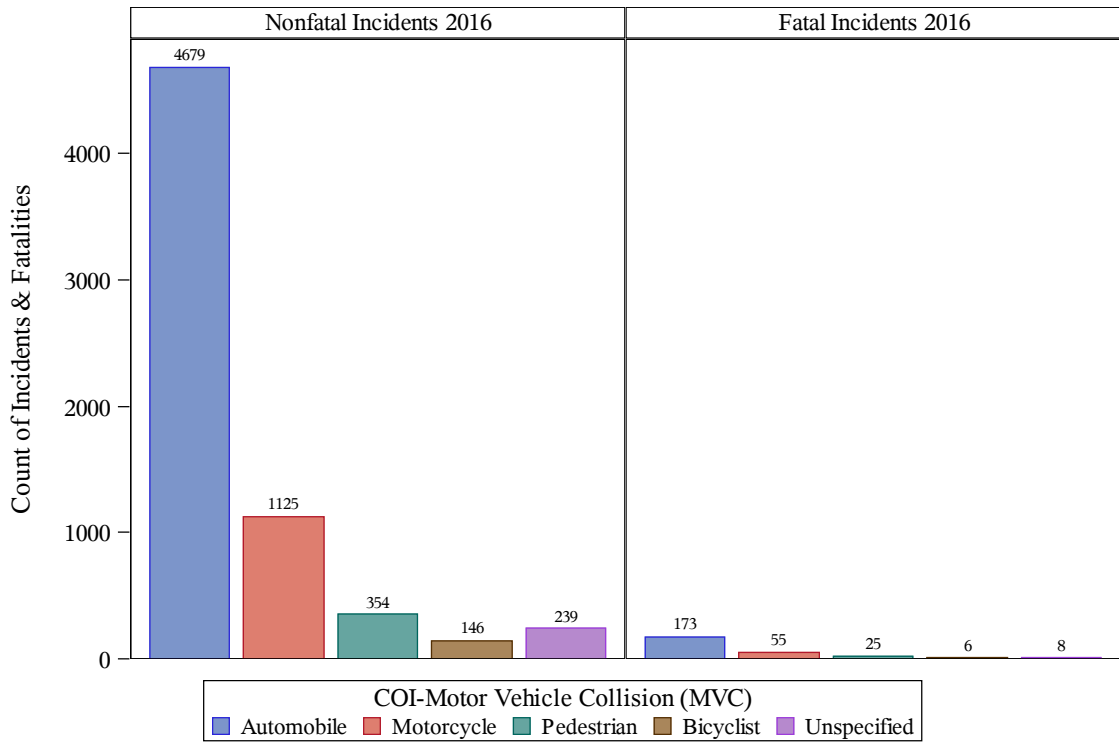


COI-Motor Vehicle Collision (MVC)



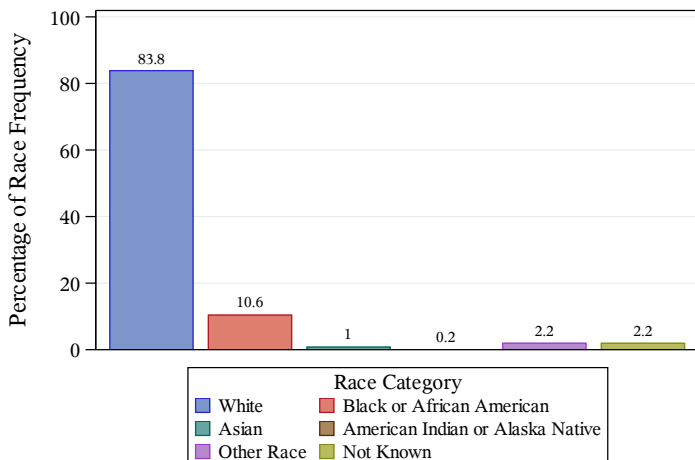
June 2016 to May 2017 **4845 Incidents**
January 2016 to December 2016 **6810 Incidents**
Motor Vehicle Collision

COI-MVC Nonfatal Incidents and Fatal Incidents

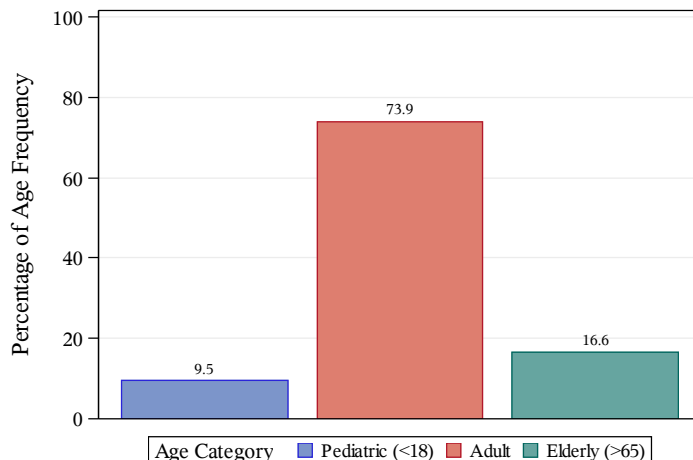


Motor Vehicle Collision

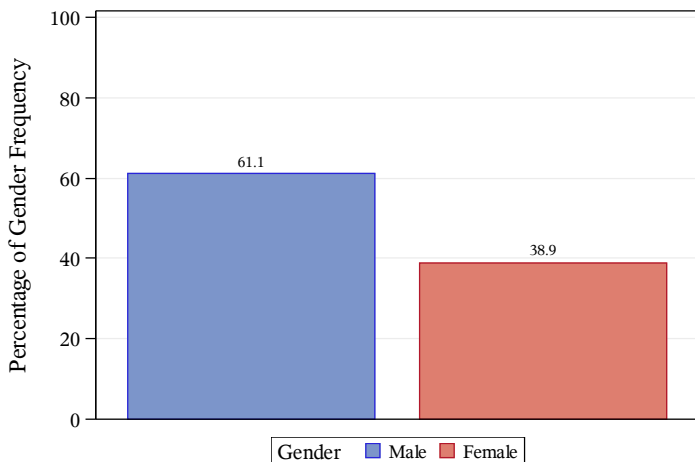
Race



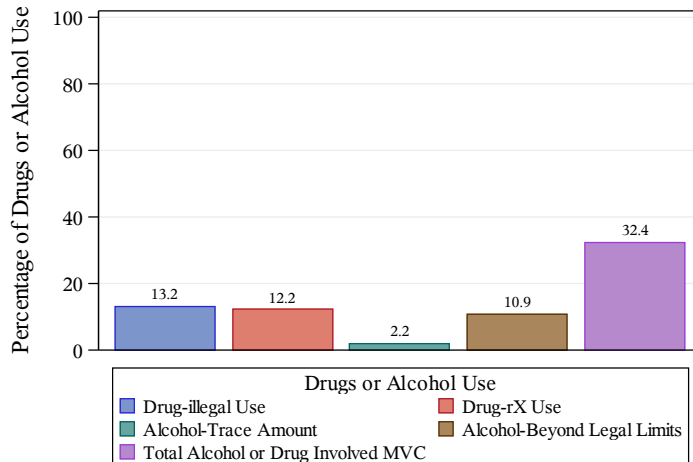
Age



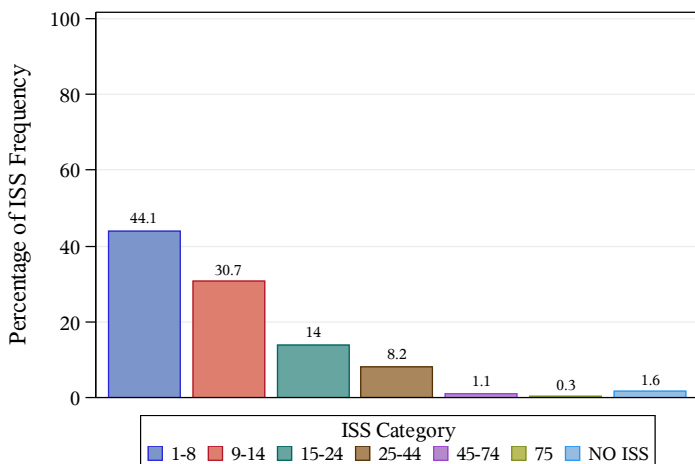
Gender



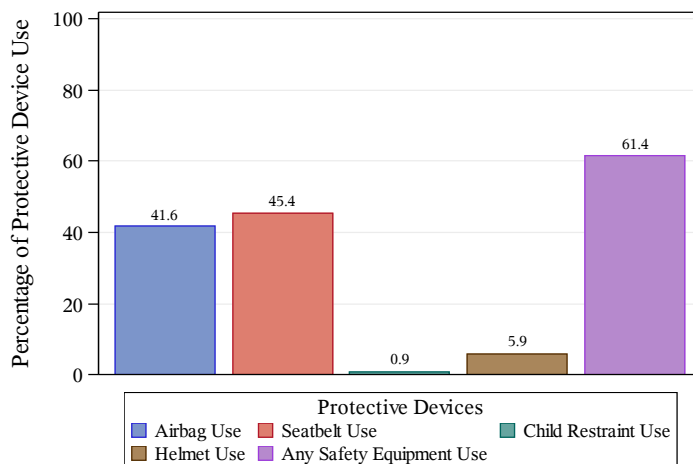
Drug & Alcohol Use



Injury Severity Score



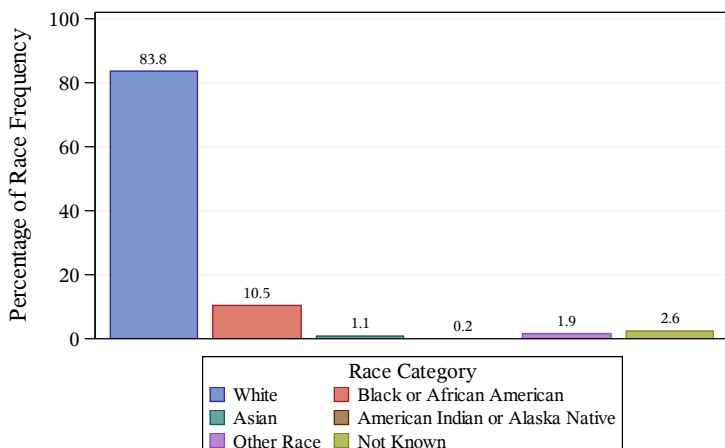
Protective Devices



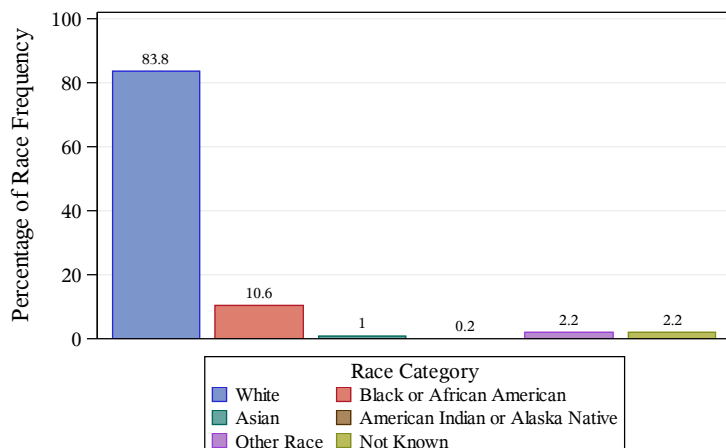
Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

Race- Motor Vehicle Collision

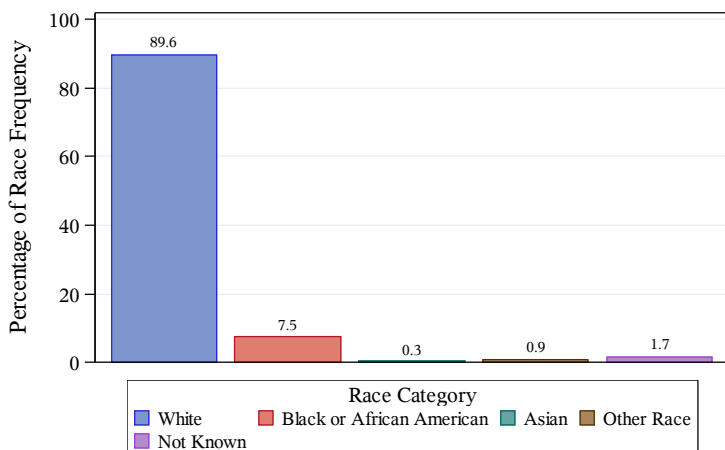
2016



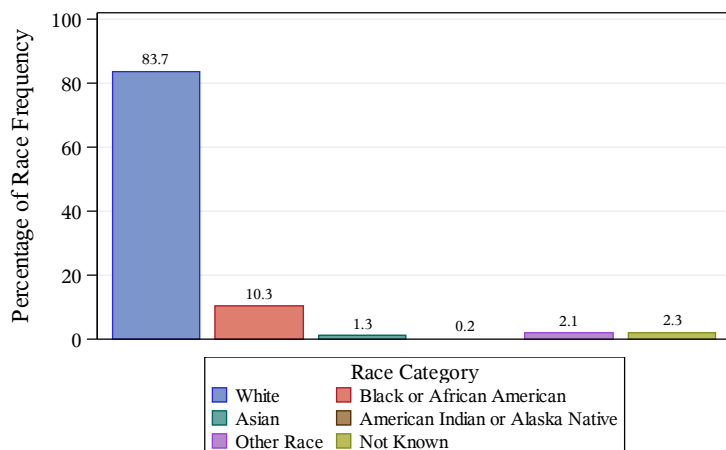
June 2016 to May 2017



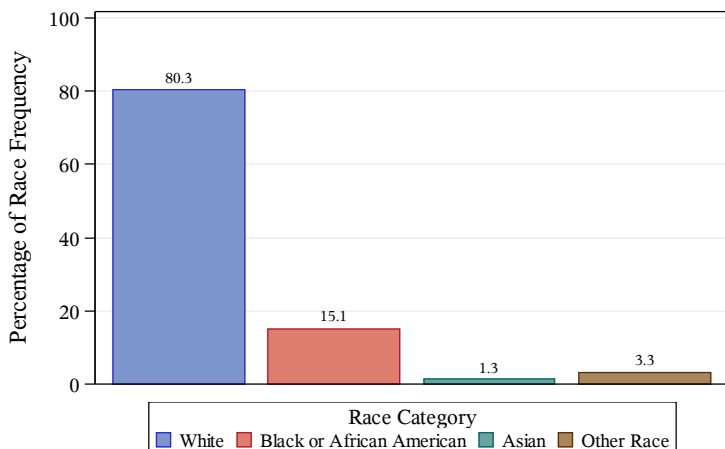
Motorcycle
June 2016 to May 2017



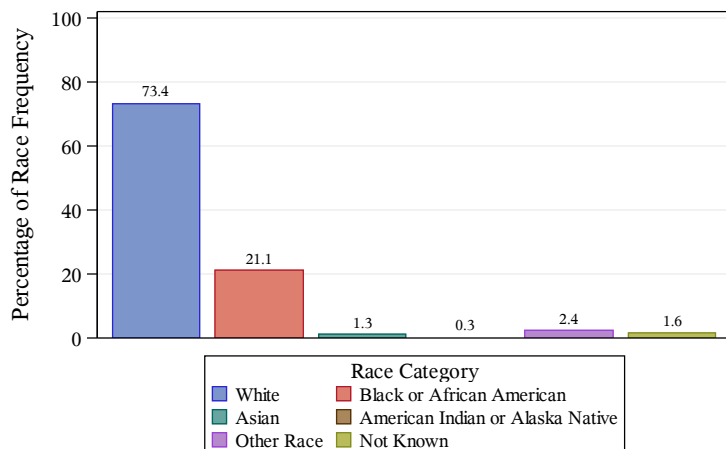
Automobile
June 2016 to May 2017



Bicyclist
June 2016 to May 2017

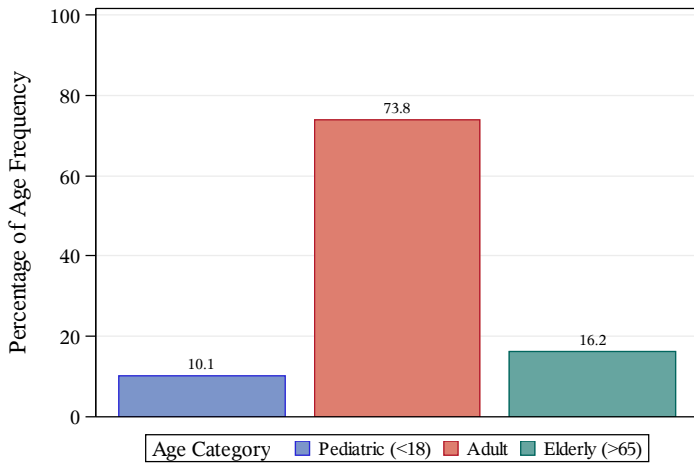


Pedestrian
June 2016 to May 2017

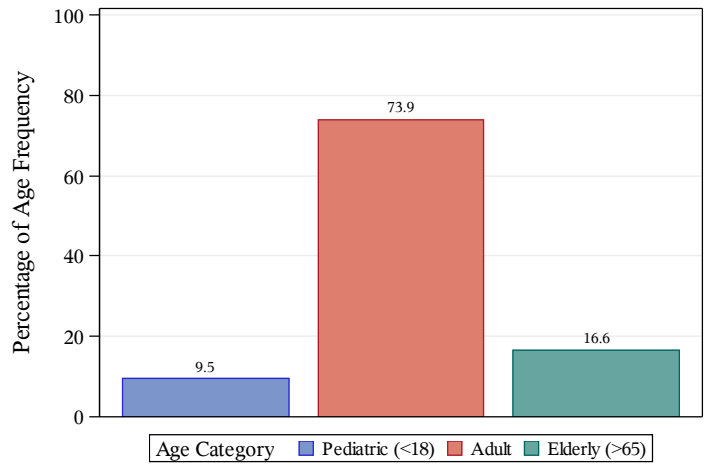


Age- Motor Vehicle Collision

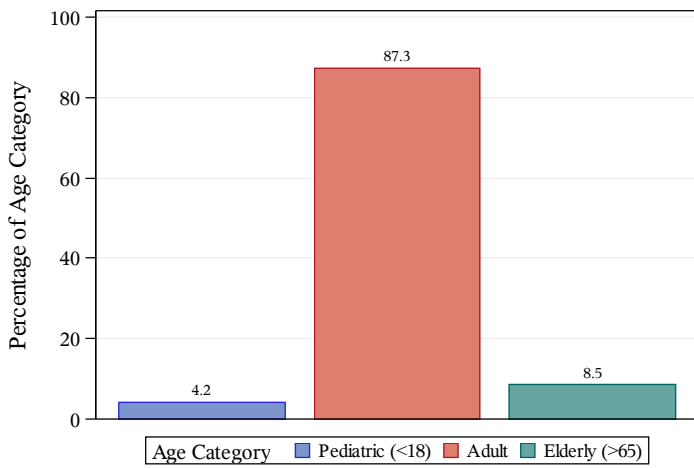
2016



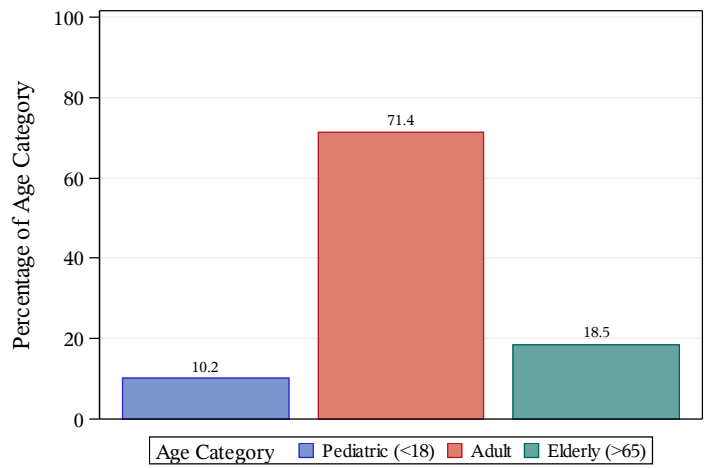
June 2016 to May 2017



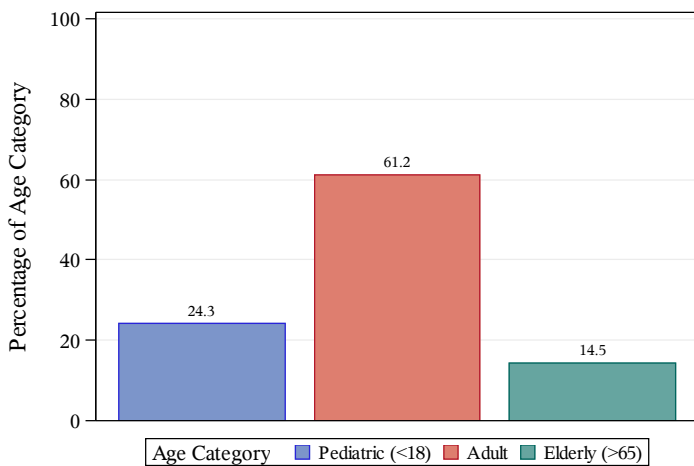
Motorcycle
June 2016 to May 2017



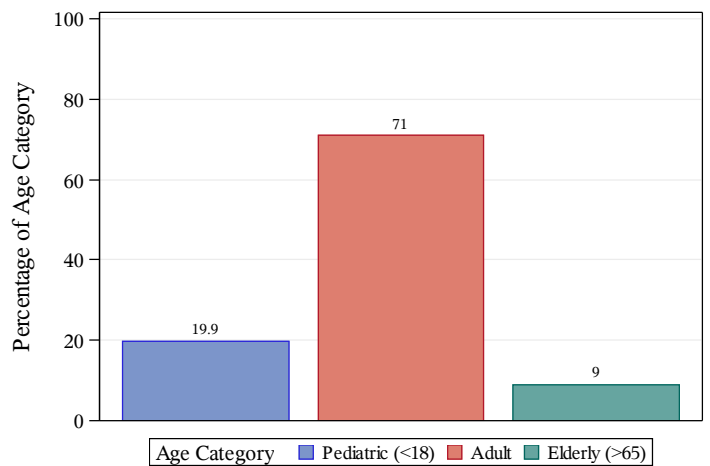
Automobile
June 2016 to May 2017



Bicyclist
June 2016 to May 2017

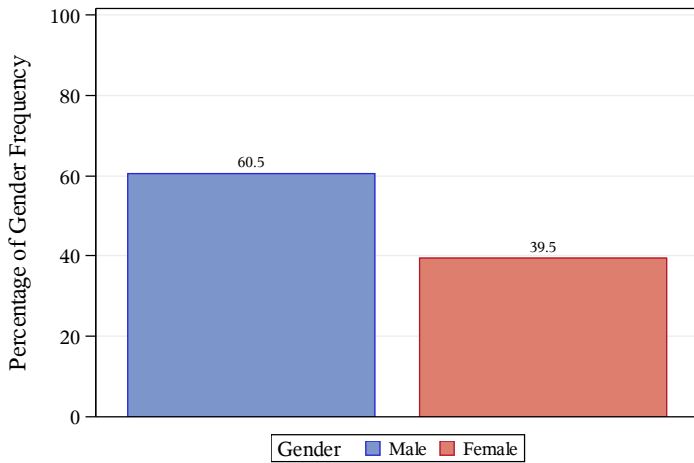


Pedestrian
June 2016 to May 2017

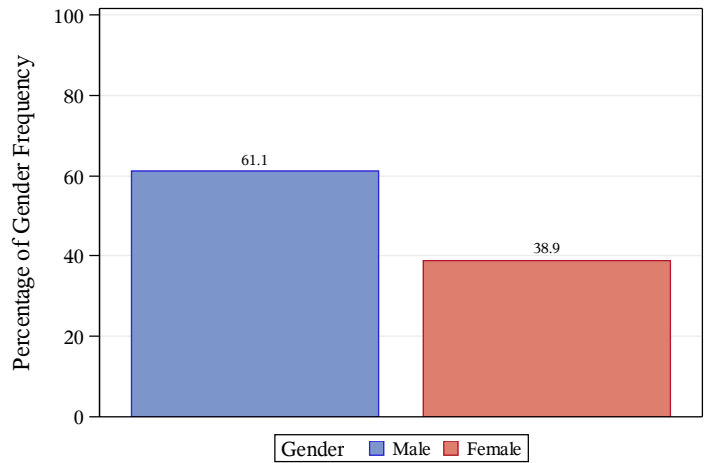


Gender- Motor Vehicle Collision

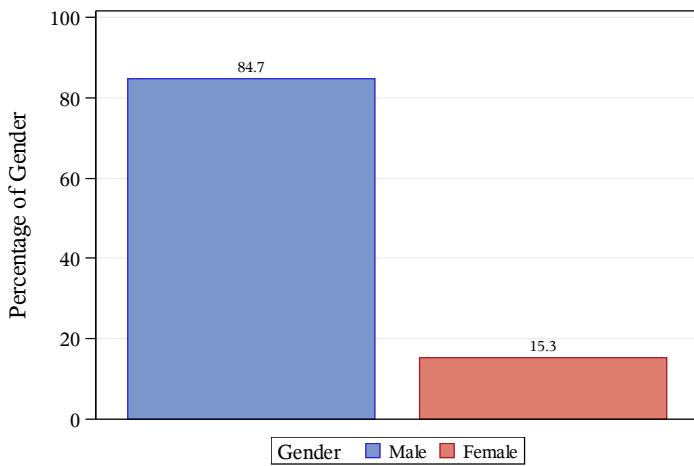
2016



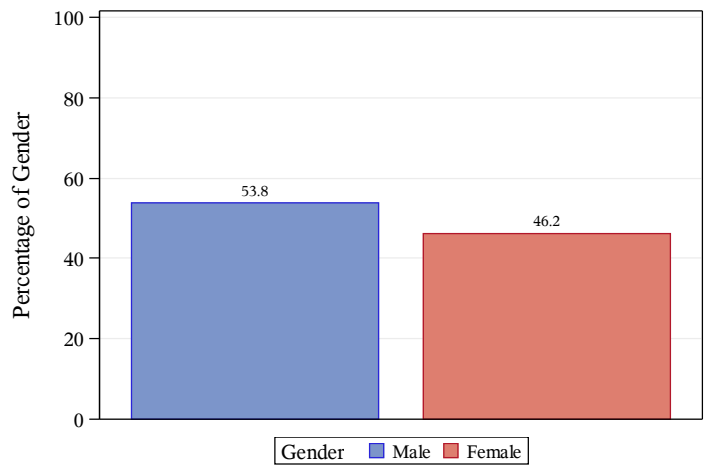
June 2016 to May 2017



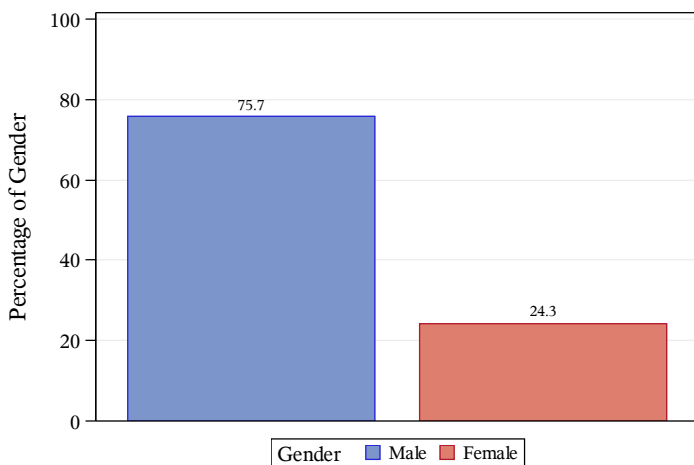
Motorcycle
June 2016 to May 2017



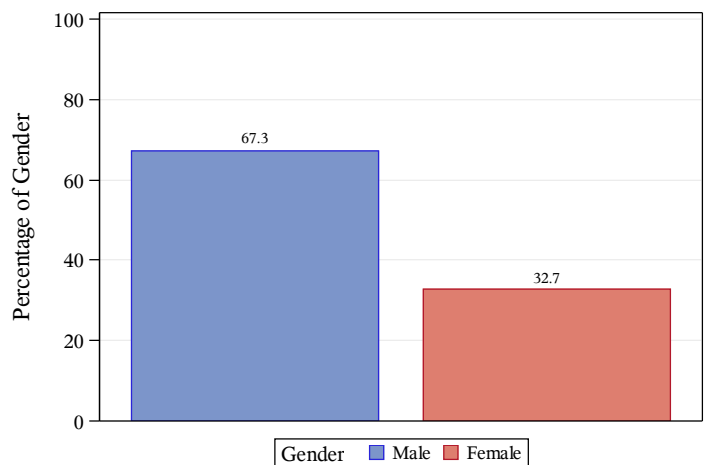
Automobile
June 2016 to May 2017



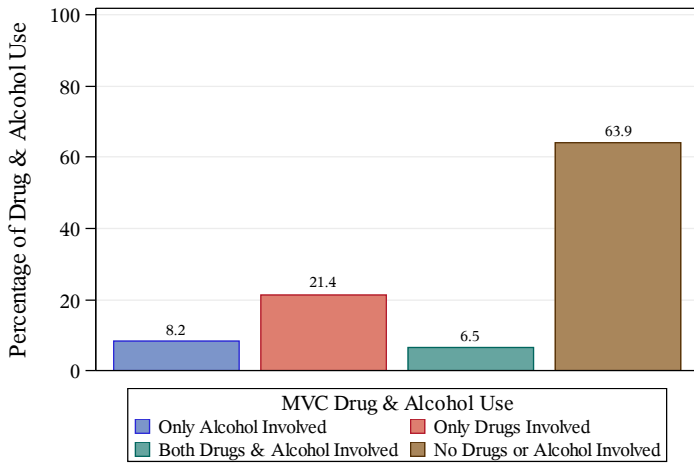
Bicyclist
June 2016 to May 2017



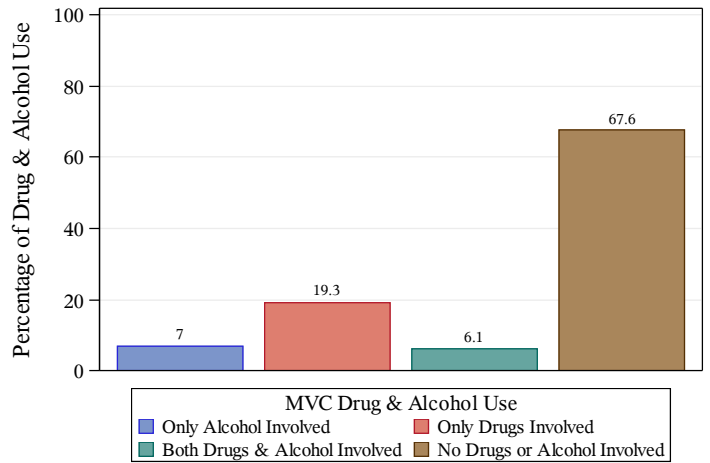
Pedestrian
June 2016 to May 2017



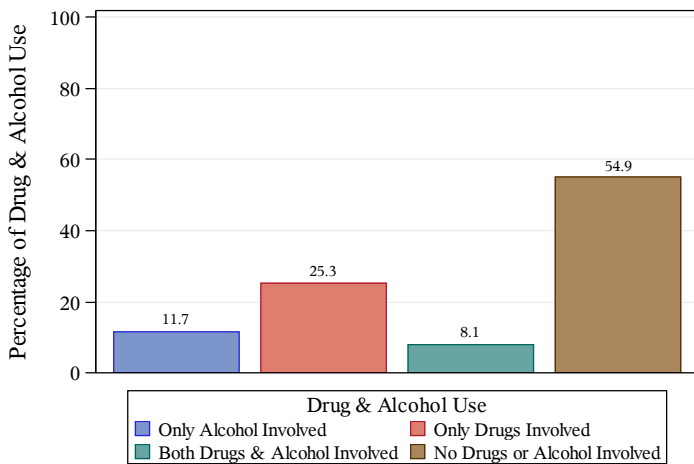
2016



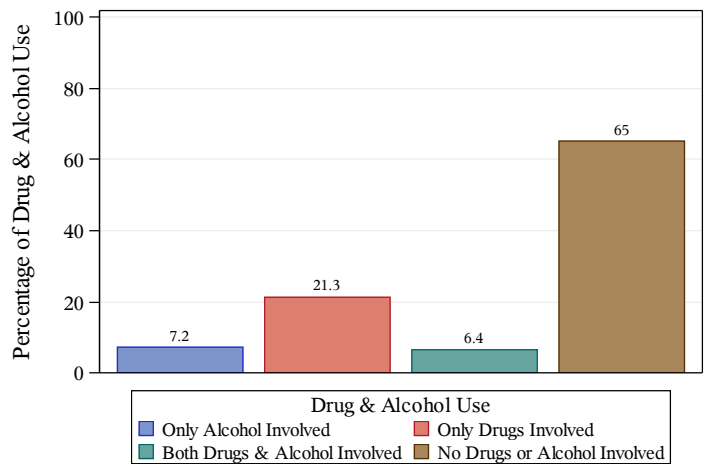
June 2016 to May 2017



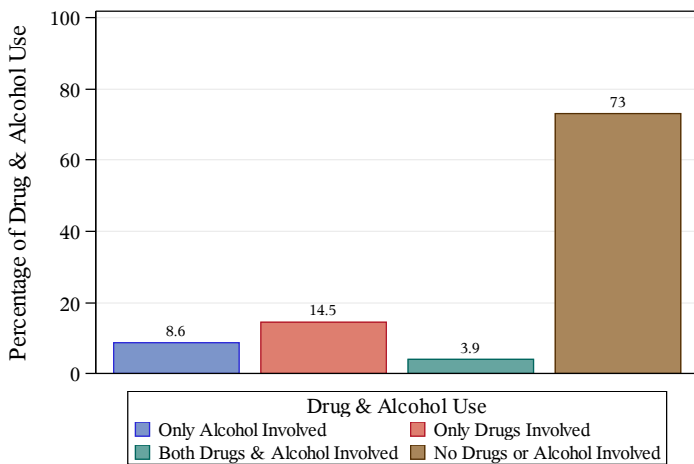
Motorcycle
 June 2016 to May 2017



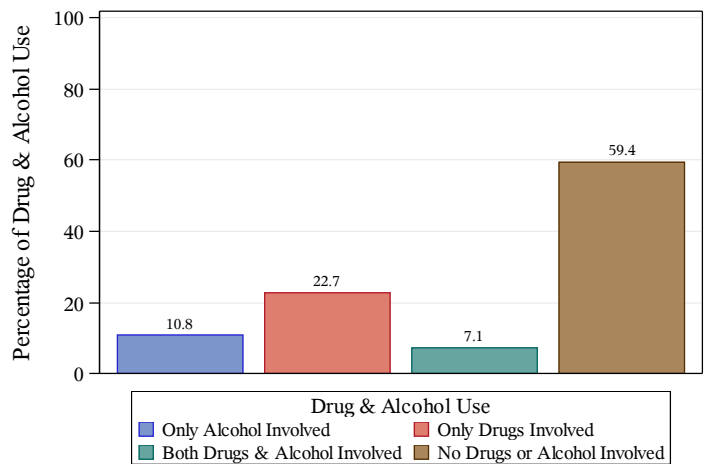
Automobile
 June 2016 to May 2017



Bicyclist
 June 2016 to May 2017

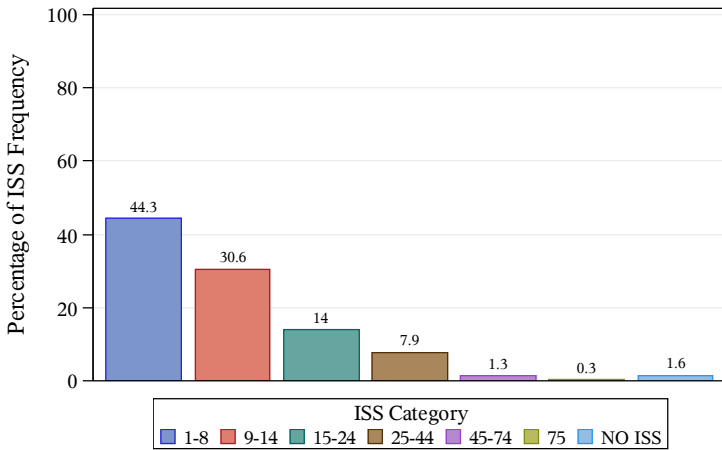


Pedestrian
 June 2016 to May 2017

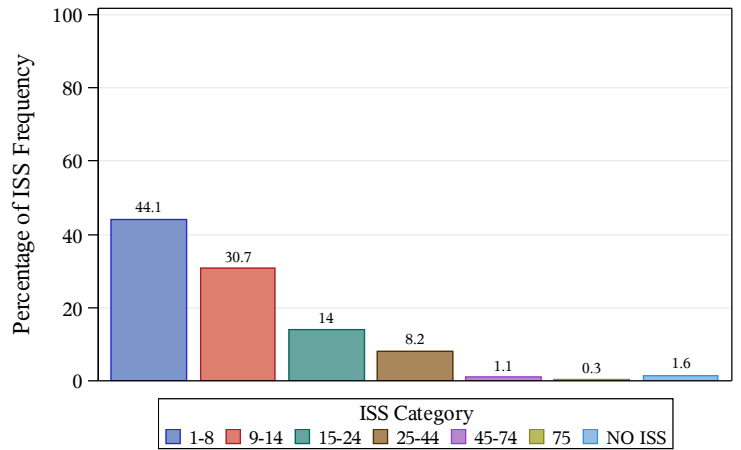


Injury Severity Score- Motor Vehicle Collision

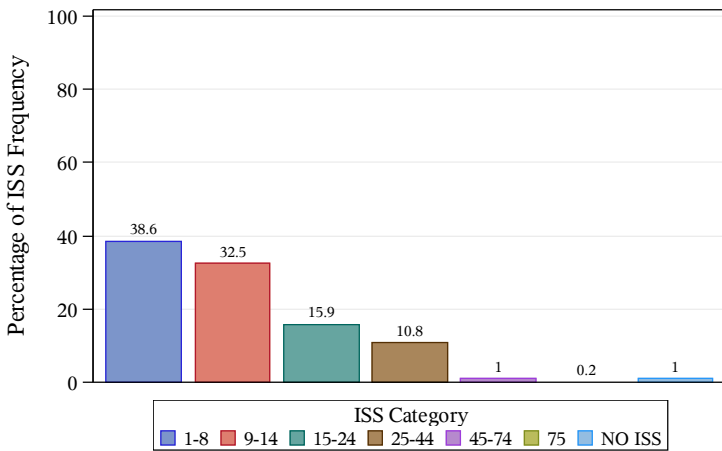
2016



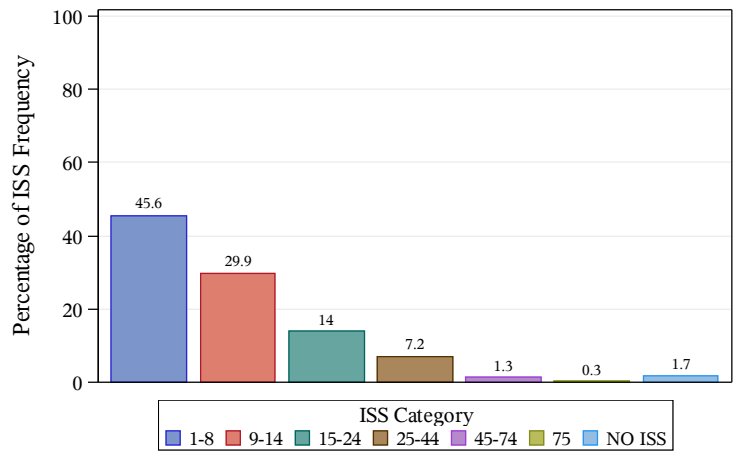
June 2016 to May 2017



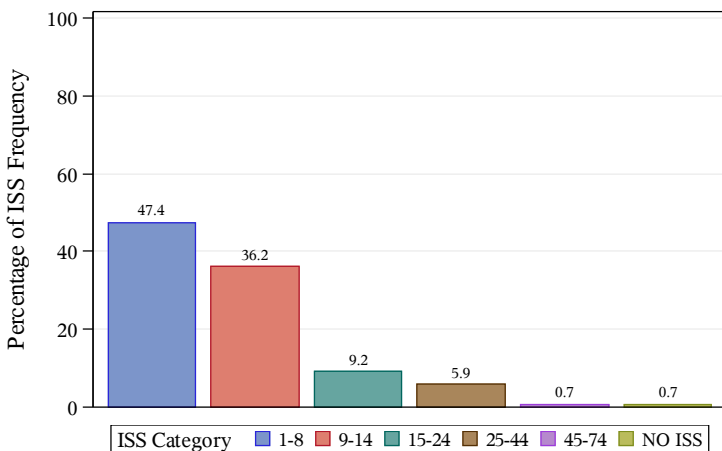
Motorcycle
June 2016 to May 2017



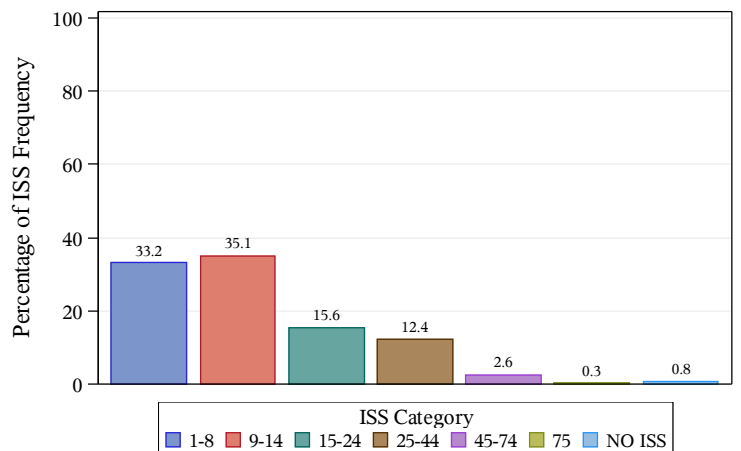
Automobile
June 2016 to May 2017



Bicyclist
June 2016 to May 2017

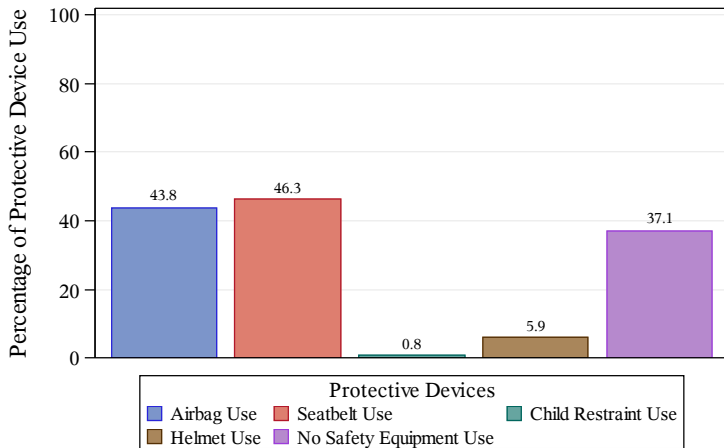


Pedestrian
June 2016 to May 2017

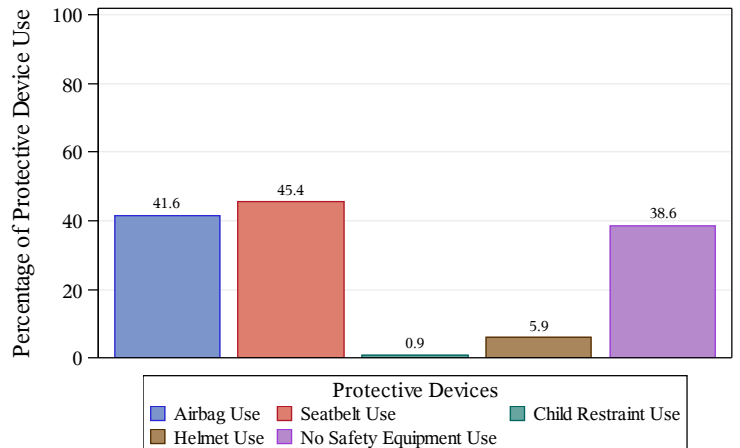


Protective Devices- Motor Vehicle Collision

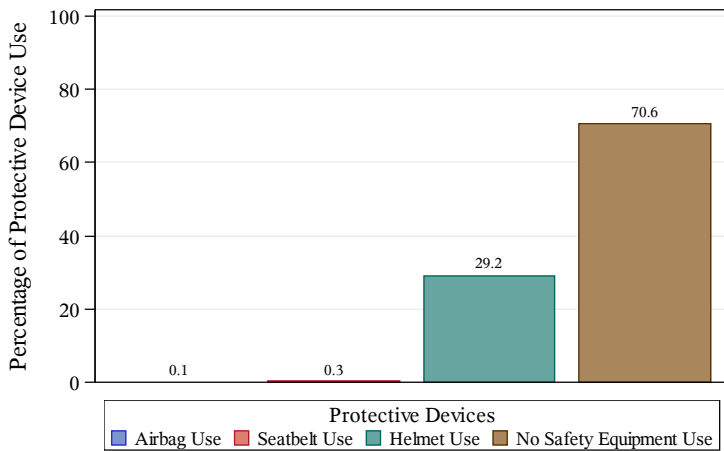
2016



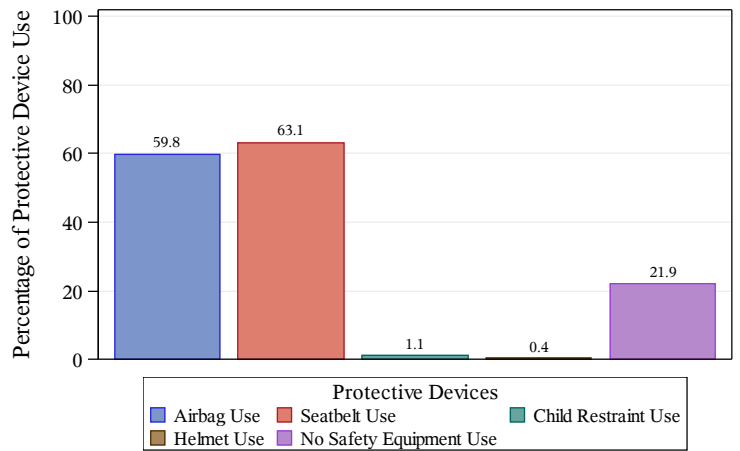
June 2016 to May 2017



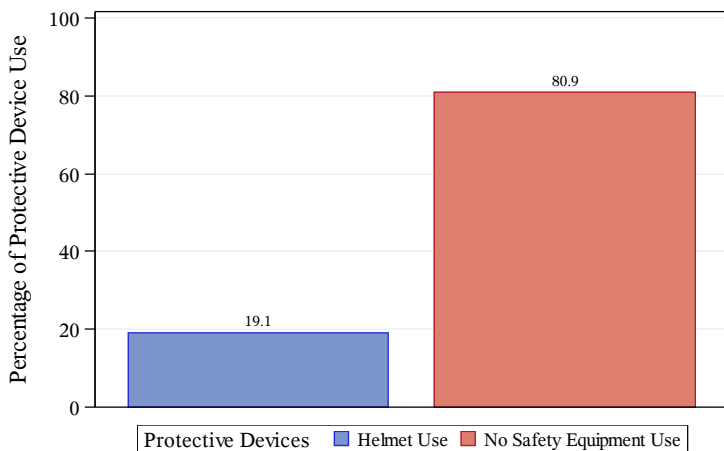
Motorcycle
June 2016 to May 2017



Automobile
June 2016 to May 2017



Bicyclist
June 2016 to May 2017



Pedestrian
June 2016 to May 2017

