

As an expansion to my role I have been training Indiana coroners on the Indiana Coroner Case Management System (INCCMS) while continuing to train hospitals on the Indiana Trauma Registry.-Ramzi

On April 4th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) and Camry Hess (Data Analyst) attended the District 4 TRAC in Lafayette.

On April 9th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) trained Fulton Co. on the Indiana Coroner Case Management System (INCCMS).

On April 11th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the District 3 TRAC in Fort Wayne.

On April 11th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) via phone and Camry Hess attended the TRCC Standing Committee - Strategic Plan.

On April 12th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) trained Henry Co. on the Indiana Coroner Case Management System (INCCMS).

On April 16th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the EMS MD Directors' Conference in Indianapolis.

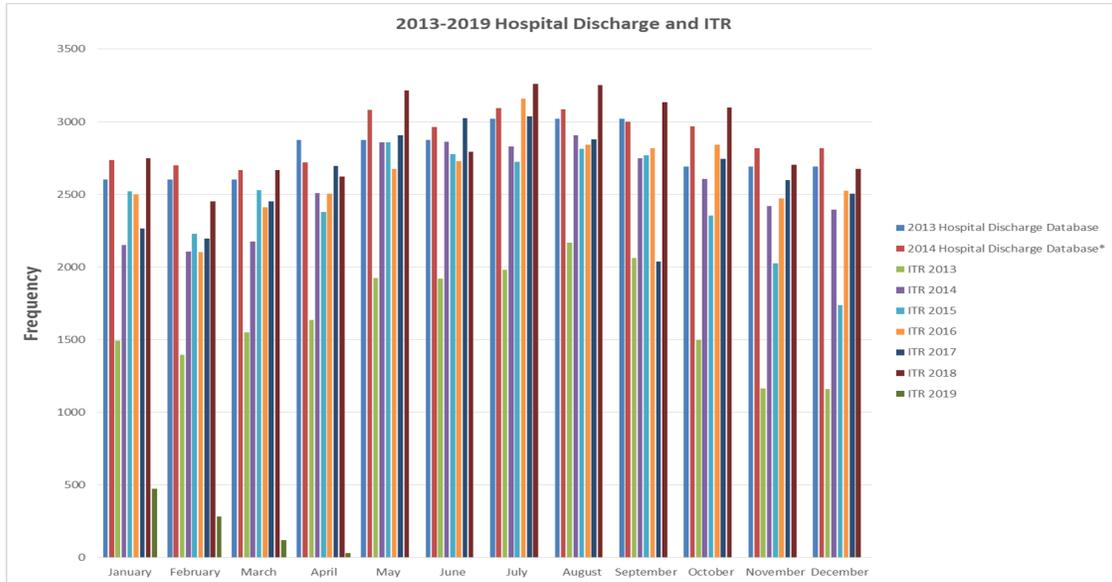
On April 25th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the District 10 TRAC in Evansville.

On April 30th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) trained Daviess Co. on the Indiana Coroner Case Management System (INCCMS).

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).

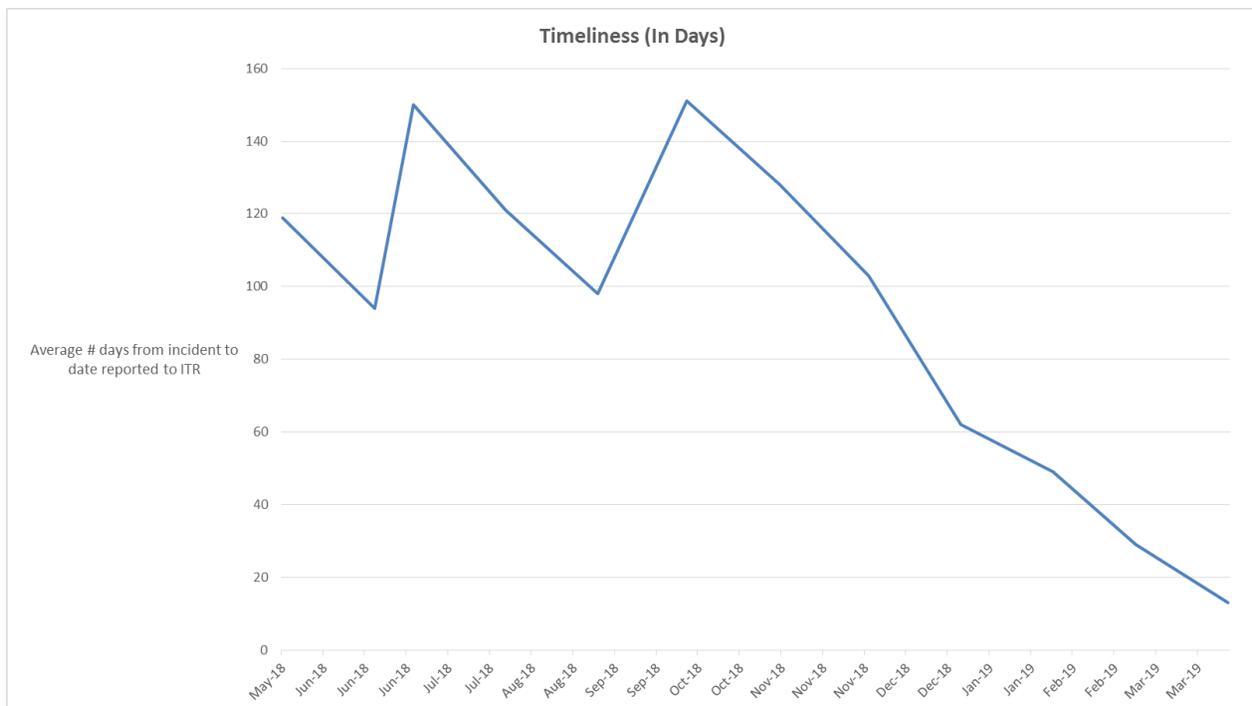
Completeness

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. The hospital discharge database is 72% complete.



Timeliness

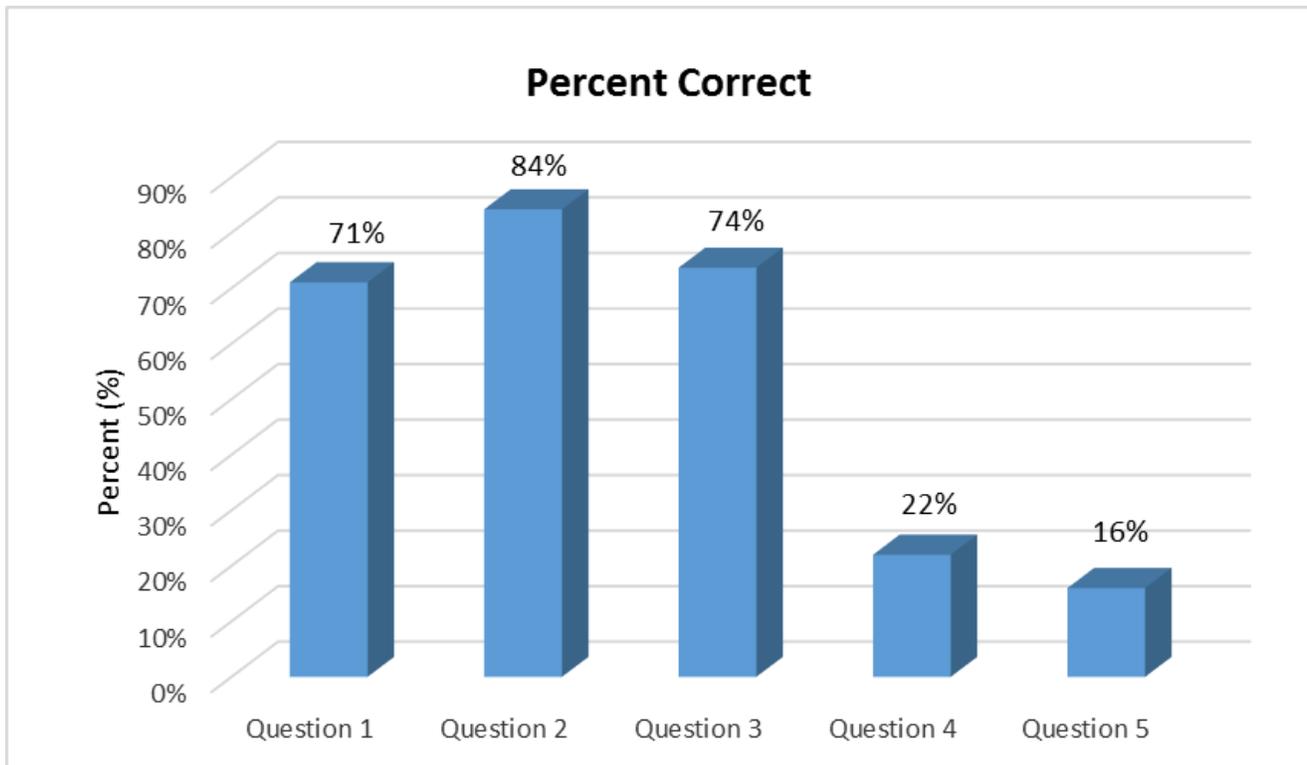
Timeliness increases as facilities wait until the data submission deadline to submit data to the ITR. Hospitals are asked to report data on the national trauma (TQIP) reporting schedule. The average timeliness in the past year was 93 days.



Uniformity

In April we sent out the fifty-seventh monthly quiz for the inter-rater reliability study. There were 36 participants from 28 (23% of hospitals with EDs in Indiana) hospitals who completed the quiz. The percent correct was 53% and the free-marginal kappa was 0.31.

Activities to improve the uniformity of data include trauma registrar training throughout the state and at the Indiana State Department of Health.



Integration

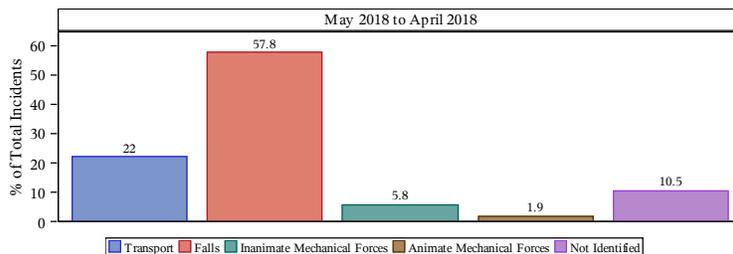
The number of linked EMS to trauma cases was 1,639 for Q3 2018 data. Trauma data are due on a quarterly basis.

Accessibility

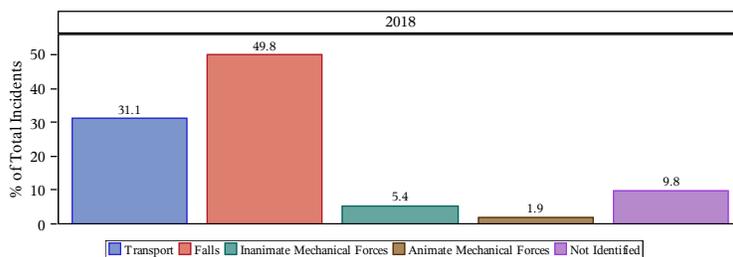
There were 6 aggregate requests (1.7 days on average) in April. There were no self-reports or identifiable requests.

Cause of Injury (COI)

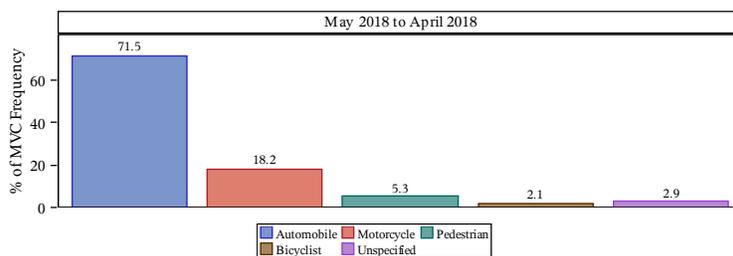
Cause of Injury (COI)



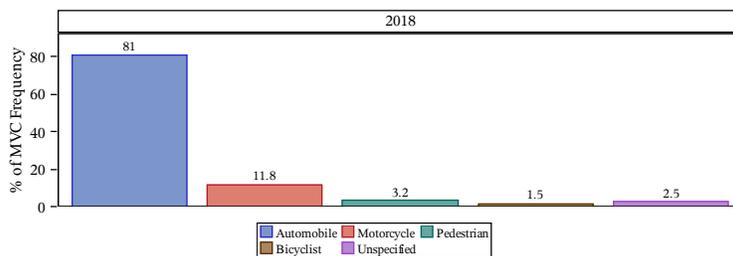
Cause of Injury (COI)



COI-Motor Vehicle Collision (MVC)

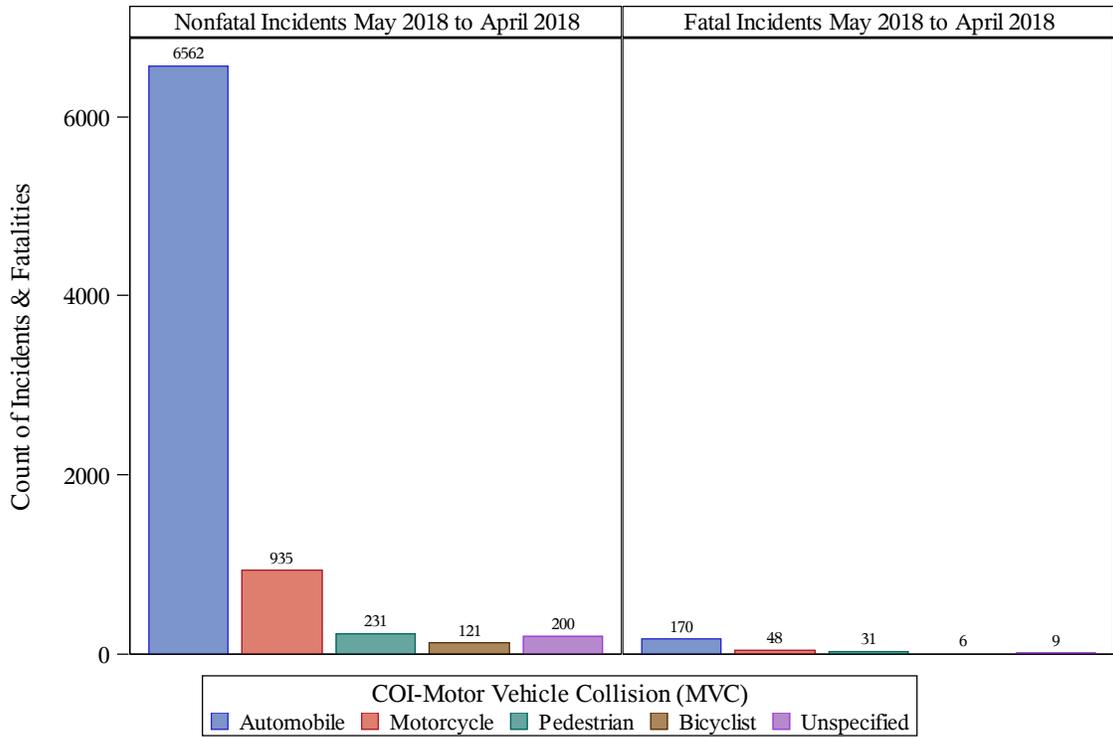
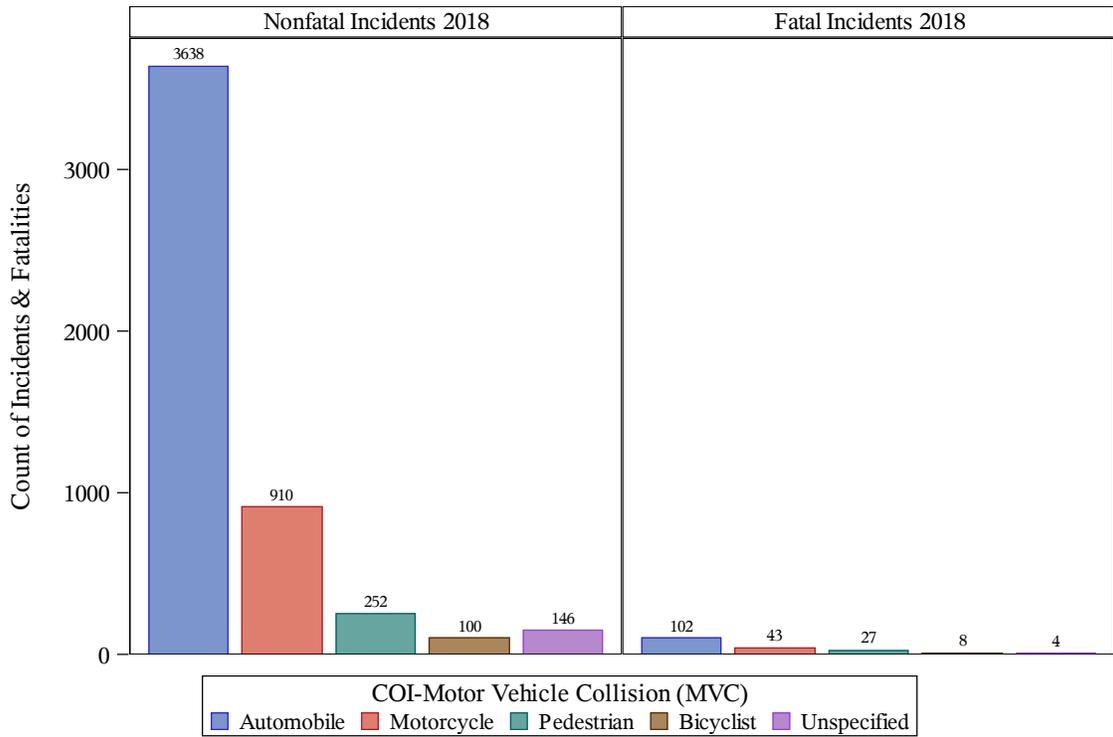


COI-Motor Vehicle Collision (MVC)



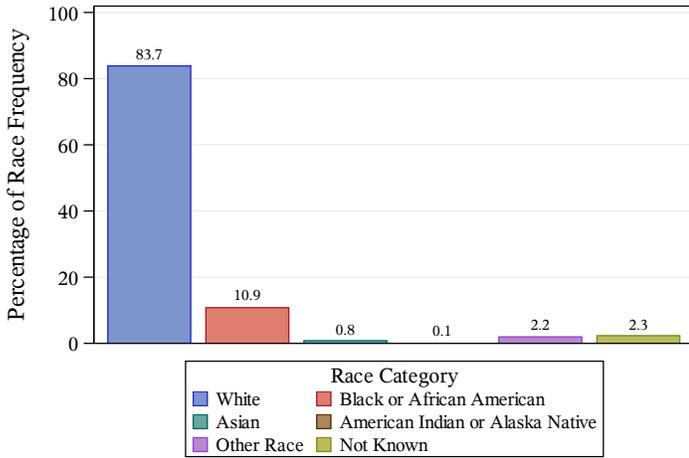
May 2018 to April 2019 **8313 Incidents**
January 2018 to December 2018 **5230 Incidents**
Motor Vehicle Collision

COI-MVC Nonfatal Incidents and Fatal Incidents

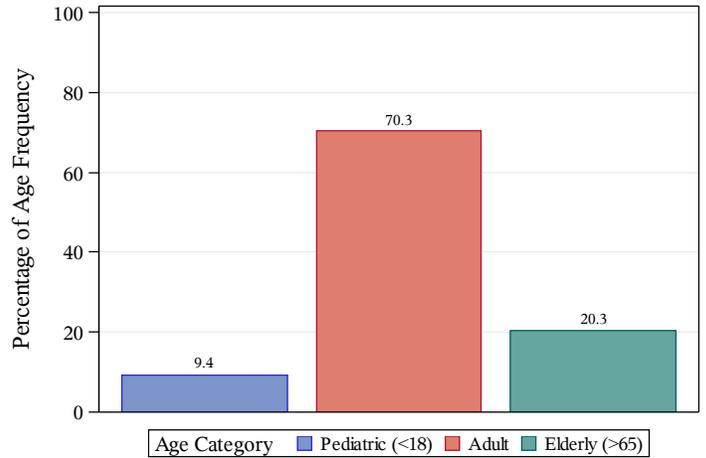


Motor Vehicle Collision

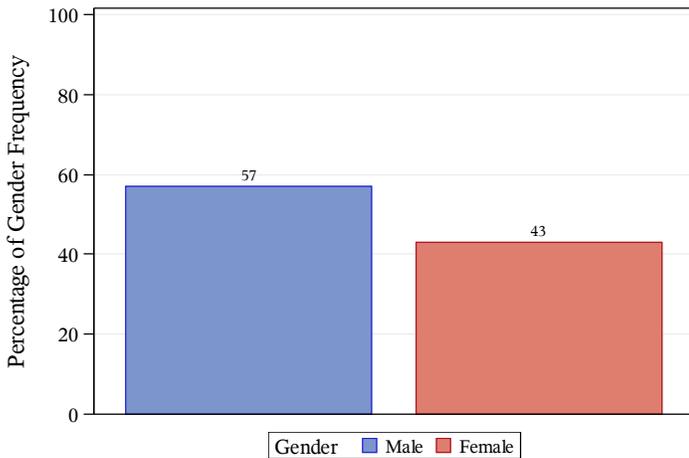
Race



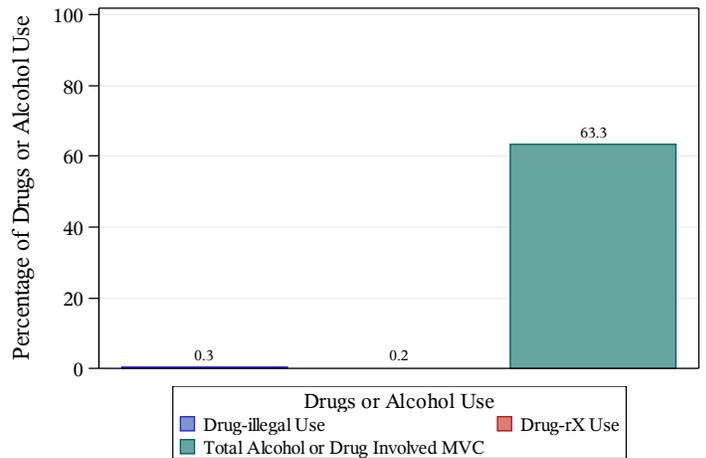
Age



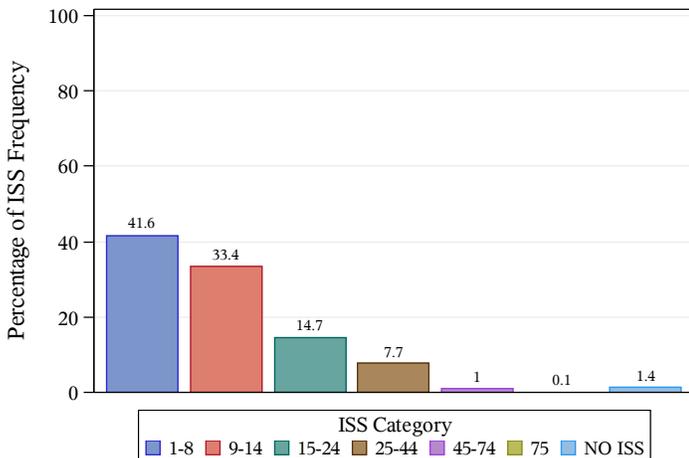
Gender



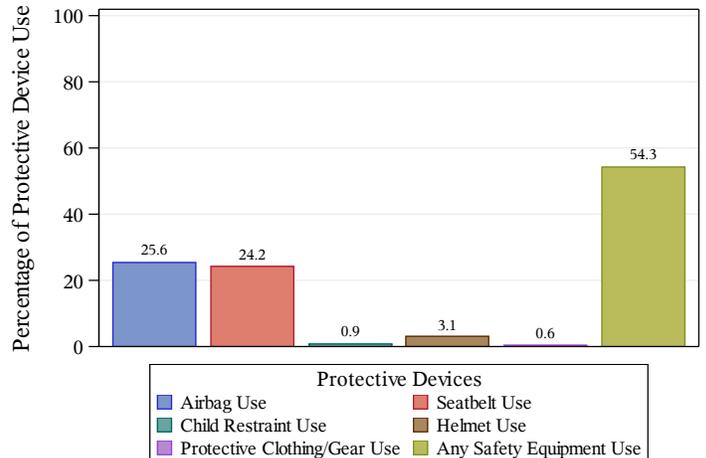
Drug & Alcohol Use



Injury Severity Score

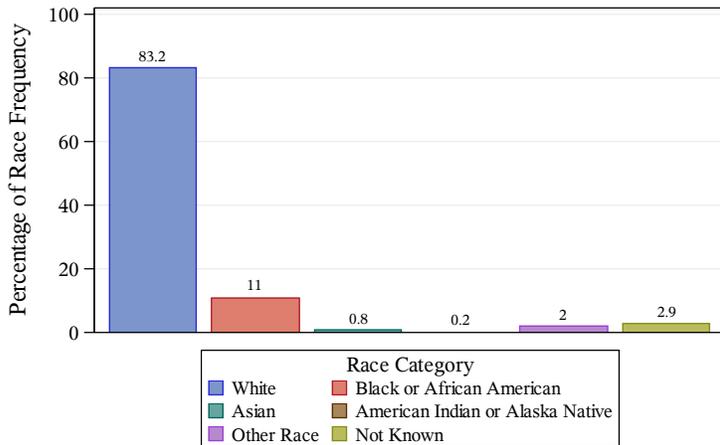


Protective Devices

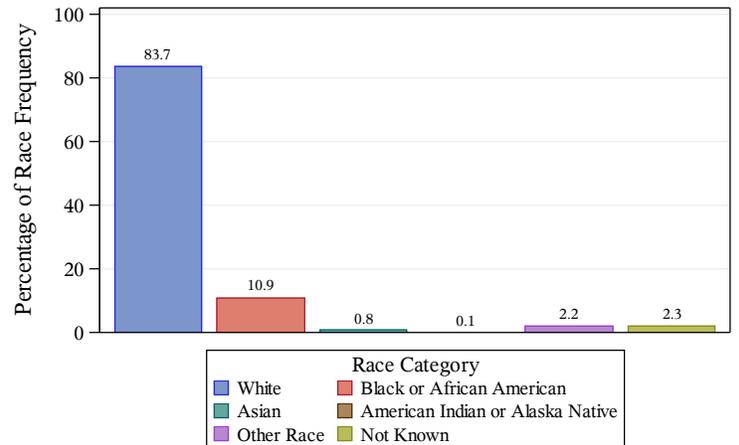


Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

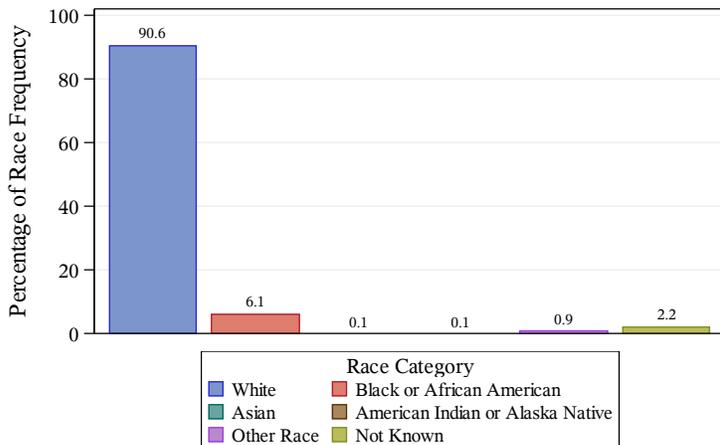
2018



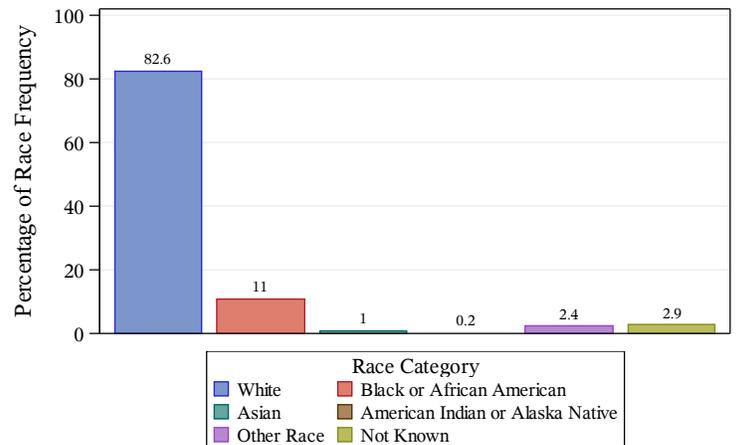
May 2018 to April 2019



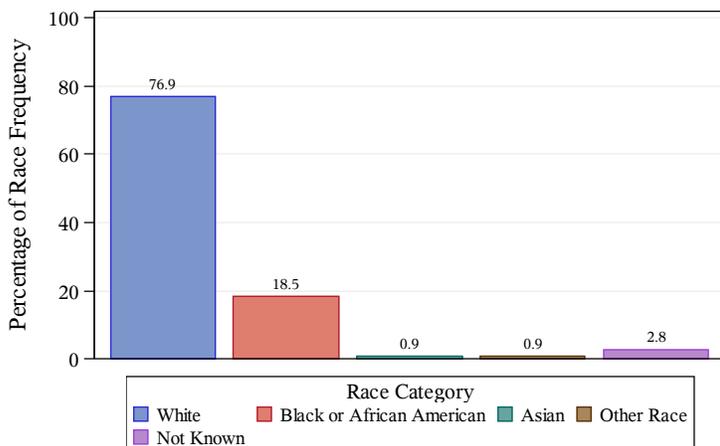
**Motorcycle
May 2018 to April 2019**



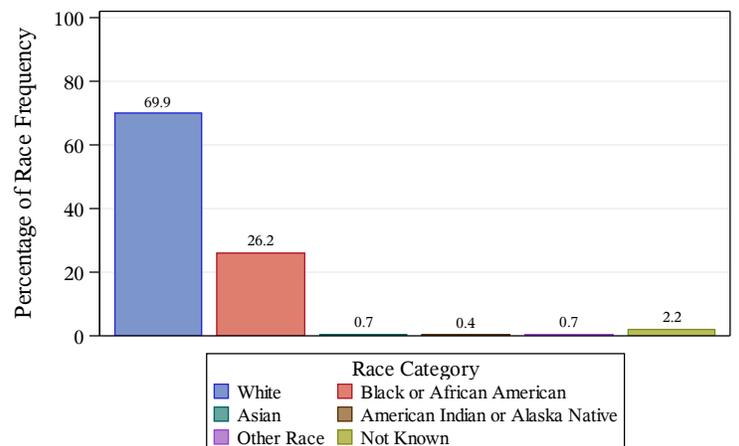
**Automobile
May 2018 to April 2019**



**Bicyclist
May 2018 to April 2019**

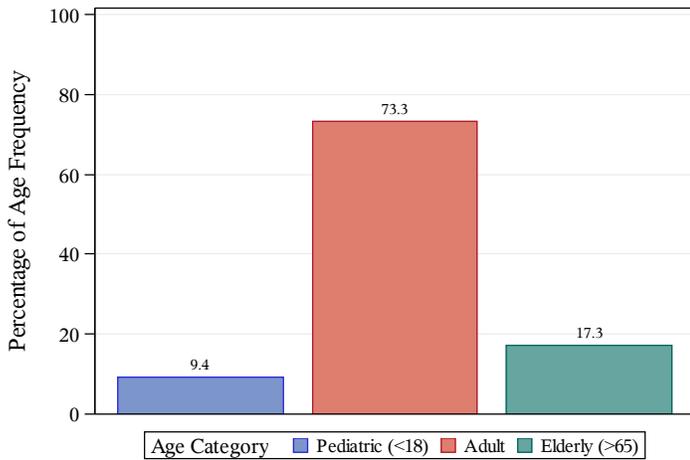


**Pedestrian
May 2018 to April 2019**

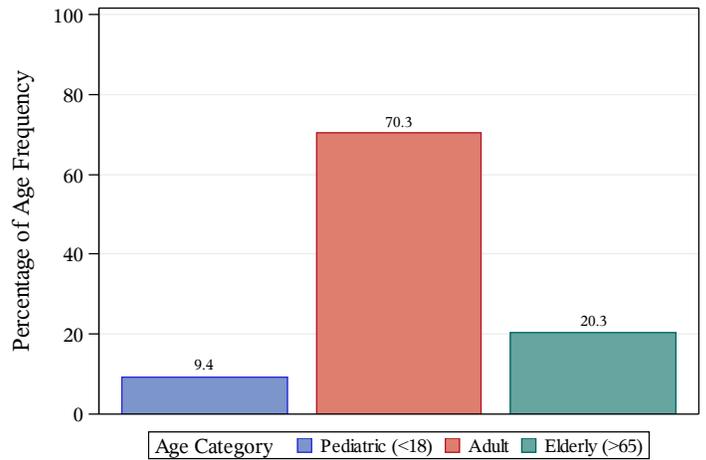


Age- Motor Vehicle Collision

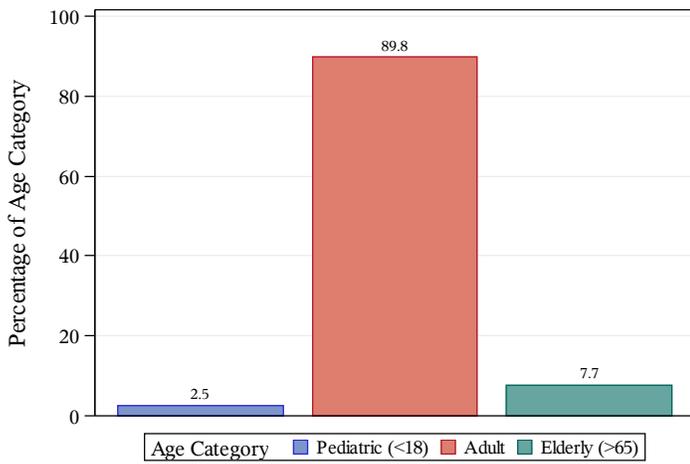
2018



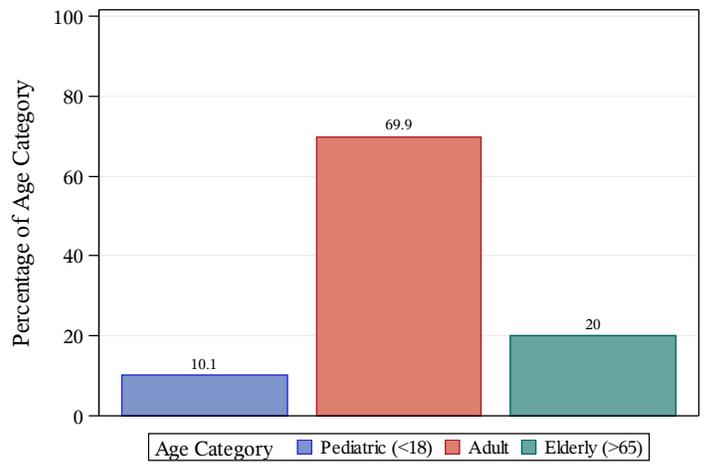
May 2018 to April 2019



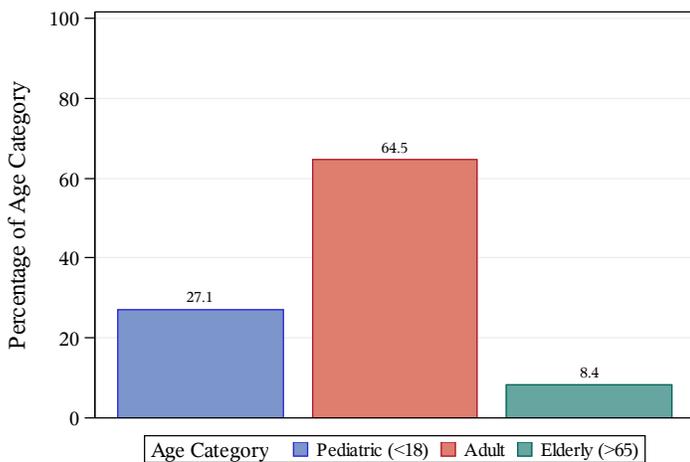
Motorcycle
May 2018 to April 2019



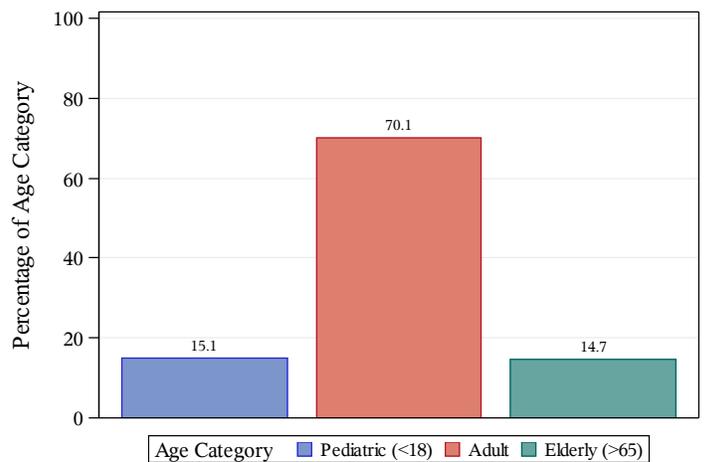
Automobile
May 2018 to April 2019



Bicyclist
May 2018 to April 2019

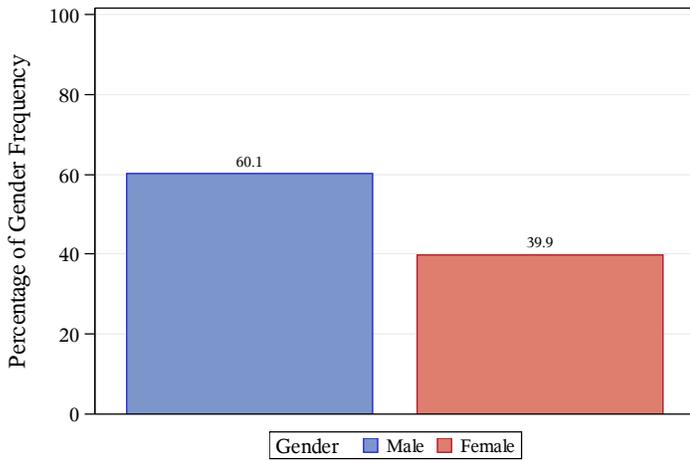


Pedestrian
May 2018 to April 2019

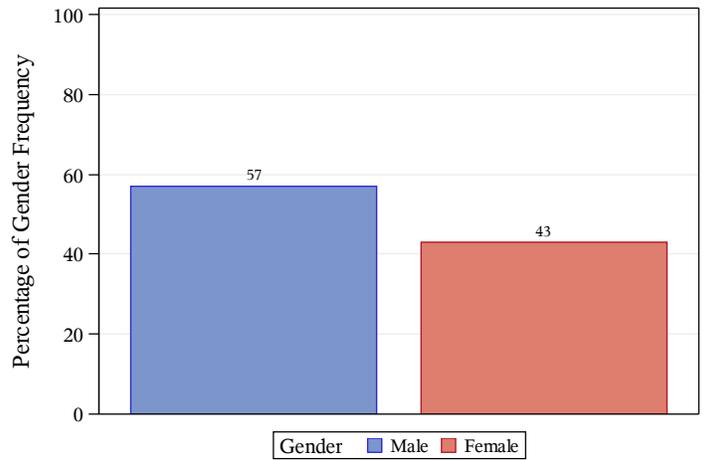


Gender- Motor Vehicle Collision

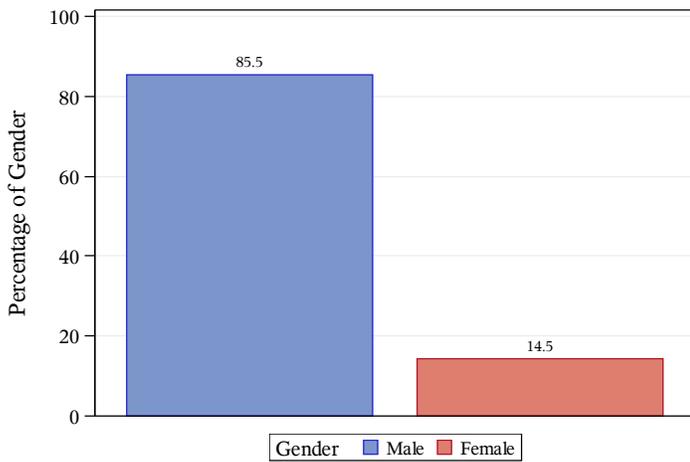
2018



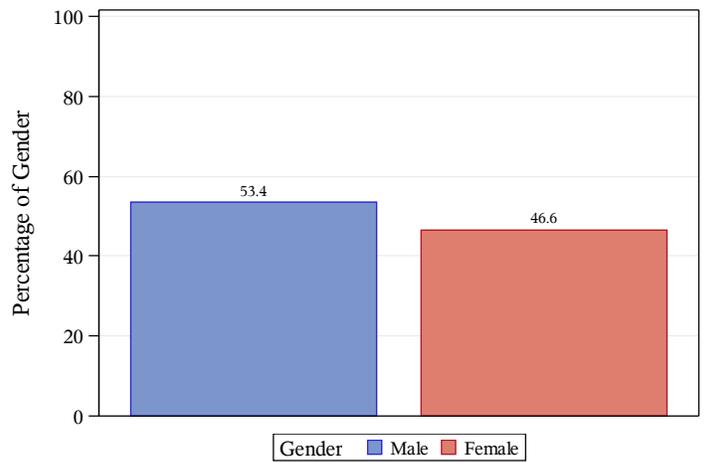
May 2018 to April 2019



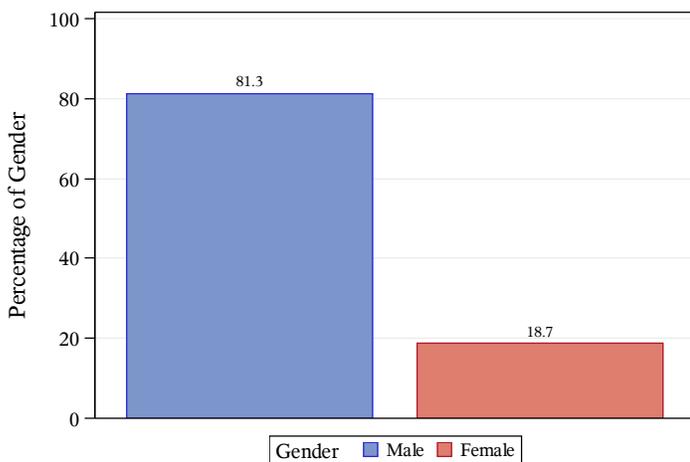
Motorcycle
May 2018 to April 2019



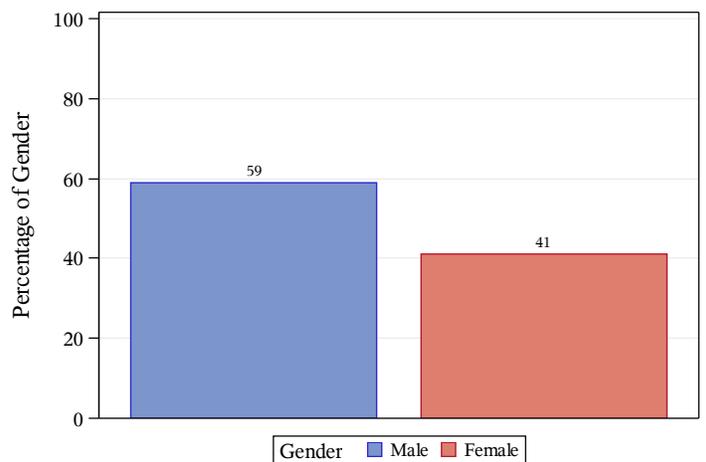
Automobile
May 2018 to April 2019



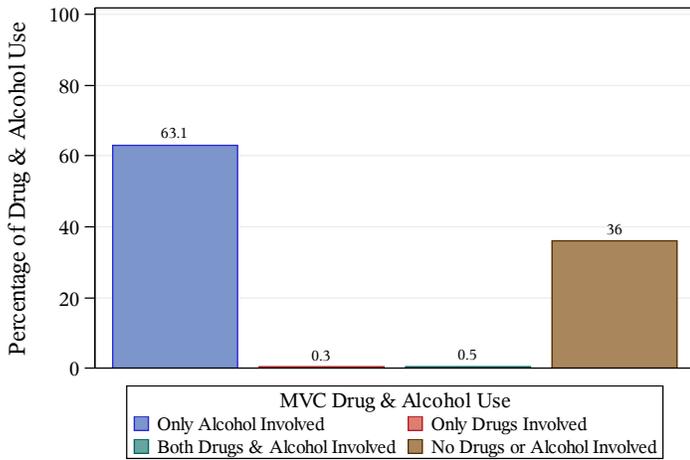
Bicyclist
May 2018 to April 2019



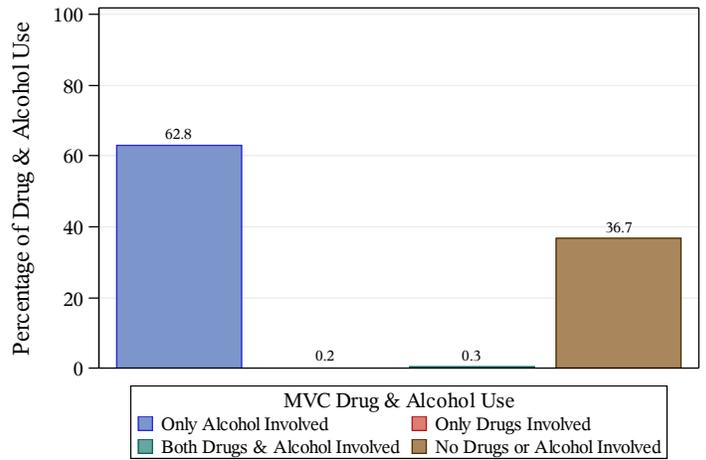
Pedestrian
May 2018 to April 2019



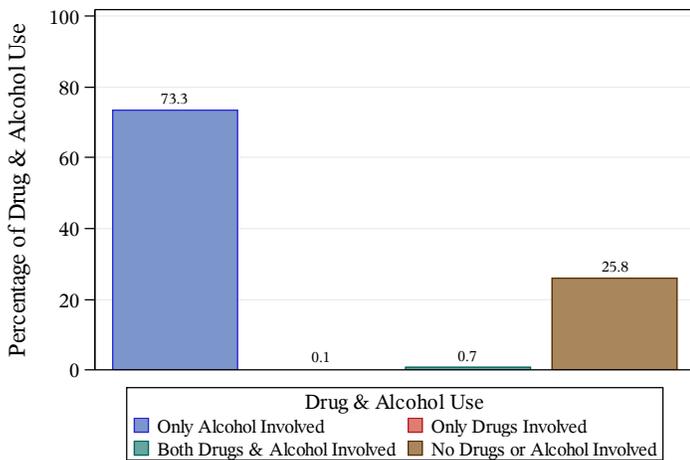
2018



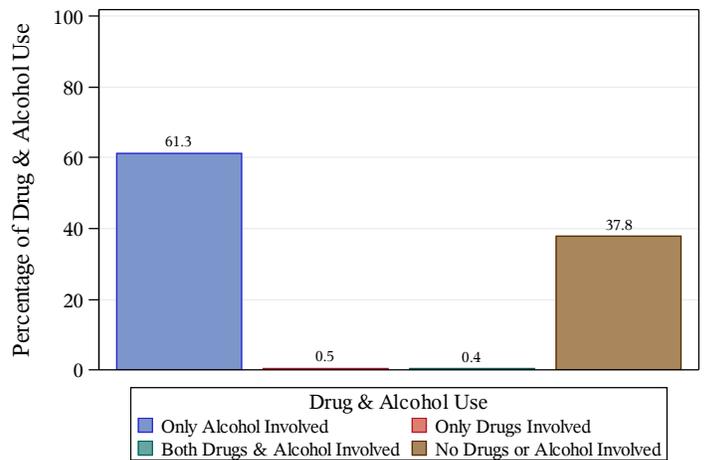
May 2018 to April 2019



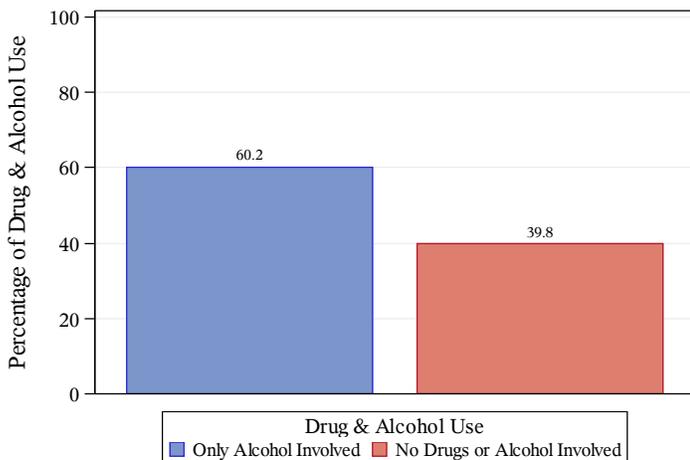
Motorcycle
 May 2018 to April 2019



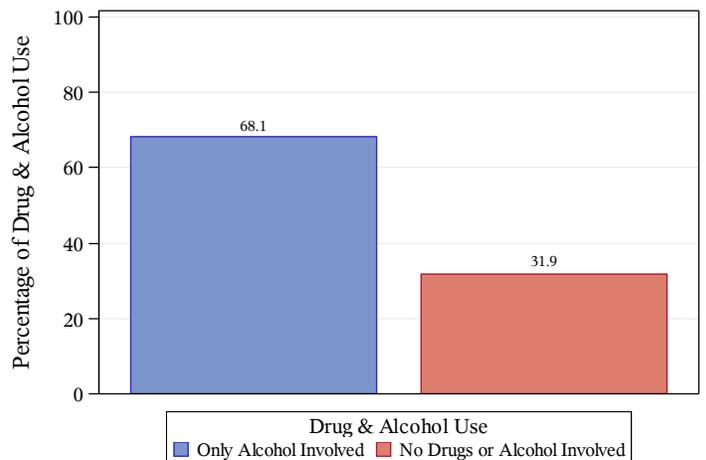
Automobile
 May 2018 to April 2019



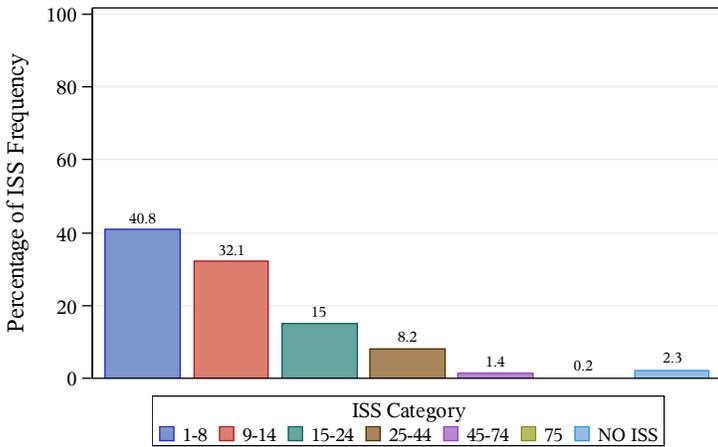
Bicyclist
 May 2018 to April 2019



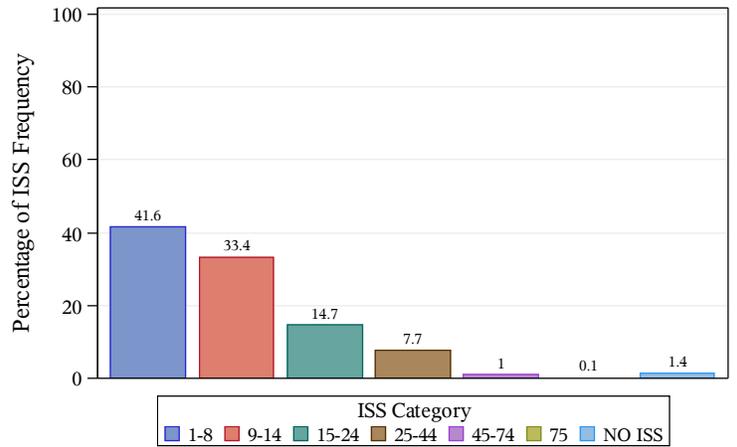
Pedestrian
 May 2018 to April 2019



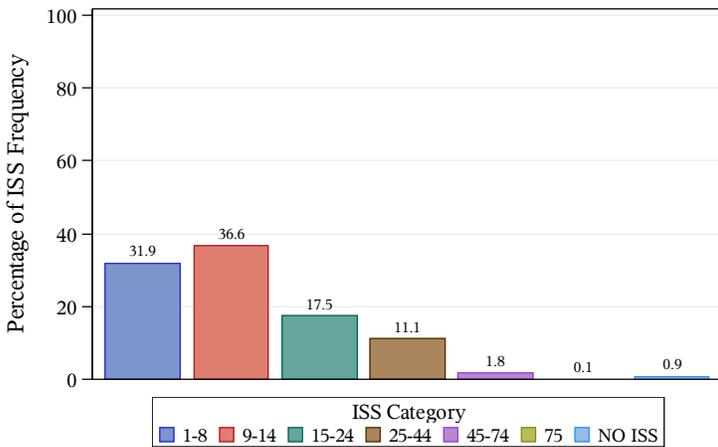
2018



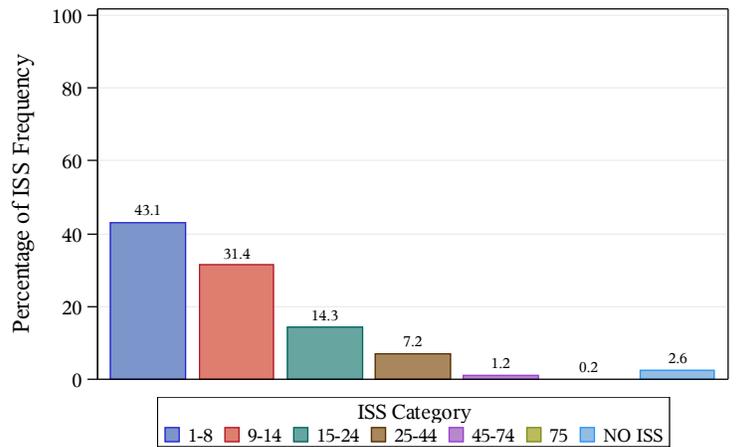
May 2018 to April 2019



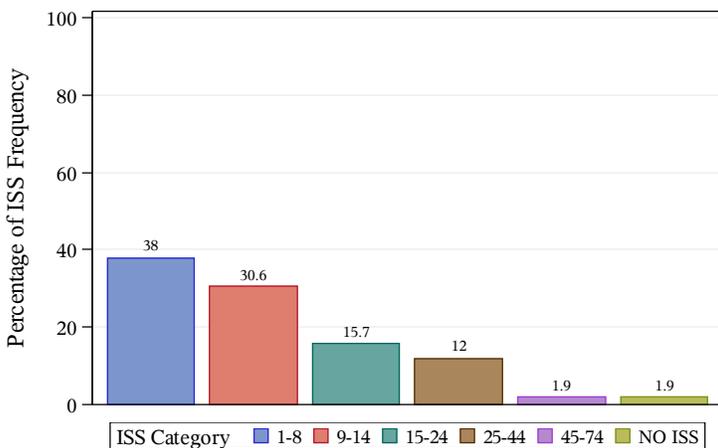
Motorcycle
 May 2018 to April 2019



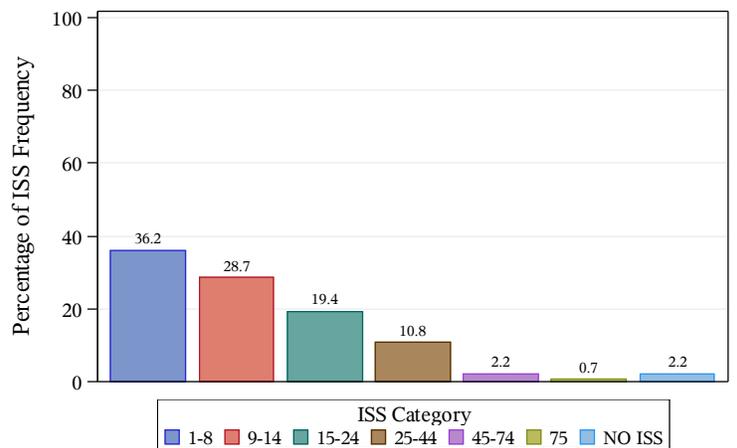
Automobile
 May 2018 to April 2019



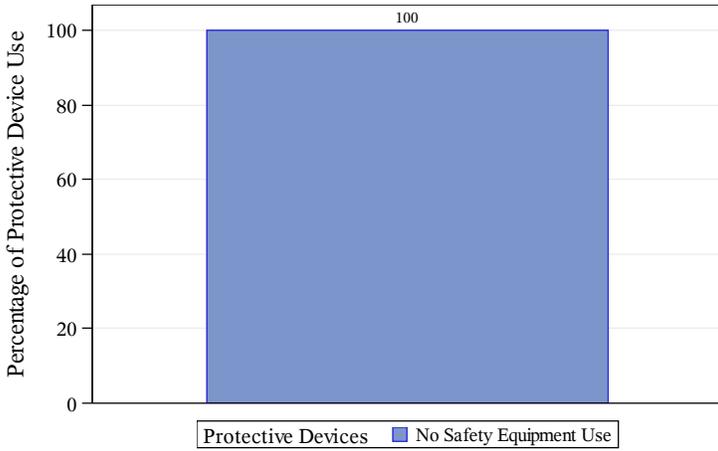
Bicyclist
 May 2018 to April 2019



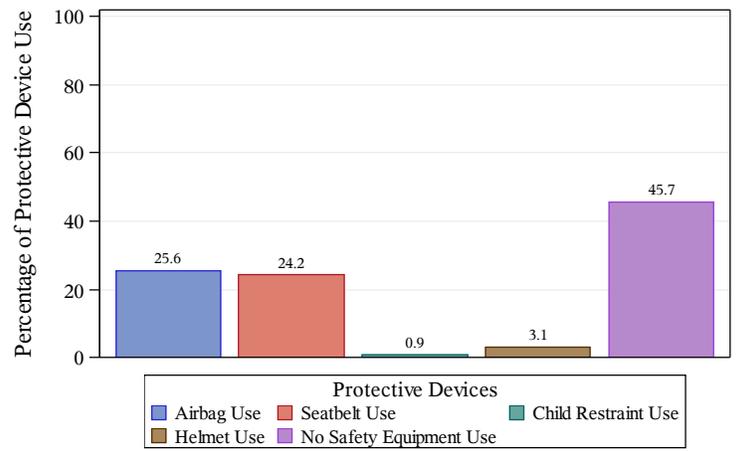
Pedestrian
 May 2018 to April 2019



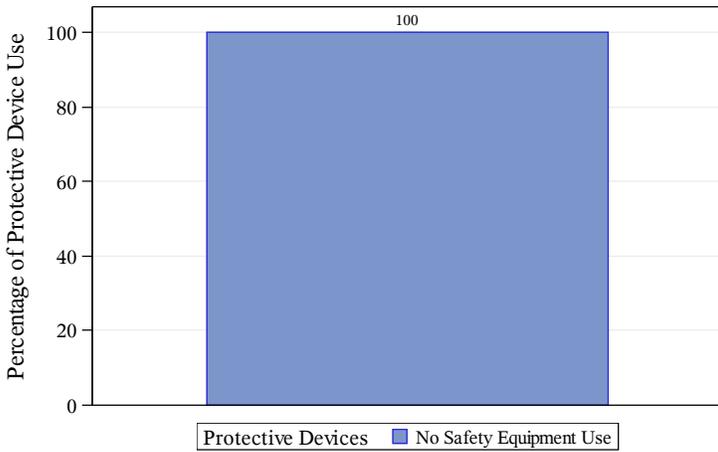
2018



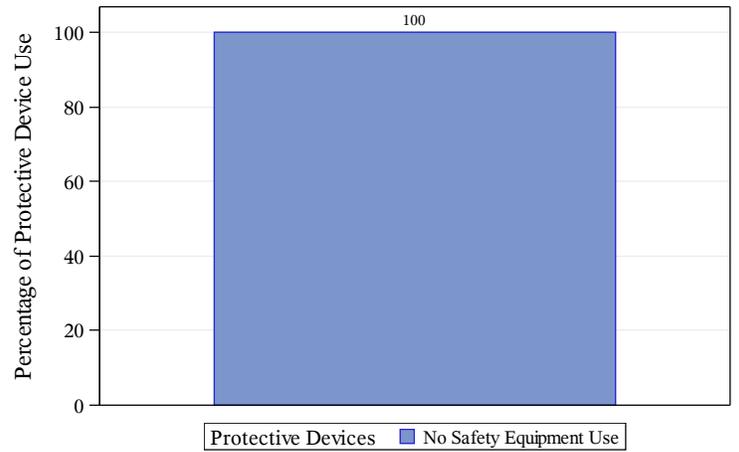
May 2018 to April 2019



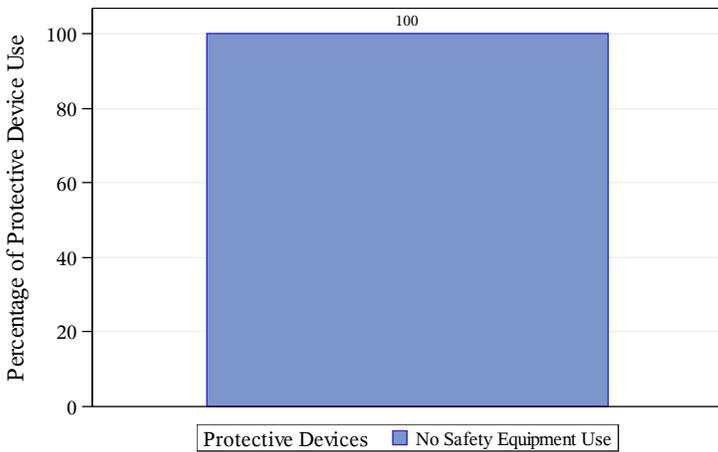
Motorcycle
 May 2018 to April 2019



Automobile
 May 2018 to April 2019



Bicyclist
 May 2018 to April 2019



Pedestrian
 May 2018 to April 2019

