

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 May 11, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the St. Vincent Emergency Medicine Symposium in Indianapolis.

On May 15, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the PI Subcommittee meeting.

On May 17, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the TRCC meeting.

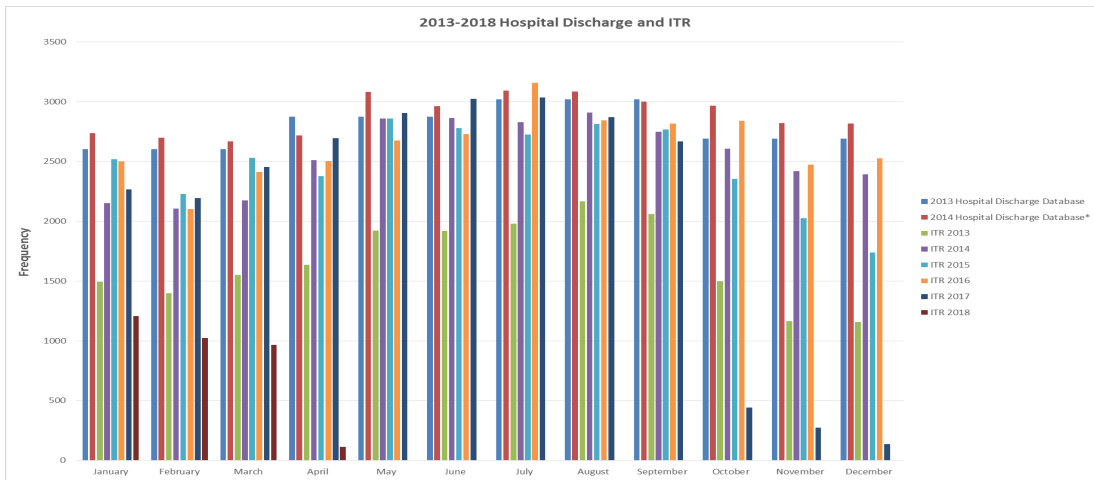
On May 24, Ramzi Nimry (Statewide Trauma System Development and Training Manager) trained Vanderburgh Co. on the INCCMS.

On May 31, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the District 6 TRAC at Community Howard in Kokomo.

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

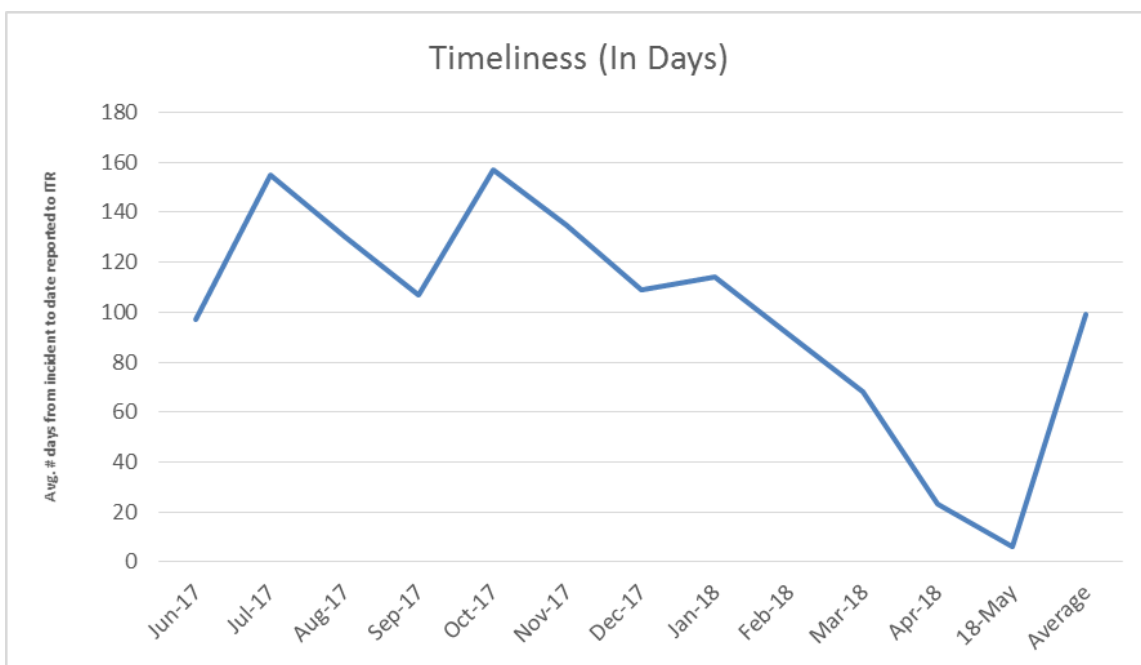
The Hospital Discharge database, also maintained by the ISDH, contains all records of patients cared for in Indiana hospitals. We compared patient records from the ITR with the Hospital Discharge database to know how complete is the ITR's data.



Timeliness

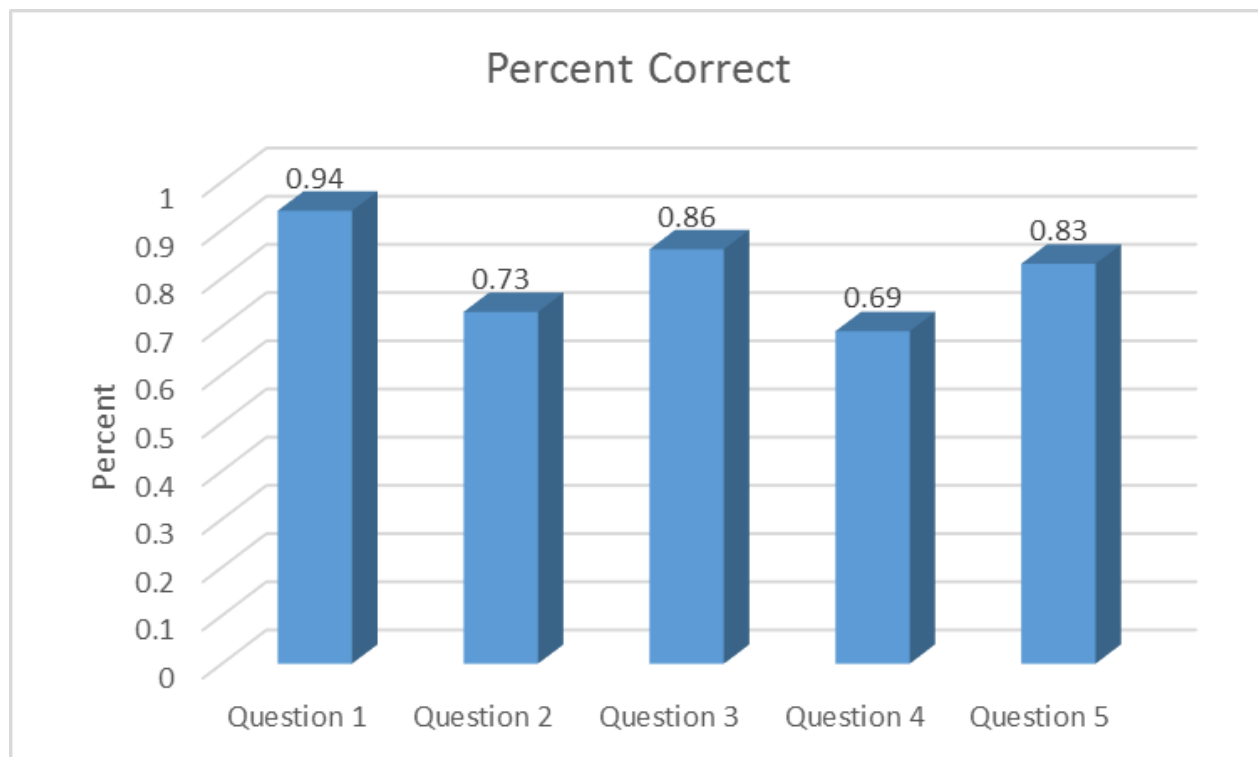
Timeliness increases as facilities wait until the data submission deadline to submit data to the ITR. Hospitals are asked to report data on the national trauma (TQIP) reporting schedule.

The decrease in timeliness from November 2017 until February 2018 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 forty-eighth monthly quiz for the inter-rater reliability study. There were 53 participants from 34 hospitals who completed the quiz. The percent correct was 81% and the free-marginal kappa was 0.42. 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

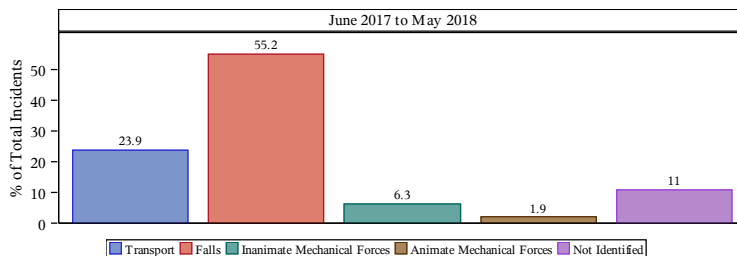
The number of linked EMS to trauma cases was 2,197 for Q3 2017 data. Trauma data is due on a quarterly basis.

Accessibility

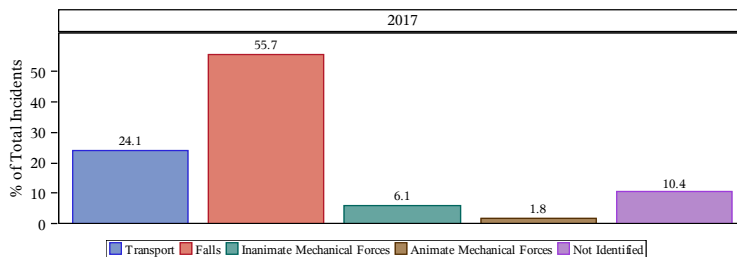
The average time to complete data requests was 1 day for aggregate requests (1 total). The average time to complete a identifiable report was 1 days (1 total). There were no self reports.

Cause of Injury (COI)

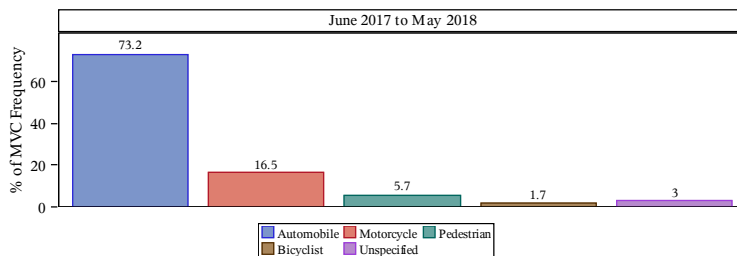
Cause of Injury (COI)



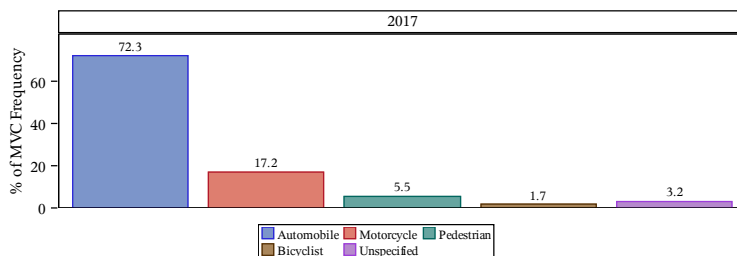
Cause of Injury (COI)



COI-Motor Vehicle Collision (MVC)

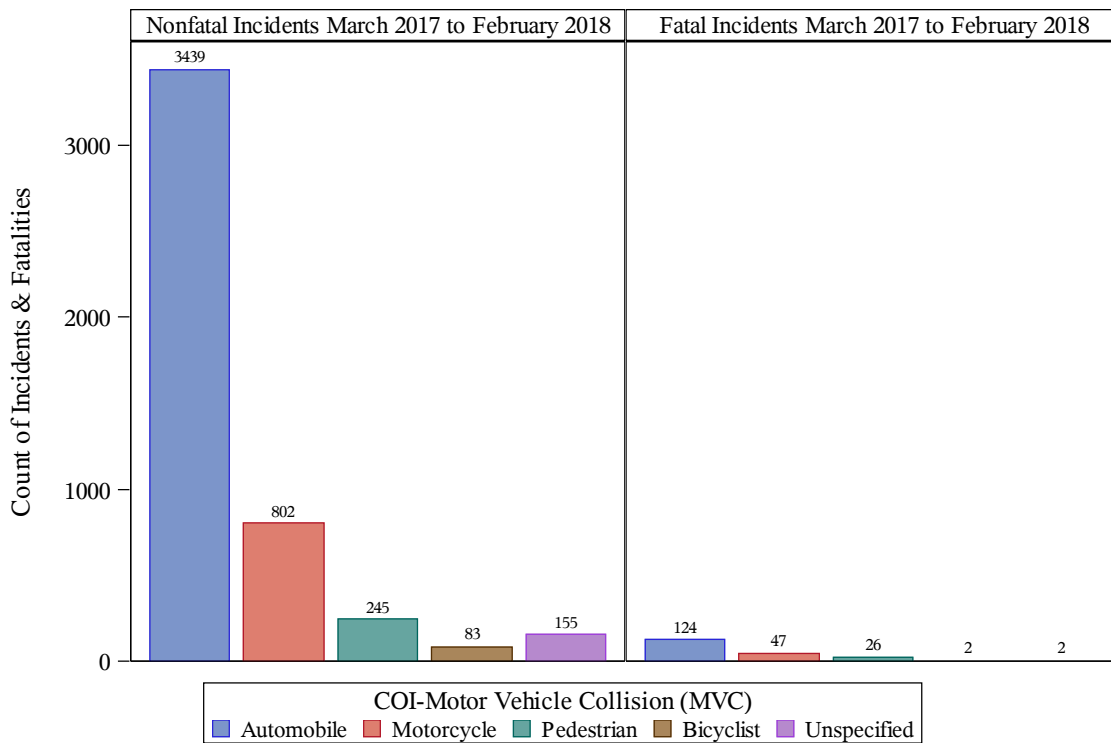
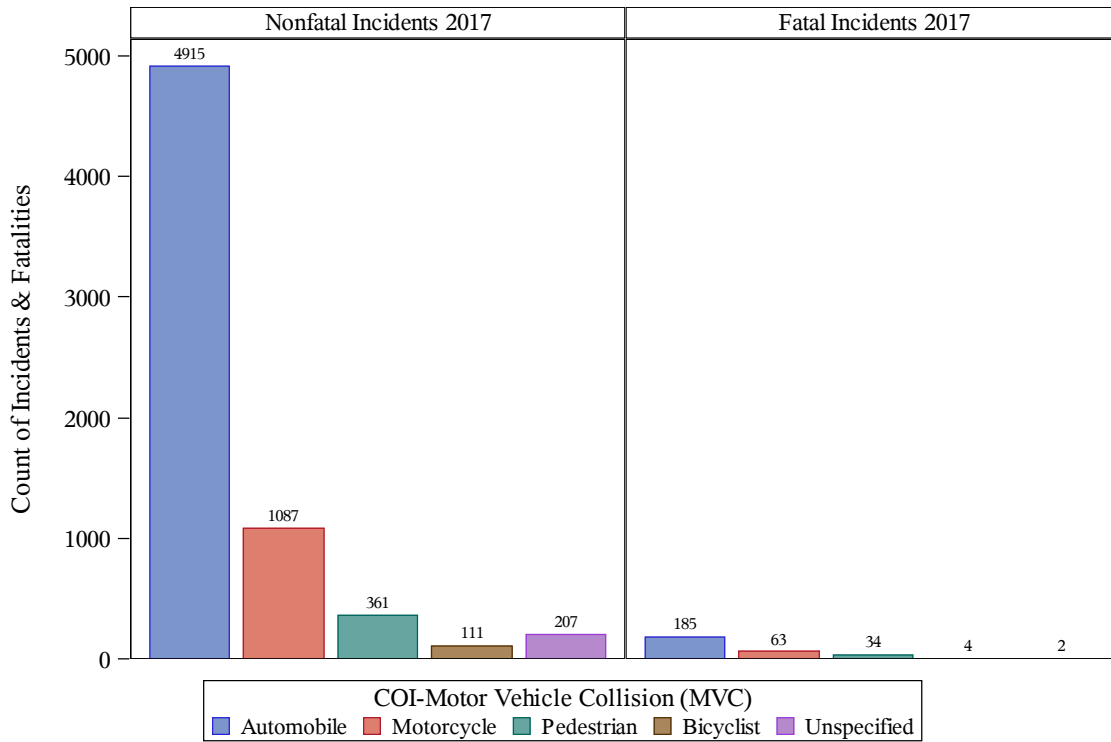


COI-Motor Vehicle Collision (MVC)



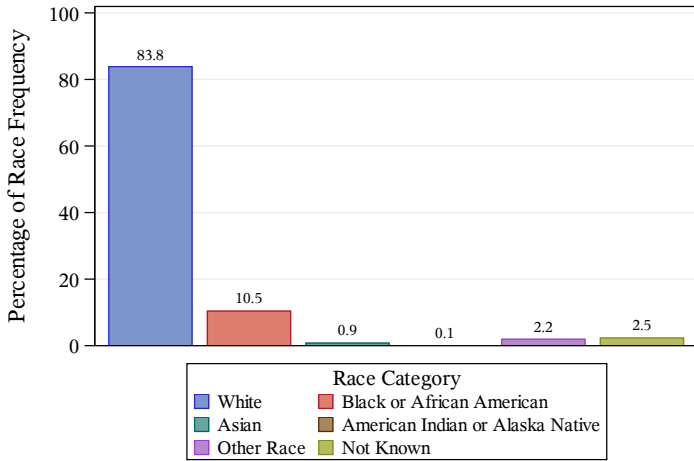
June 2017 to May 2018 **4925 Incidents**
January 2017 to December 2017 **6969 Incidents**
Motor Vehicle Collision

COI-MVC Nonfatal Incidents and Fatal Incidents

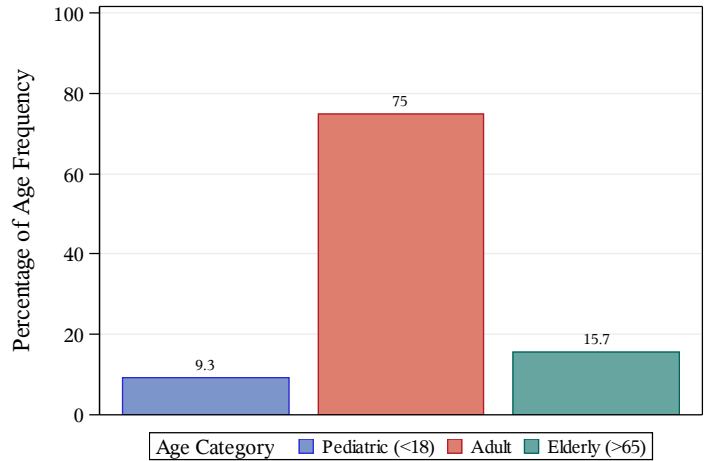


Motor Vehicle Collision

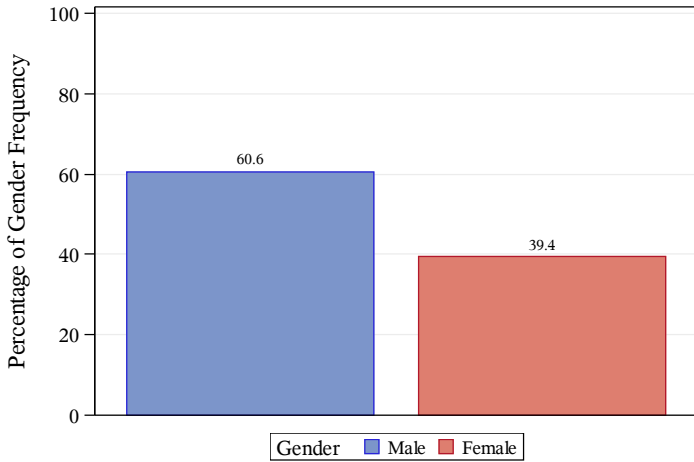
Race



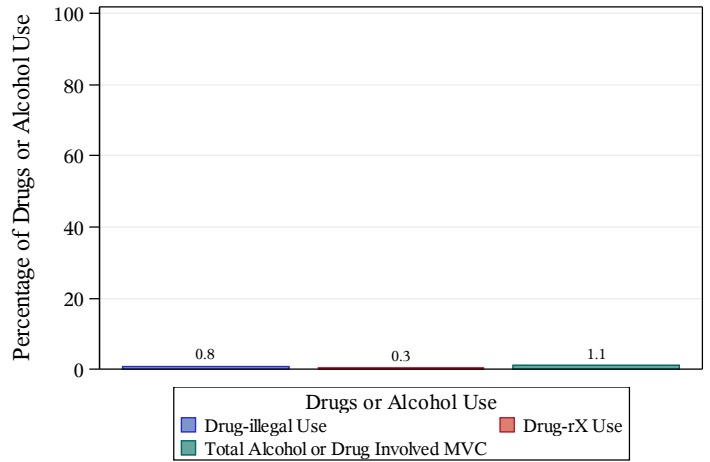
Age



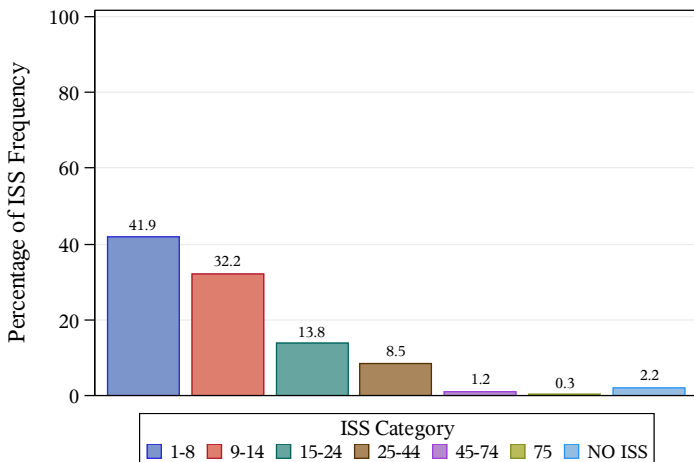
Gender



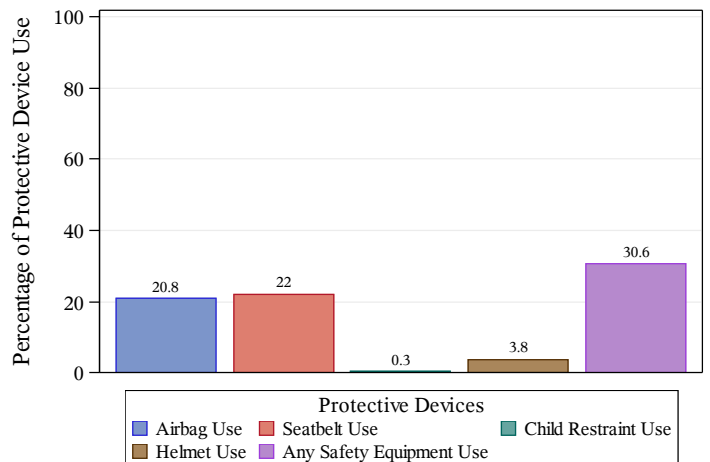
Drug & Alcohol Use



Injury Severity Score



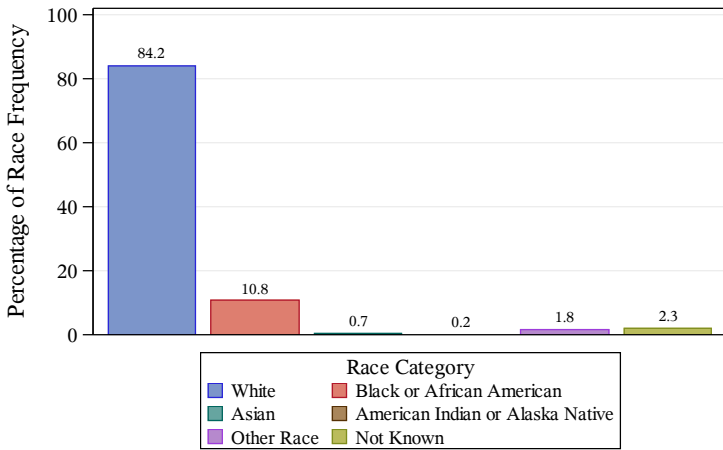
Protective Devices



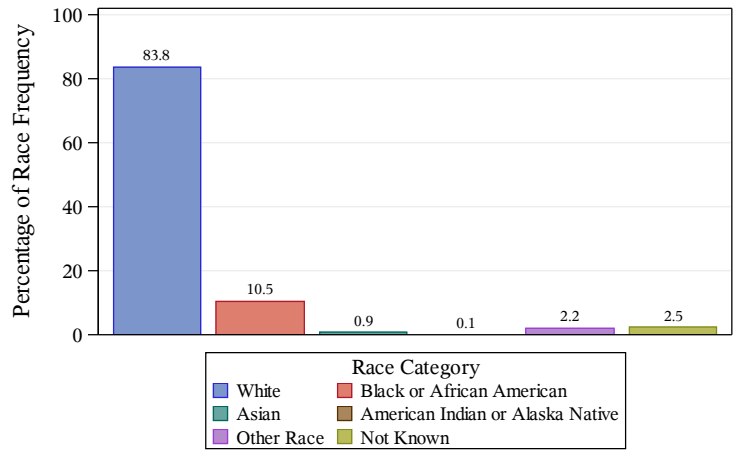
Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

Race- Motor Vehicle Collision

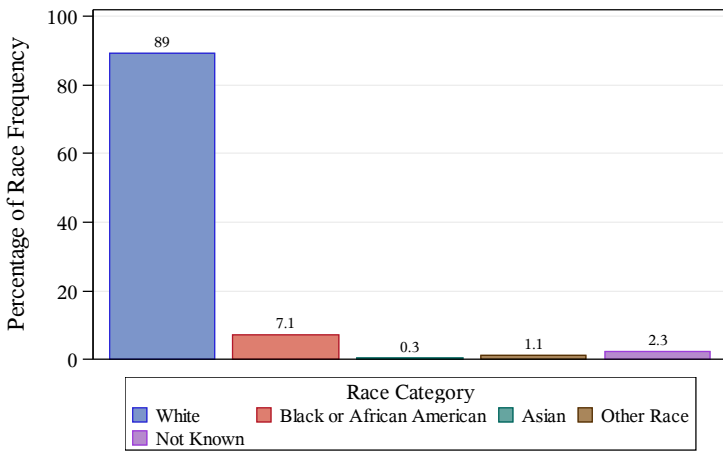
2017



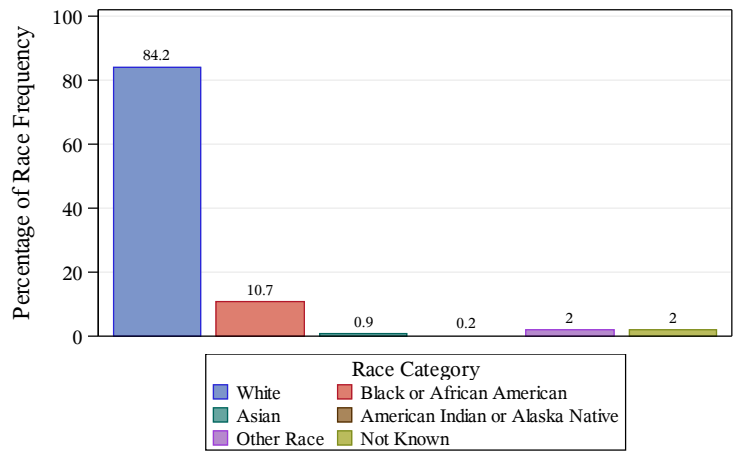
June 2017 to May 2018



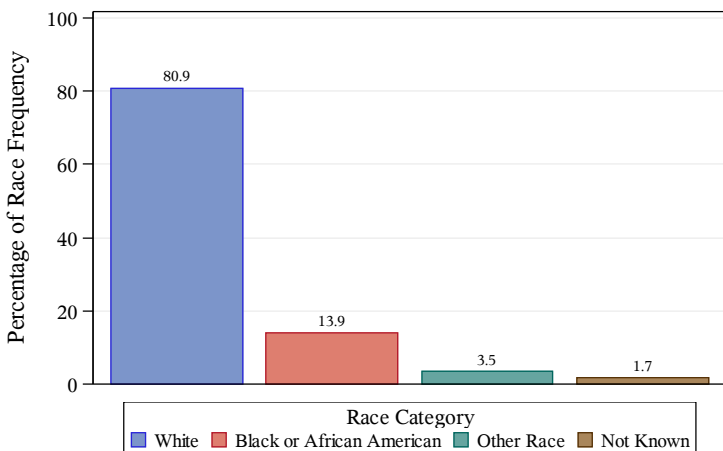
Motorcycle
June 2017 to May 2018



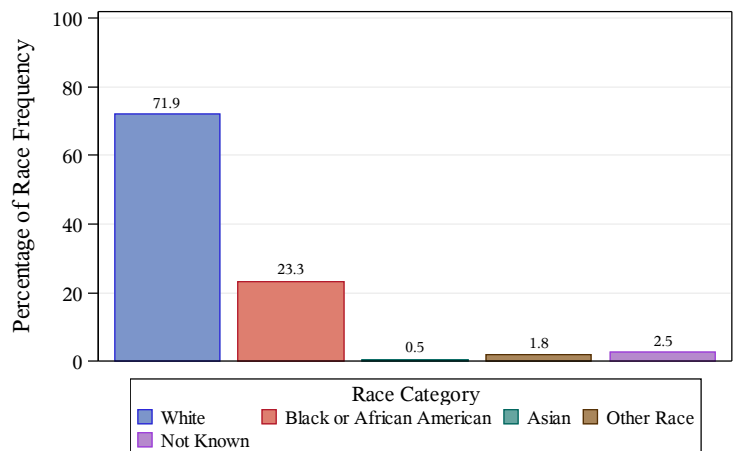
Automobile
June 2017 to May 2018



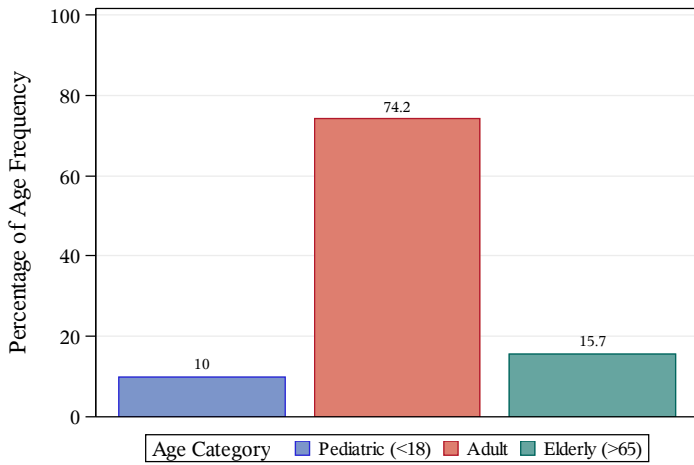
Bicyclist
June 2017 to May 2018



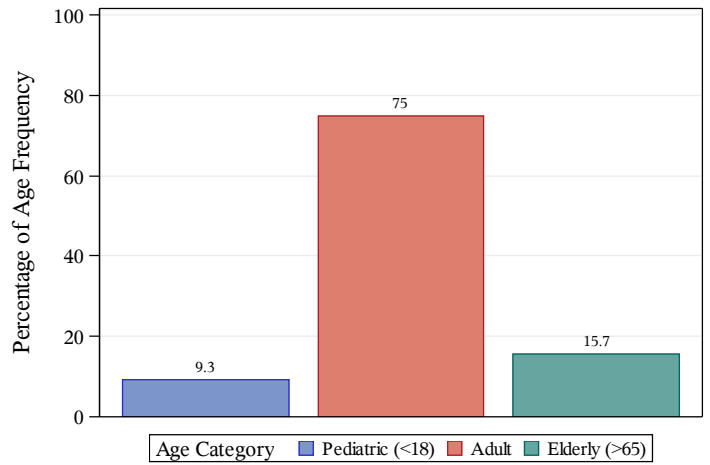
Pedestrian
June 2017 to May 2018



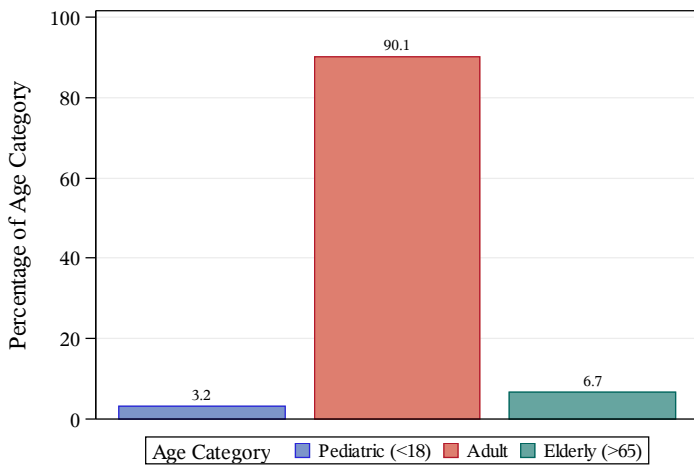
2017



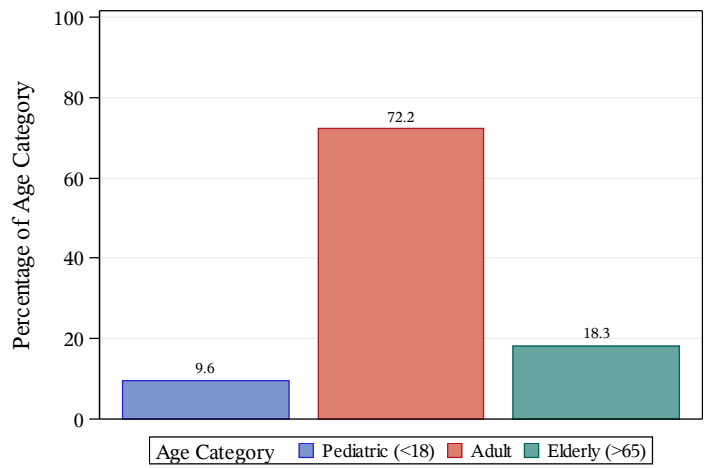
June 2017 to May 2018



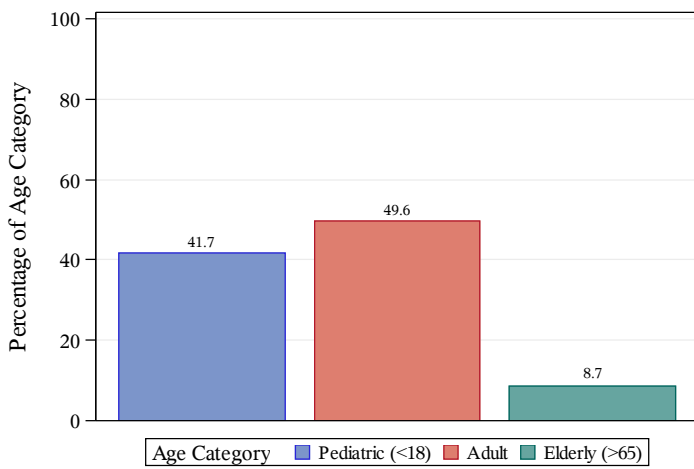
Motorcycle
 June 2017 to May 2018



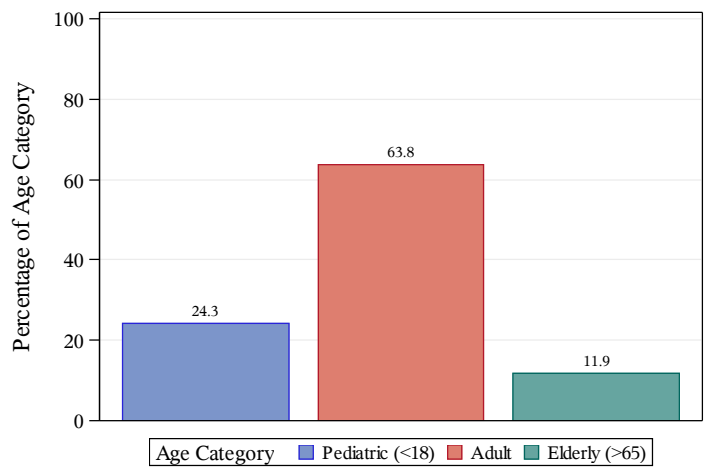
Automobile
 June 2017 to May 2018



Bicyclist
 June 2017 to May 2018

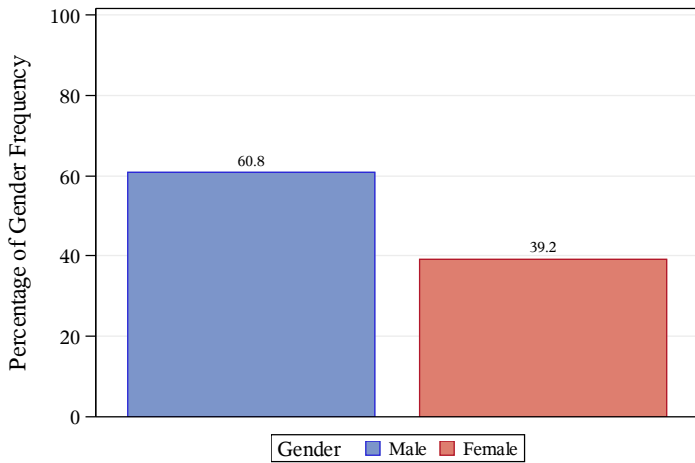


Pedestrian
 June 2017 to May 2018

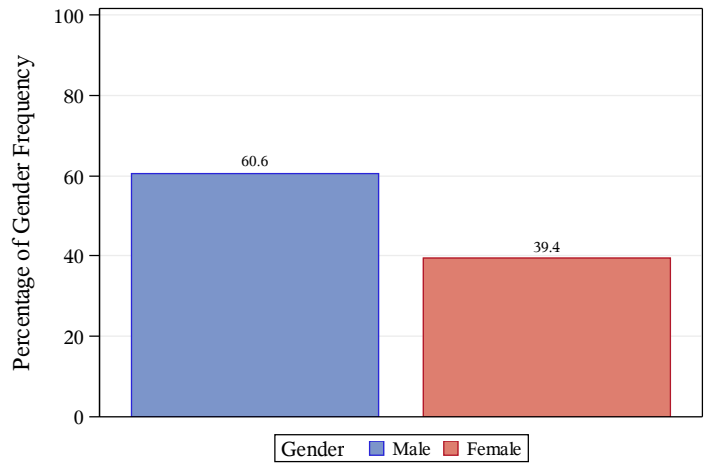


Gender- Motor Vehicle Collision

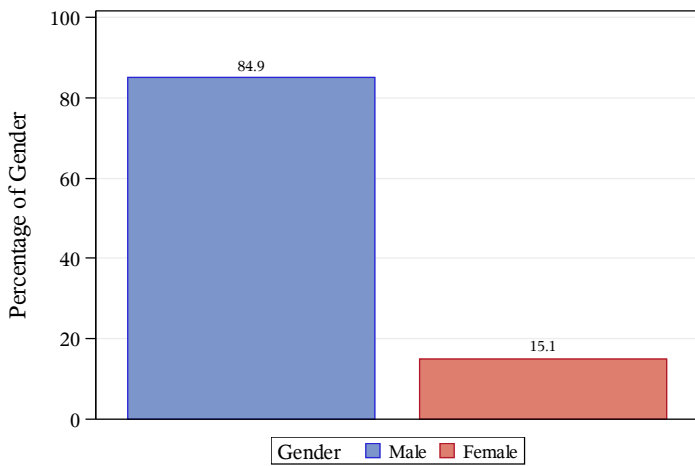
2017



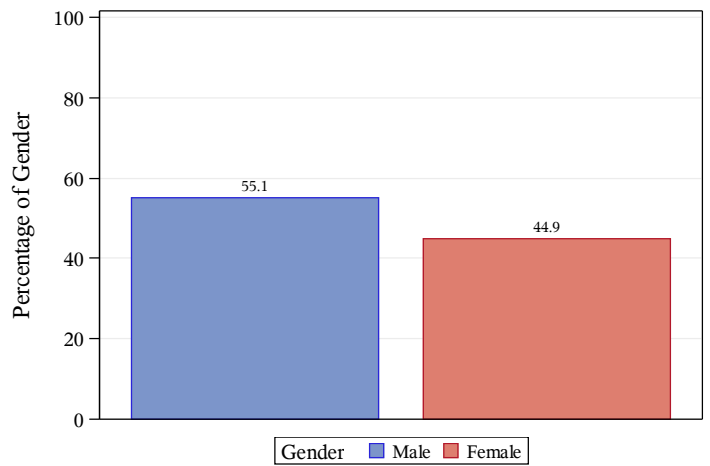
June 2017 to May 2018



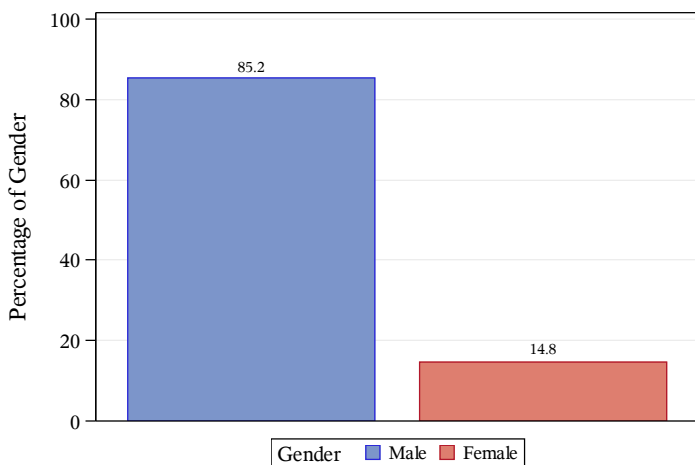
Motorcycle
June 2017 to May 2018



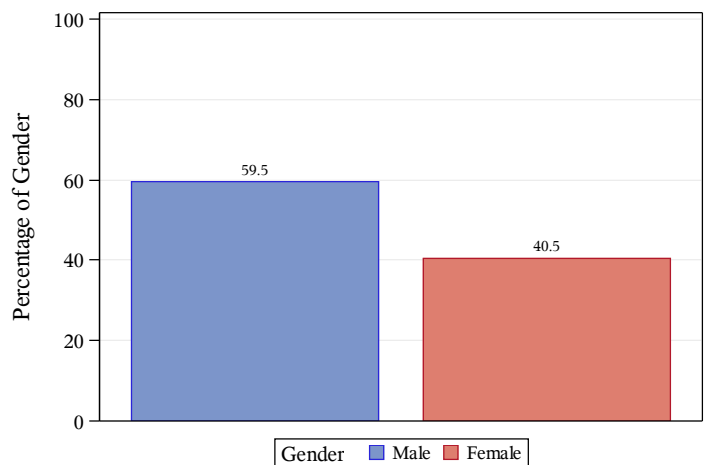
Automobile
June 2017 to May 2018



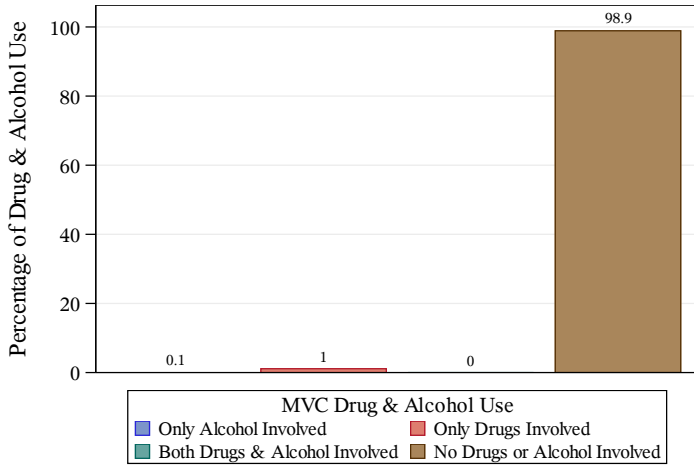
Bicyclist
June 2017 to May 2018



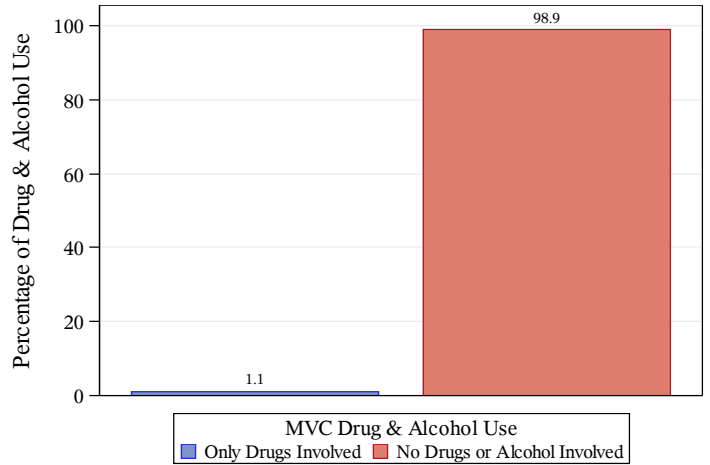
Pedestrian
June 2017 to May 2018



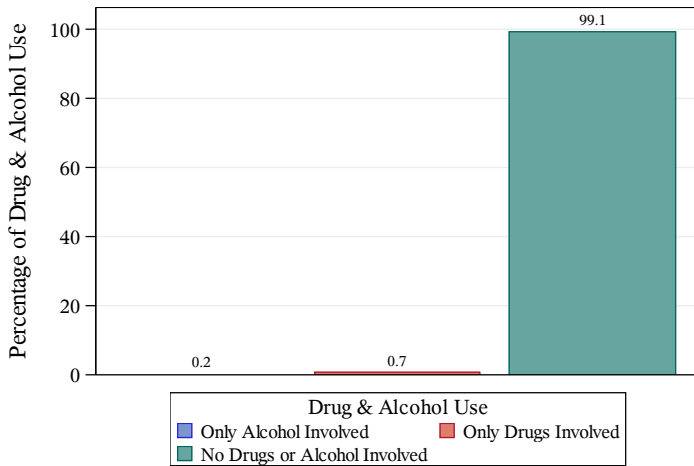
2017



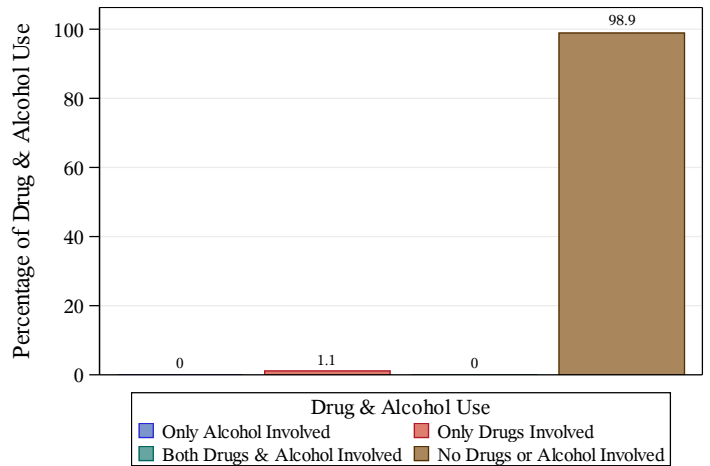
June 2017 to May 2018



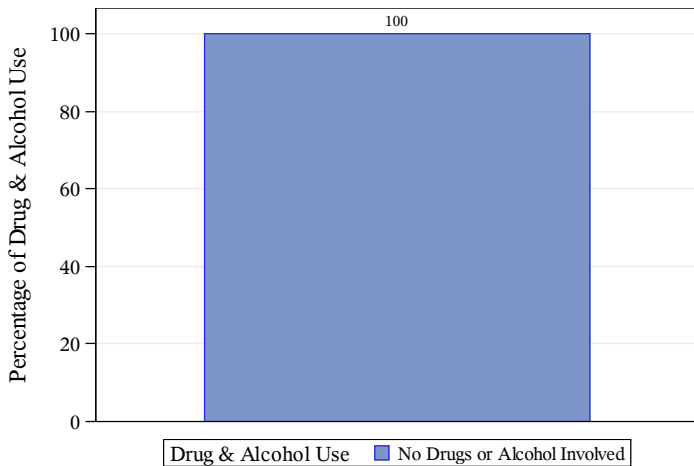
Motorcycle
 June 2017 to May 2018



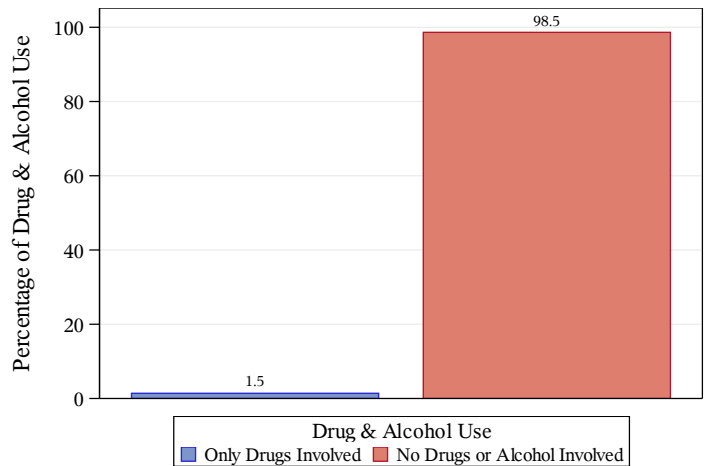
Automobile
 June 2017 to May 2018



Bicyclist
 June 2017 to May 2018

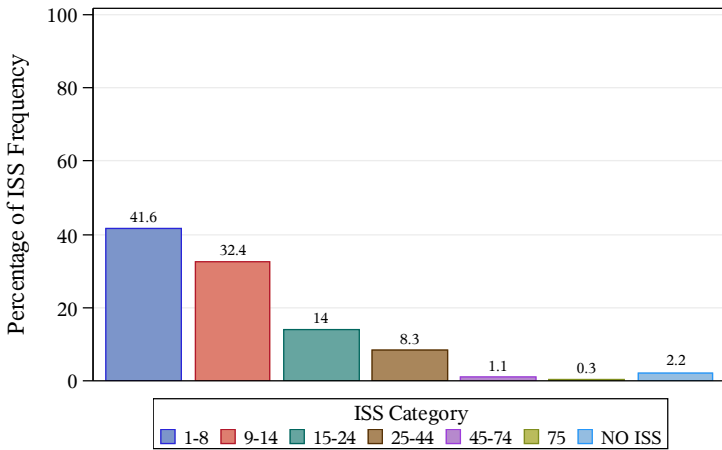


Pedestrian
 June 2017 to May 2018

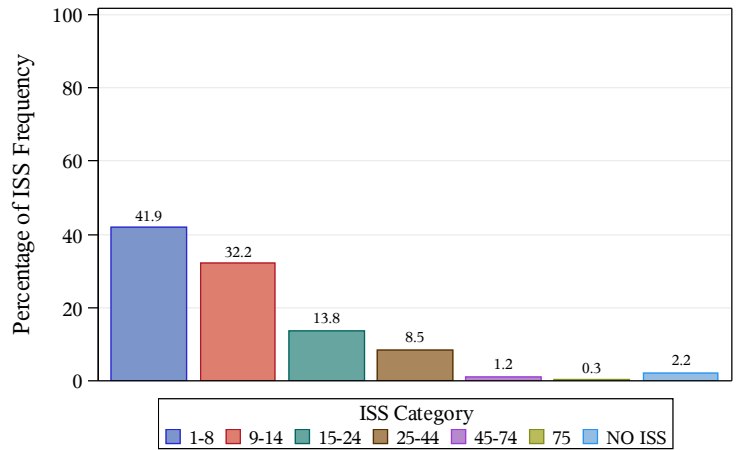


Injury Severity Score- Motor Vehicle Collision

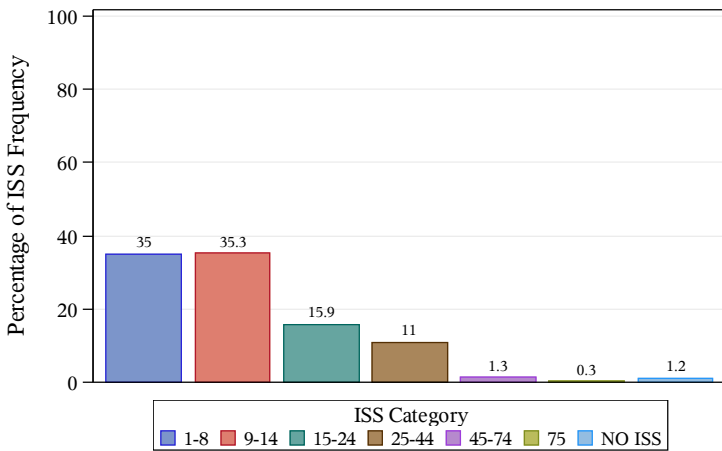
2017



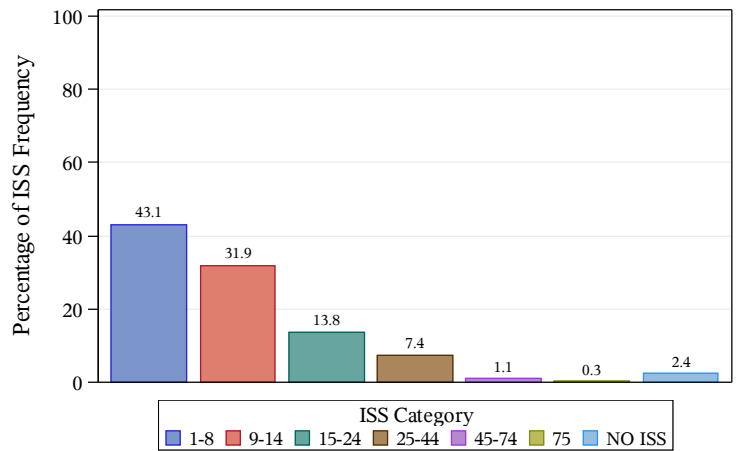
June 2017 to May 2018



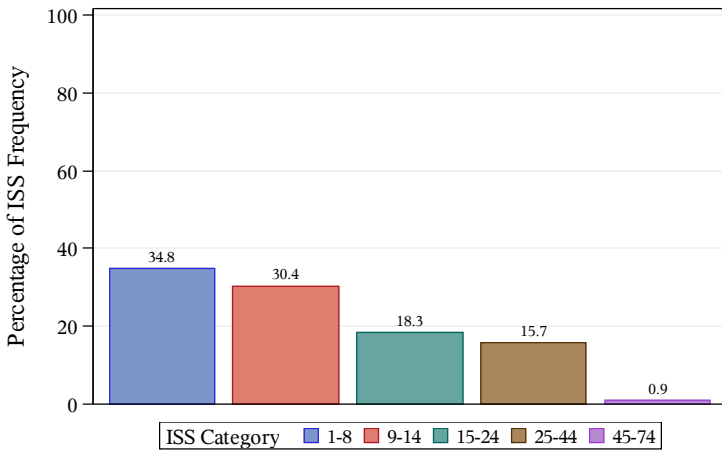
Motorcycle
June 2017 to May 2018



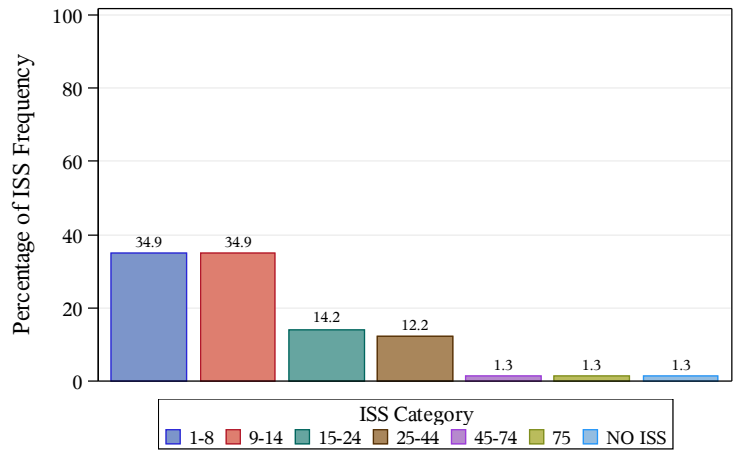
Automobile
June 2017 to May 2018



Bicyclist
June 2017 to May 2018

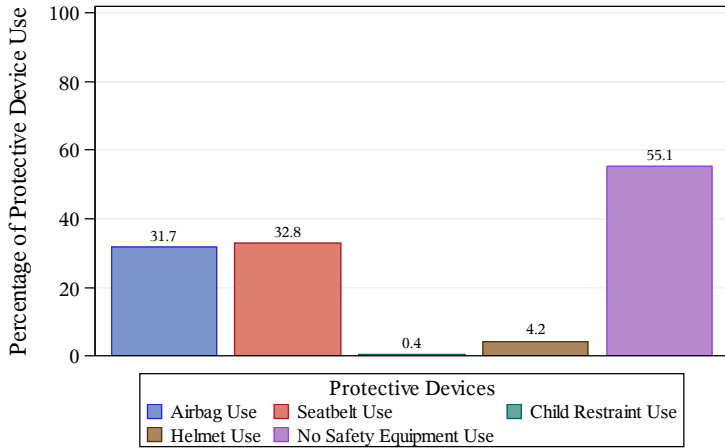


Pedestrian
June 2017 to May 2018

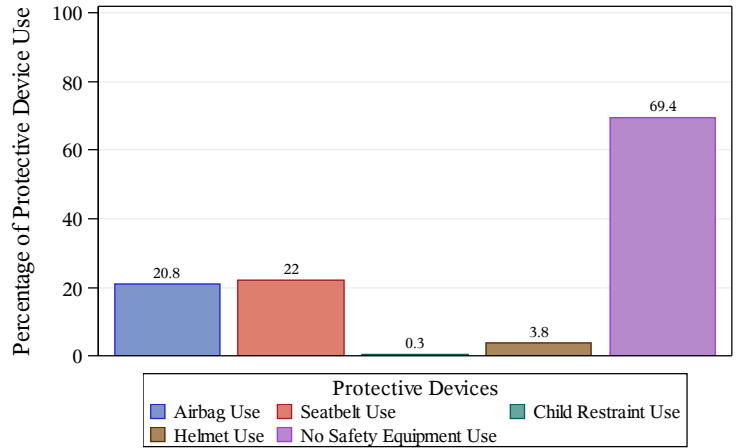


Protective Devices- Motor Vehicle Collision

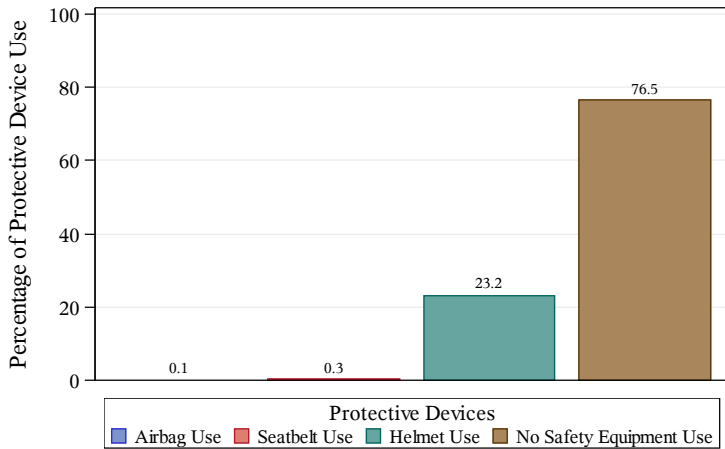
2017



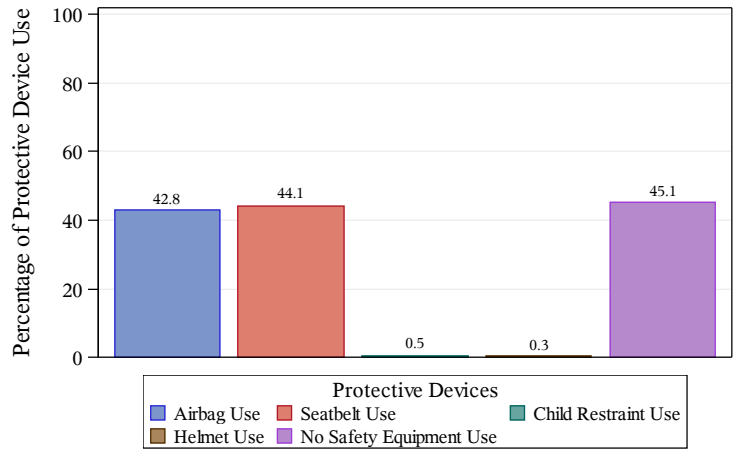
June 2017 to May 2018



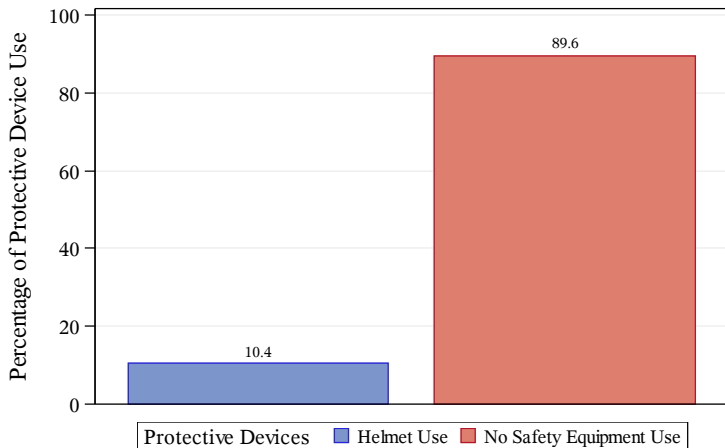
Motorcycle
June 2017 to May 2018



Automobile
June 2017 to May 2018



Bicyclist
June 2017 to May 2018



Pedestrian
June 2017 to May 2018

