

\*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 December 4th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the District 2 TRAC at Woodlawn Hospital in Rochester, IN.

On December 5th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) trained the Goshen Hospital on the Indiana Trauma Registry.

On December 13th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the District 3 TRAC at the Public Safety Academy in Fort Wayne, IN.

On December 14th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) and Camry Hess attended the Trauma System Planning Subcommittee in Indianapolis.

On December 14th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) and Camry Hess attended the Indiana State Trauma Care Committee meeting in Indianapolis.

On December 14th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) and Camry Hess attended the Indiana Trauma Network meeting in Indianapolis.

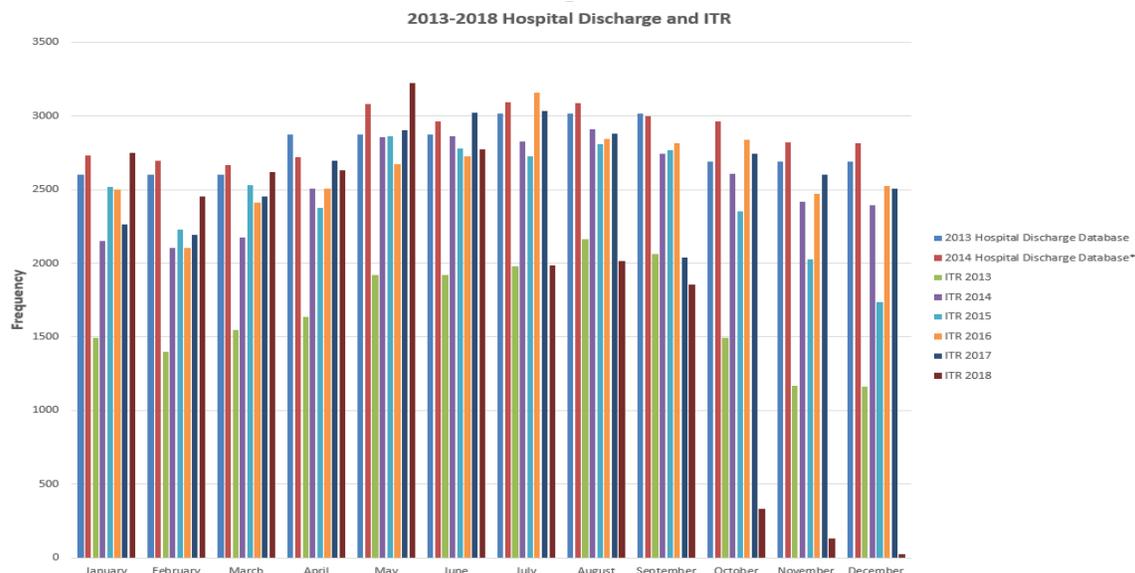
On December 19th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the District 5 TRAC at Indianapolis EMS in Indianapolis, IN.

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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).

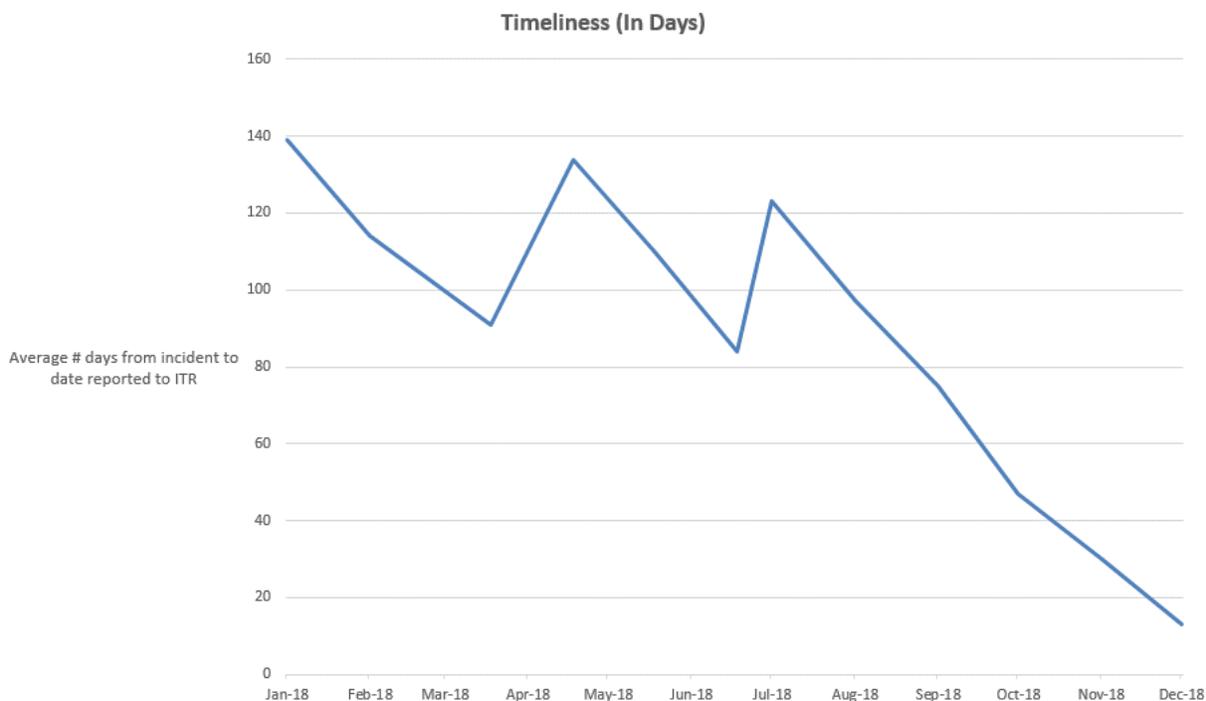
## Completeness

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 73% complete.



## Timeliness

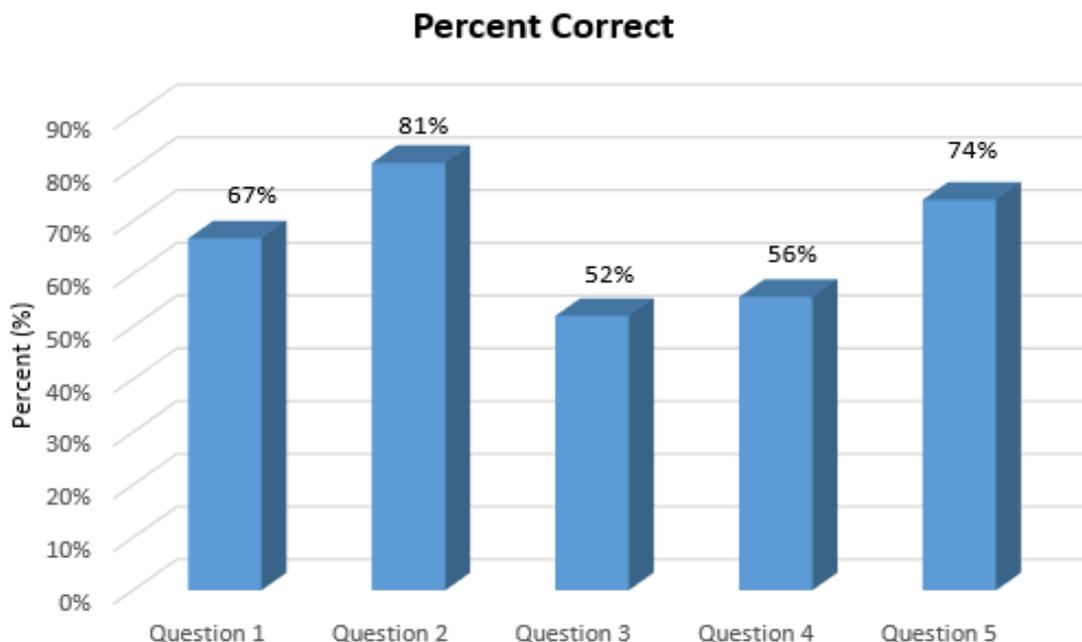
Timeliness increases as facilities wait until the data submission deadline to submit data to the ITR. Hospitals are asked to report data on the national trauma (TQIP) reporting schedule. The average timeliness in the past year was 88 days.



## Uniformity

In December we sent out the fifty-third monthly quiz for the inter-rater reliability study. There were 29 participants from 29 (24% of hospitals with EDs in Indiana) hospitals who completed the quiz. The percent correct was 84% and the free-marginal kappa was 0.36.

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



## Integration

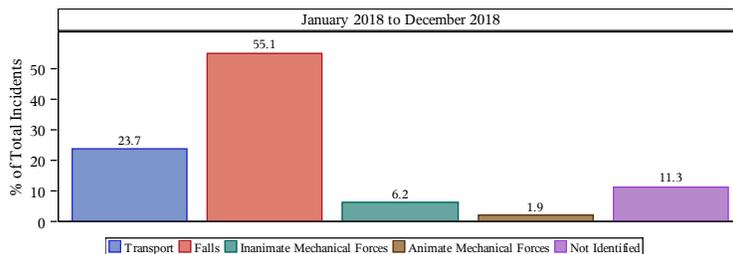
The number of linked EMS to trauma cases was 2,124 for Q4 2017 data. Trauma data are due on a quarterly basis.

## Accessibility

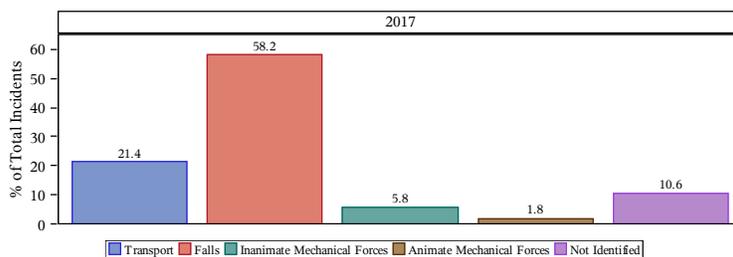
There was 1 aggregate data request (1 day) and 1 self-report (1 day) in December. There were no identifiable requests.

**Cause of Injury (COI)**

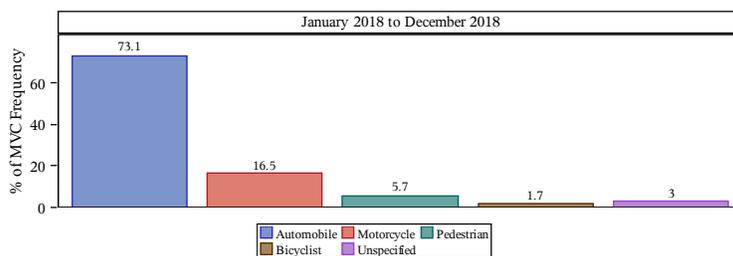
Cause of Injury (COI)



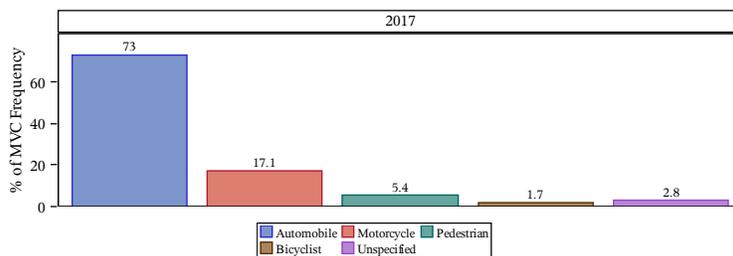
Cause of Injury (COI)



**COI-Motor Vehicle Collision (MVC)**

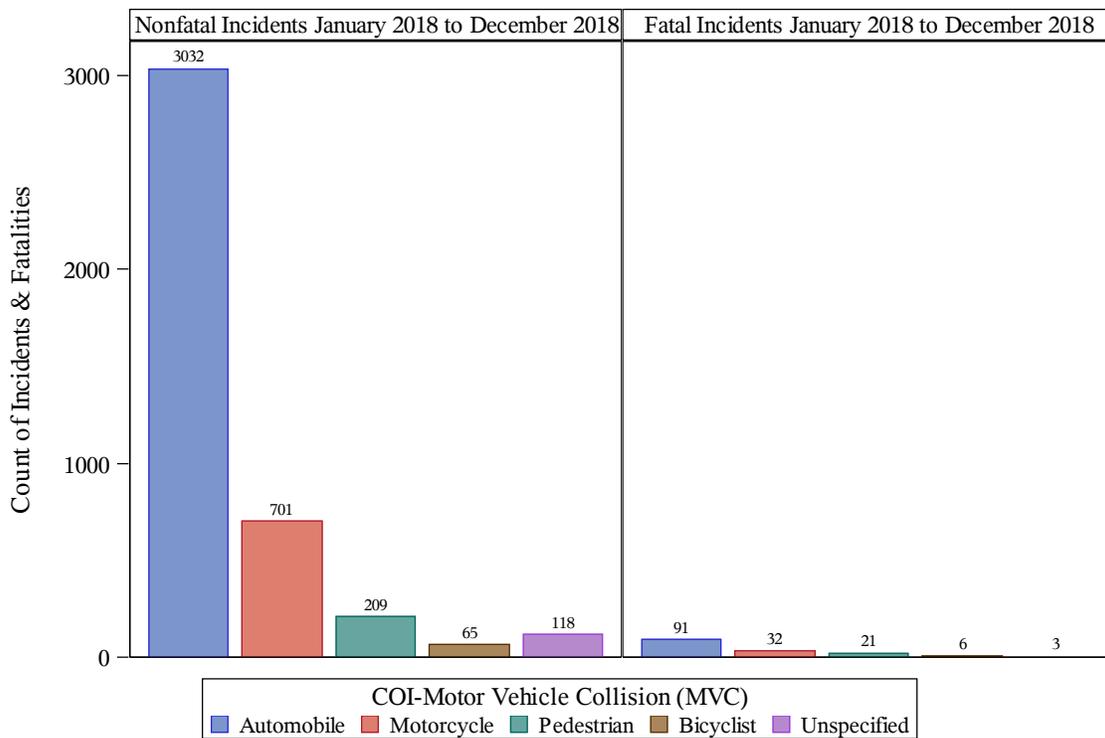
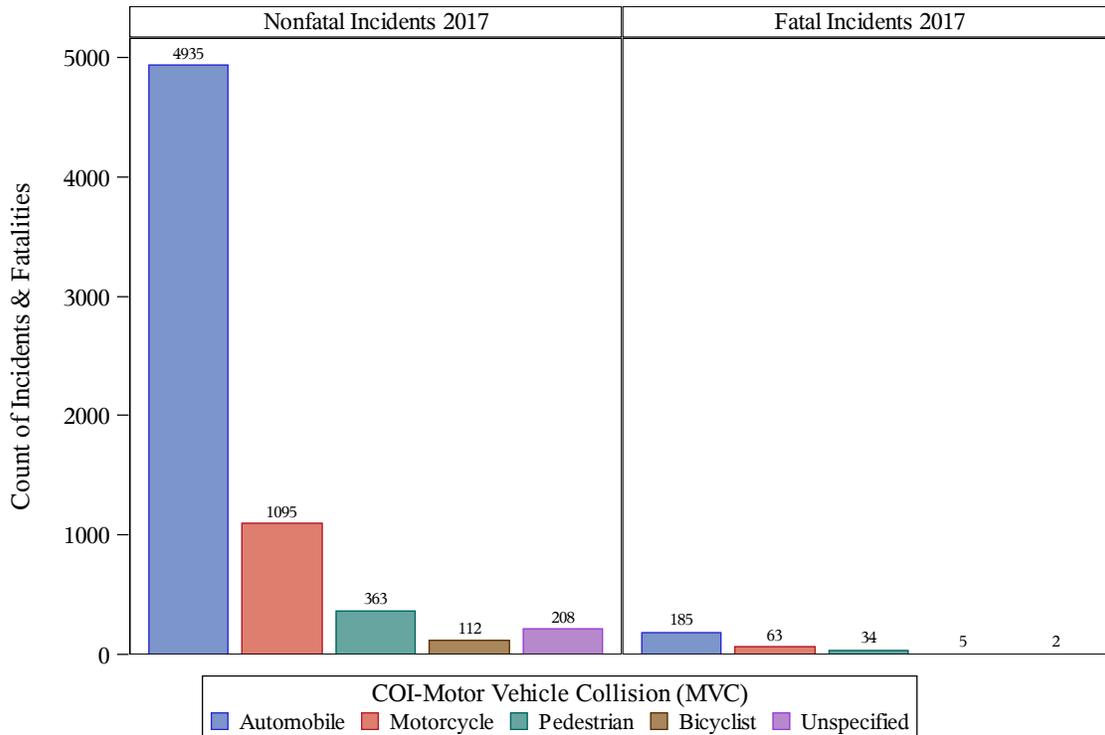


**COI-Motor Vehicle Collision (MVC)**

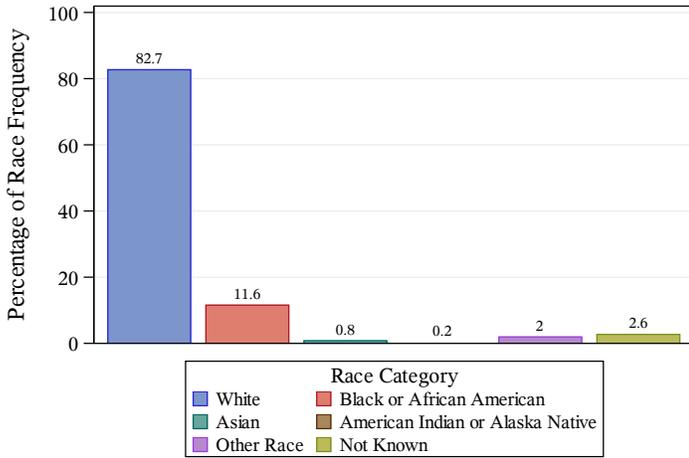


Motor Vehicle Collision

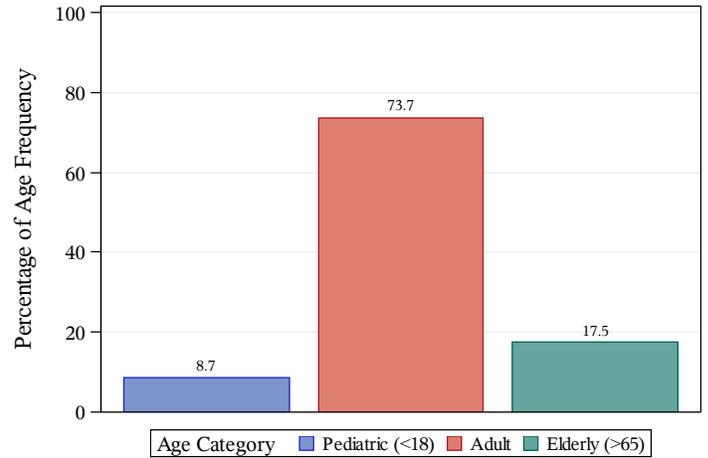
COI-MVC Nonfatal Incidents and Fatal Incidents



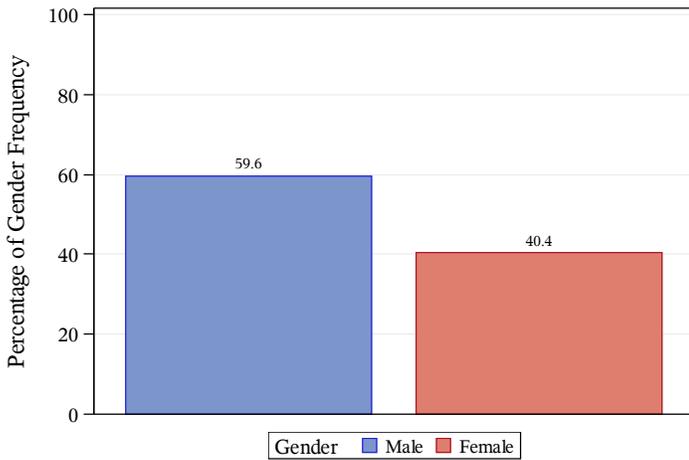
### Race



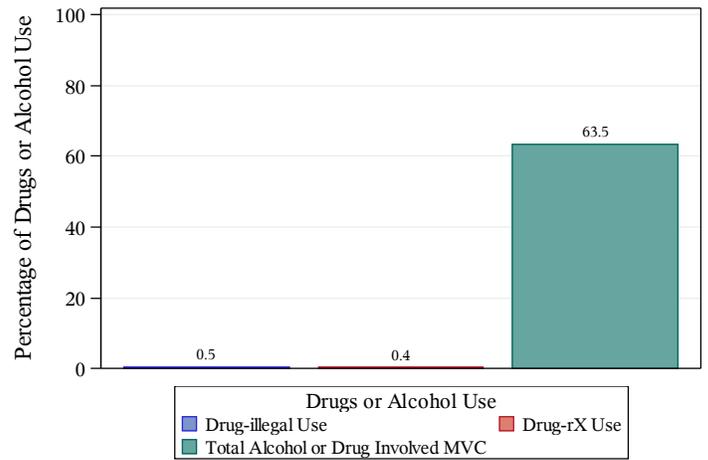
### Age



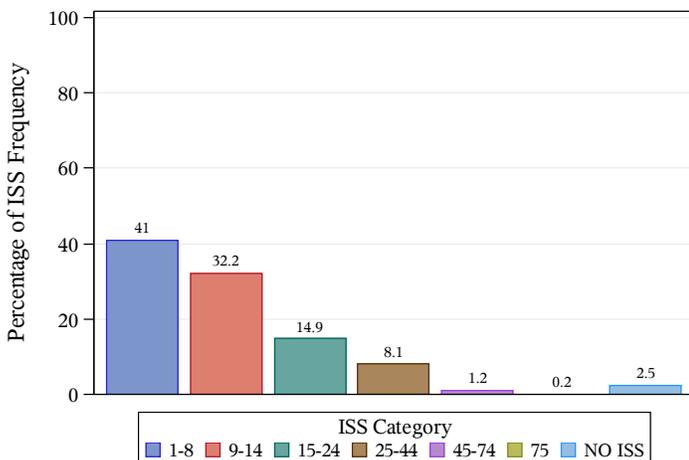
### Gender



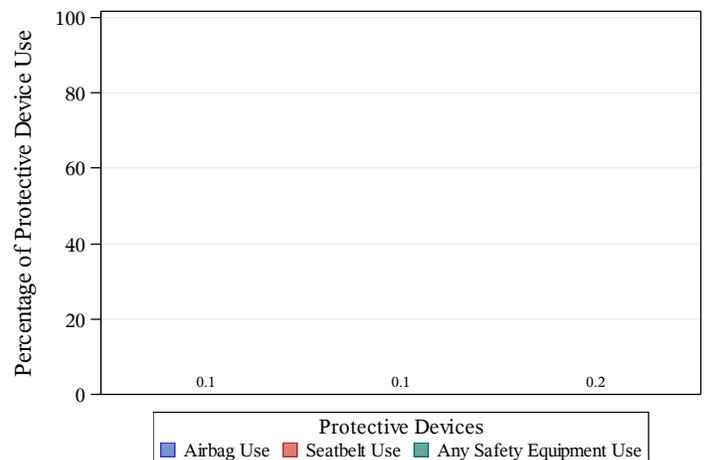
### Drug & Alcohol Use



### Injury Severity Score

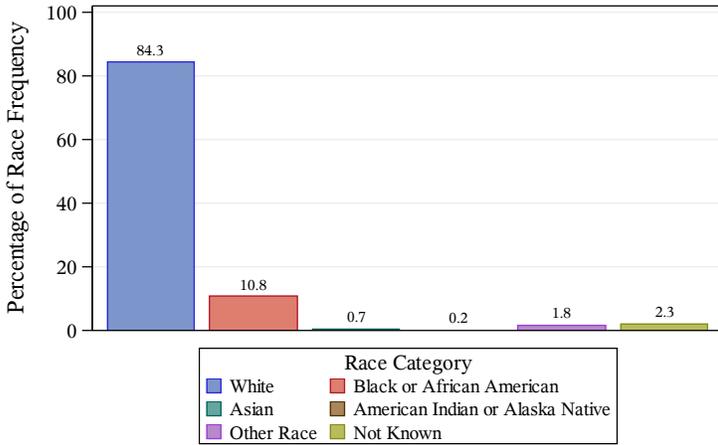


### Protective Devices

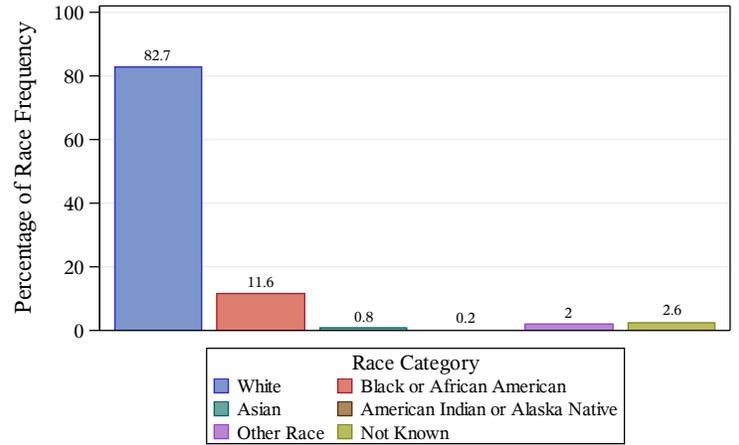


Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

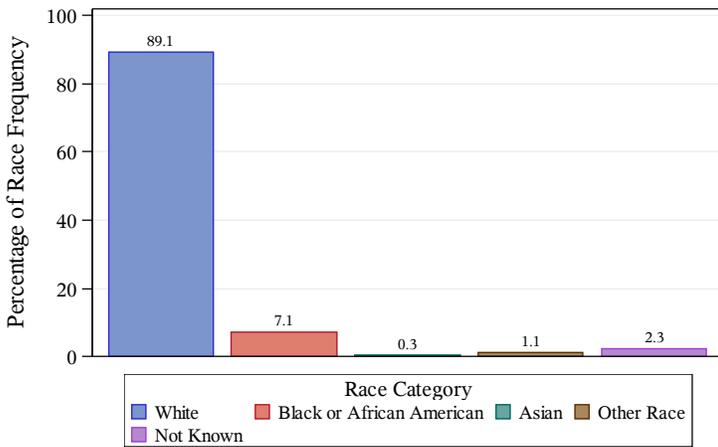
2017



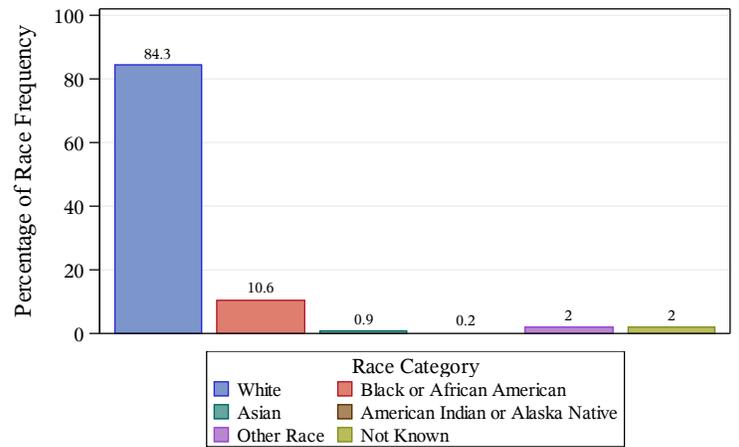
January 2018 to December 2018



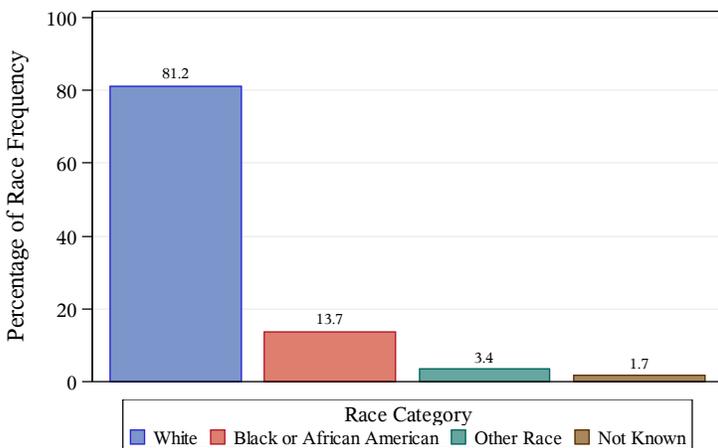
**Motorcycle**  
January 2018 to December 2018



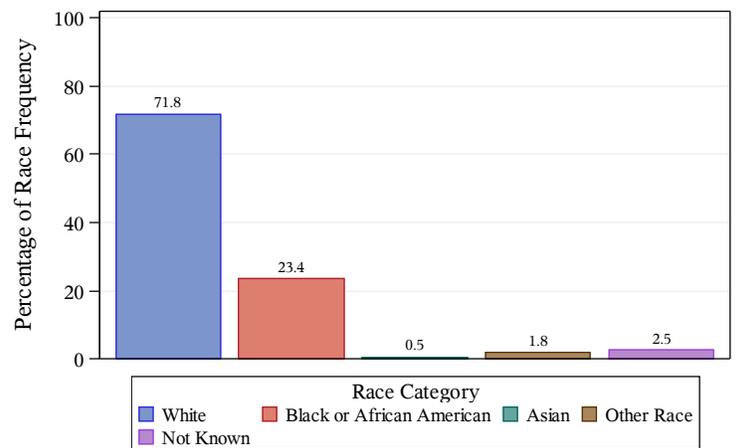
**Automobile**  
January 2018 to December 2018



**Bicyclist**  
January 2018 to December 2018

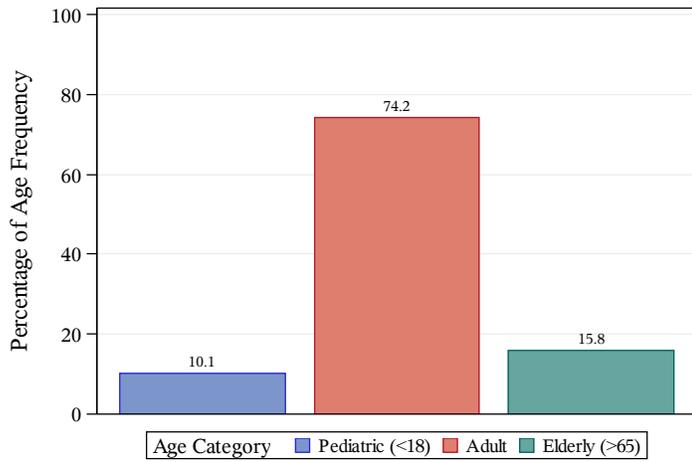


**Pedestrian**  
January 2018 to December 2018

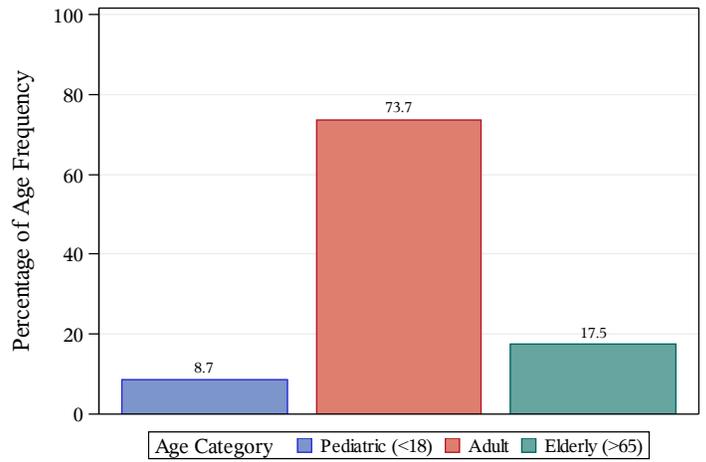


Age- Motor Vehicle Collision

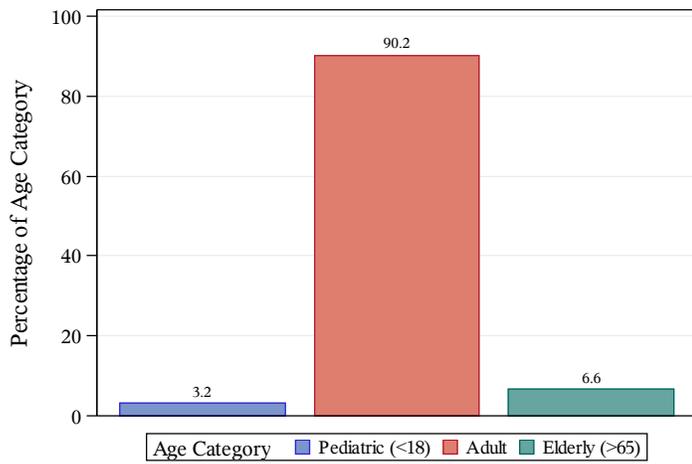
2017



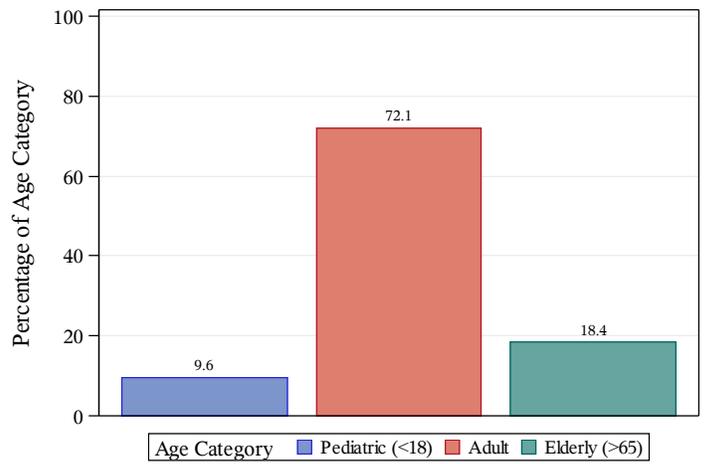
January 2018 to December 2018



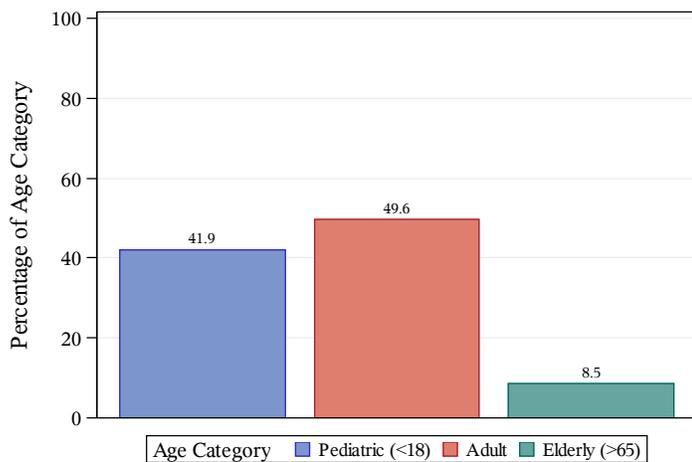
Motorcycle  
January 2018 to December 2018



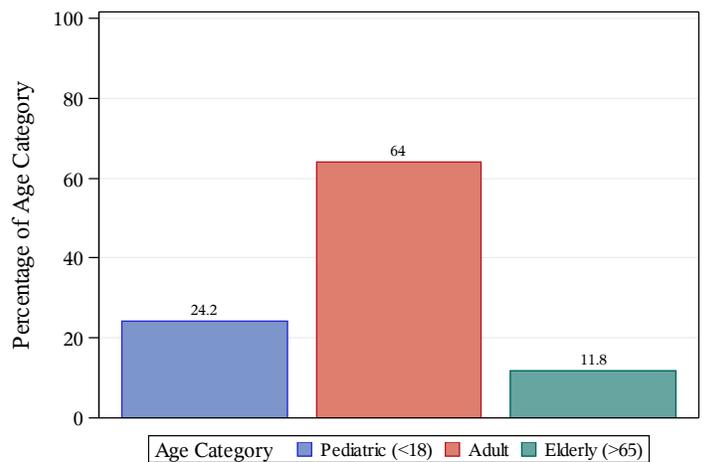
Automobile  
January 2018 to December 2018



Bicyclist  
January 2018 to December 2018

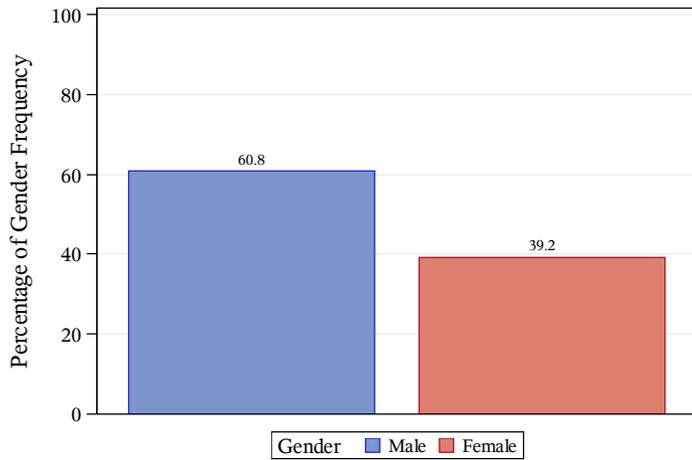


Pedestrian  
January 2018 to December 2018

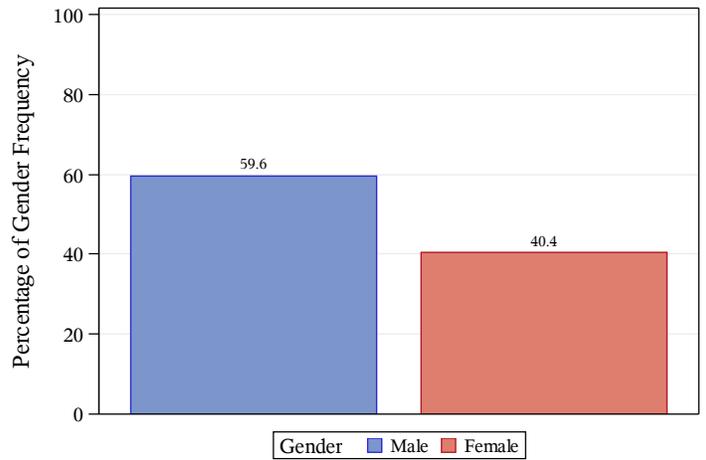


Gender- Motor Vehicle Collision

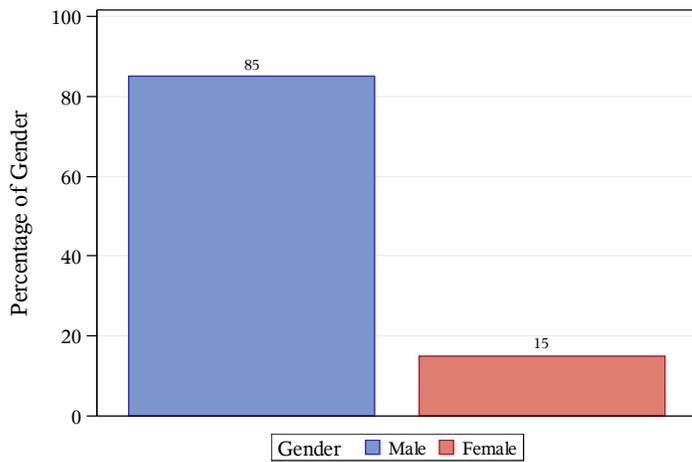
2017



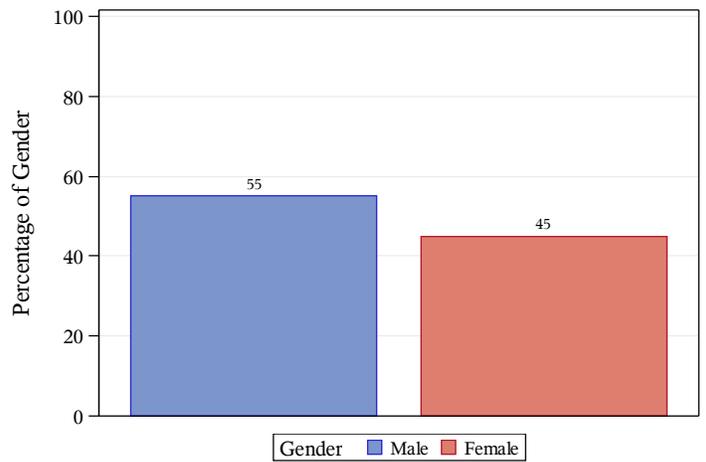
January 2018 to December 2018



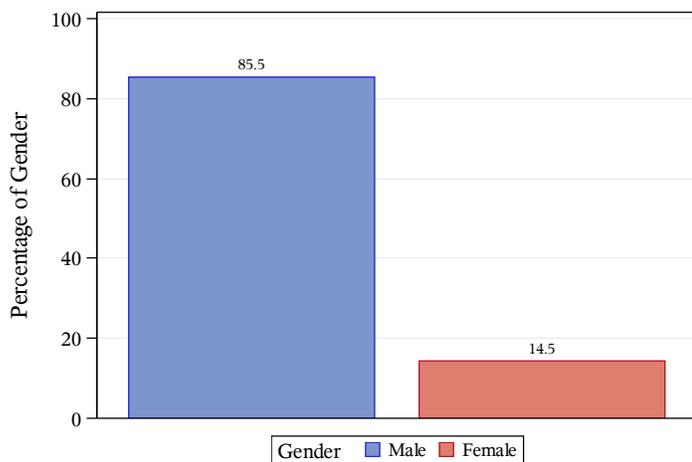
Motorcycle  
January 2018 to December 2018



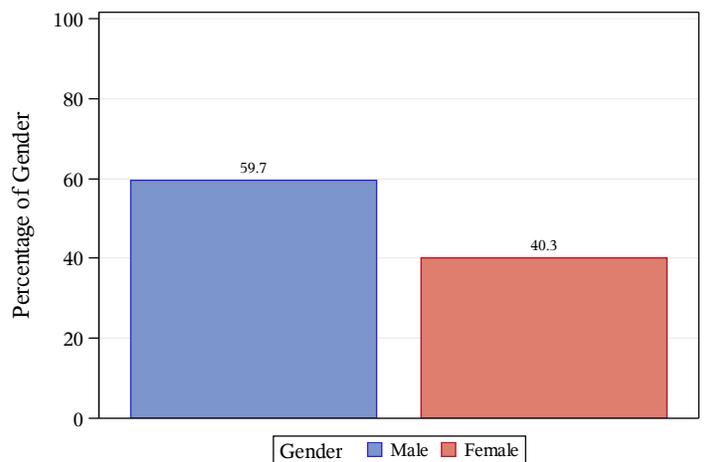
Automobile  
January 2018 to December 2018



Bicyclist  
January 2018 to December 2018



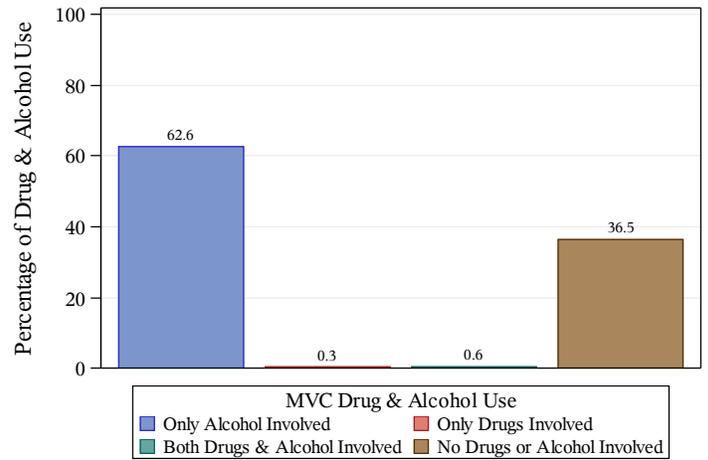
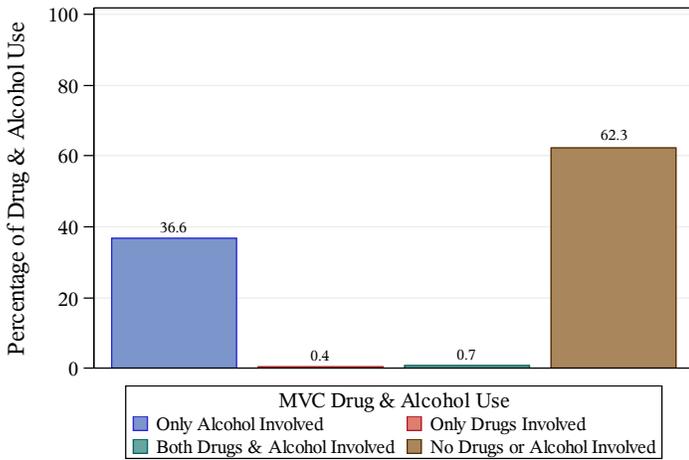
Pedestrian  
January 2018 to December 2018



Drug & Alcohol Use- Motor Vehicle Collision

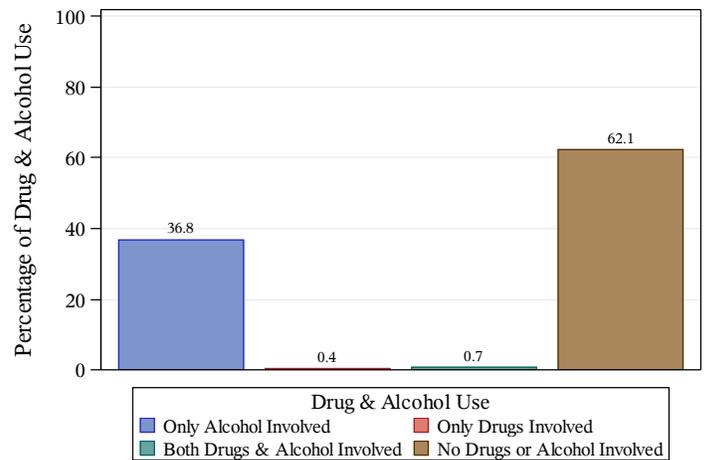
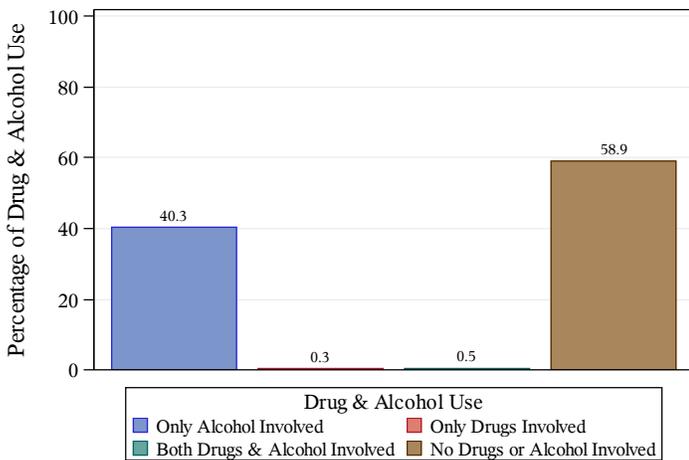
2017

January 2018 to December 2018



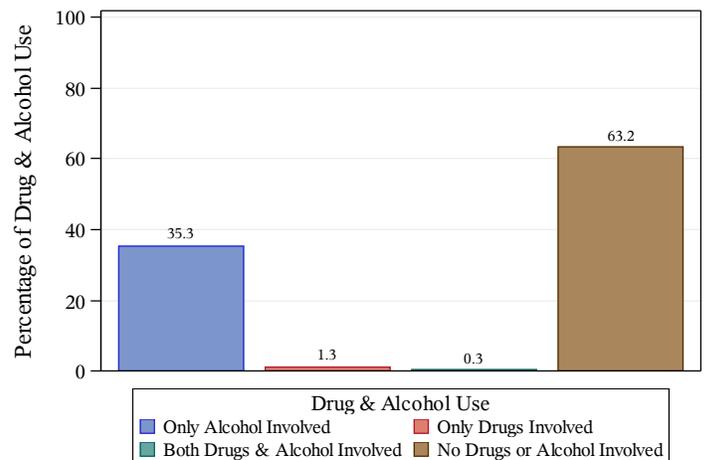
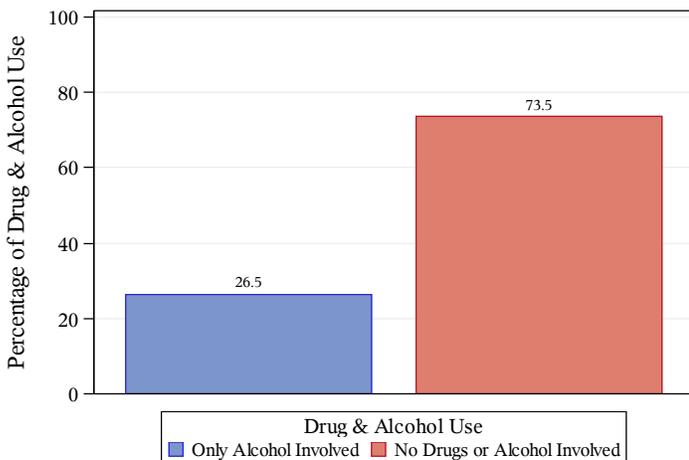
Motorcycle  
January 2018 to December 2018

Automobile  
January 2018 to December 2018

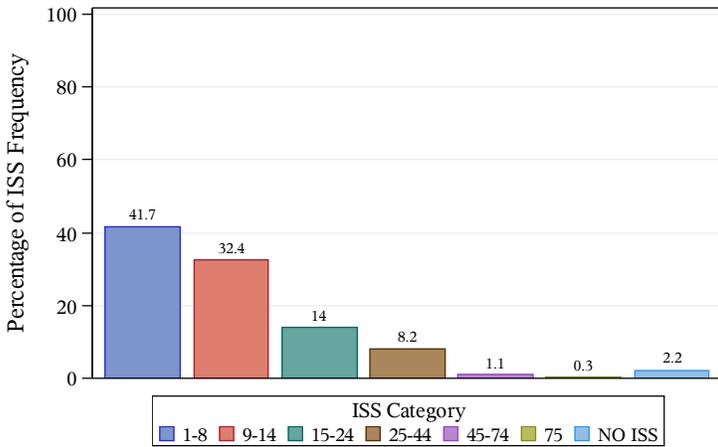


Bicyclist  
January 2018 to December 2018

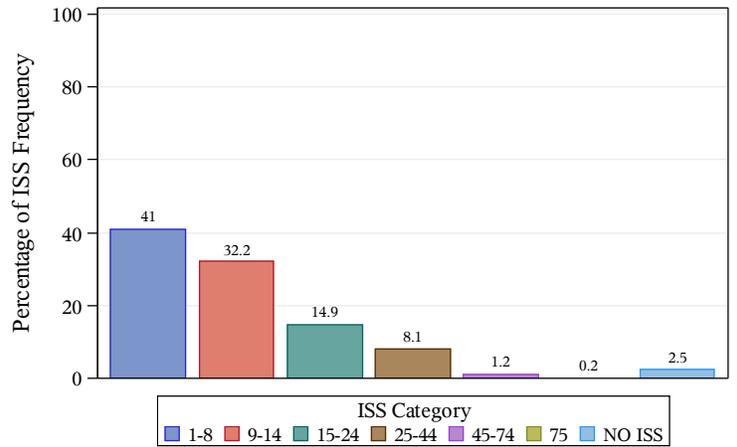
Pedestrian  
January 2018 to December 2018



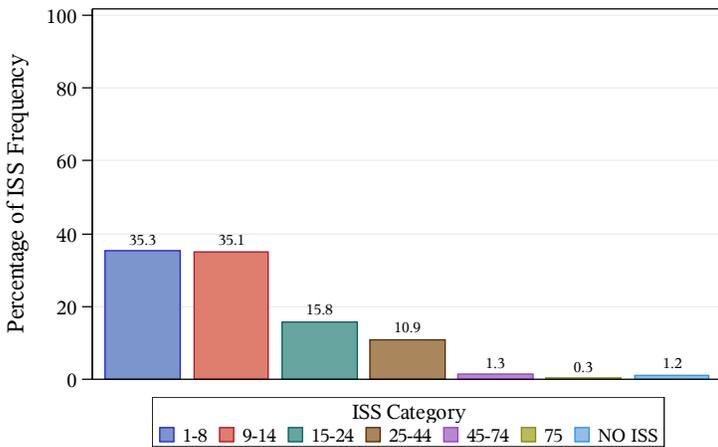
**2017**



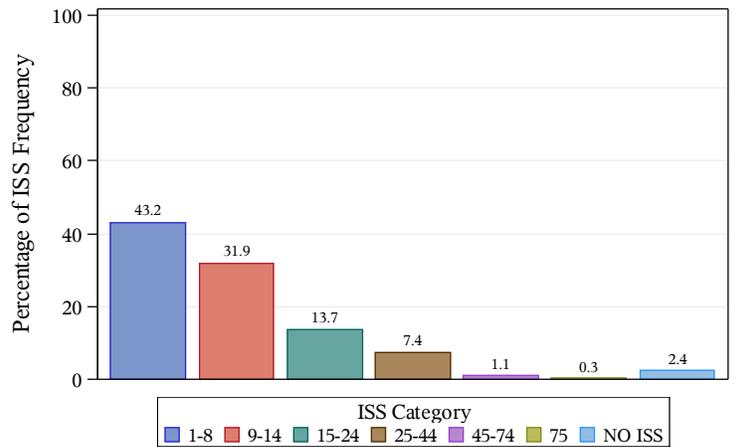
**January 2018 to December 2018**



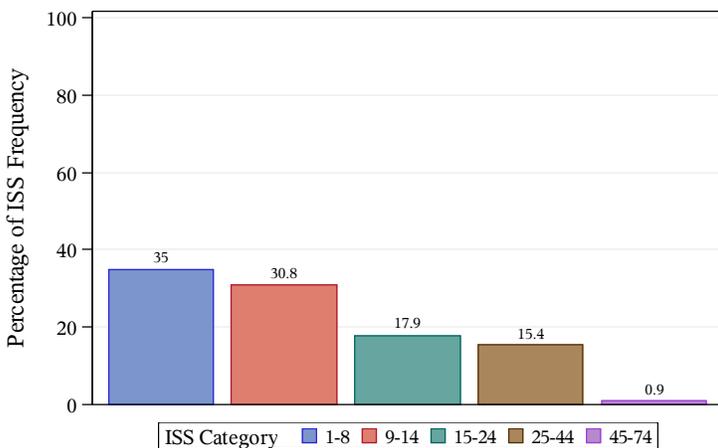
**Motorcycle**  
 January 2018 to December 2018



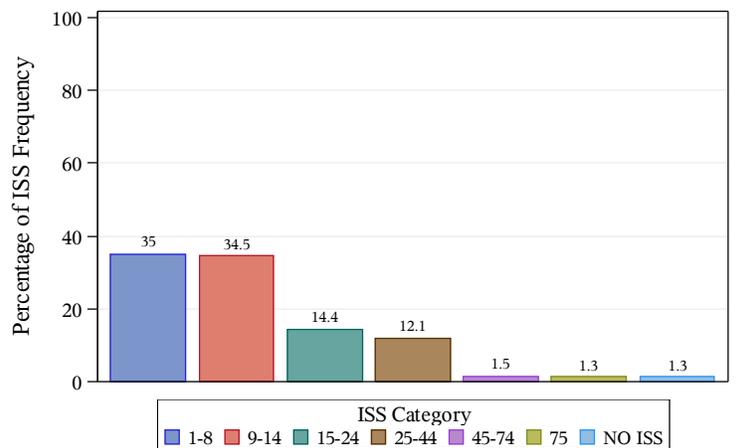
**Automobile**  
 January 2018 to December 2018



**Bicyclist**  
 January 2018 to December 2018

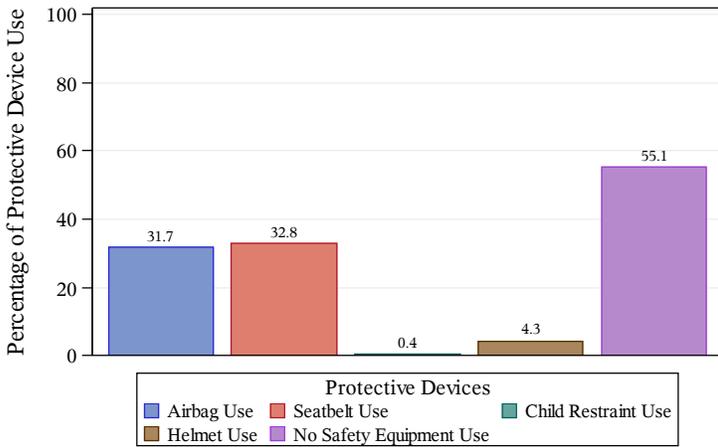


**Pedestrian**  
 January 2018 to December 2018

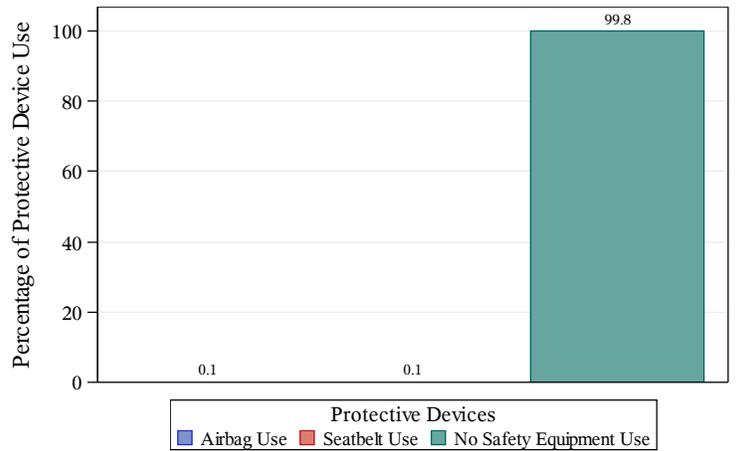


Protective Devices- Motor Vehicle Collision

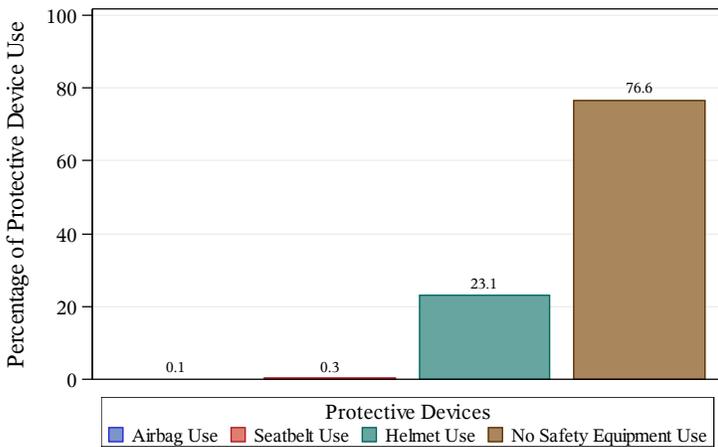
2017



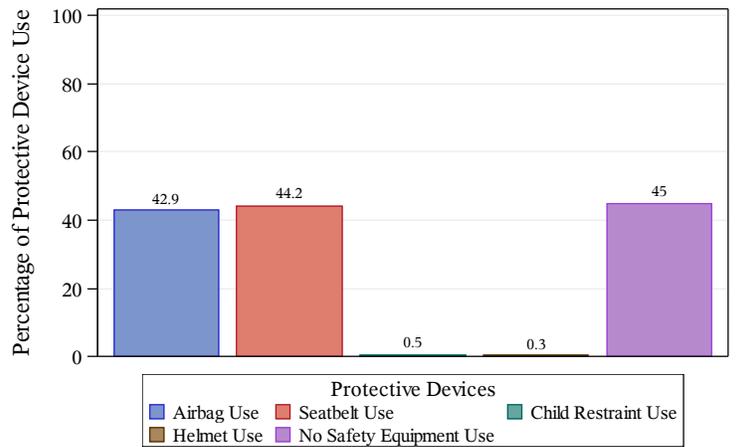
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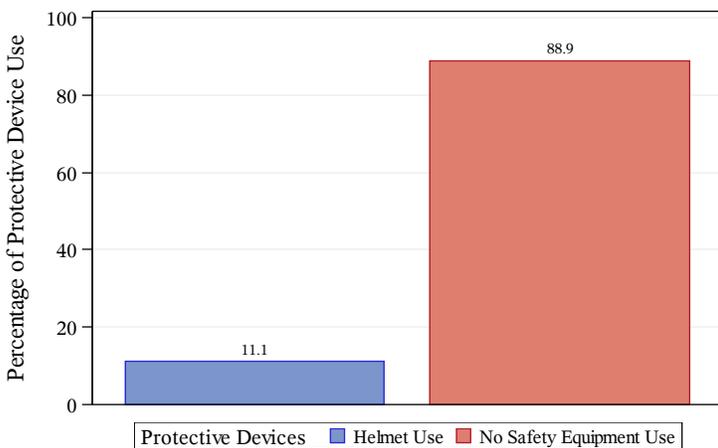
Motorcycle  
January 2018 to December 2018



Automobile  
January 2018 to December 2018



Bicyclist  
January 2018 to December 2018



Pedestrian  
January 2018 to December 2018

