

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

On March 6th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) trained Harrison and White Counties on the Indiana Coroner Case Management System.

On March 8th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) trained DeKalb County on the Indiana Coroner Case Management System.

On March 9th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) trained Perry County on the Indiana Coroner Case Management System.

On March 13th, Ramzi Nimry (Statewide Trauma System Development and Training Manager), Camry Hess (Data Analyst) and Katie Hokanson (Director) attended the PI Subcommittee meeting

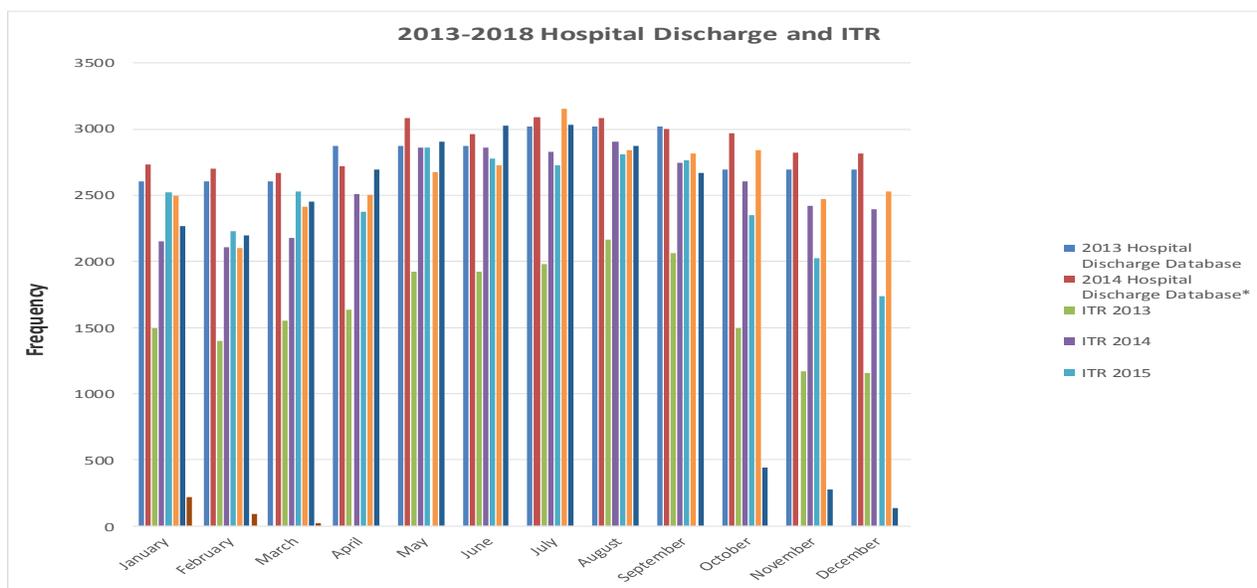
On March 27th, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the District 2 TRAC at St. Joseph Regional Medical Center in Mishawaka, IN.

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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).

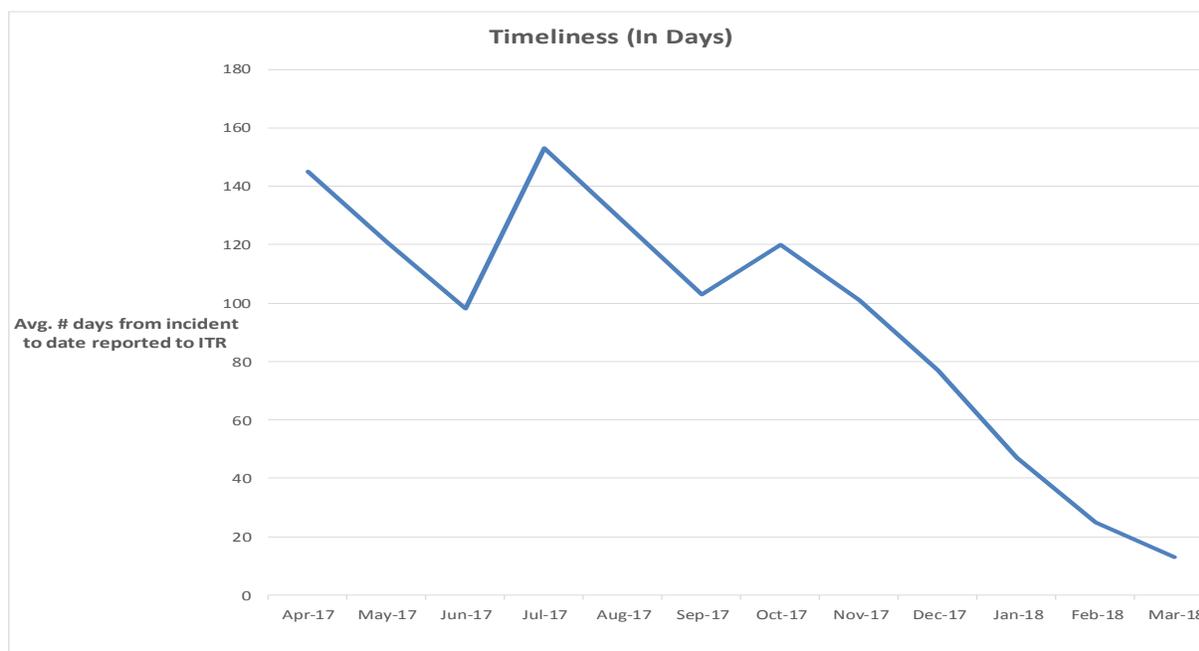
### Completeness

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.



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.

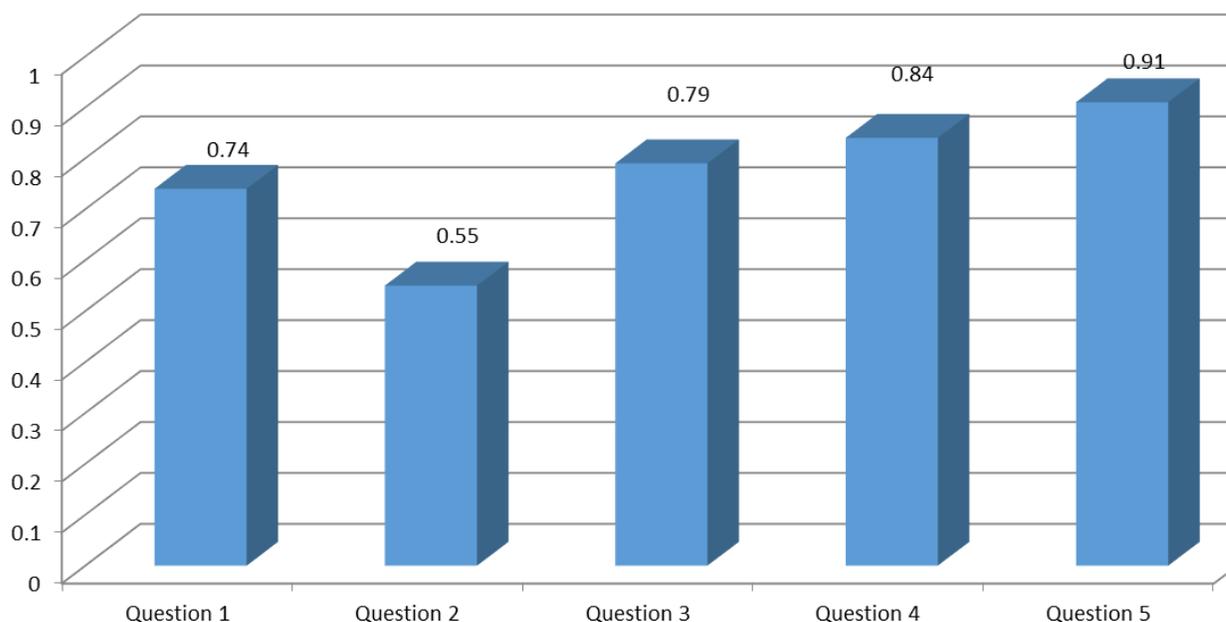
The decrease in timeliness from November 2017 until February 2018 is due to only timely reports being provided to the ITR



### Uniformity

In March we sent out the forty-seventh monthly quiz for the inter-rater reliability study. There were 58 participants from 34 hospitals who completed the quiz. The percent correct was 77% and the free-marginal kappa was 0.36. 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

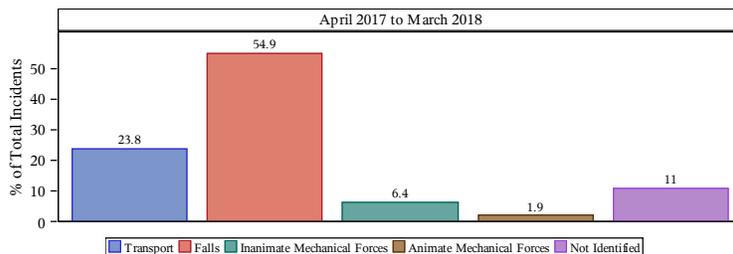
The number of linked EMS to trauma cases was 2,197 for Q3 2017 data. Trauma data is due on a quarterly basis.

### Accessibility

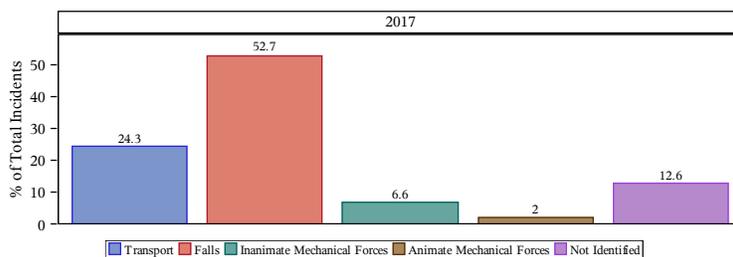
The average time to complete data requests was 3.25 days for aggregate requests (4 total). The average time to complete a self report was 13 days (1 total). There were no identifiable reports.

### Cause of Injury (COI)

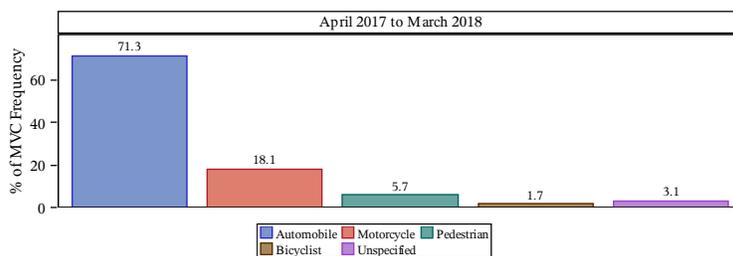
Cause of Injury (COI)



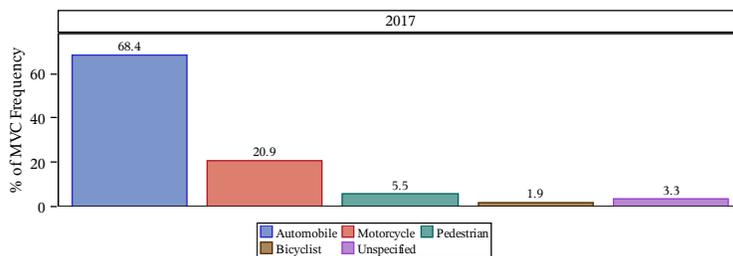
Cause of Injury (COI)



### COI-Motor Vehicle Collision (MVC)

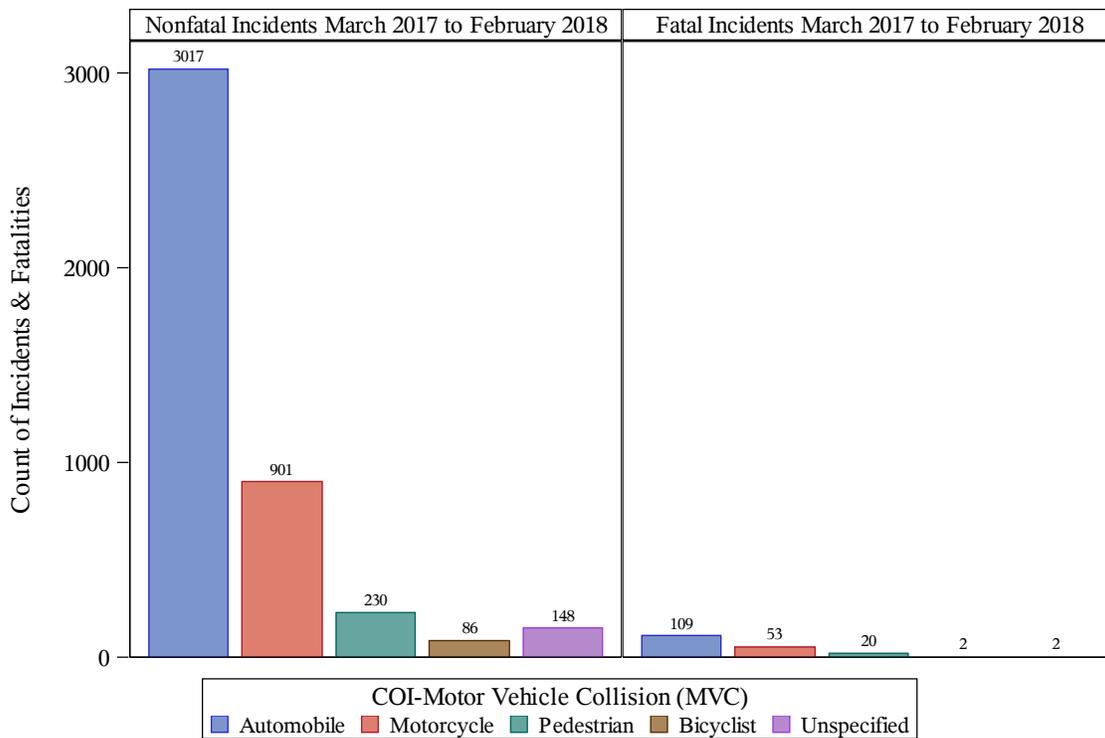
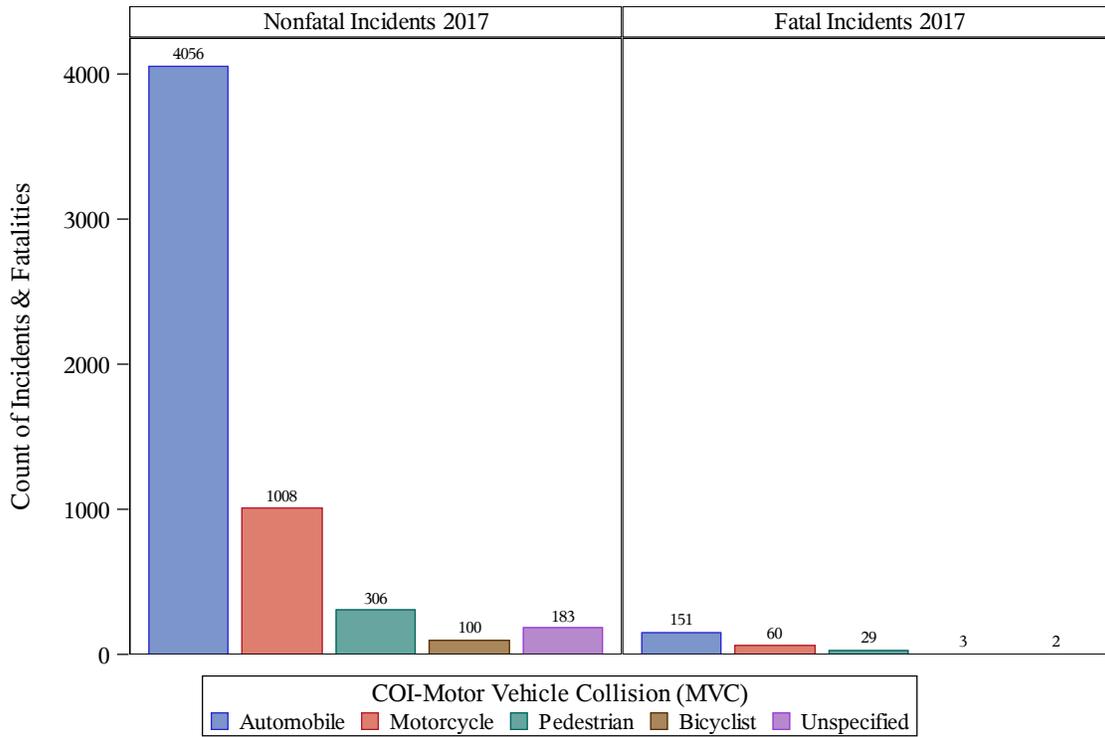


### COI-Motor Vehicle Collision (MVC)



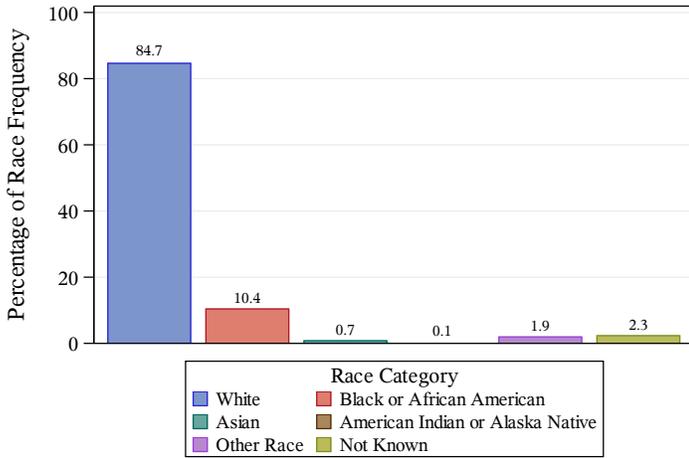
*April 2017 to March 2018*      *4568 Incidents*  
*January 2017 to December 2017*      *5898 Incidents*  
**Motor Vehicle Collision**

**COI-MVC Nonfatal Incidents and Fatal Incidents**

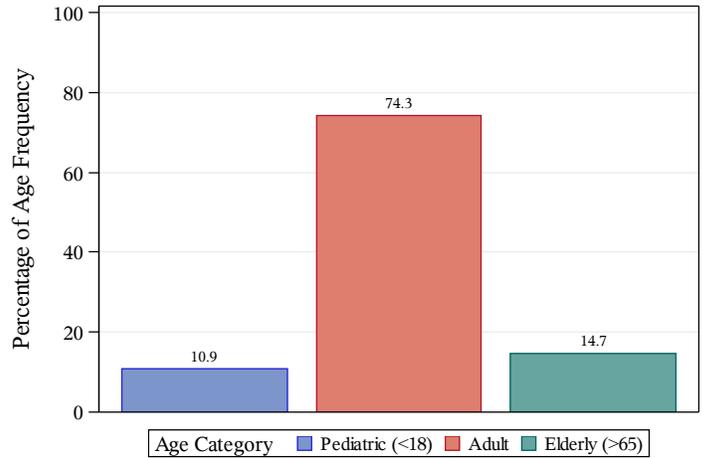


Motor Vehicle Collision

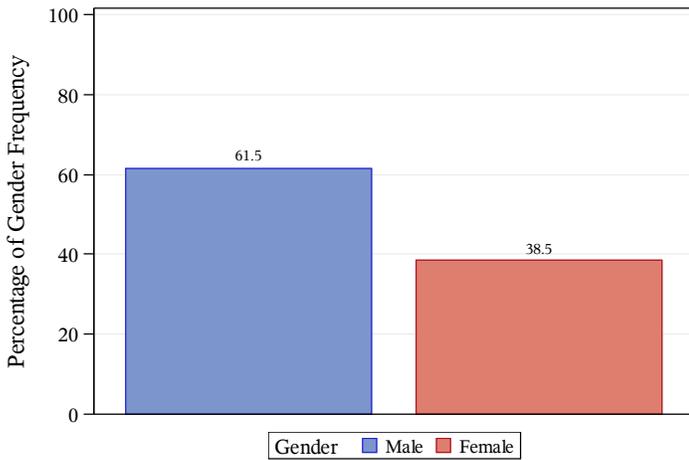
Race



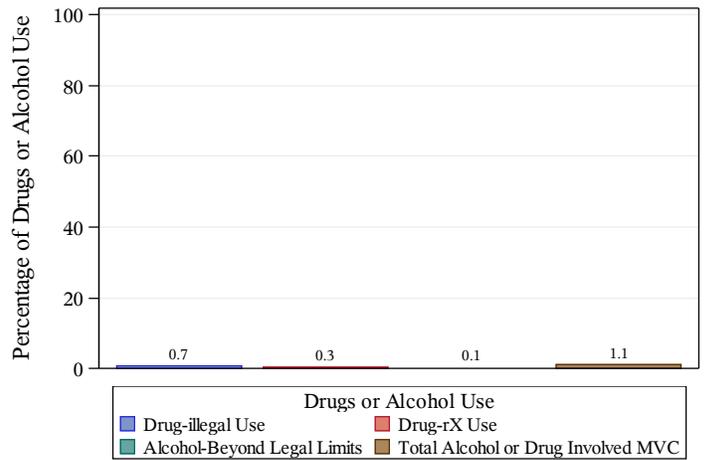
Age



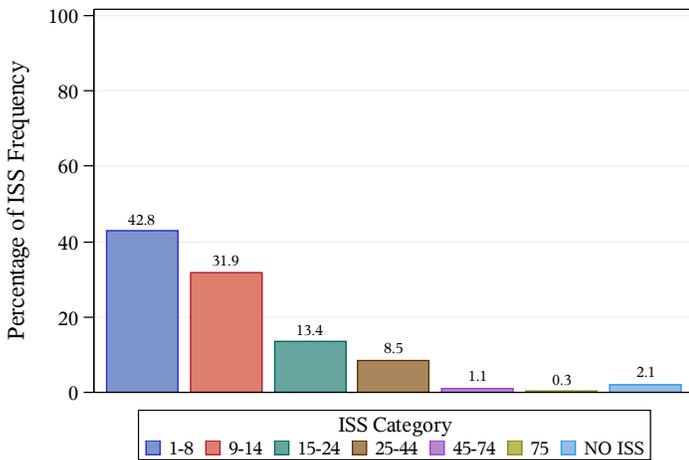
Gender



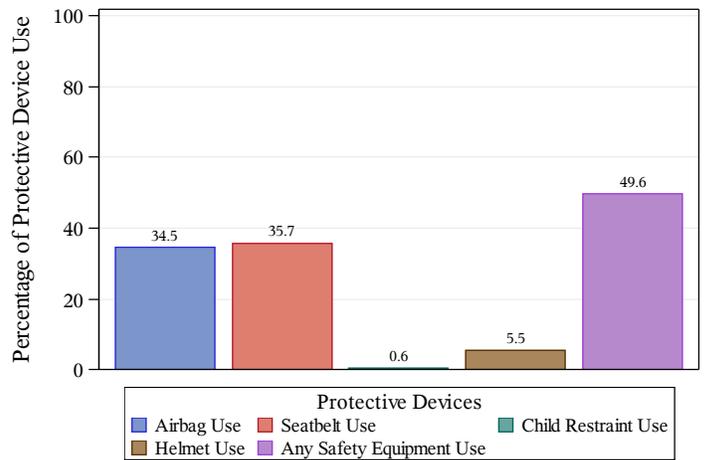
Drug & Alcohol Use



Injury Severity Score



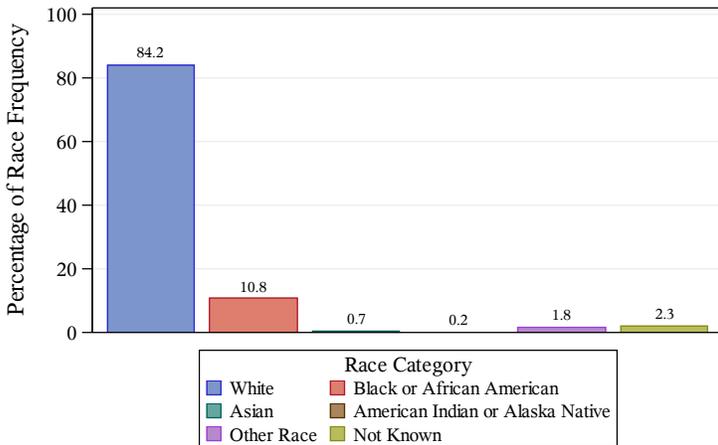
Protective Devices



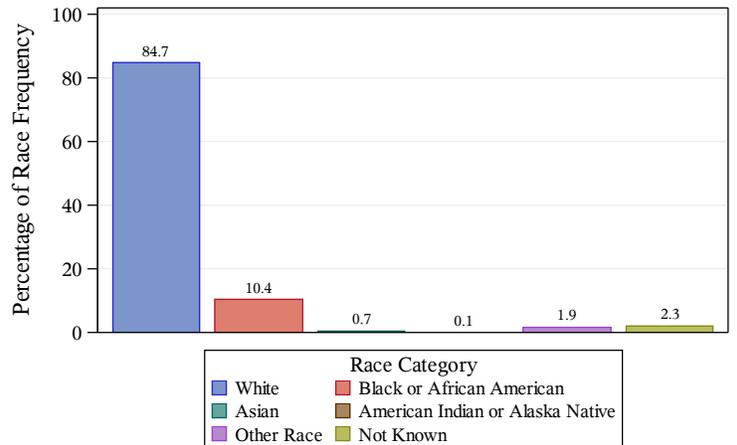
Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

Race- Motor Vehicle Collision

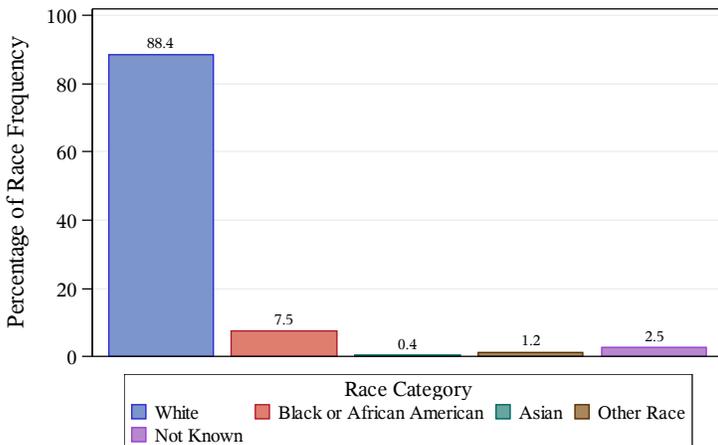
2017



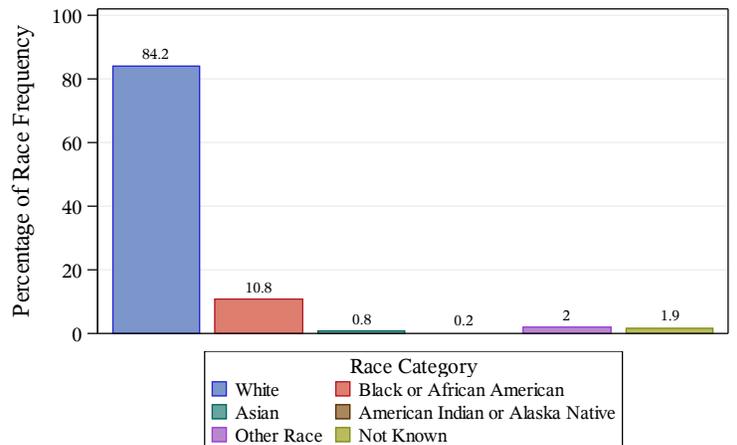
April 2017 to March 2018



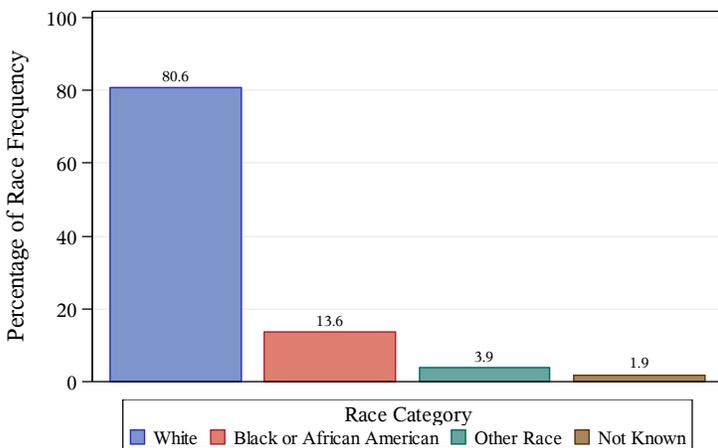
Motorcycle  
April 2017 to March 2018



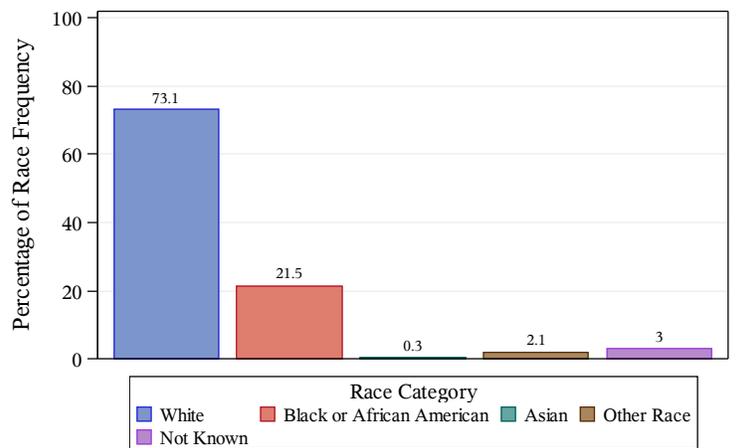
Automobile  
April 2017 to March 2018



Bicyclist  
April 2017 to March 2018

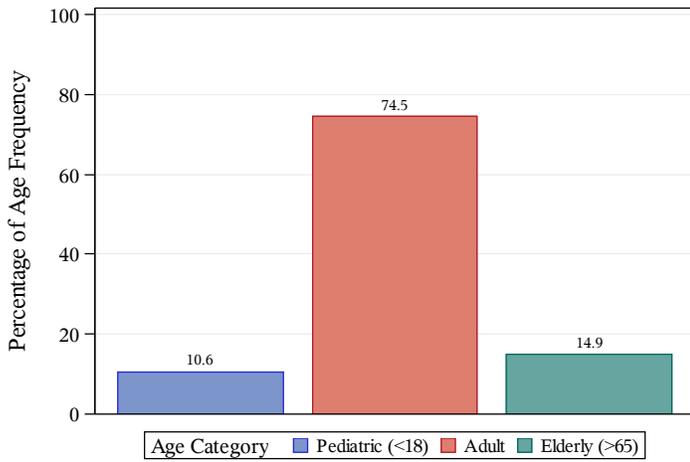


Pedestrian  
April 2017 to March 2018

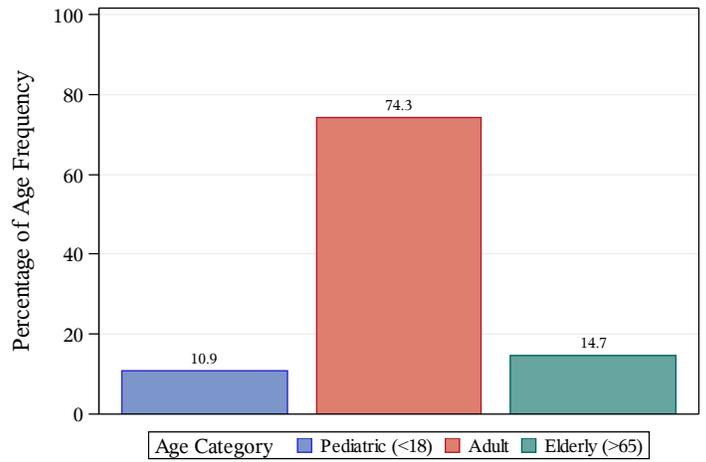


Age- Motor Vehicle Collision

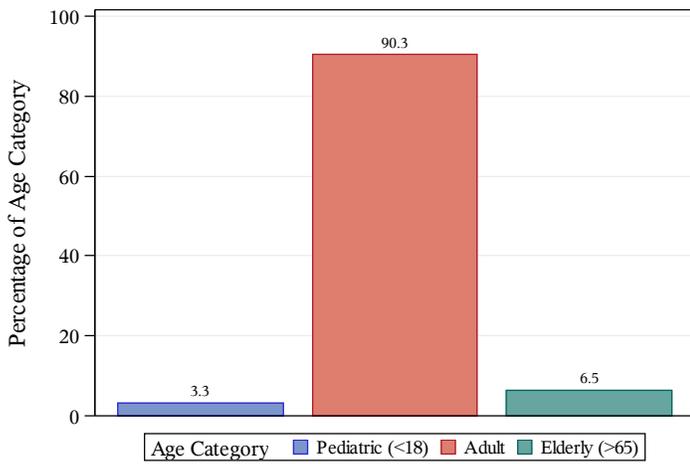
2017



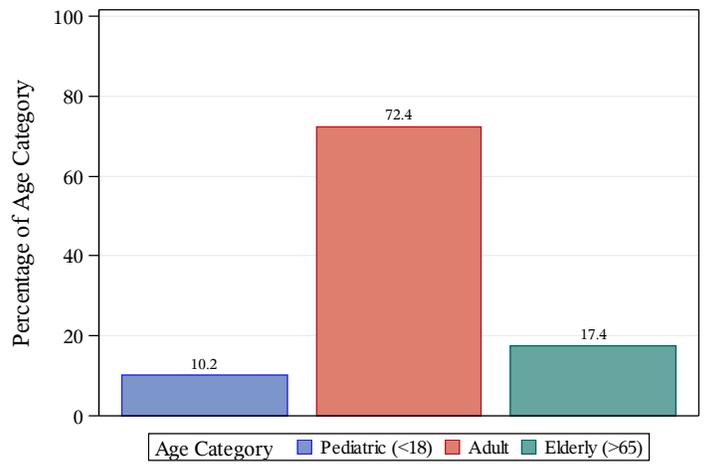
April 2017 to March 2018



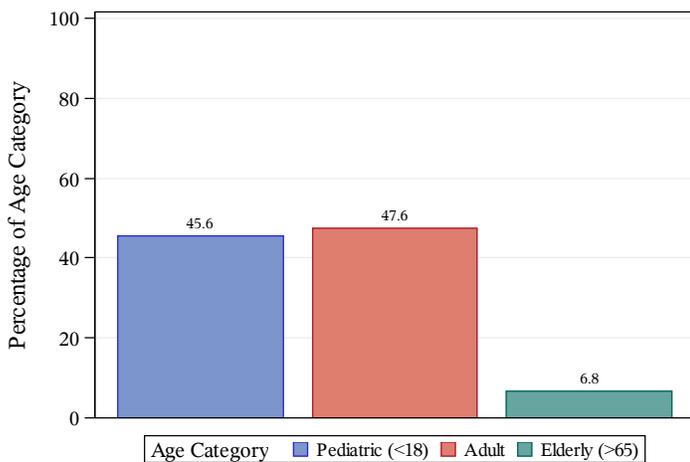
Motorcycle  
April 2017 to March 2018



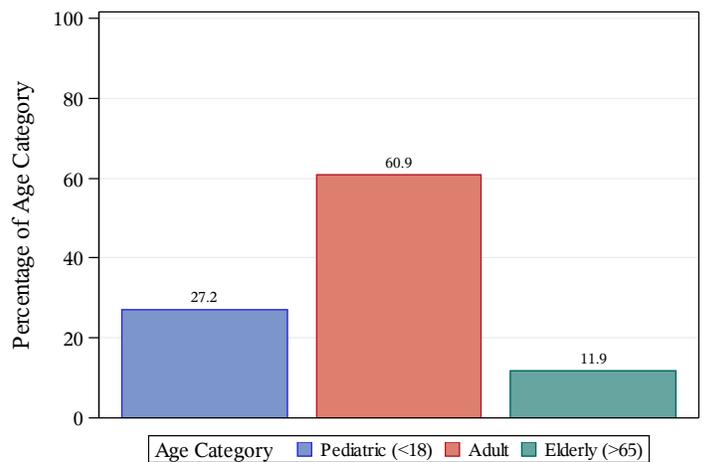
Automobile  
April 2017 to March 2018



Bicyclist  
April 2017 to March 2018

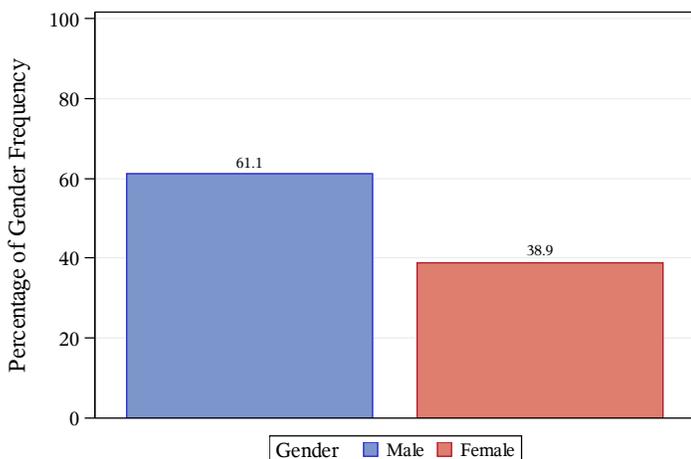


Pedestrian  
April 2017 to March 2018

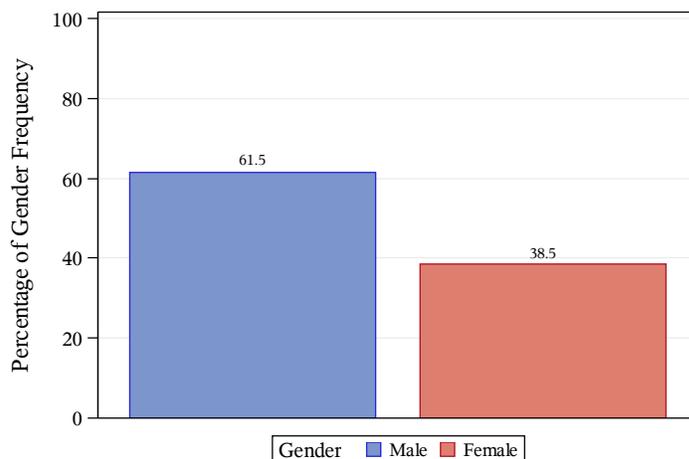


Gender- Motor Vehicle Collision

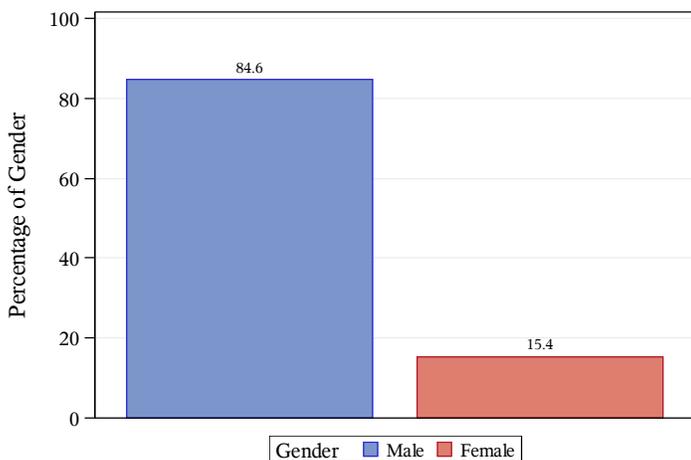
2017



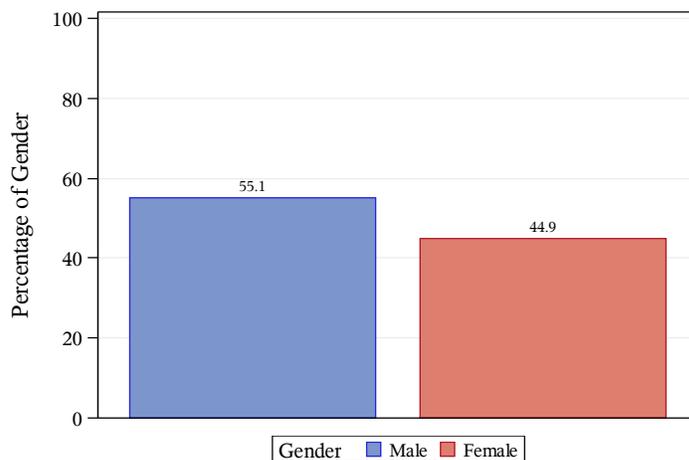
April 2017 to March 2018



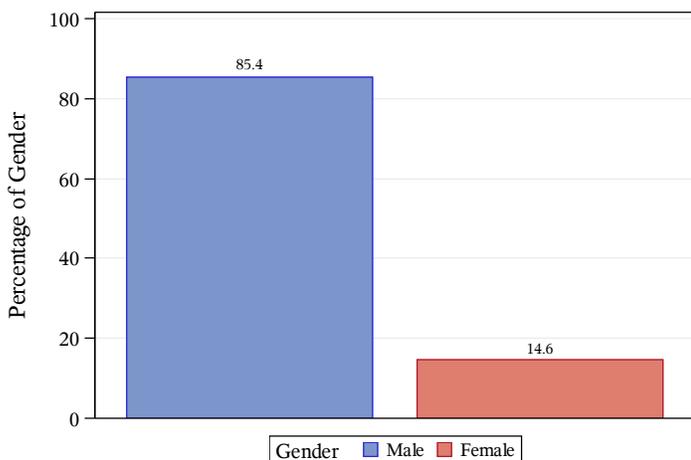
Motorcycle  
April 2017 to March 2018



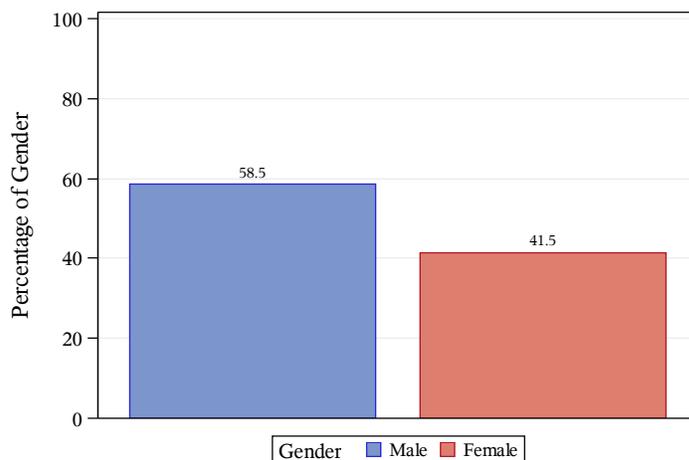
Automobile  
April 2017 to March 2018



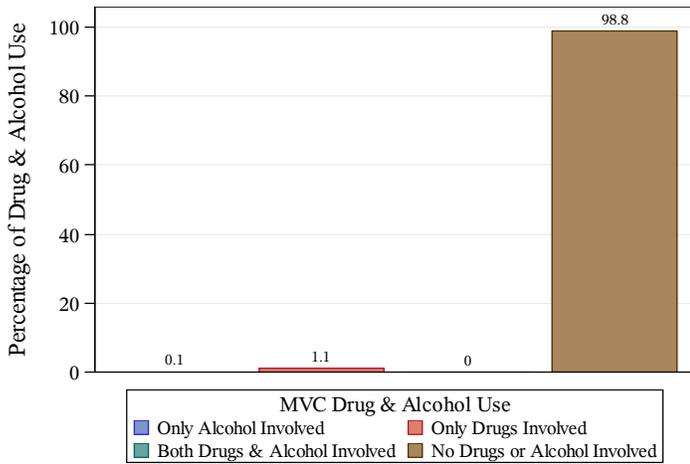
Bicyclist  
April 2017 to March 2018



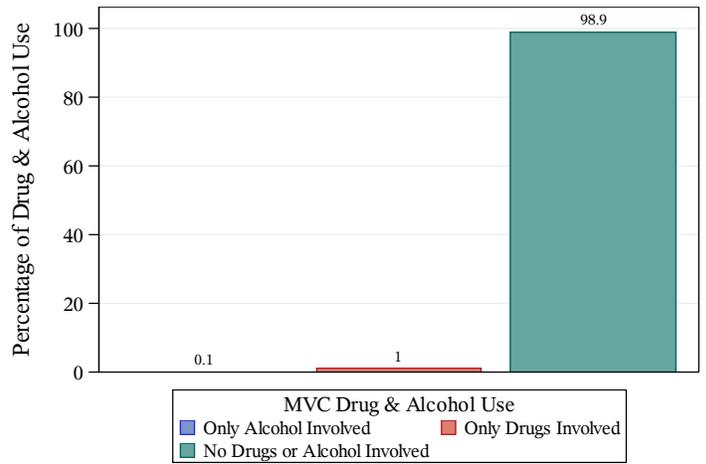
Pedestrian  
April 2017 to March 2018



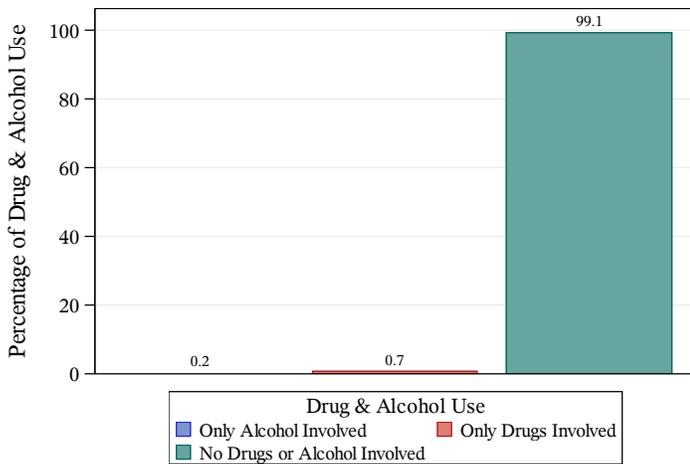
**2017**



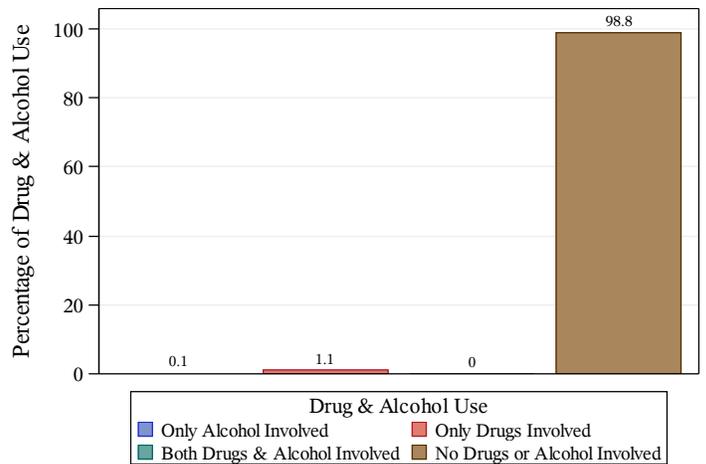
**April 2017 to March 2018**



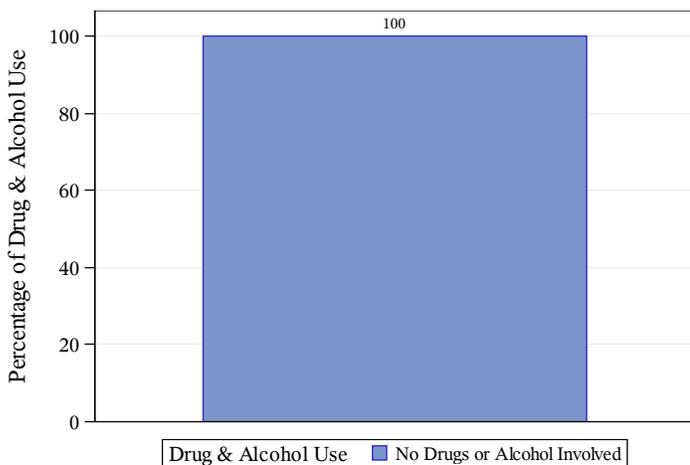
**Motorcycle**  
 April 2017 to March 2018



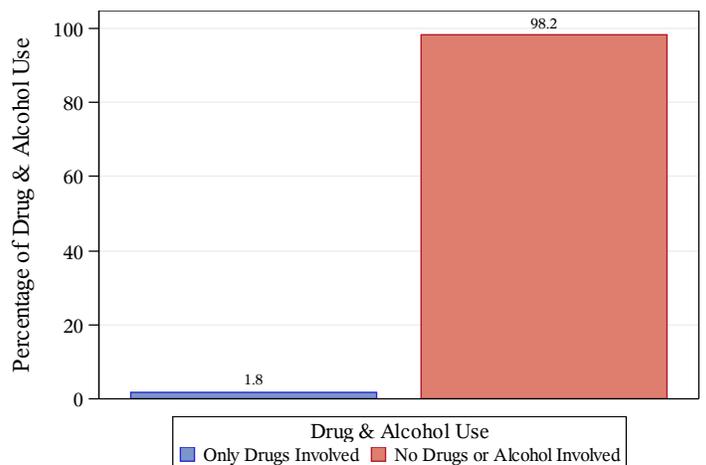
**Automobile**  
 April 2017 to March 2018



**Bicyclist**  
 April 2017 to March 2018

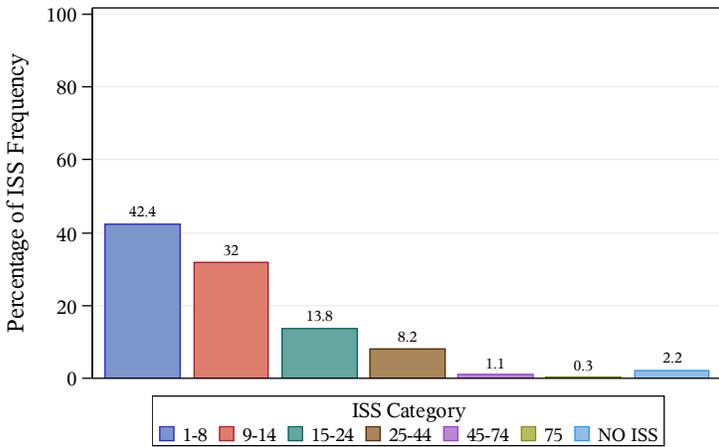


**Pedestrian**  
 April 2017 to March 2018

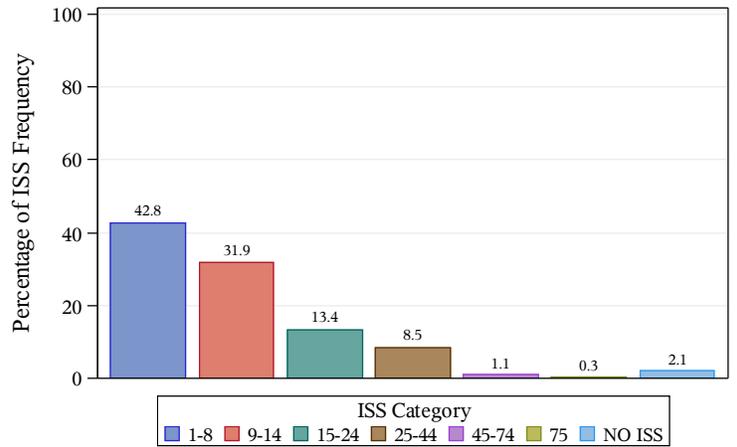


Injury Severity Score- Motor Vehicle Collision

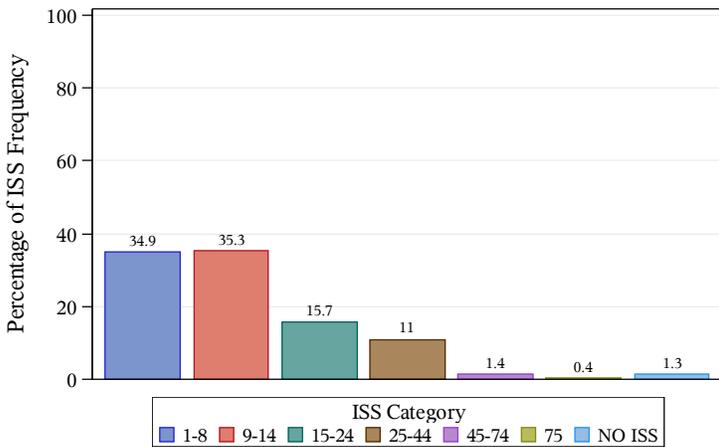
2017



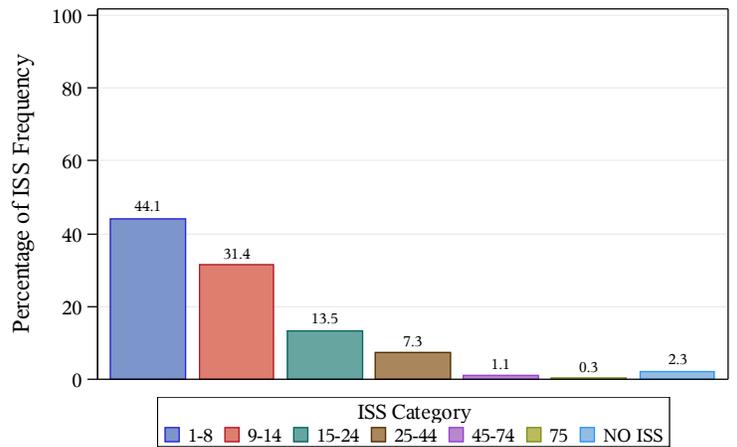
April 2017 to March 2018



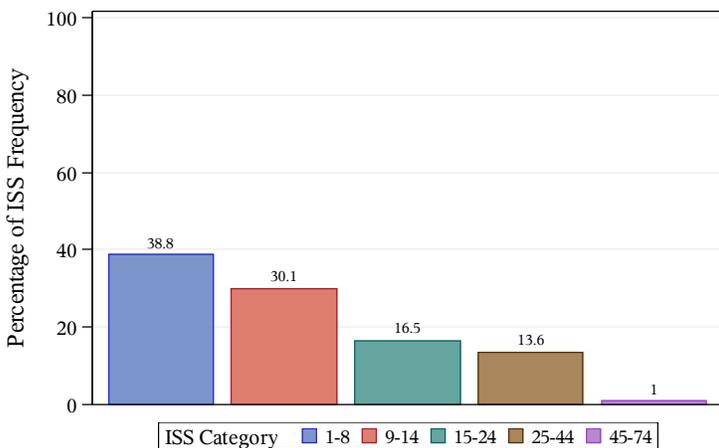
Motorcycle  
April 2017 to March 2018



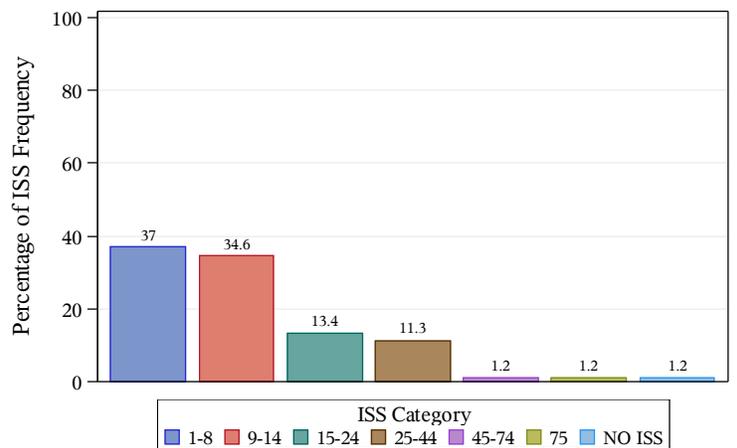
Automobile  
April 2017 to March 2018



Bicyclist  
April 2017 to March 2018

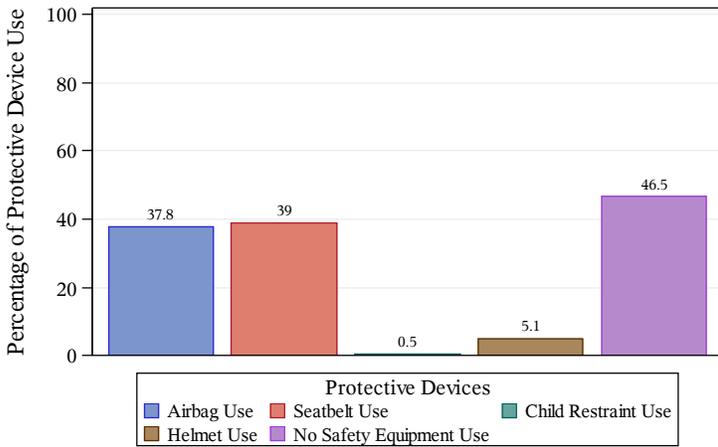


Pedestrian  
April 2017 to March 2018

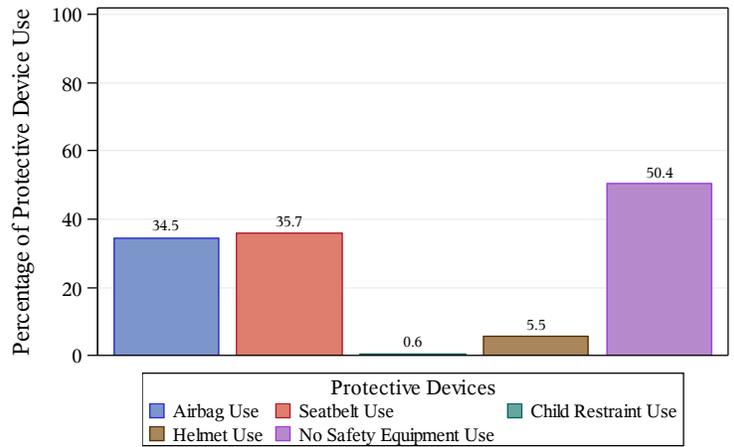


Protective Devices- Motor Vehicle Collision

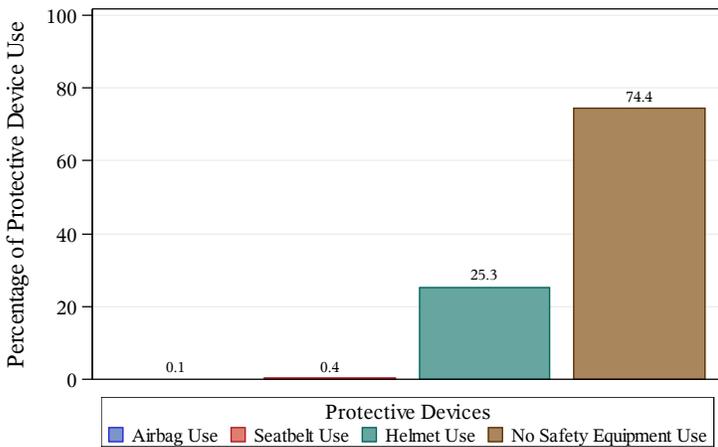
2017



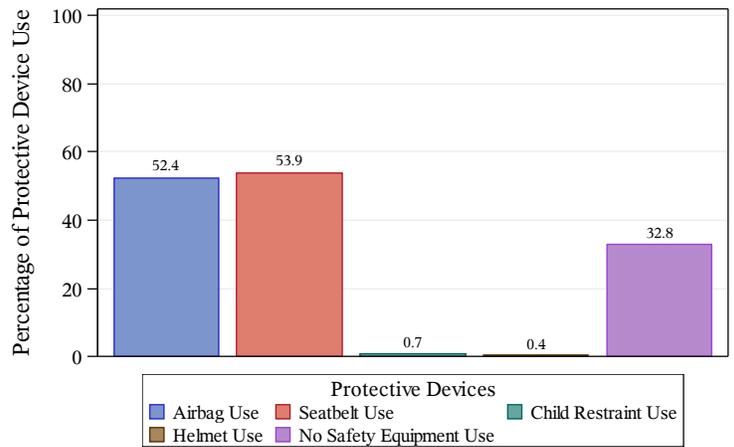
April 2017 to March 2018



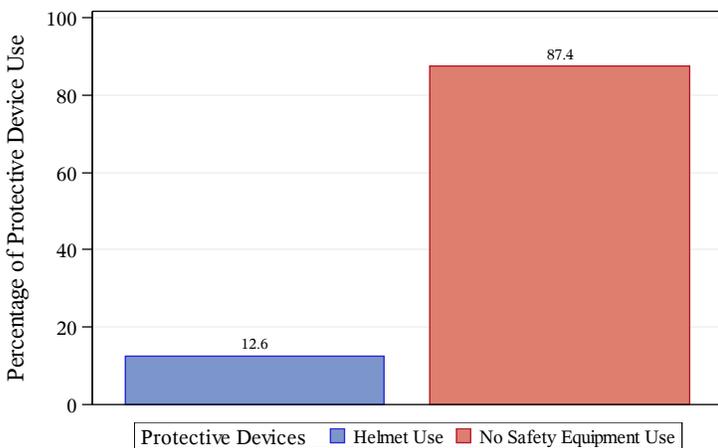
Motorcycle  
April 2017 to March 2018



Automobile  
April 2017 to March 2018



Bicyclist  
March 2017 to February 2018



Pedestrian  
April 2017 to March 2018

