

On May 10th, Katie Hokanson (Director), Camry Hess (Database Analyst) and Ramzi Nimry (Trauma System PI Manager) attended the PI Subcommittee Meeting, a subcommittee of the Indiana State Trauma Care Committee.

On May 10th, Katie Hokanson (Director) and Ramzi Nimry (Trauma System PI Manager) attended the Traffic Records Coordinating Committee (TRCC) meeting at Government Center South.

On May 13th Ramzi Nimry (Trauma System PI Manager) attended the St. Vincent's Emergency Medicine Symposium in Indianapolis as an exhibitor.

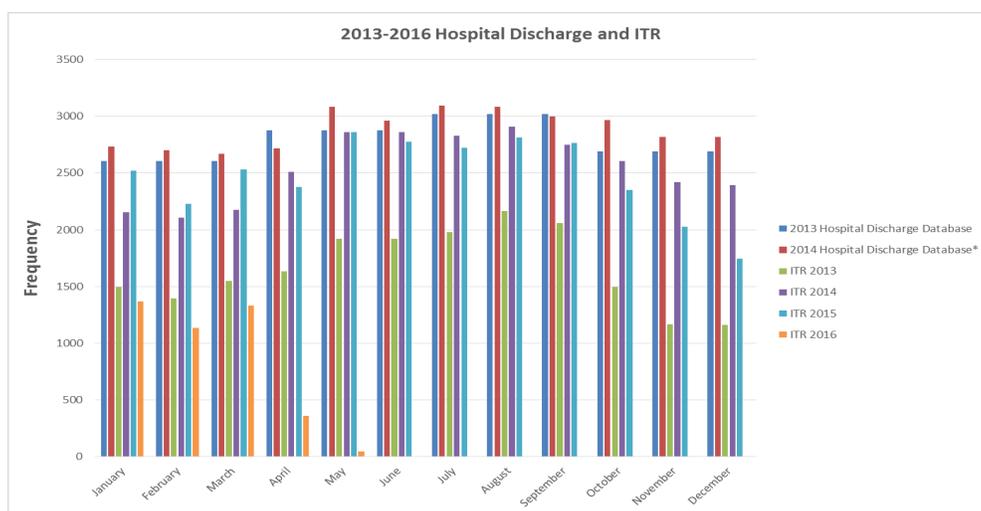
On May 26th, Camry Hess (Database Analyst) and Ramzi Nimry (Trauma System PI Manager) attended District 1's first formal Trauma Advisory Council (TAC) at St. Anthony's Health in Crown Point.

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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

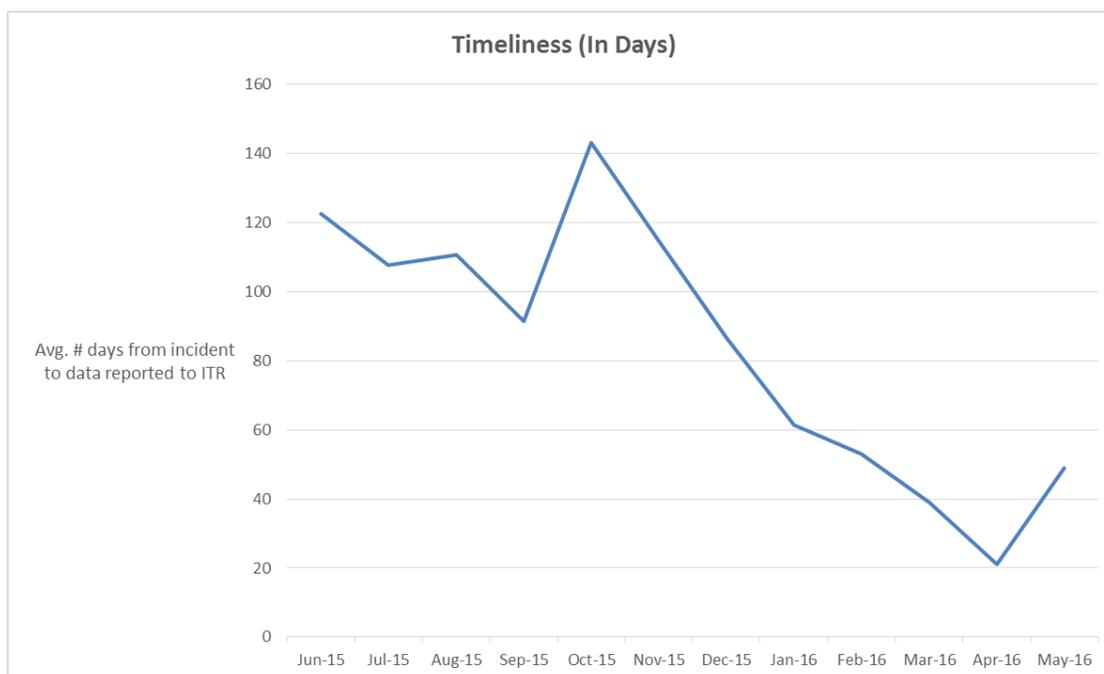
The Hospital Discharge database, also maintained by the ISDH, contains all records of patients cared for in Indiana hospitals. We compared patient records from the ITR with the Hospital Discharge database to know how complete is the ITR's data.



### Timeliness

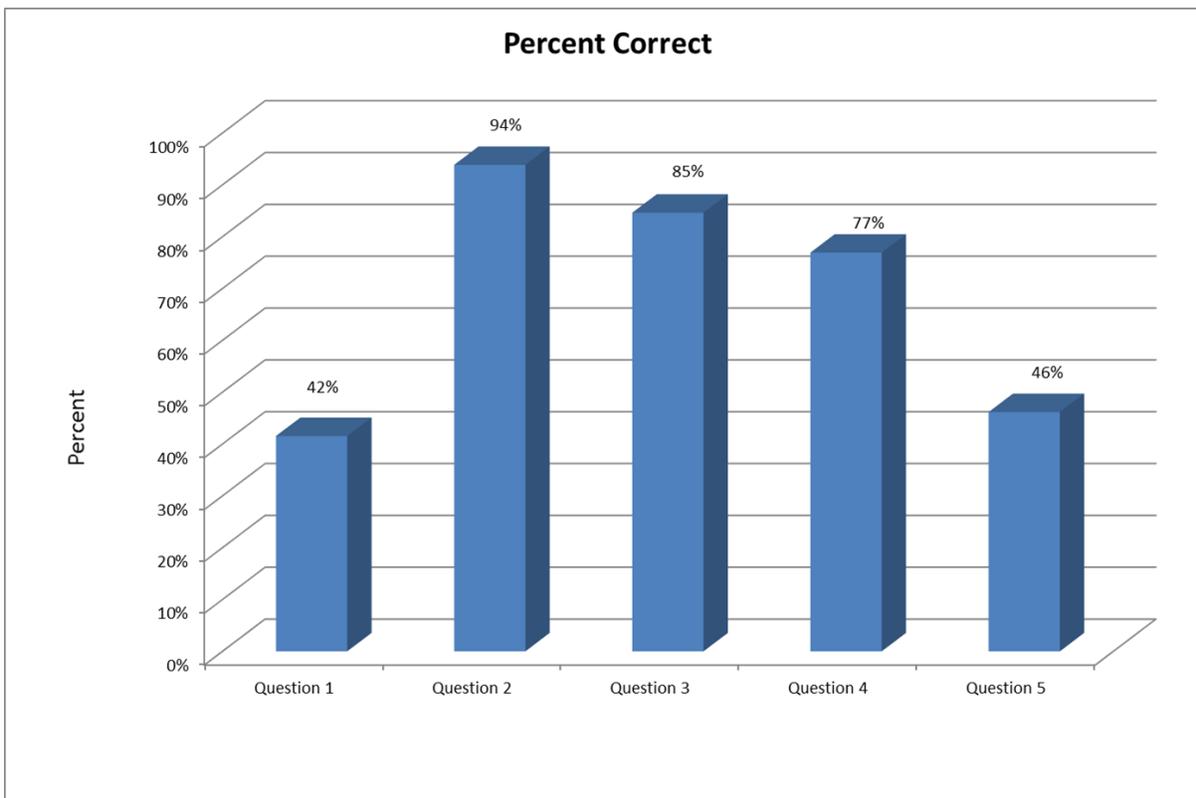
Timeliness increases as facilities wait until the data submission deadline to submit data to the ITR. Hospitals are asked to report data on the national trauma (TQIP) reporting schedule.

The decrease in timeliness from December 2015 until April 2016 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 twenty-fifth monthly quiz for the inter-rater reliability study. Sixty-five registrars completed the quiz from 45 hospitals. The percent of correct answers was 69% 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.



## Integration

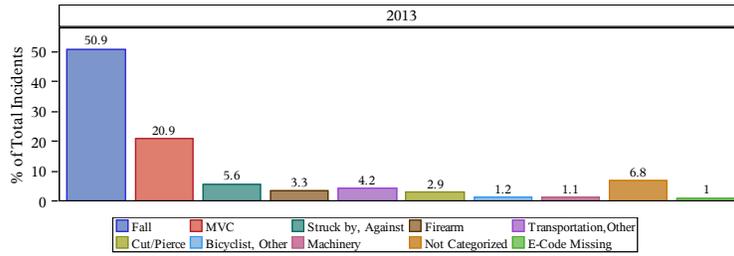
The number of linked EMS to trauma cases was 1825 for Q4 2015 data. Trauma data is due on a quarterly basis.

## Accessibility

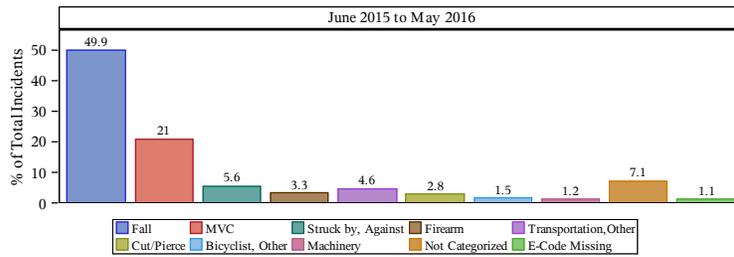
The average time to complete data requests was 1 day for identifiable requests (1 request). There were no aggregate or self-report requests during May.

**June 2015 to May 2016      25457 Incidents**  
**January 2013 to December 2013      20224 Incidents**  
**Cause of Injury (COI)**

Cause of Injury (COI)

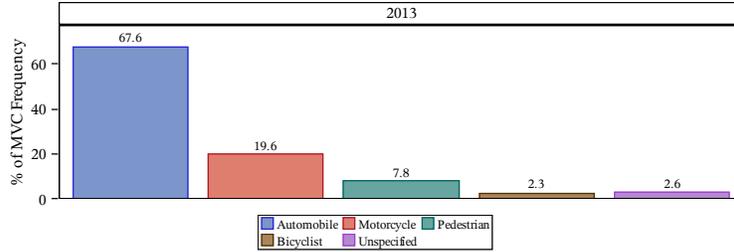


<1% of COI: Pedestrian (Other), Natural/Environmental, Overexertion, Fire/Burn, and Bites/Stings  
Cause of Injury (COI)

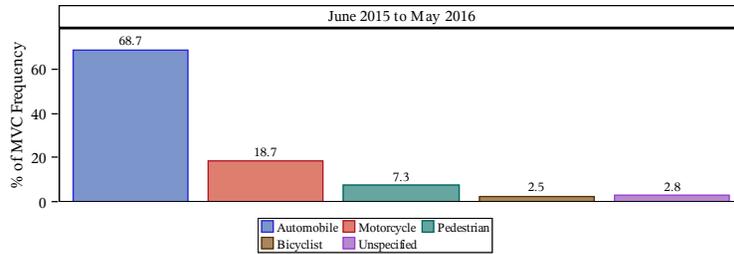


<1% of COI: Pedestrian (Other), Natural/Environmental, Overexertion, Fire/Burn, and Bites/Stings

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

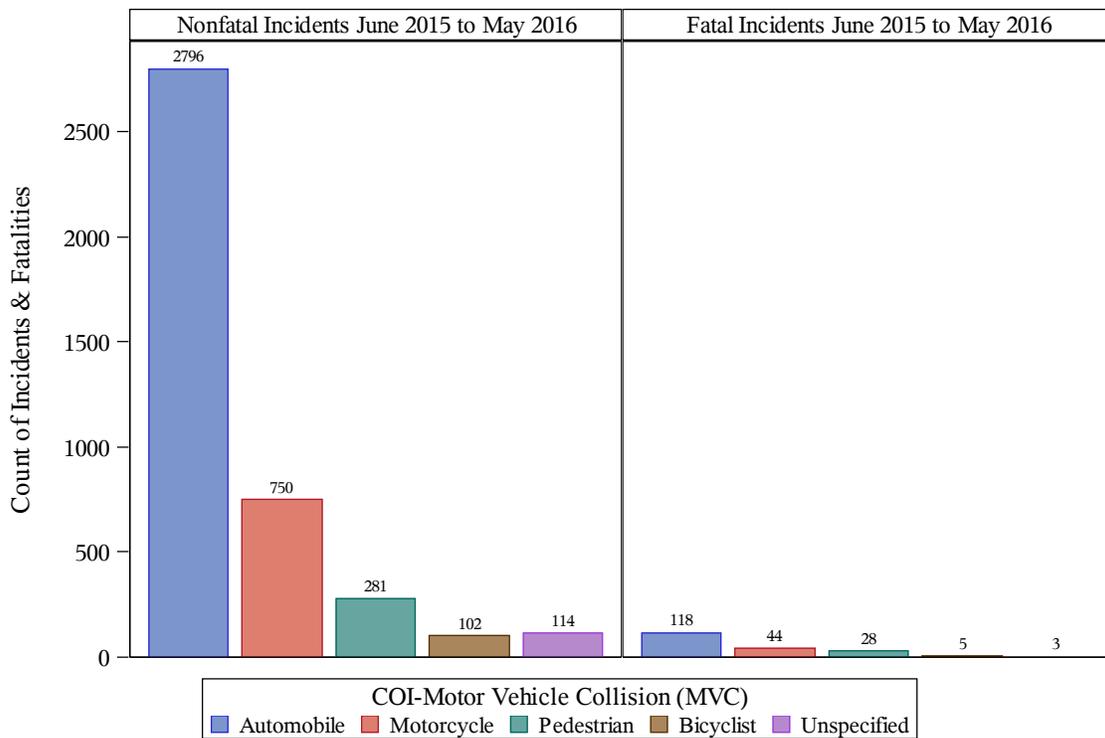
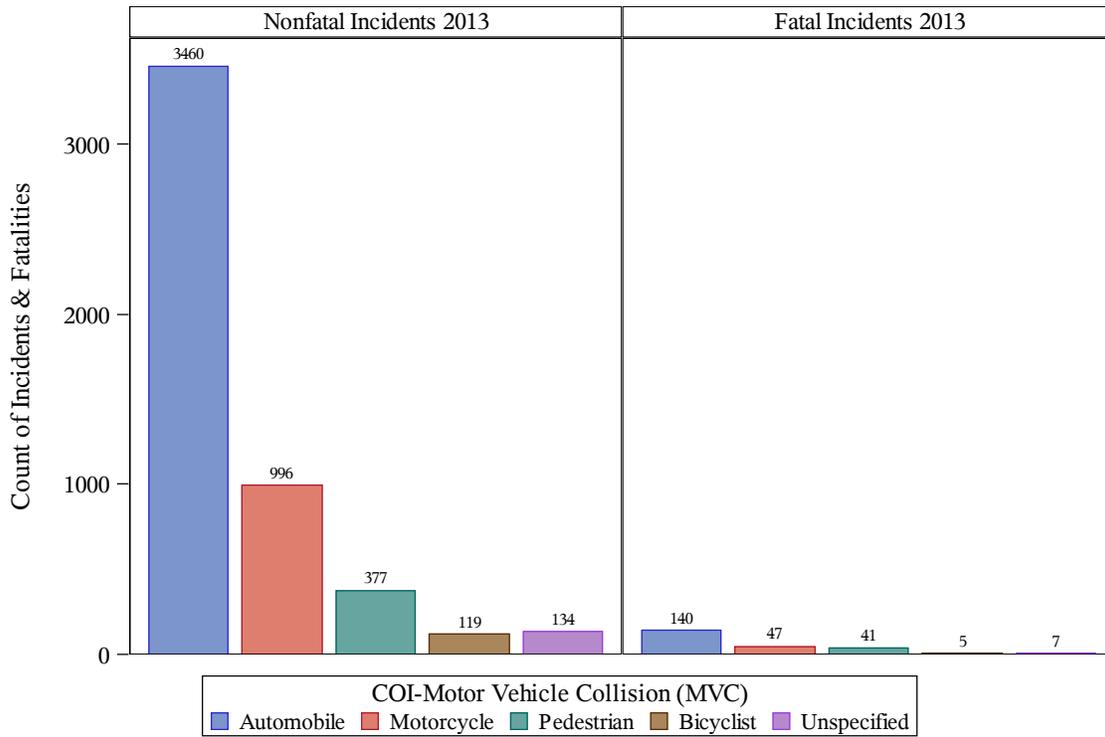


**COI-Motor Vehicle Collision (MVC)**



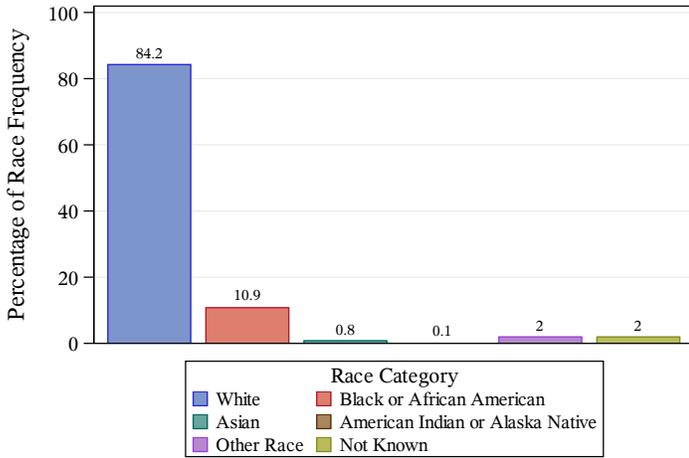
**June 2015 to May 2016**                      **4241 Incidents**  
**January 2013 to December 2013**                      **5326 Incidents**  
**Motor Vehicle Collision**

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

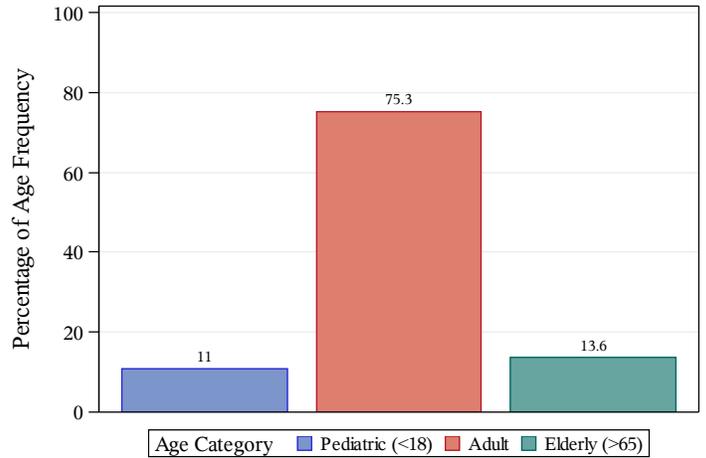


Motor Vehicle Collision

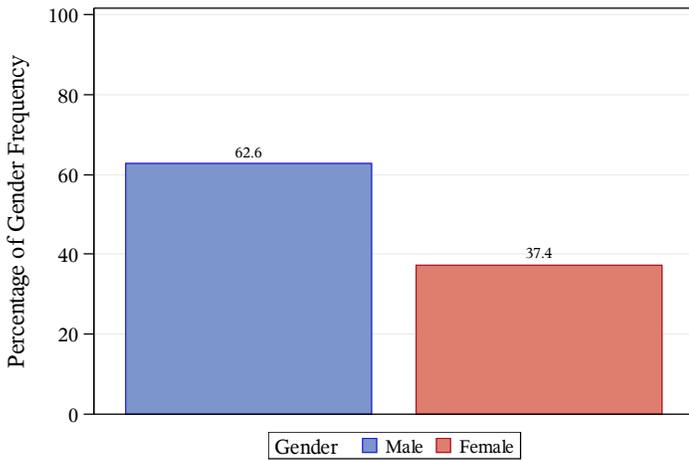
Race



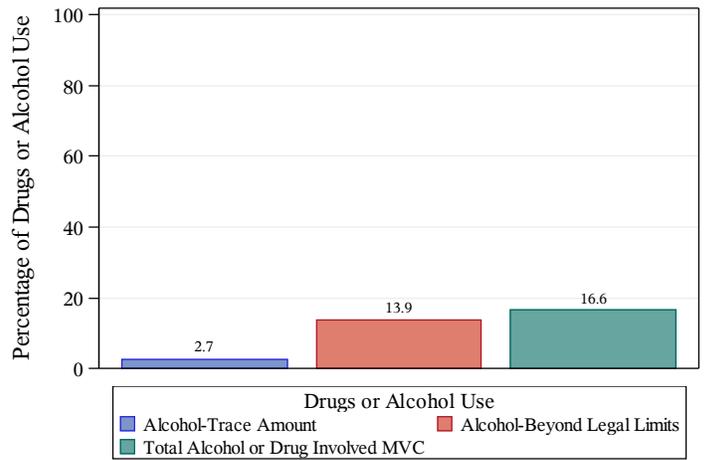
Age



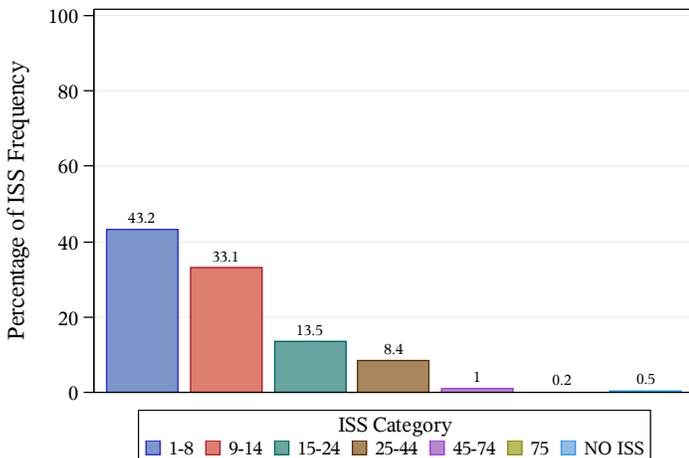
Gender



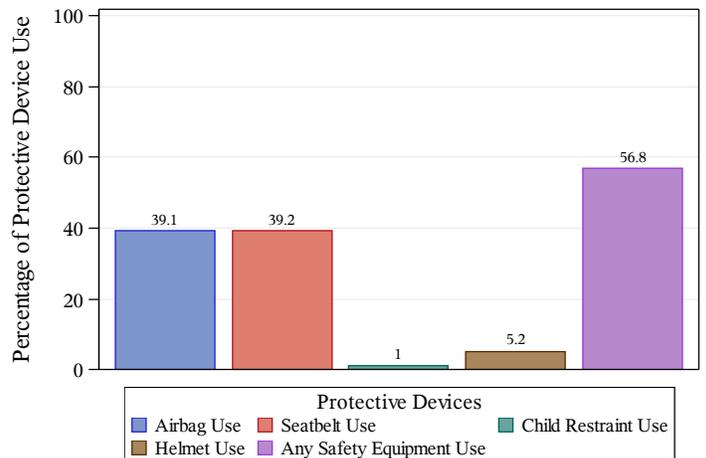
Drug & Alcohol Use



Injury Severity Score



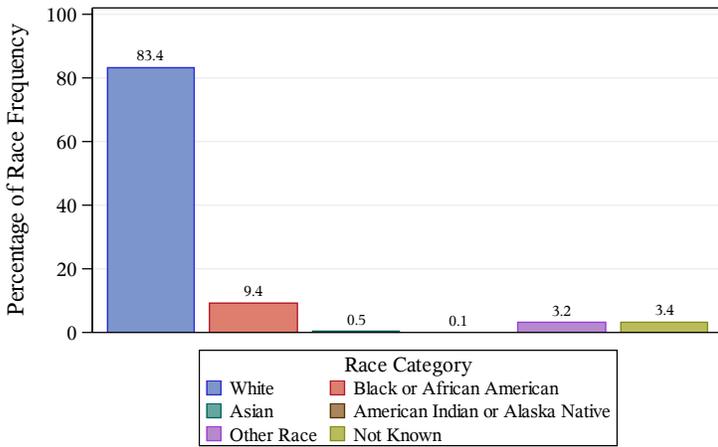
Protective Devices



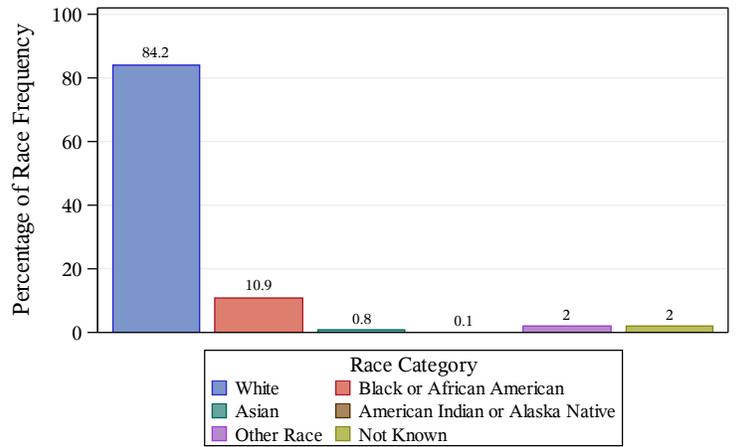
Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

Race- Motor Vehicle Collision

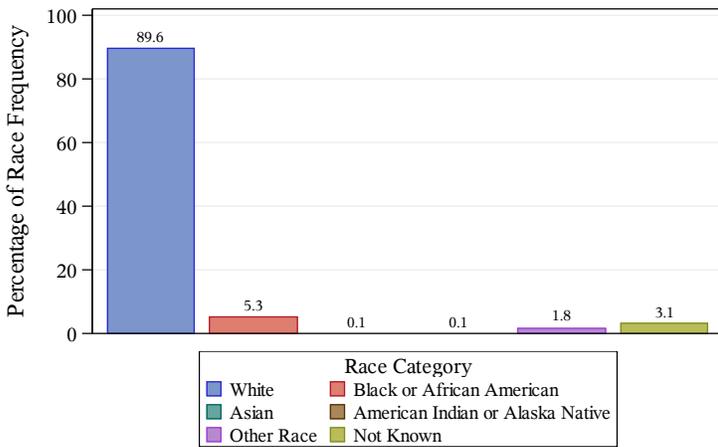
2013



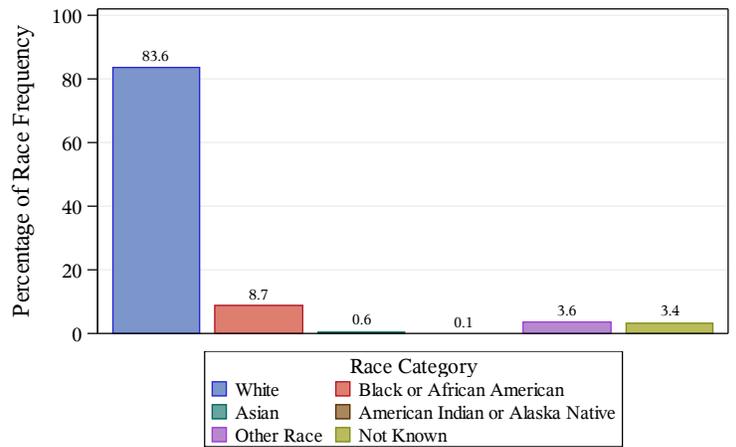
June 2015 to May 2016



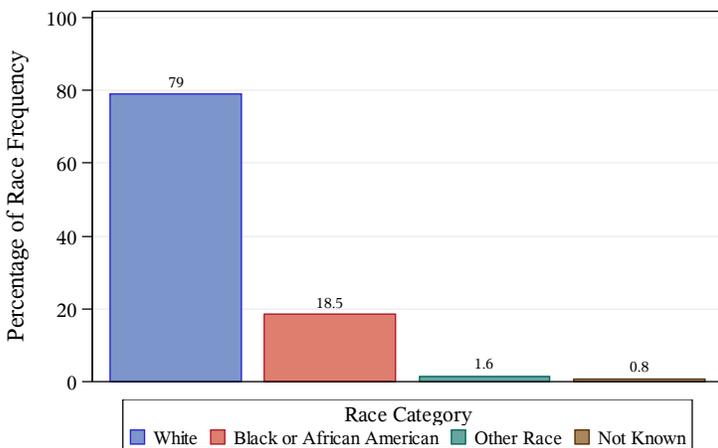
Motorcycle  
June 2015 to May 2016



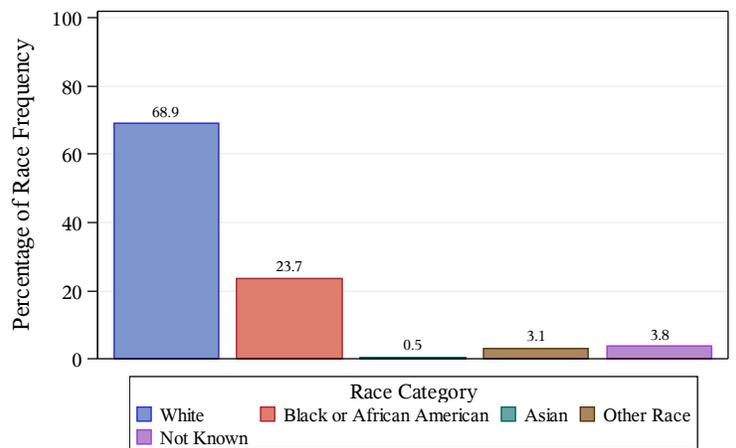
Automobile  
June 2015 to May 2016



Bicyclist  
June 2015 to May 2016

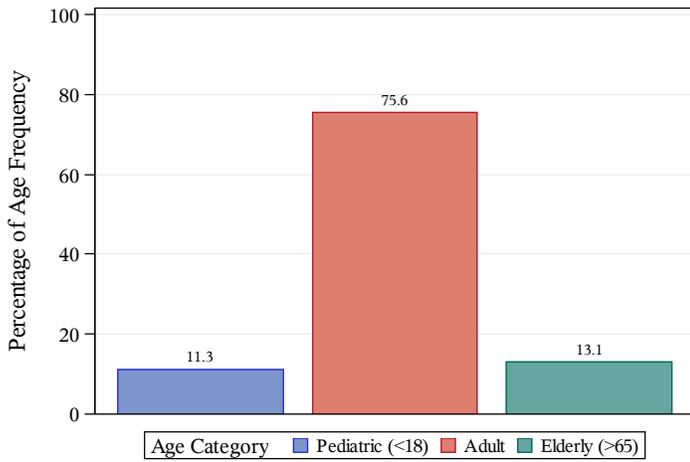


Pedestrian  
June 2015 to May 2016

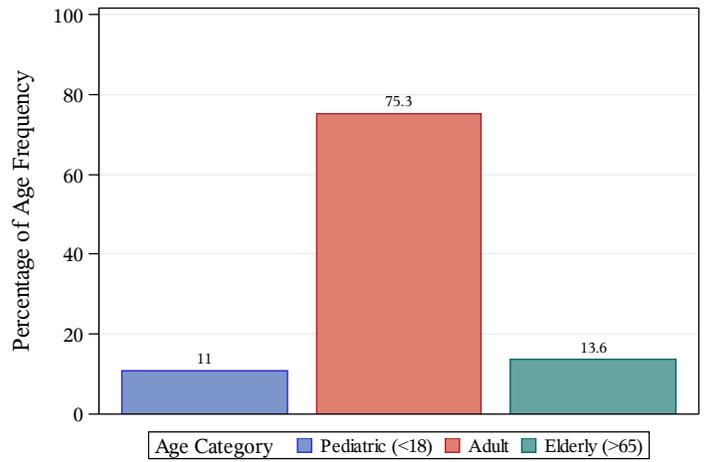


Age- Motor Vehicle Collision

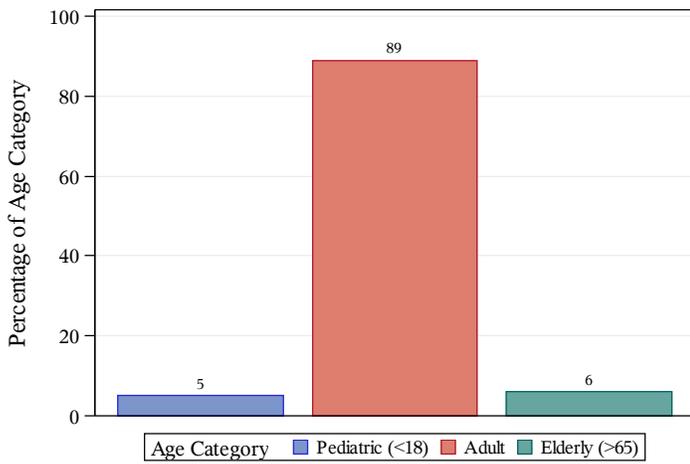
2013



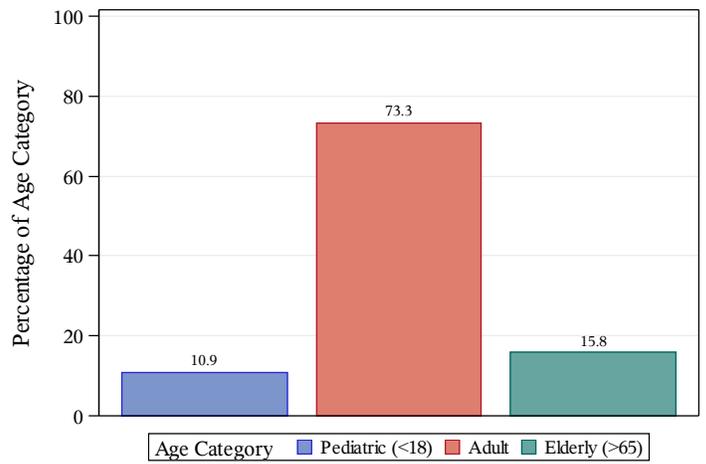
June 2015 to May 2016



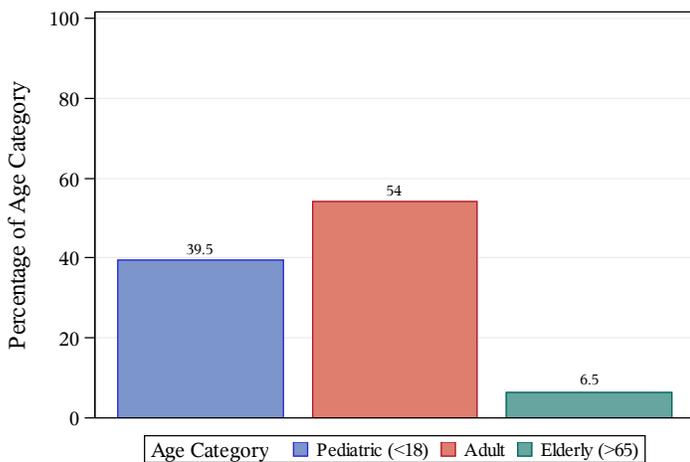
Motorcycle  
June 2015 to May 2016



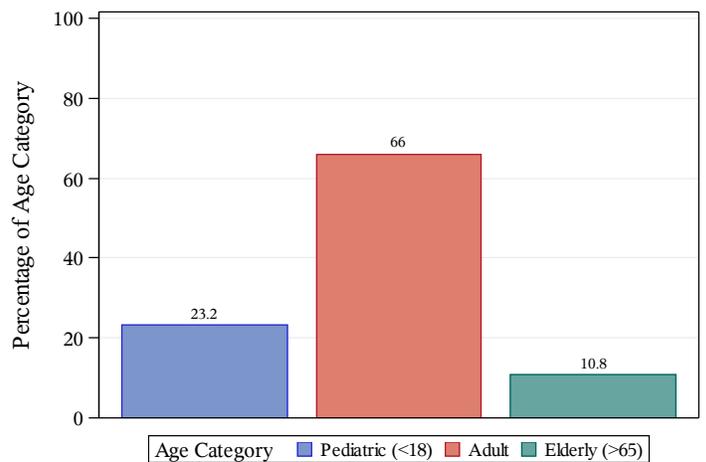
Automobile  
June 2015 to May 2016



Bicyclist  
June 2015 to May 2016

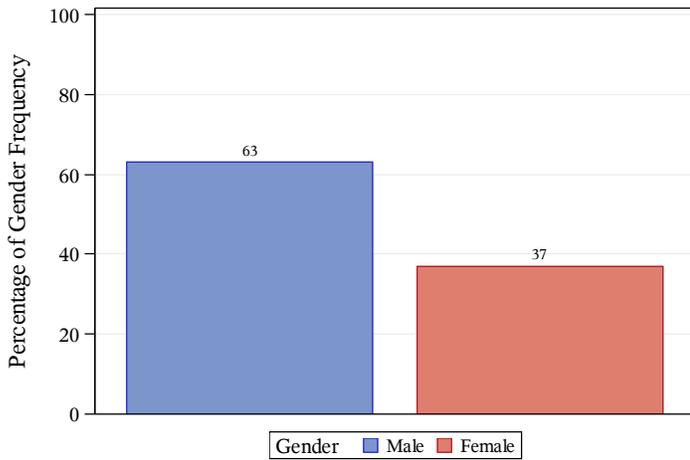


Pedestrian  
June 2015 to May 2016

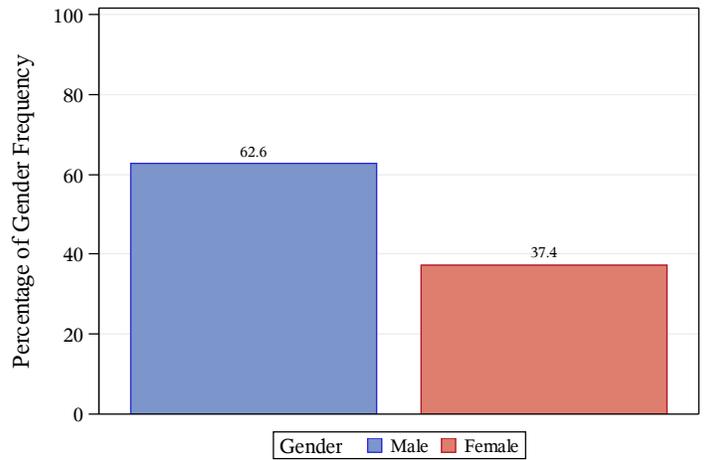


Gender- Motor Vehicle Collision

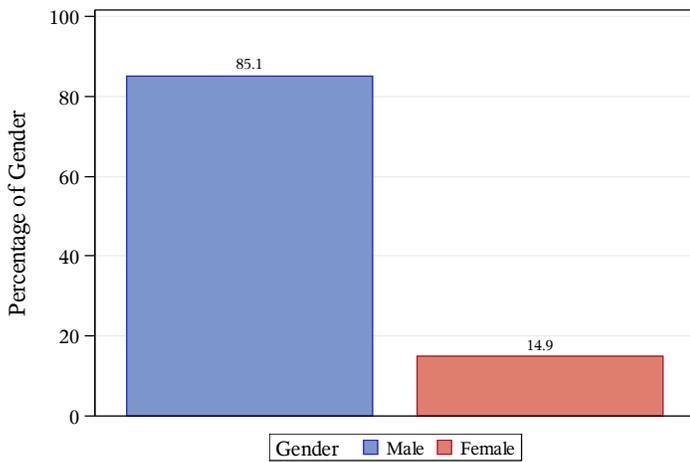
2013



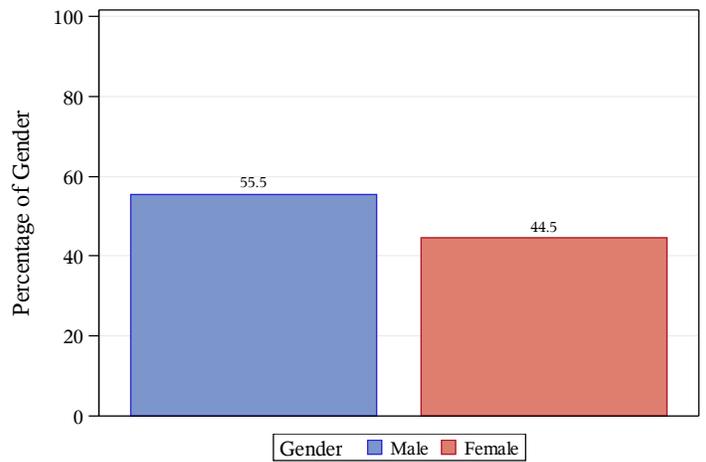
June 2015 to May 2016



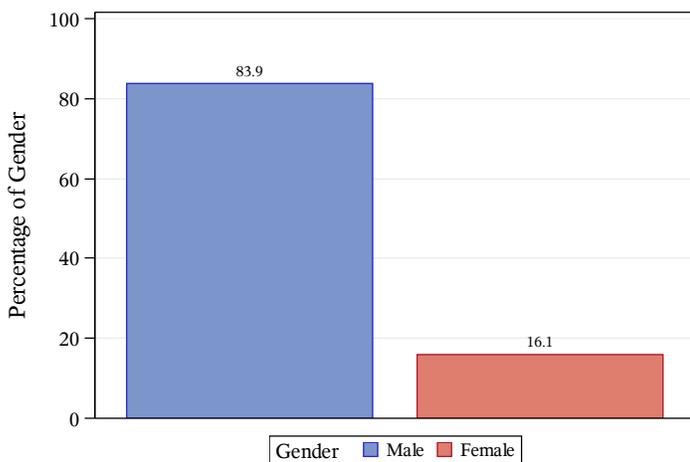
Motorcycle  
June 2015 to May 2016



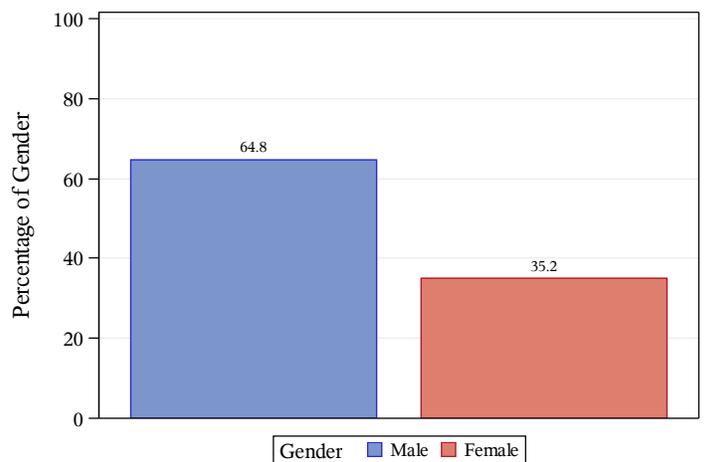
Automobile  
June 2015 to May 2016



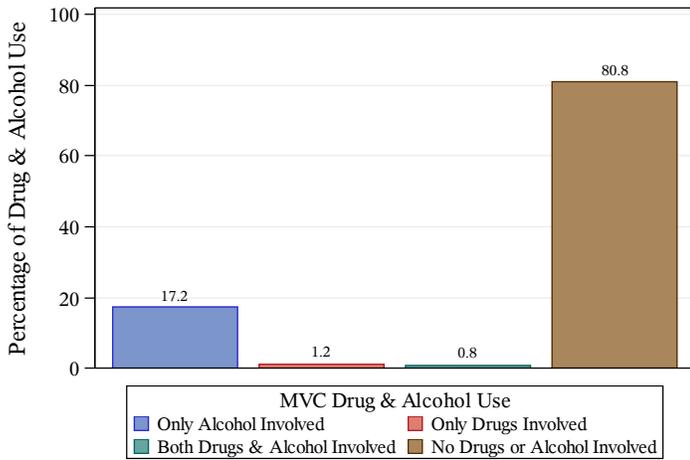
Bicyclist  
June 2015 to May 2016



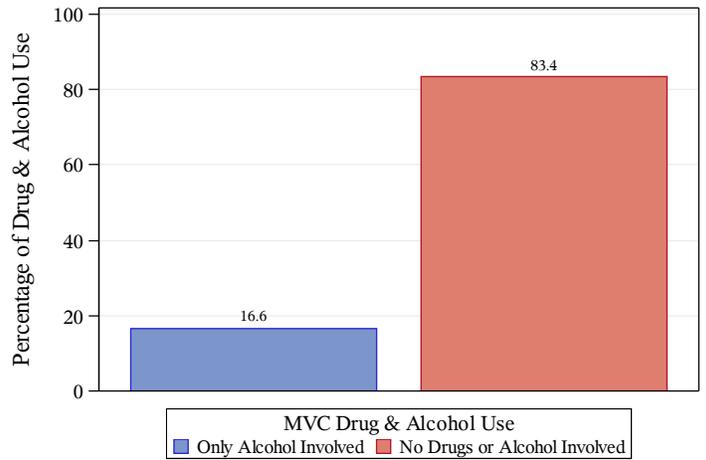
Pedestrian  
June 2015 to May 2016



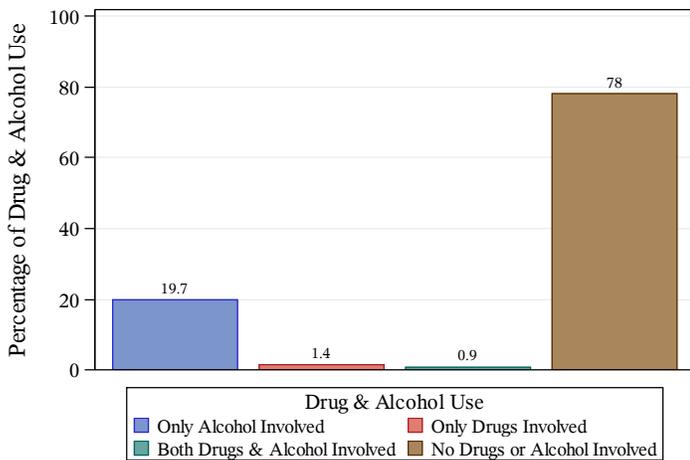
**2013**



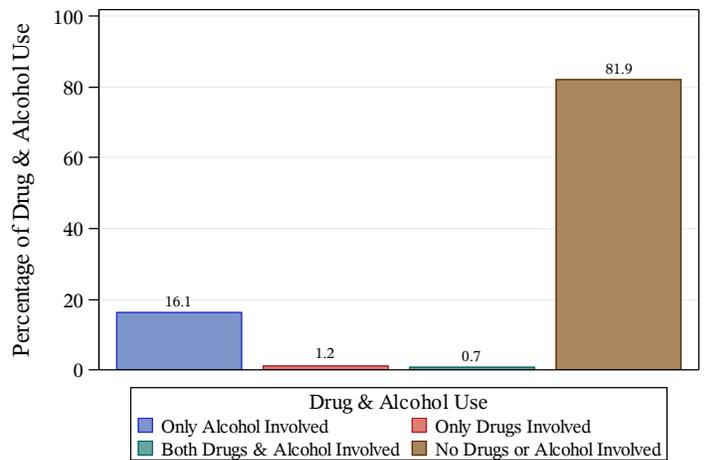
**June 2015 to May 2016**



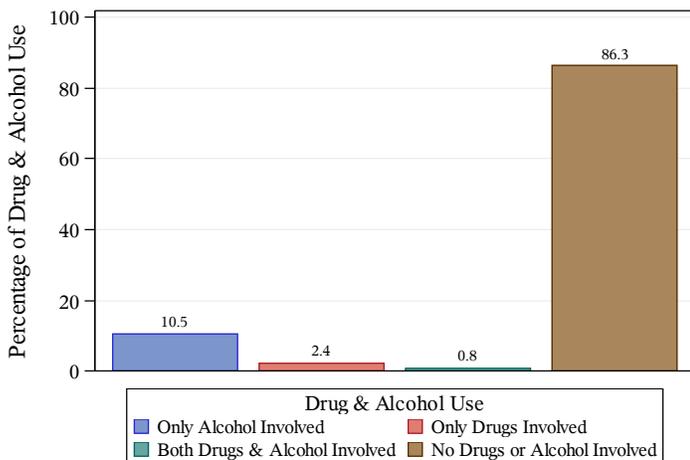
**Motorcycle**  
 June 2015 to May 2016



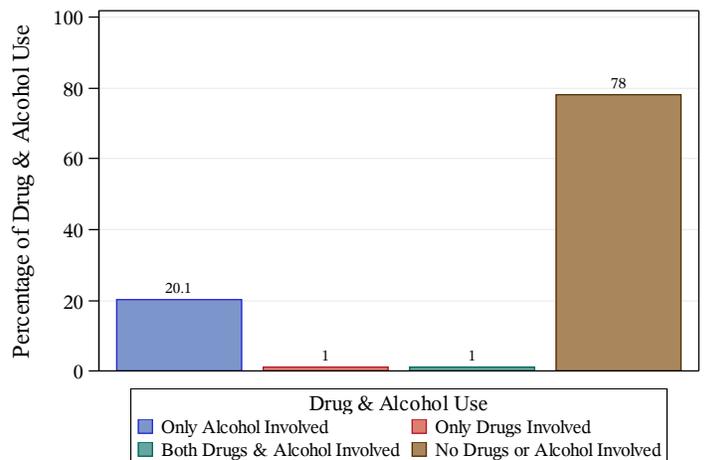
**Automobile**  
 June 2015 to May 2016



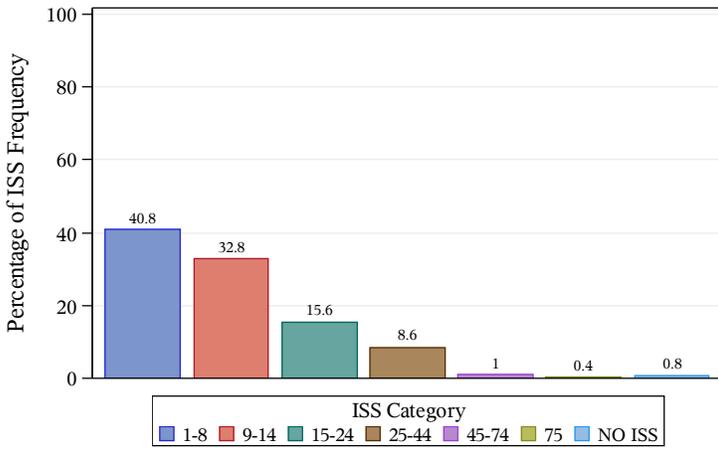
**Bicyclist**  
 June 2015 to May 2016



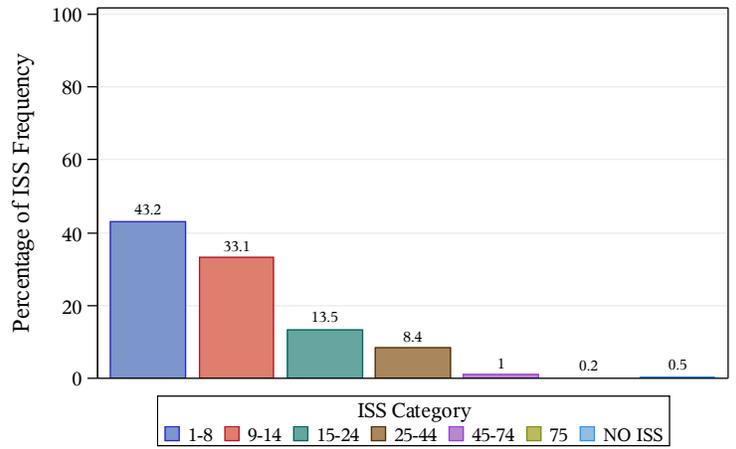
**Pedestrian**  
 June 2015 to May 2016



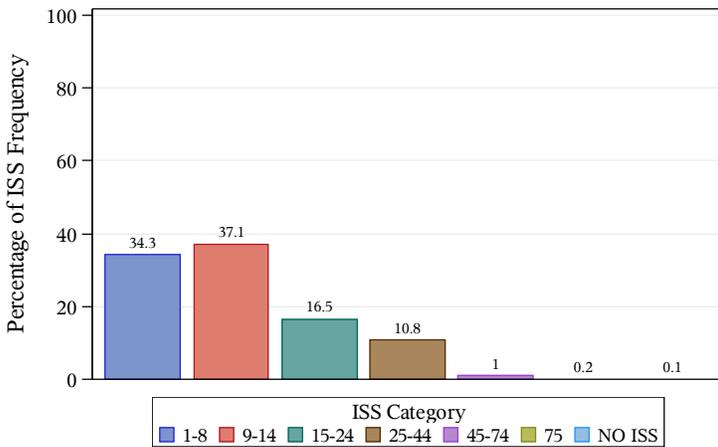
2013



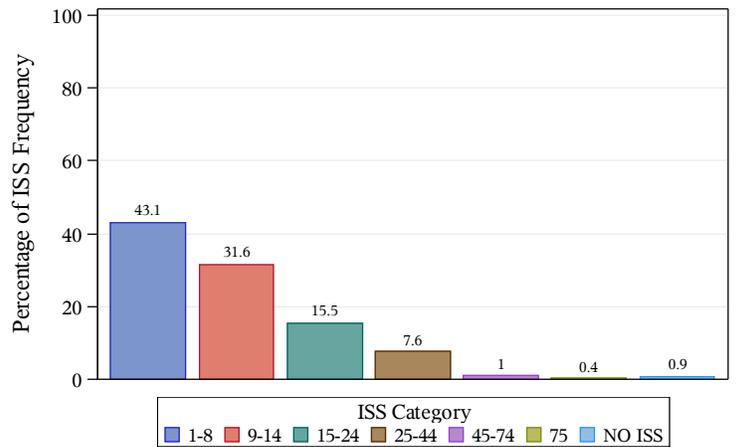
June 2015 to May 2016



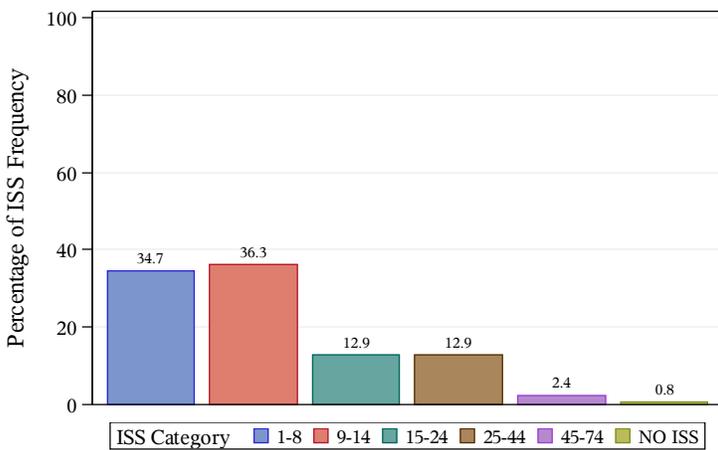
Motorcycle  
June 2015 to May 2016



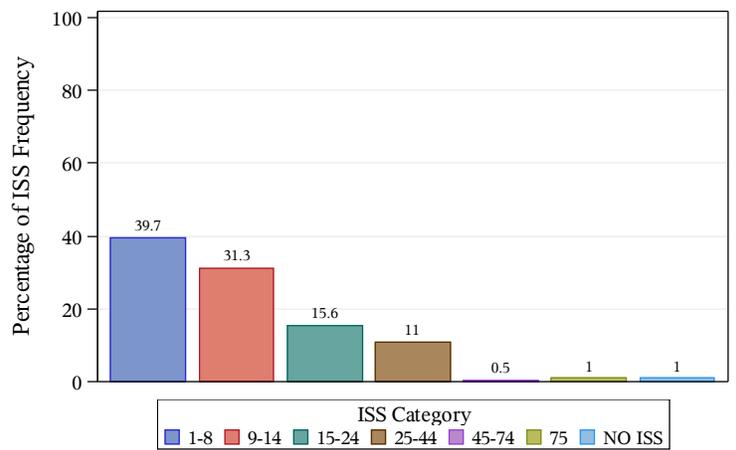
Automobile  
June 2015 to May 2016



Bicyclist  
June 2015 to May 2016

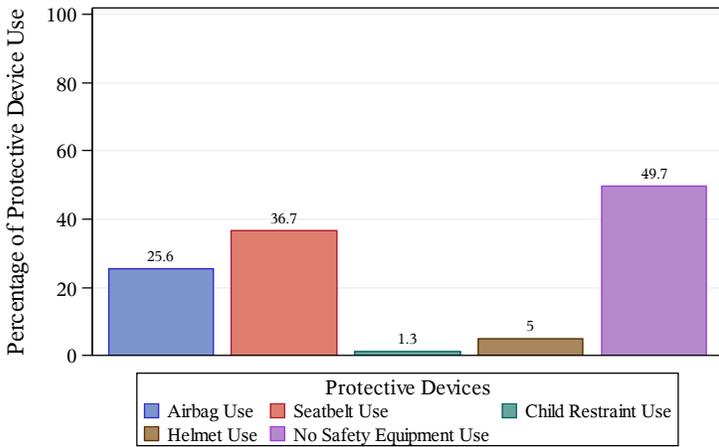


Pedestrian  
June 2015 to May 2016

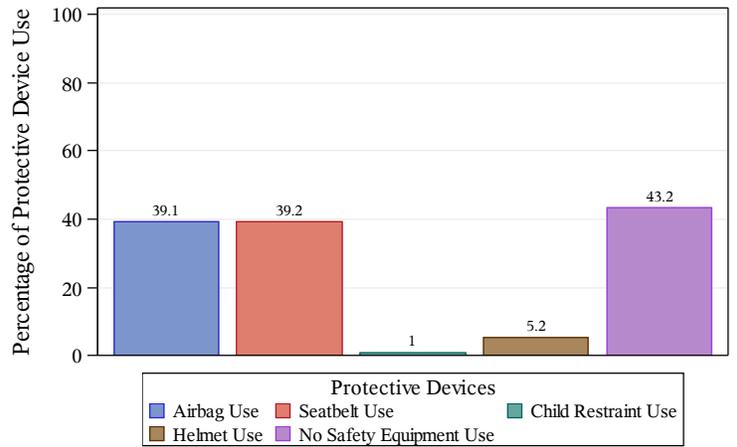


Protective Devices- Motor Vehicle Collision

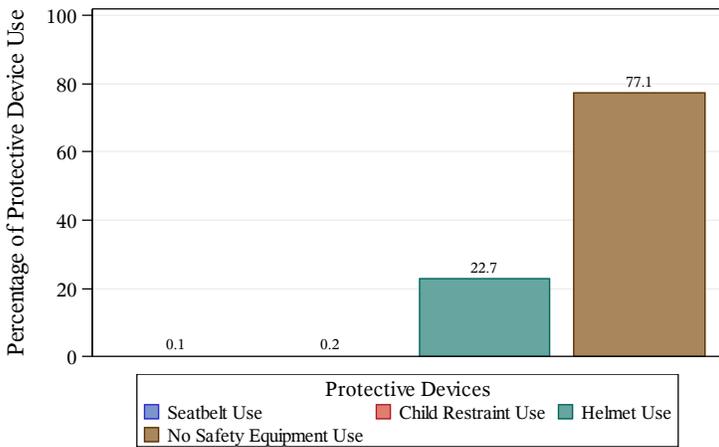
2013



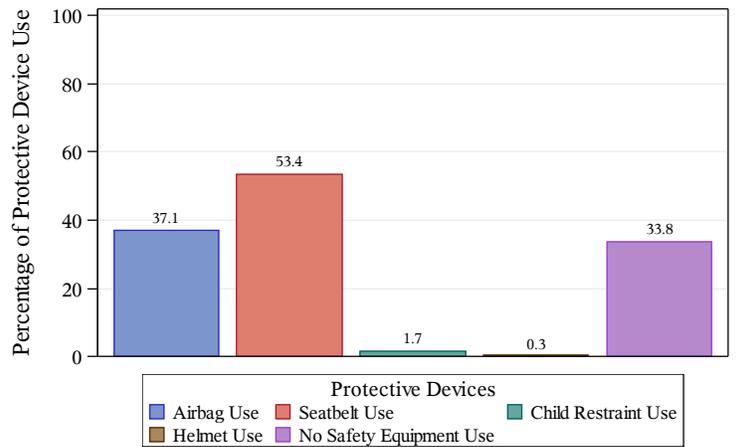
June 2015 to May 2016



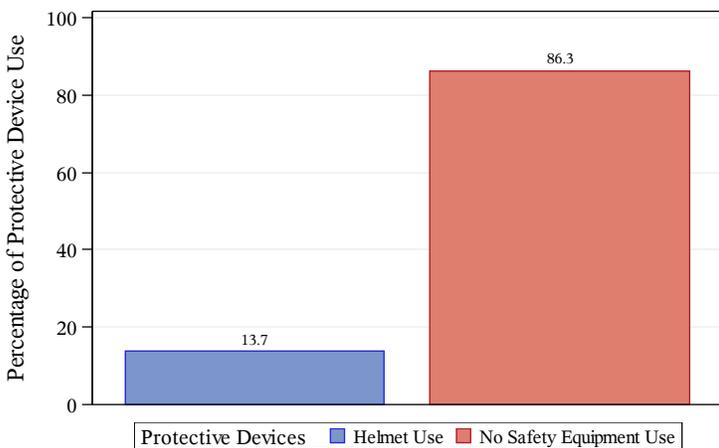
Motorcycle  
June 2015 to May 2016



Automobile  
June 2015 to May 2016



Bicyclist  
June 2015 to May 2016



Pedestrian  
June 2015 to May 2016

