

\*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 June 14, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the Coroner's Conference in Indianapolis.

On June 15, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended ISTCC.

On June 19, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended the District 2 TRAC at Pulaski Memorial.

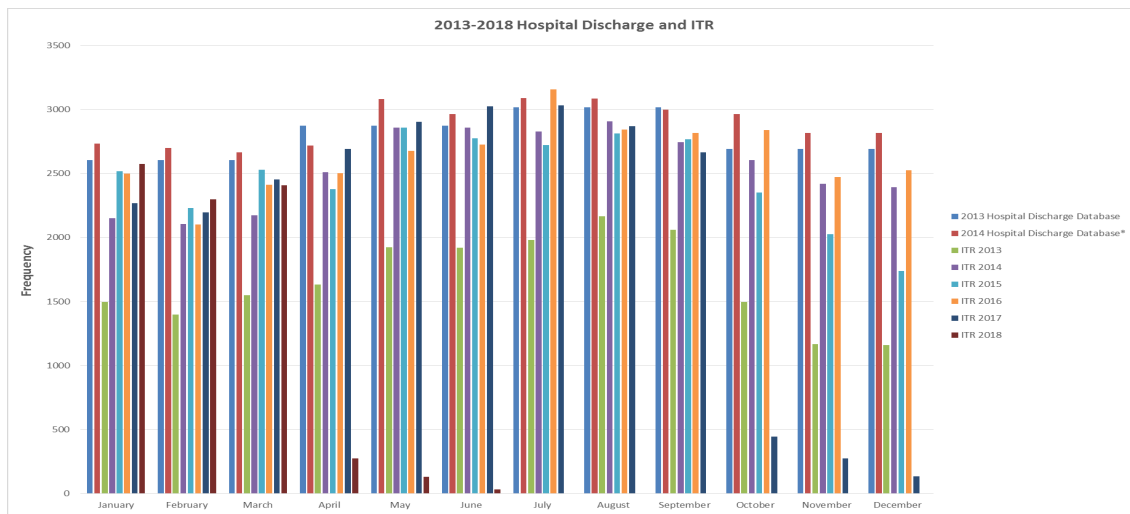
On June 21, Ramzi Nimry (Statewide Trauma System Development and Training Manager) attended MESH Grand Rounds at Eskenazi Health.

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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

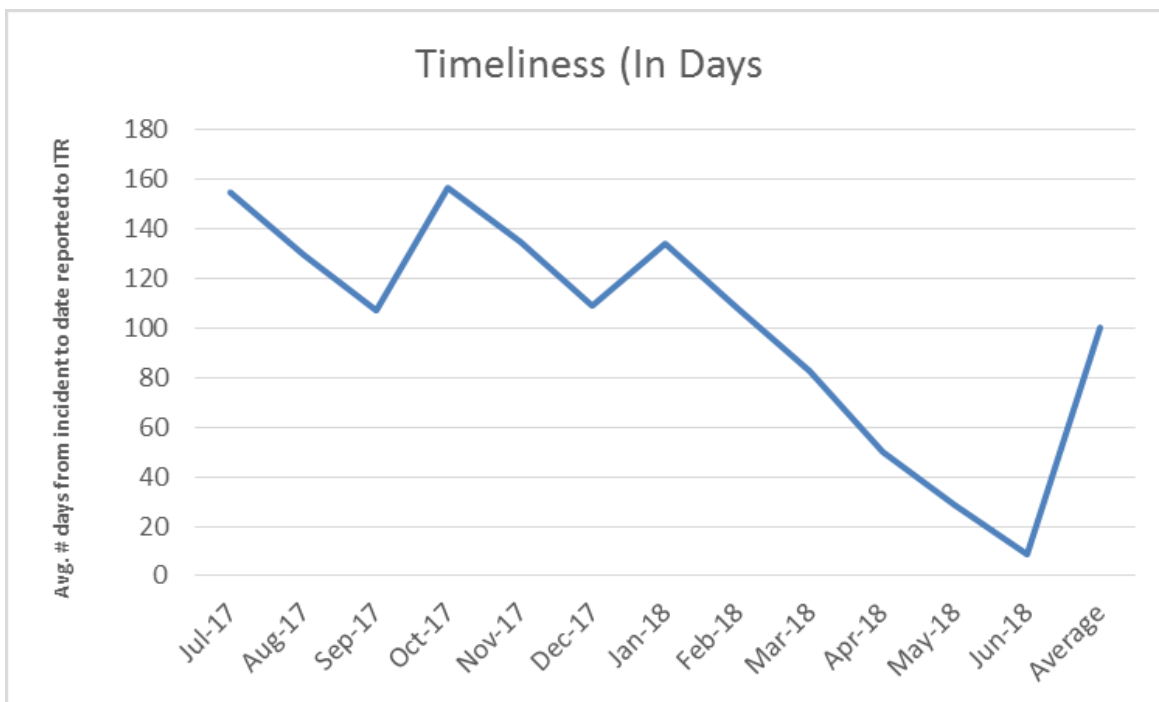
The Hospital Discharge database, also maintained by the ISDH, contains all records of patients cared for in Indiana hospitals. We compared patient records from the ITR with the Hospital Discharge database to know how complete is the ITR's data.



### Timeliness

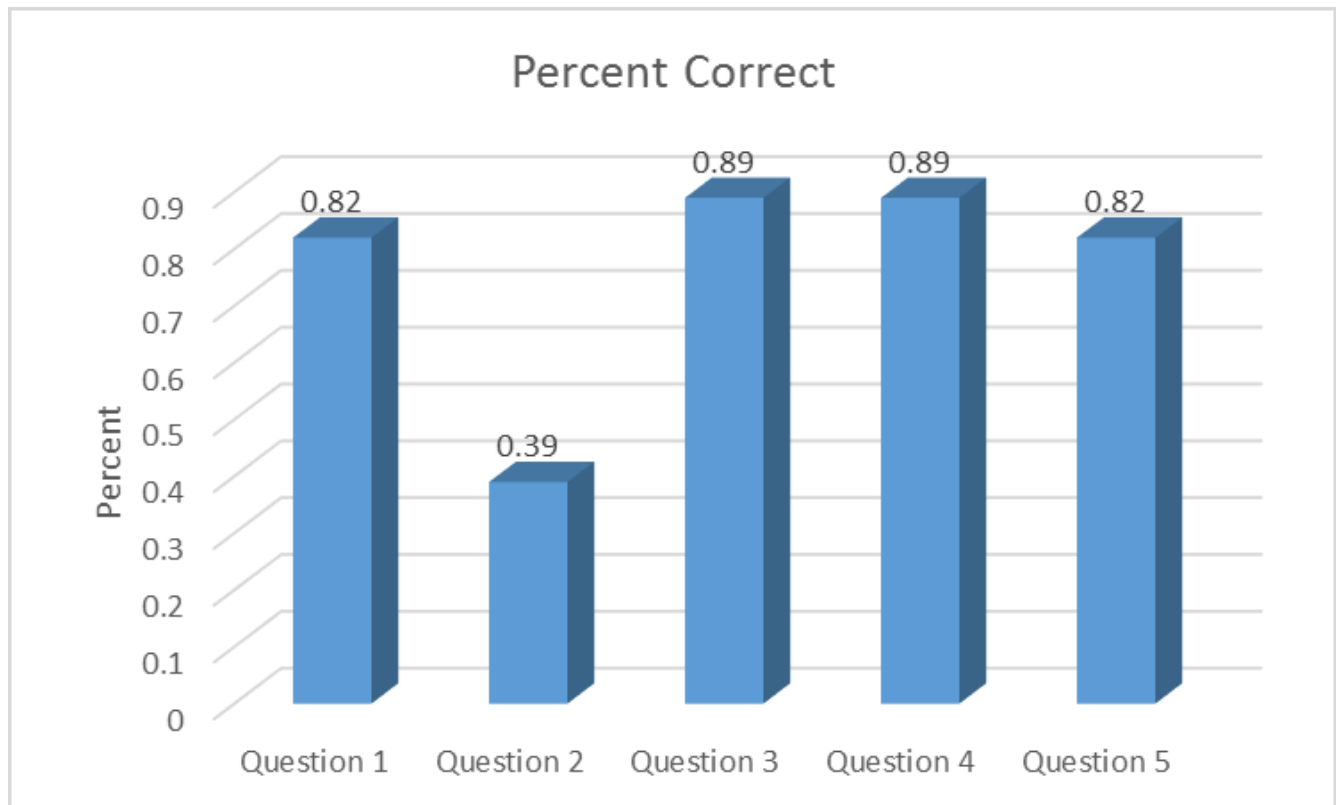
Timeliness increases as facilities wait until the data submission deadline to submit data to the ITR. Hospitals are asked to report data on the national trauma (TQIP) reporting schedule.

The decrease in timeliness from 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 52 participants from 42 hospitals who completed the quiz. The percent correct was 76% 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.



### Integration

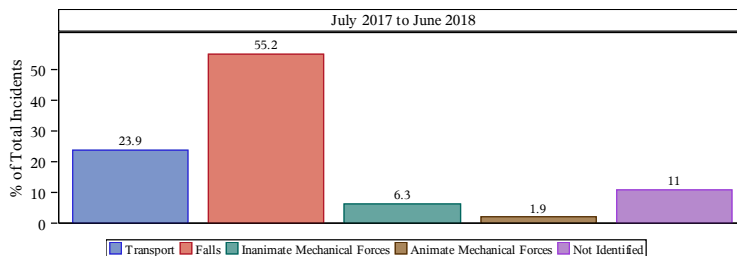
The number of linked EMS to trauma cases was 2,197 for Q3 2017 data. Trauma data is due on a quarterly basis.

### Accessibility

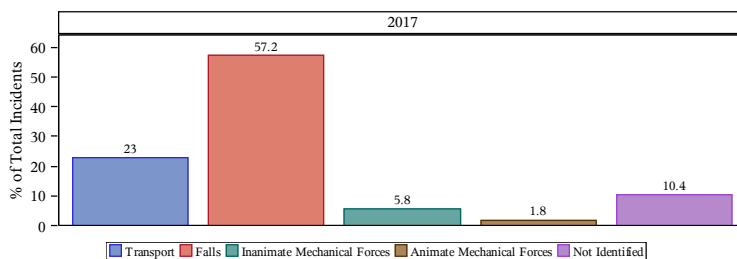
The average time to complete data requests was 7 day for aggregate requests (2 total). The average time to complete a identifiable report was 6 days (2 total). There were no self reports.

**Cause of Injury (COI)**

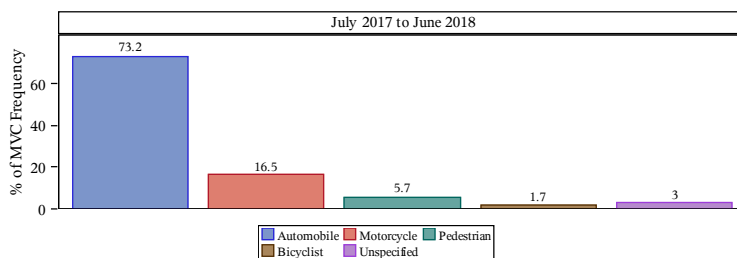
Cause of Injury (COI)



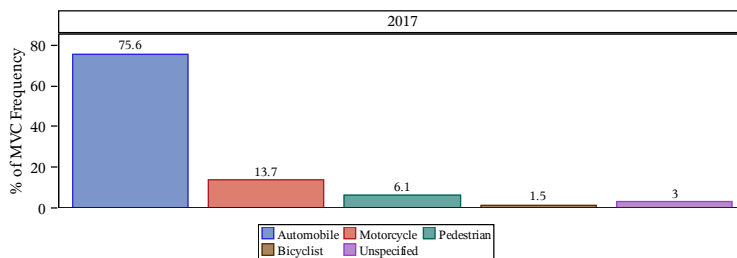
Cause of Injury (COI)



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

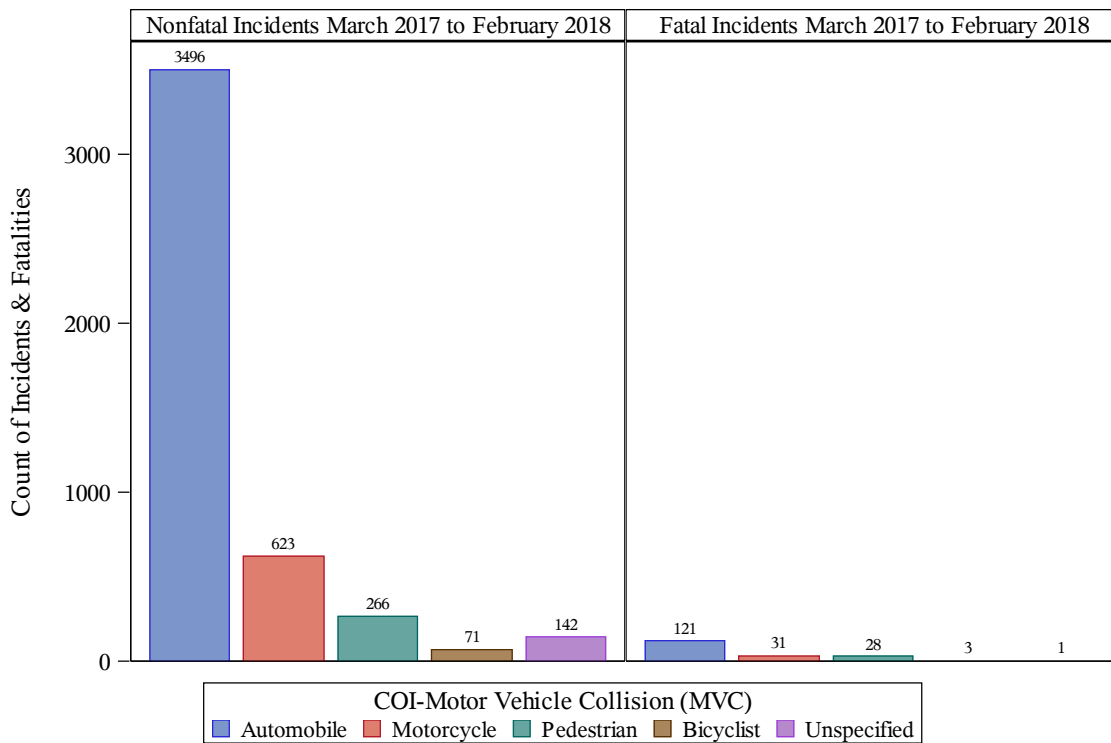
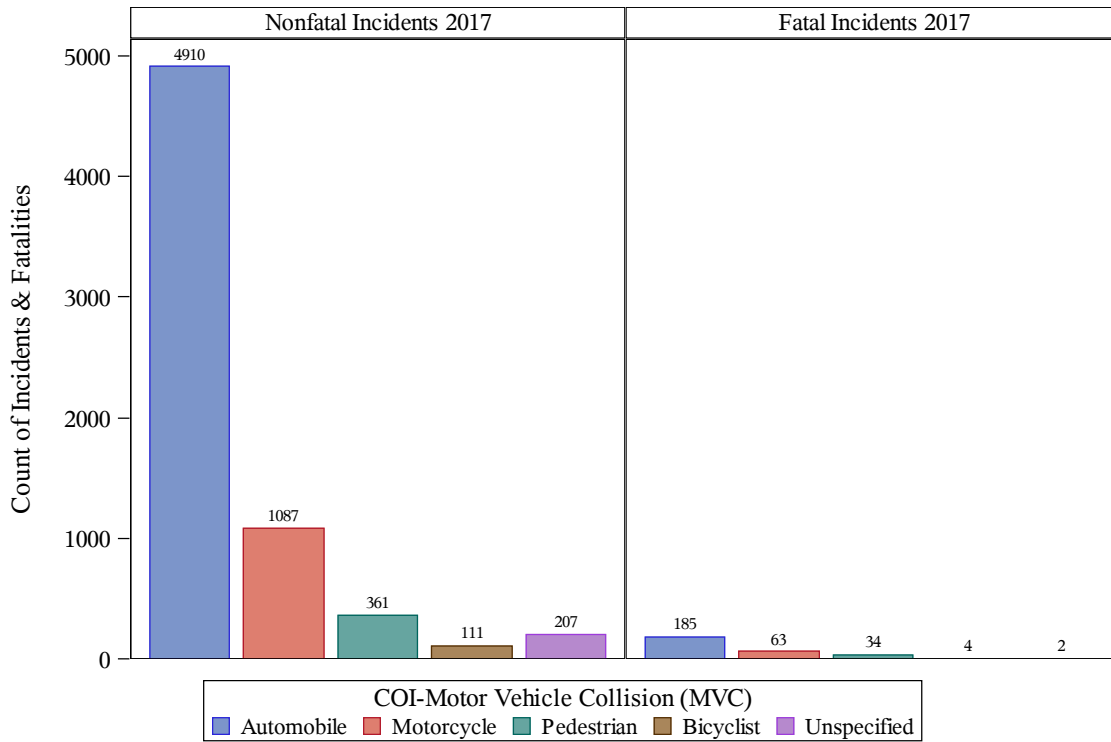


**COI-Motor Vehicle Collision (MVC)**



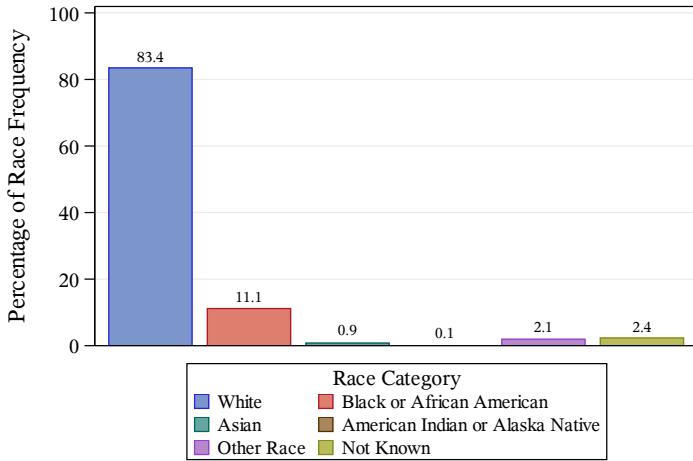
**July 2017 to June 2018**      **5017 Incidents**  
**January 2017 to December 2017**      **6970 Incidents**  
**Motor Vehicle Collision**

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

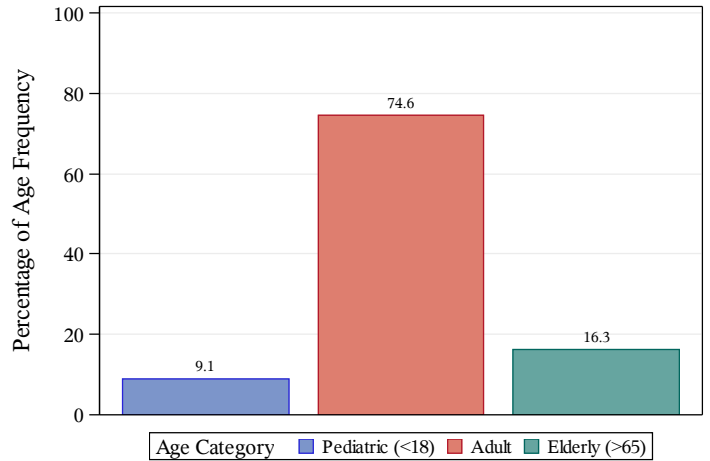


Motor Vehicle Collision

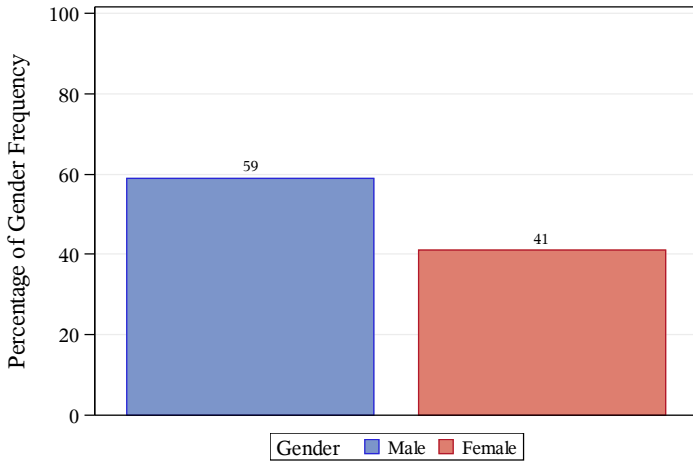
Race



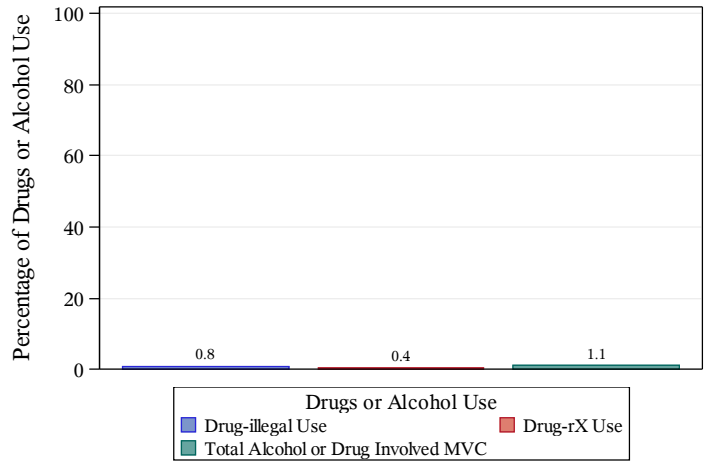
Age



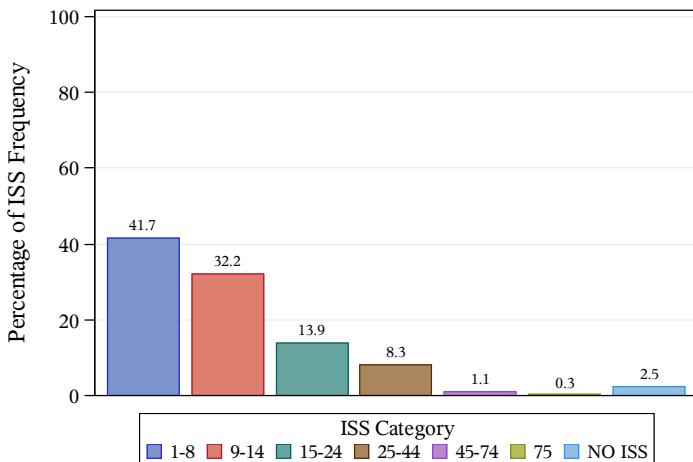
Gender



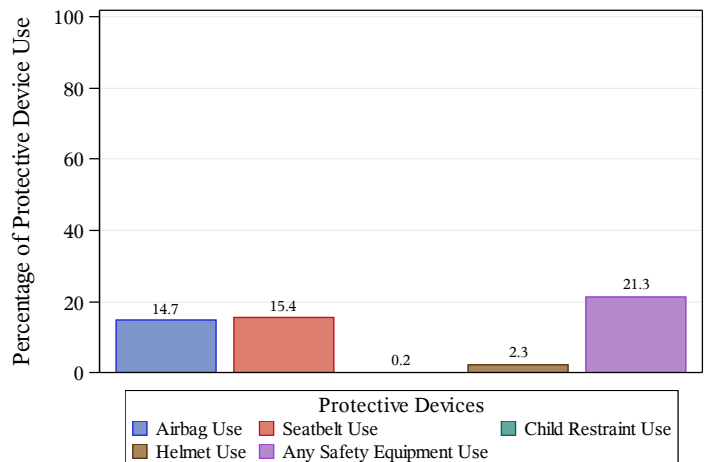
Drug & Alcohol Use



Injury Severity Score



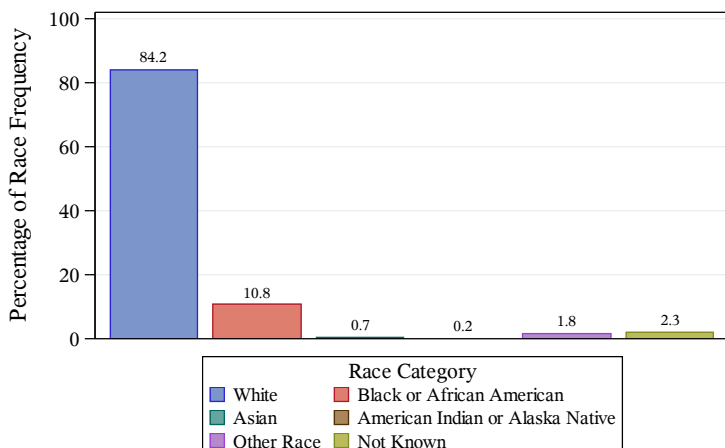
Protective Devices



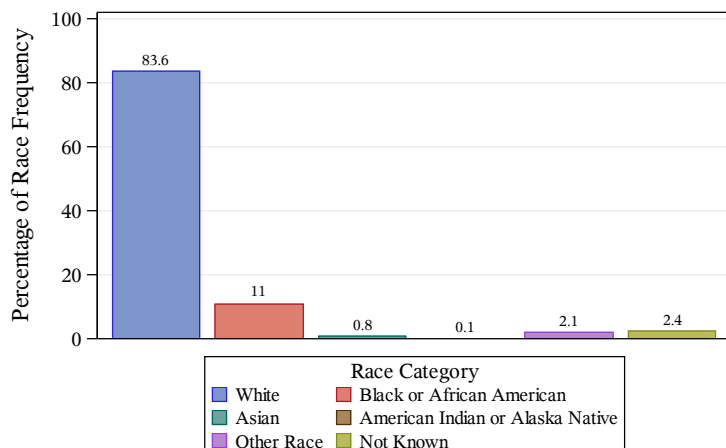
Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

Race- Motor Vehicle Collision

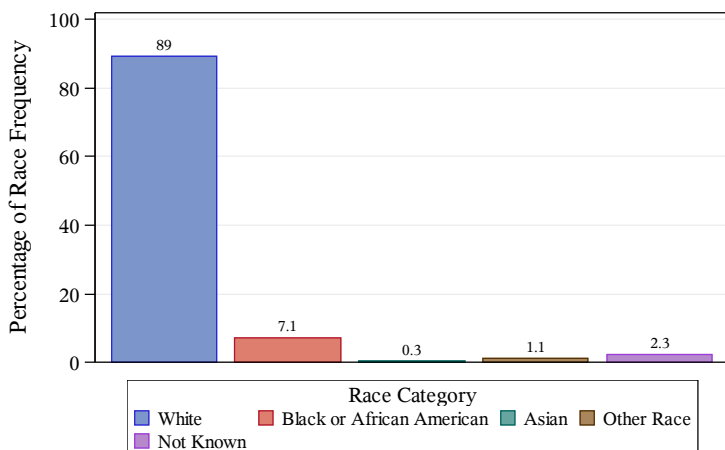
2017



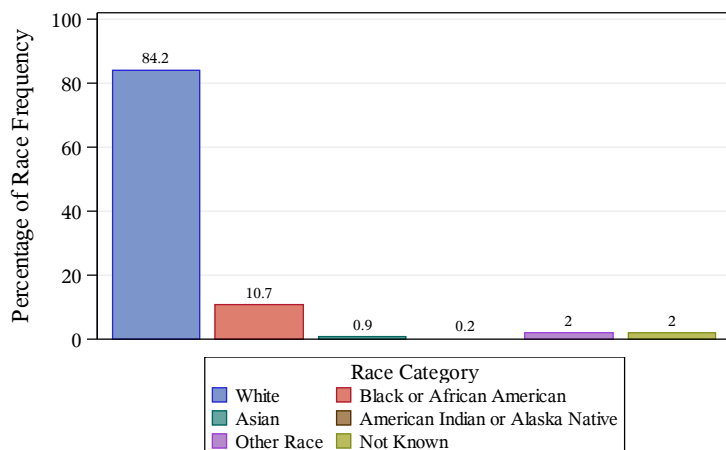
July 2017 to June 2018



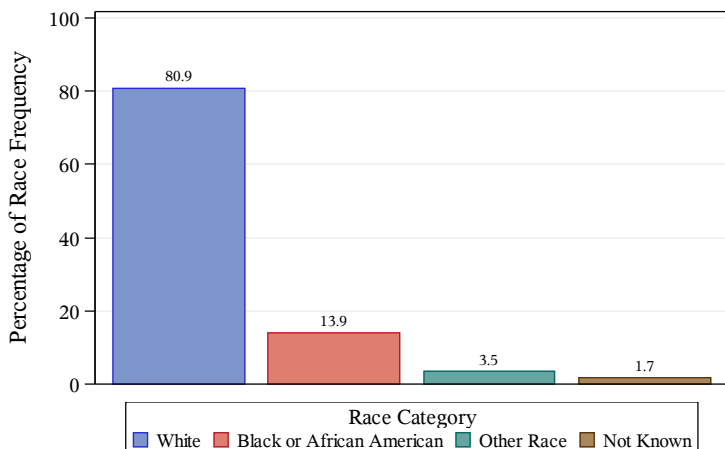
Motorcycle  
July 2017 to June 2018



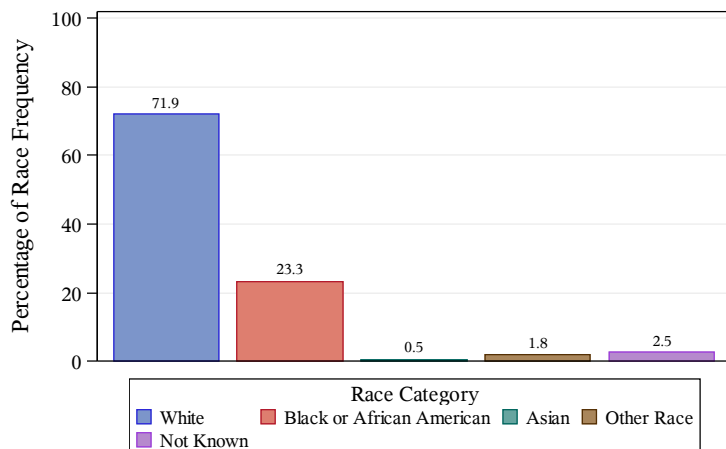
Automobile  
July 2017 to June 2018



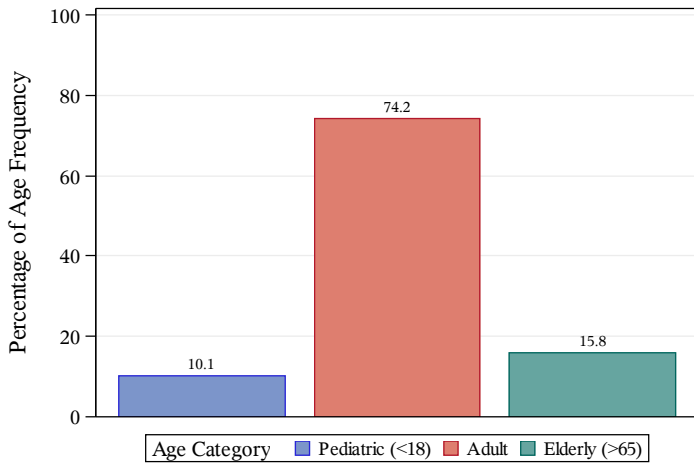
Bicyclist  
July 2017 to June 2018



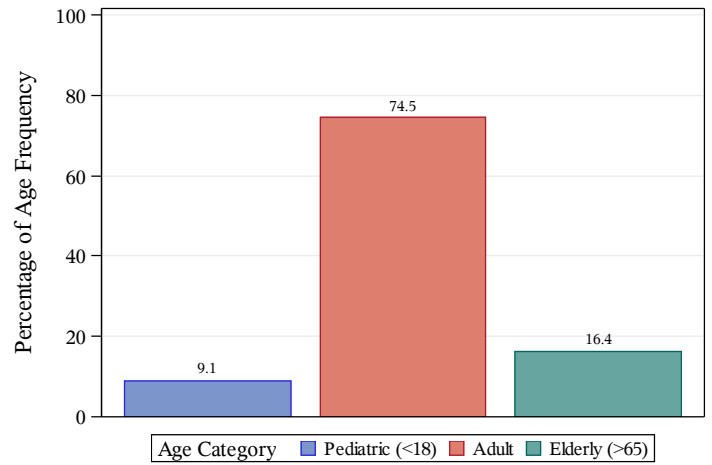
Pedestrian  
July 2017 to June 2018



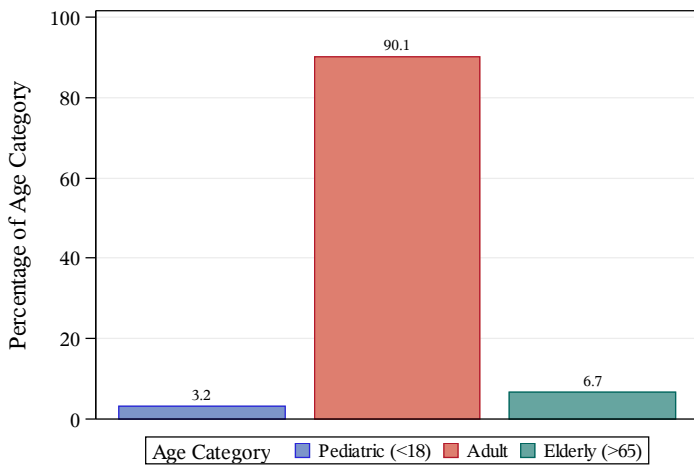
**2017**



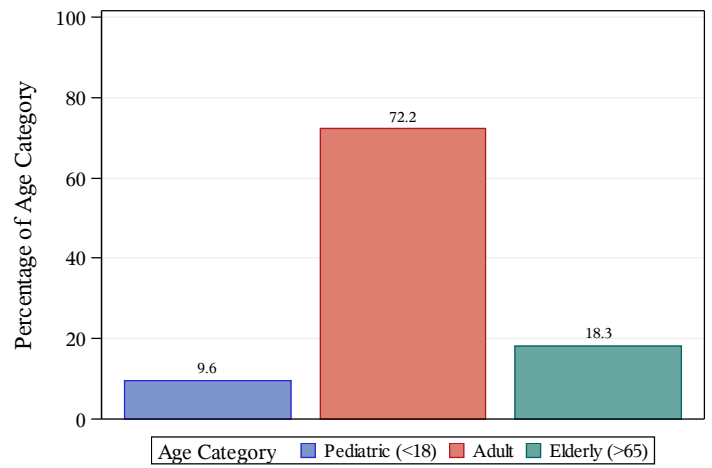
**July 2017 to June 2018**



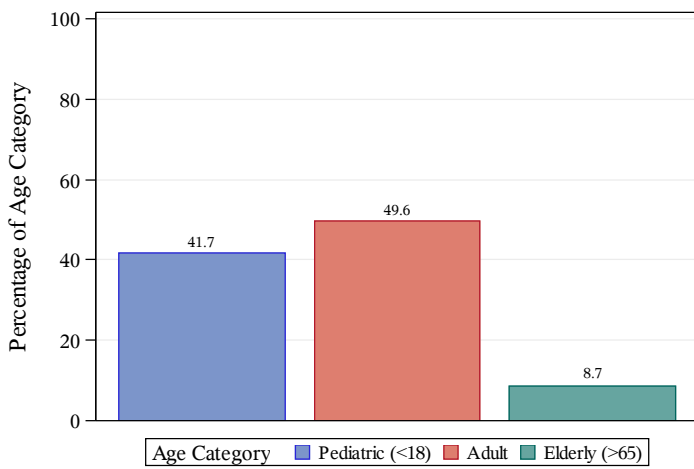
**Motorcycle**  
 July 2017 to June 2018



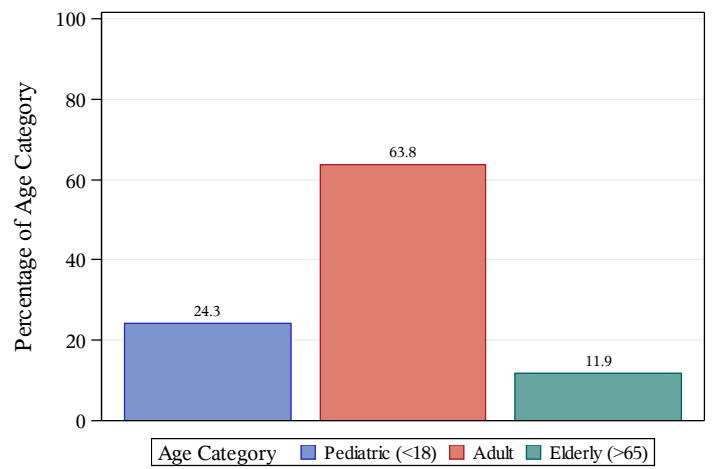
**Automobile**  
 July 2017 to June 2018



**Bicyclist**  
 July 2017 to June 2018



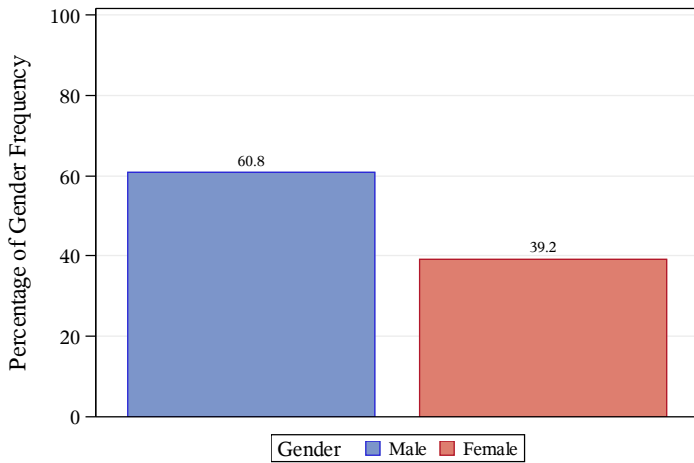
**Pedestrian**  
 July 2017 to June 2018



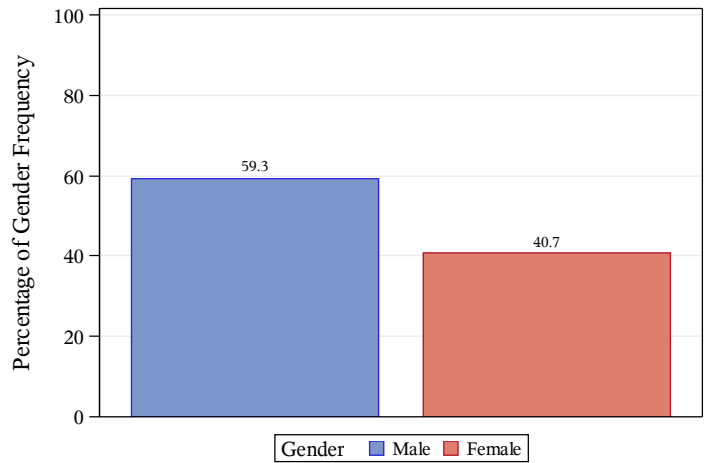


Gender- Motor Vehicle Collision

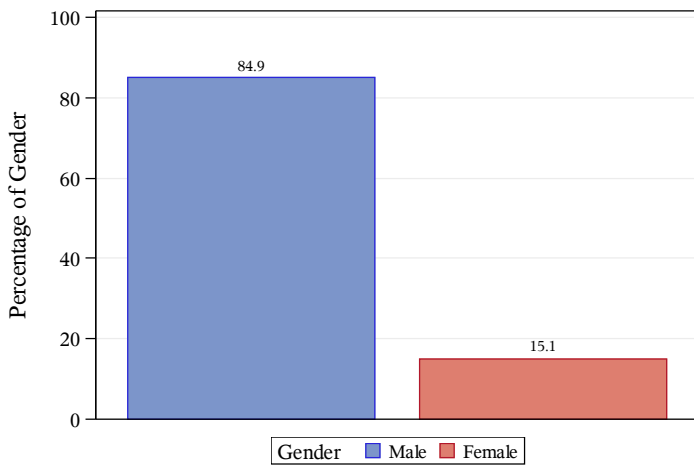
2017



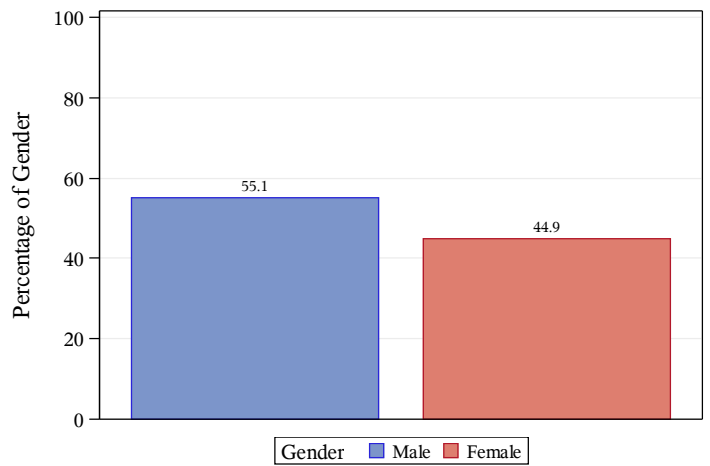
July 2017 to June 2018



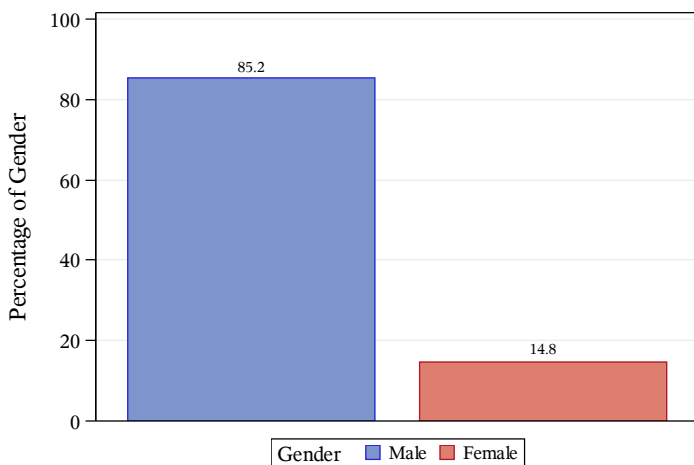
Motorcycle  
July 2017 to June 2018



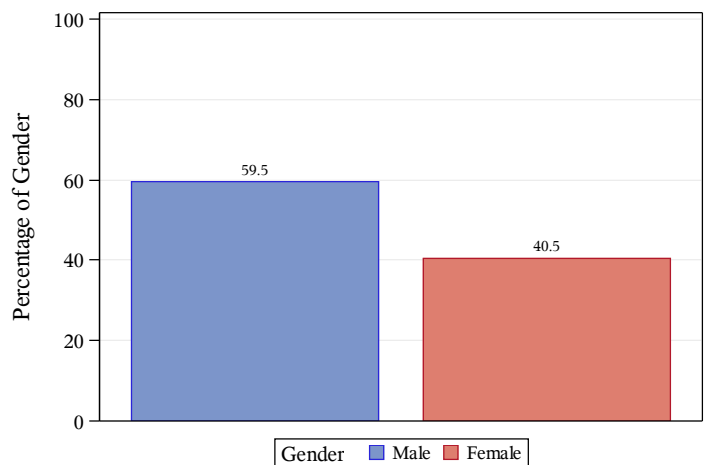
Automobile  
July 2017 to June 2018



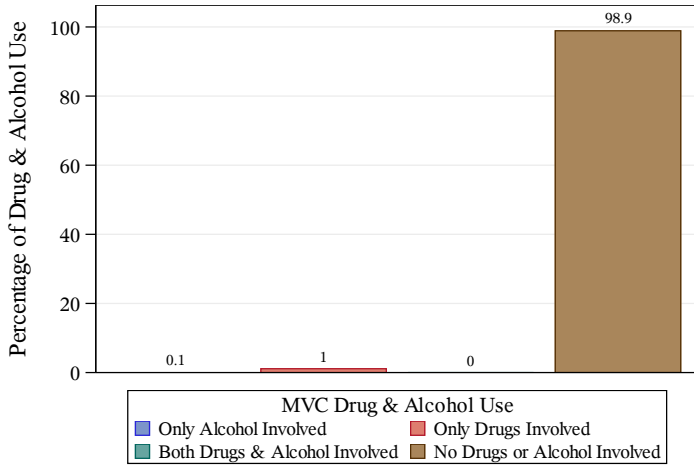
Bicyclist  
July 2017 to June 2018



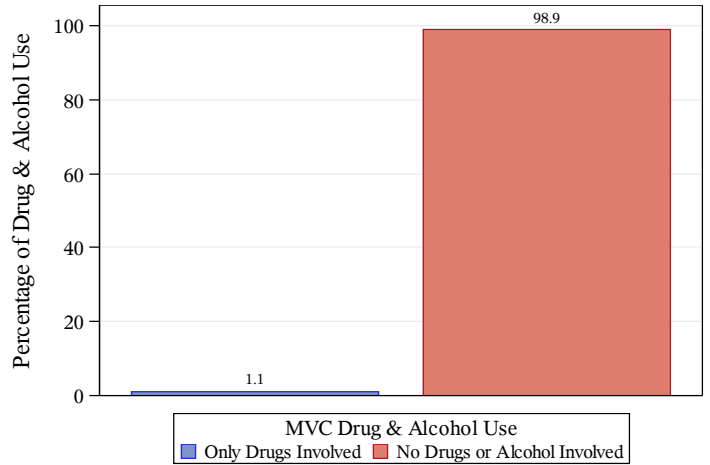
Pedestrian  
July 2017 to June 2018



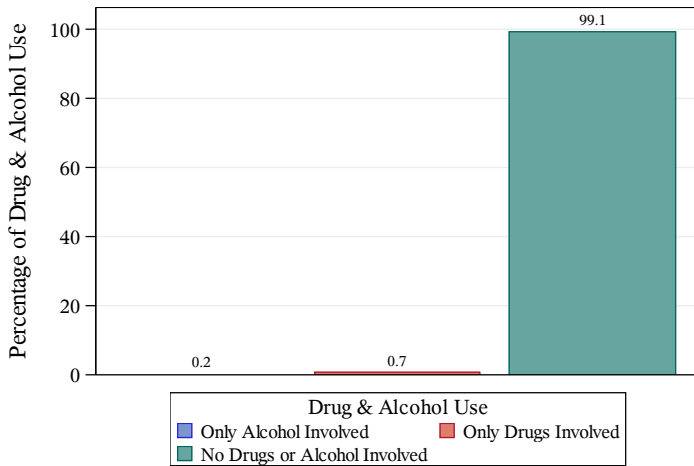
**2017**



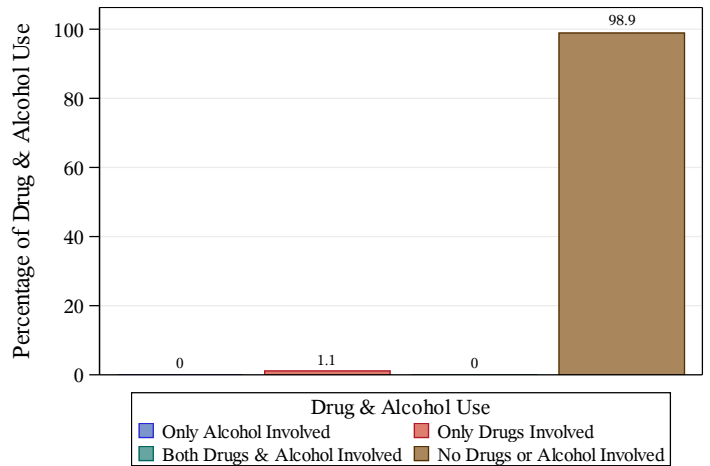
**July 2017 to June 2018**



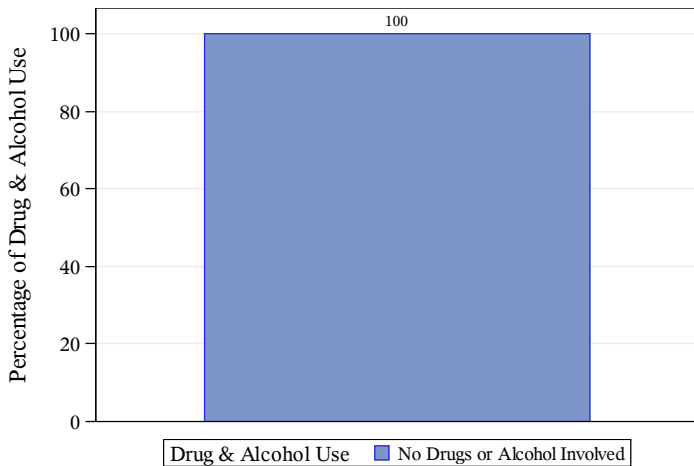
**Motorcycle**  
 July 2017 to June 2018



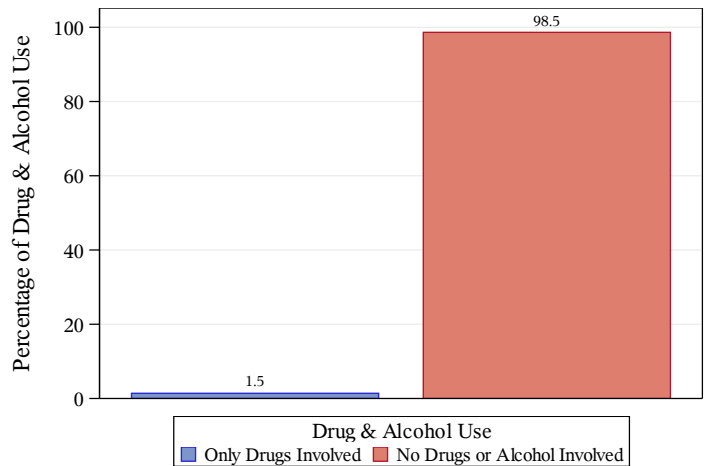
**Automobile**  
 July 2017 to June 2018



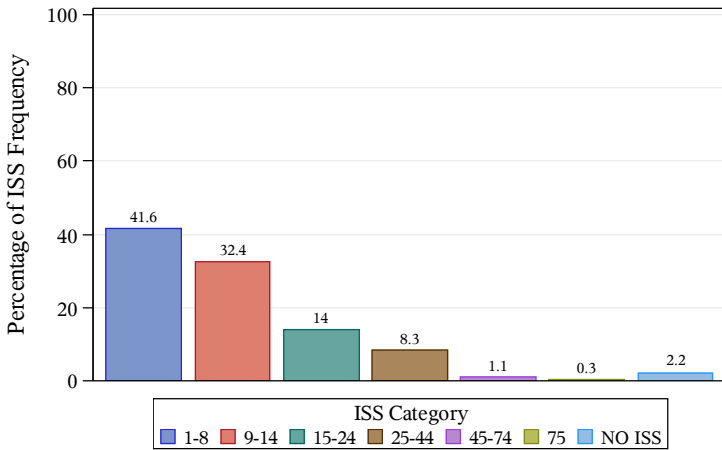
**Bicyclist**  
 July 2017 to June 2018



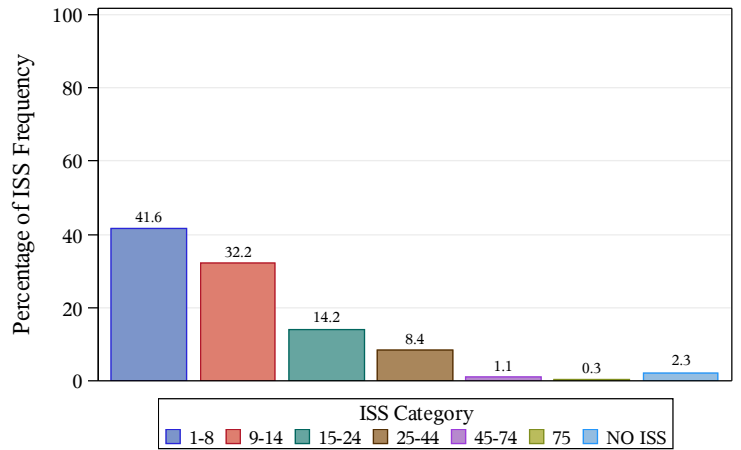
**Pedestrian**  
 July 2017 to June 2018



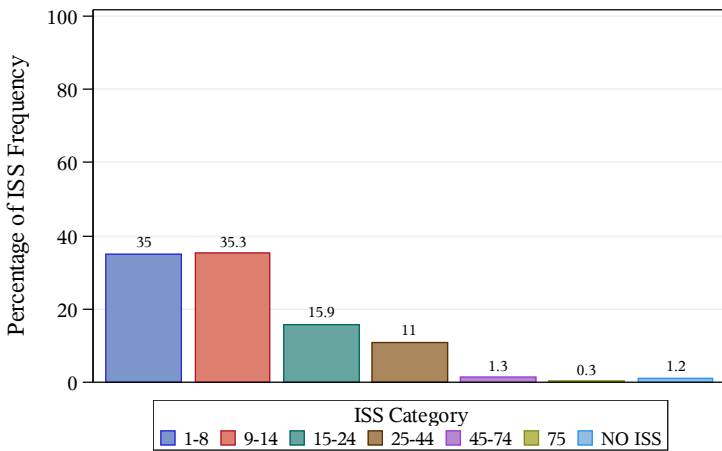
**2017**



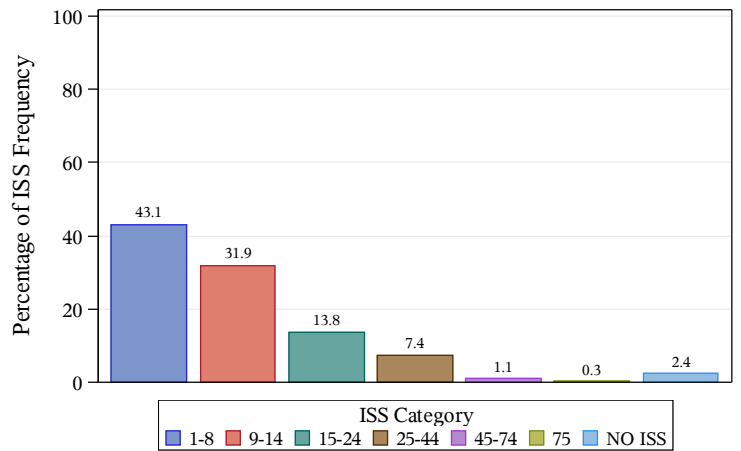
**July 2017 to June 2018**



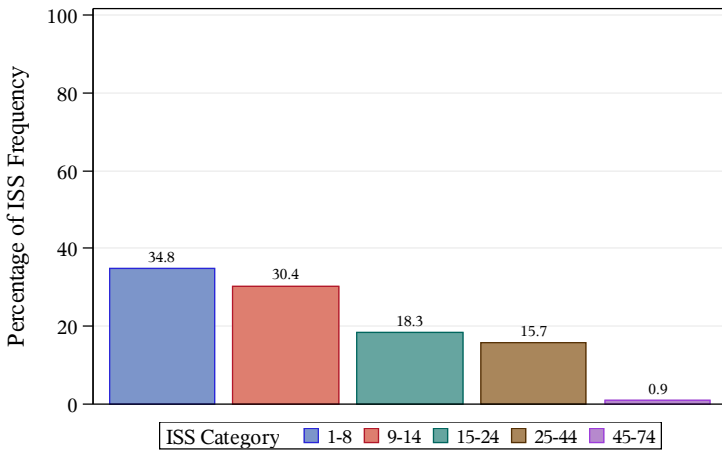
**Motorcycle  
 July 2017 to June 2018**



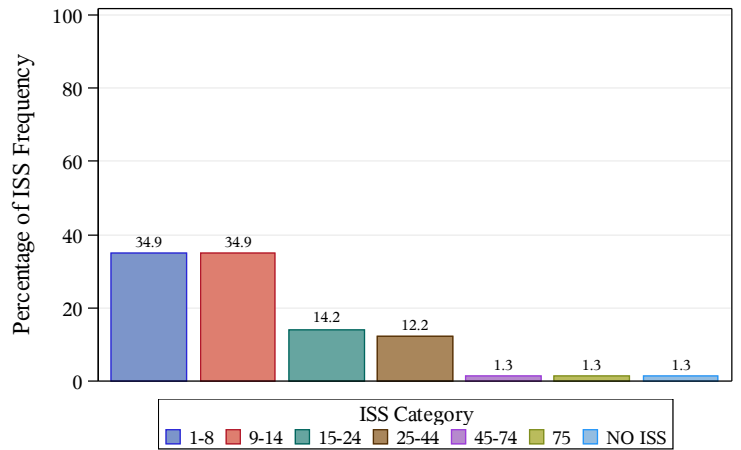
**Automobile  
 July 2017 to June 2018**



**Bicyclist  
 July 2017 to June 2018**

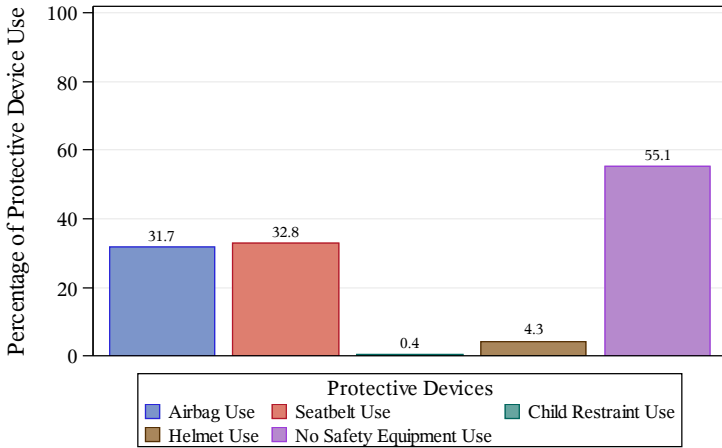


**Pedestrian  
 July 2017 to June 2018**

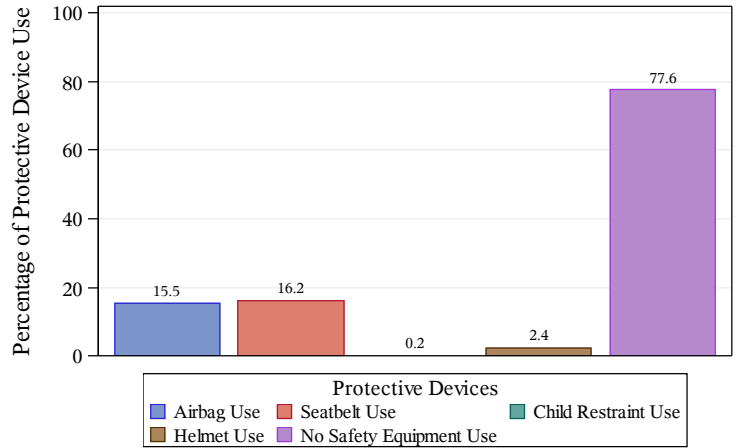


Protective Devices- Motor Vehicle Collision

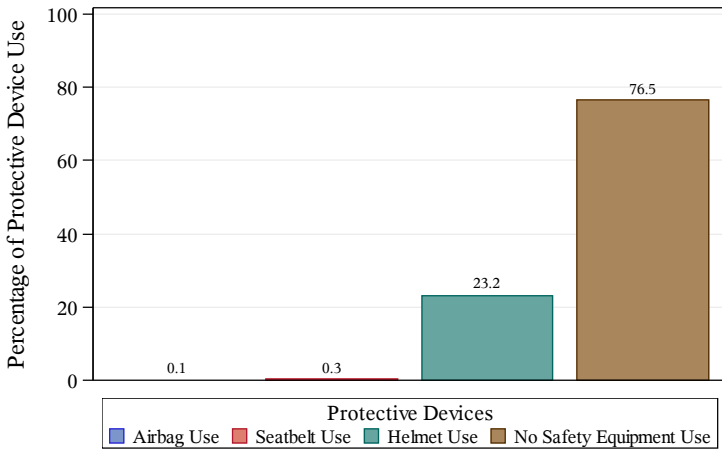
2017



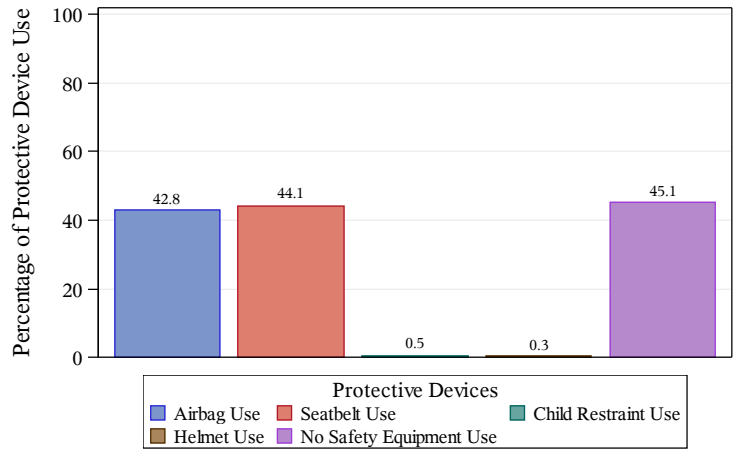
July 2017 to June 2018



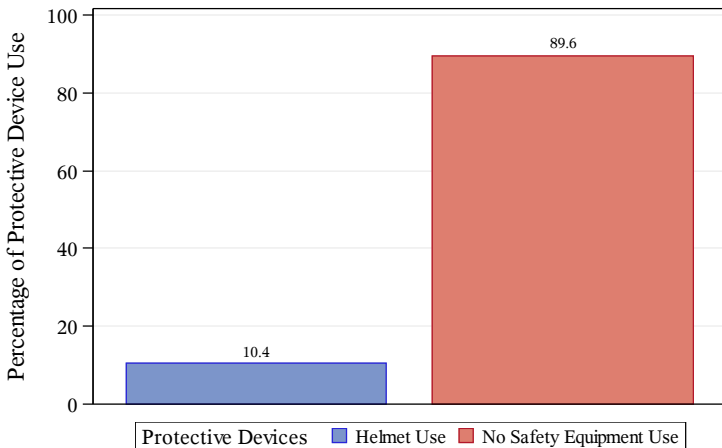
Motorcycle  
July 2017 to June 2018



Automobile  
July 2017 to June 2018



Bicyclist  
July 2017 to June 2018



Pedestrian  
July 2017 to June 2018

