



# Indiana State Trauma Care Committee

**December 11, 2015**



Indiana State  
Department of Health

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



# Regional Roadmap

**Katie Hokanson, *Director***

**Ramzi Nimry, *Trauma System Performance  
Improvement Manager***

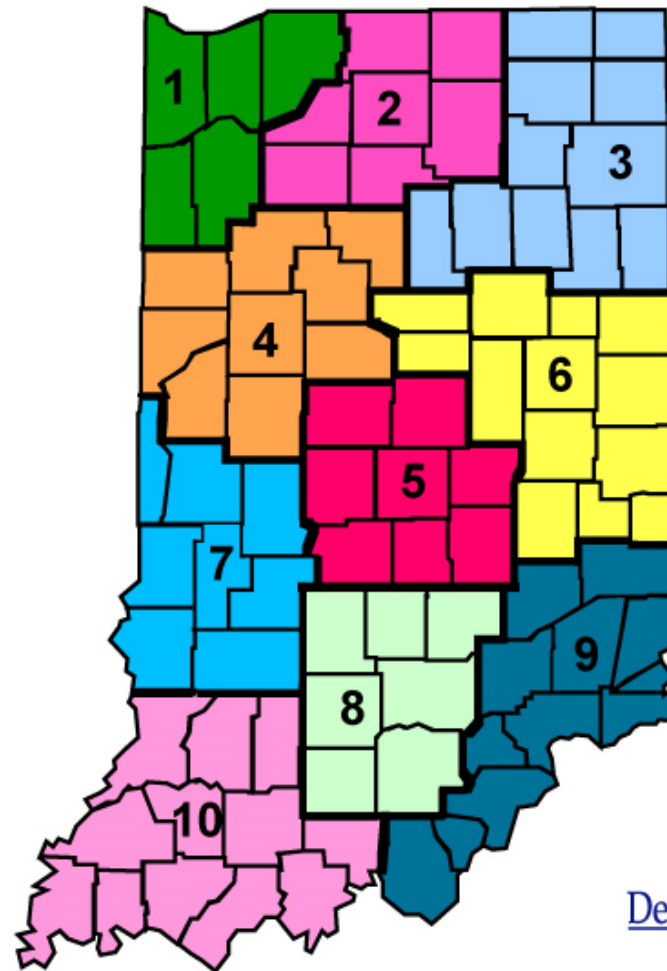
**Division of Trauma and Injury Prevention**



**Indiana State  
Department of Health**

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# Indiana's Public Health Preparedness Districts (PHPDs)



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# Goal of the regional roadmap

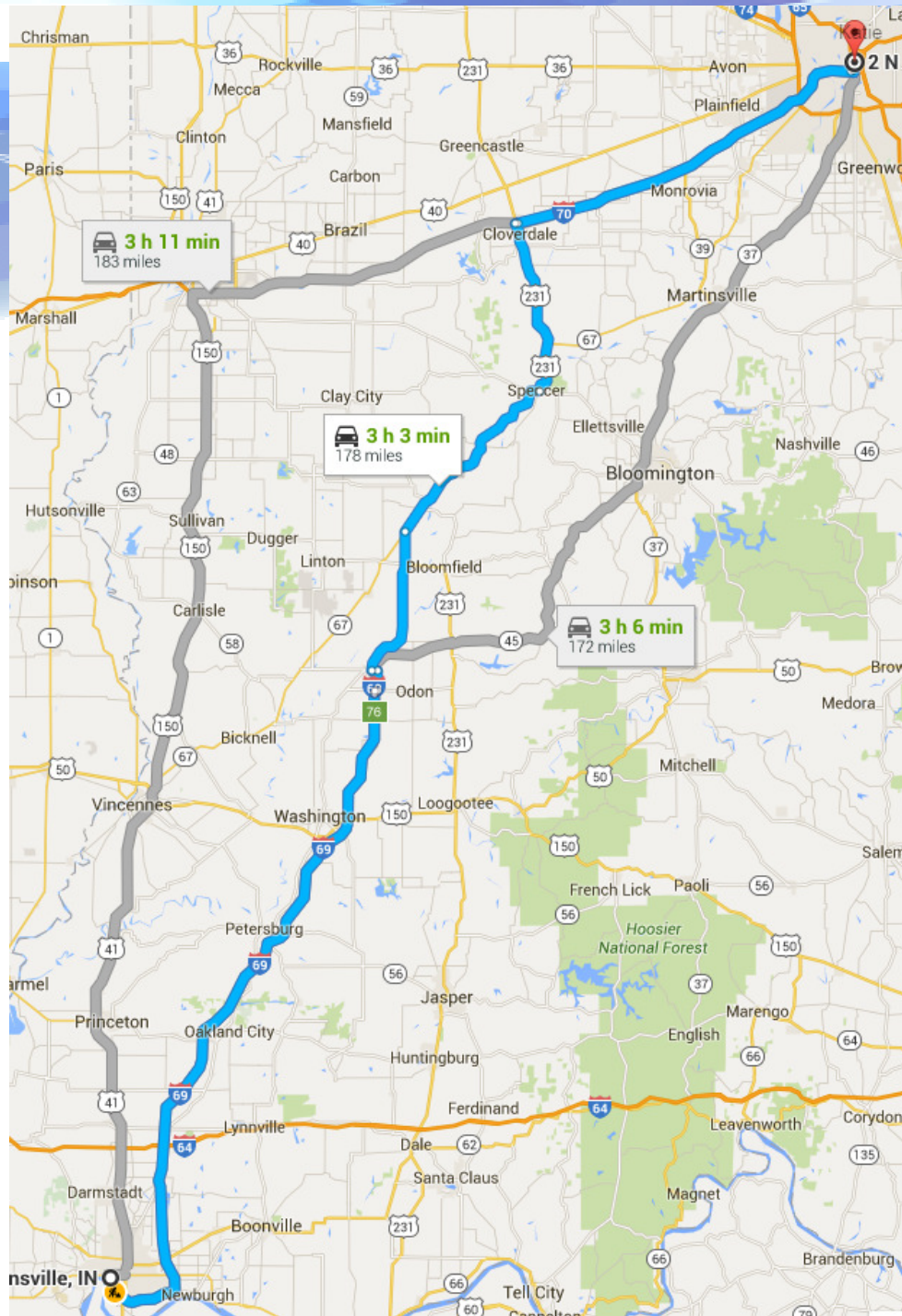
- Provide Public Health Preparedness Districts (PHPDs) with tools/resources for regional system development.
- Highlight the critical role of regional trauma systems.
- Everyone (EMS, hospitals, rehabilitation) is part of the system.



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# Year 1 goals of regional development

- Meet & Greet
  - Meet with each hospital/EMS provider/rehabilitation facility in the district.
    - System approach.
    - Resource coordination.
    - Improved trauma patient care.
    - Reducing injuries in Indiana through injury prevention.
- Establish Advisory Council.
- Determine meeting structure & topics

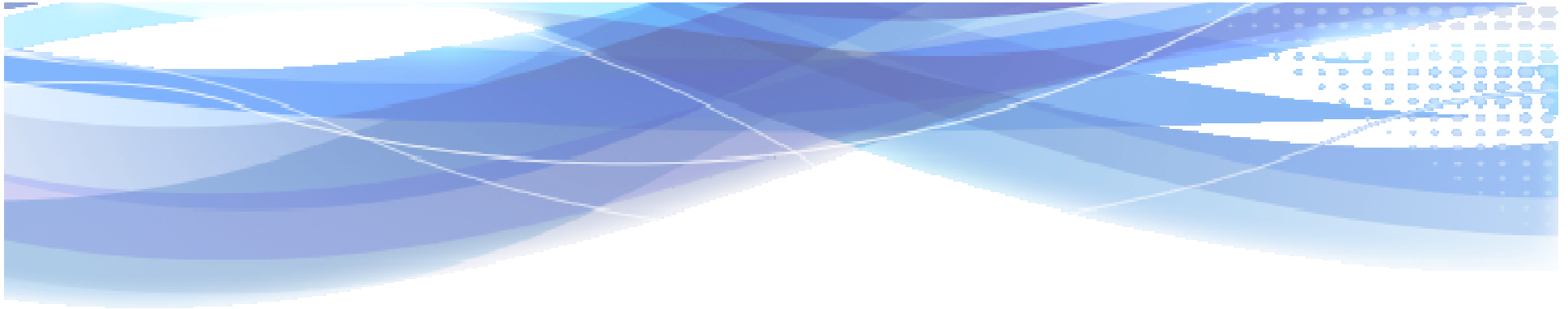
# Goal of the Regional System - State Perspective

- Increase communication between state, regional, local entities.
- Address regional PI issues based on hospital/district/statewide data.
- Utilize regional councils to collaborate on statewide injury prevention initiatives.



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# Regional Updates



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# Regional updates

- District 1
- District 3
- District 6
- District 7
- District 8
- District 10



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# Trauma Center Advertising

**Art Logsdon**, Assistant Commissioner  
*Health & Human Services Commission*



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# Trauma Center Advertising

- “In the process of ACS verification” trauma centers are considered trauma centers for the purposes of the EMS Commission’s Triage & Transport Rule.
  - Are these hospitals allowed to advertise themselves as trauma centers to the general public?



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# Trauma Center Advertising (continued)

- Nothing in the rule prohibits hospitals that are in the process of ACS verification from advertising themselves as trauma centers.
- The rule defines a trauma center in three ways, including hospitals that are in the ACS verification process.
- ISDH does not have the authority to change the Triage & Transport Rule.



# Trauma Center Advertising (continued)

- If the EMS Commission does not intend for these hospitals to advertise:
  - They must change the definition of “trauma center” in the rule, OR
  - They must specifically promulgate a rule to prohibit this type of advertising.



# Risk-Adjusted Benchmarking

**Art Logsdon**, Assistant Commissioner  
*Health & Human Services Commission*

**Katie Hokanson**, Director  
*Division of Trauma & Injury Prevention*



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# Risk-Adjusted Benchmarking

- The American College of Surgeons Committee on Trauma (ACS COT) currently requires that ACS verified trauma centers participate in a risk-adjusted benchmark program (CD 15-5) as part of the standards set forth in the 2014 Resources for Optimal Care of the Injured Patient.



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# Risk-Adjusted Benchmarking (continued)

- The ACS COT is changing CD 15-5 to the following: All trauma centers must use a risk-adjusted benchmarking system to measure performance and outcomes (CD 15-5).
  - This program should be the ACS-COT Trauma Quality Improvement Program (TQIP).
- As of **January 1, 2017** all centers must be enrolled in TQIP.

# Risk-Adjusted Benchmarking (continued)

- Thoughts from the committee?
  - Is this is a good/bad thing?
  - Should the state look at participating in TQIP as a state with this new requirement?
  - How will this impact our system development (hospitals looking at becoming “in the process”)?



# Subcommittee Updates

## PI Subcommittee

**Dr. Larry Reed**, *Trauma Medical Director*  
IU Health – Methodist Hospital



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# INDIANA STATE TRAUMA CARE COMMITTEE

## Performance Improvement Subcommittee Report

# PI Subcommittee Members

- Merry Addison
- Lynne Bunch
- Annette Chard
- Christy Claborn
- Kristi Croddy
- Dawn Daniels
- Amy Deel
- Emily Dever
- Bekah Dillon
- Amanda Elikofer
- Brittanie Fell
- Spencer Grover
- Jodi Hackworth
- Kris Hess
- Missy Hockaday
- Lisa Hollister
- Dr. Peter Jenkins
- Michele Jolly
- Sean Kennedy
- Lesley Lopossa
- Jeremy Malloch
- Carrie Malone
- Kasey May
- Kelly Mills
- Jennifer Mullen
- Regina Nuseibeh
- Tracy Spitzer
- Wendy St. John
- Amanda Rardon
- Dr. Larry Reed
- Dustin Roe
- Mary Schober
- Tracy Spitzer
- Chuck Stein
- Latasha Taylor
- Cindy Twitty
- Chris Wagoner
- Adam Weddel
- Lindsey Williams



# IDSH Staff PI Subcommittee

- ▣ Katie Hokanson
- ▣ Ramzi Nimry
- ▣ Jessica Skiba
- ▣ Camry Hess

# PI Subcommittee Meetings

- ▣ Met on 11/10/2015 to cover the following issues:
  - Increase the number of hospitals reporting to the Indiana Trauma Registry
  - Decrease the average Emergency Department length of stay at non-trauma centers
  - Increase EMS run sheet collection
  - Reviewed metrics, eliminating some that provided no value
  - Discussion of potential new metrics
    - ▣ Triage & Transport Rule issues
    - ▣ Double transfers
    - ▣ Data Quality Dashboard for linking cases
    - ▣ Additional registry values for “Reason for Transfer Delay”
    - ▣ TQIP & risk-adjusted benchmarking requirement
    - ▣ Regional PI
- ▣ Met on 12/9/2015 and discussed the following issues:
  - ED LOS for patients transferred from non-trauma centers
  - Regional Trauma System Development
  - Review of other States’ PI measures

# Increase # of hospitals reporting to the Indiana Trauma Registry

## ISDH Actions to Date

Action	Status

# Mentorship Program

## Completed Mentorship Programs between Trauma Centers & non-reporting hospitals

Non-trauma center hospital	Trauma Center	Status
IUH North	IUH Methodist	Completed 12/2013
Community Health - North Community Health - East St. Elizabeth - East	St. Vincent's - Indy	Completed 2013
Perry County St. Mary's - Warrick Terre Haute Regional	St. Mary's - Evansville	Completed 2013
Deaconess Gateway	Deaconess - Evansville	Completed 2015
IUH Bedford	IUH Bloomington	Completed 2015
St. Vincent Randolph	IUH Ball Memorial	Completed 2015
Elkhart General IUH LaPorte IUH Starke	Memorial South Bend	Completed 2015
Franciscan St. Francis - Indianapolis	IUH Methodist	Completed 2015

# Hospitals Not Reporting Any Data

- ▣ District 1
  - Jasper County Hospital
  - St. Mary Medical Center (Hobart)
- ▣ District 2
  - IU Health – Goshen Hospital
- ▣ District 3
  - Adams Memorial Hospital
  - Dupont Hospital
  - St. Joseph Hospital (Fort Wayne)
  - VA Northern Indiana Healthcare System
  - Wabash County Hospital
- ▣ District 5
  - Community Westview
  - Richard L Roudebush VA Medical Center
  - St. Vincent – Carmel Hospital
  - St. Vincent – Fishers Hospital
  - St. Vincent – Peyton Manning Children’s Hospital
  - St. Vincent – Indianapolis is working with these facilities.
- ▣ District 8
  - St. Vincent – Dunn Hospital
- ▣ District 9
  - Harrison County Hospital
  - St. Vincent – Jennings Hospital
  - Kentuckiana Medical Center
- ▣ District 10
  - Gibson General Hospital



# Mentorship Program

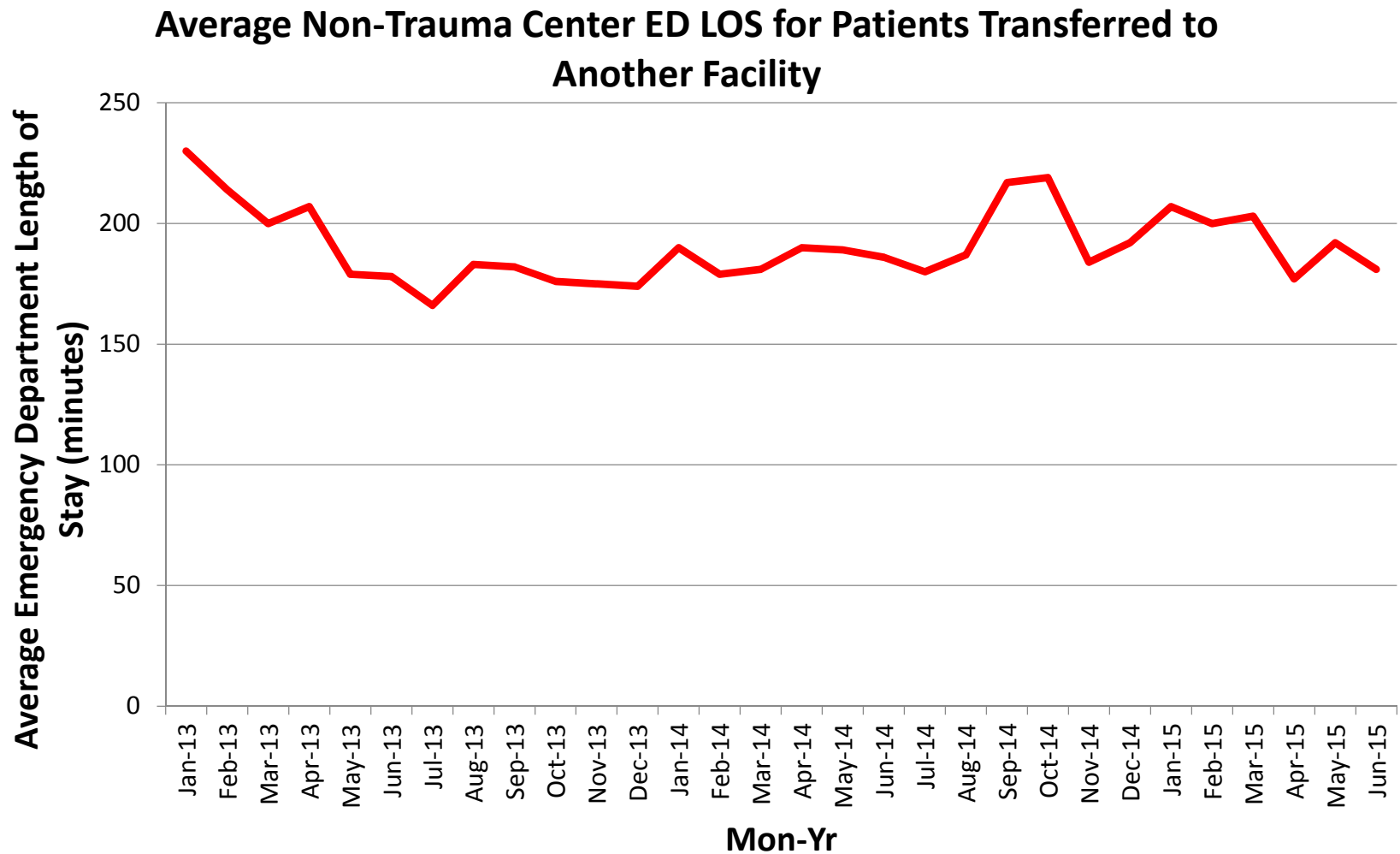
<b>In-Progress Mentorship Programs between Trauma Centers &amp; non-reporting hospitals</b>		
<b>Non-trauma center hospital</b>	<b>Trauma Center</b>	<b>In progress as of:</b>
Terre Haute Regional Good Samaritan Hospital Memorial Hospital (Jasper)	St. Mary's Evansville	02/2015
St. Vincent Anderson St. Joseph Kokomo	St. Vincent's - Indy	05/2015
Community Health North, Community Health South St. Francis Indianapolis Good Samartan Hospital	IU Health - Ball Memorial	05/2015
Any Pediatric questions	IUH Riley	05/2015
IU Health system-level support	IUH Methodist	08/2015
IUH White Memorial Hospital	IUH Arnett	08/2015
Community Health West	Community Health North	08/2015
Community Health Network Terre Haute Regional	Eskenazi Health	08/2015
St. Elizabeth Crawfordsville Memorial Hospital (Jasper)	St. Elizabeth East	08/2015
Memorial Hospital (Jasper)	Deaconess	08/2015
St. Vincent Dunn	IUH Bloomington	11/2015
Wabash data collection	Parkview RMC	11/2015
Dupont Hospital St. Joseph (Fort Wayne)	Lutheran	11/2015

# Increase # of hospitals reporting to the Indiana Trauma Registry

For Quarter 2, 2015

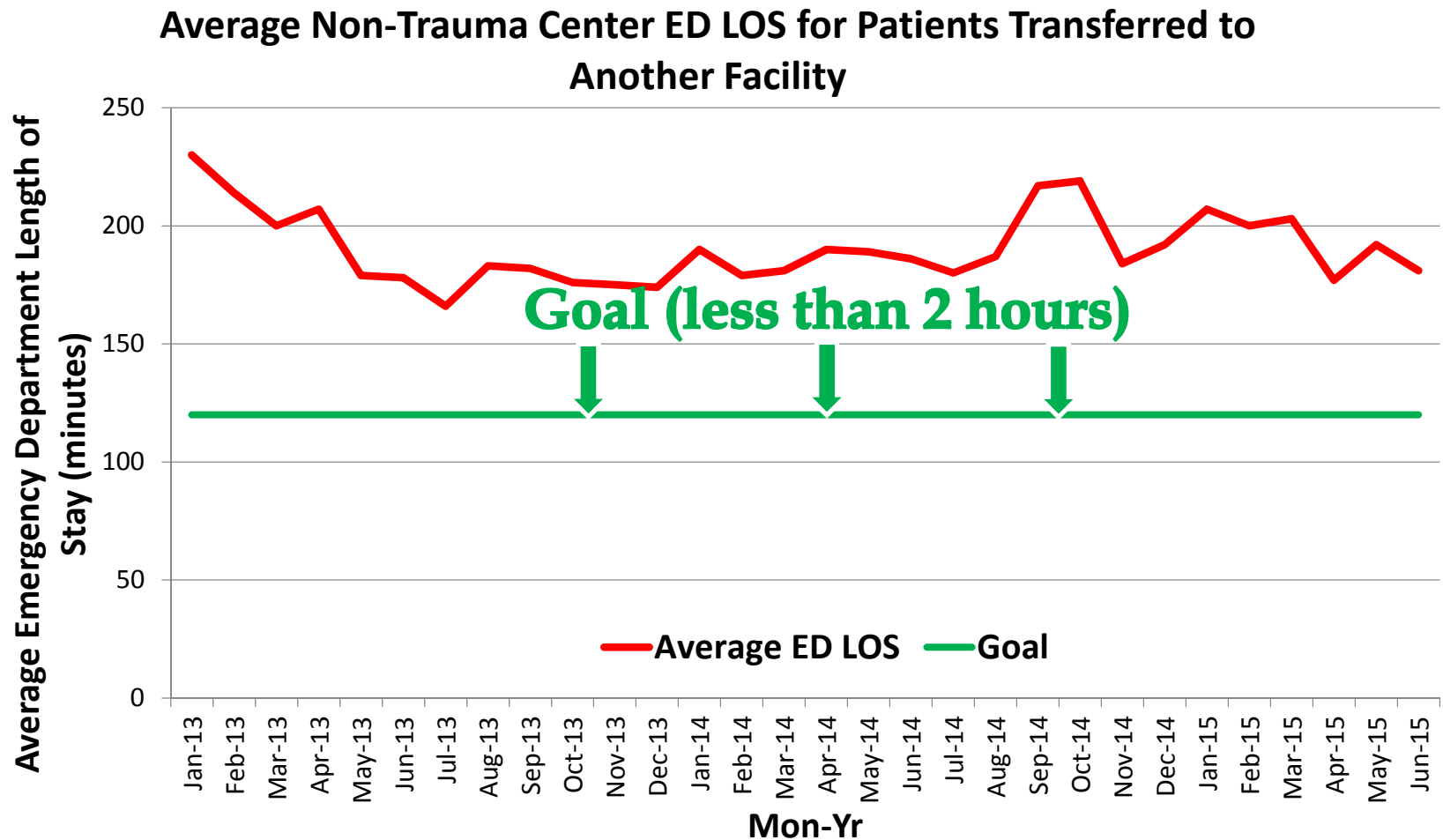
**95** hospitals  
reported data!!

# Decrease the average ED LOS at non-trauma centers





# Decrease the average ED LOS at non-trauma centers



# Decrease the average ED LOS at non-trauma centers

- ▣ Will develop initiative-specific scorecards for each facility
  - Develop and deliver individual facility reports for ED LOS > 2 hours
  - Provide data as percentage of transferred patients with ED LOS > 2 hours (instead of average LOS)
- ▣ Current data available cannot identify reasons for prolonged lengths of stay prior to transfers
  - Developing specific data elements to identify potential reasons for prolonged ED LOS

# Current Values for “Reason for Transfer Delay”

- ▣ EMS Issue
- ▣ Other
- ▣ Receiving Hospital Issue
- ▣ Referring Physician Decision-Making
- ▣ Referring Hospital Issue-Radiology
- ▣ Weather or Natural Factors

# Potential Additional Data Items for “Reason for Transfer Delay”

- EMS issue
  - No response for transfer
  - Out of county
  - Unavailable
  - Ground critical care not available
  - Shortage of ground transport availability
  - Air transport not available due to weather
  - Air Transport ETA > Ground Transport TAT
  - Condition of patient warranted securing higher level of transport than what was immediately available (i.e. pediatric transport specialists)
- ED volume/capacity at time of event
- Patient not identified as trauma patient at time of event
- Imaging
- New staff in ED
- Communication issue
  - Nursing delay in calling for/arranging transport
  - Nursing delay in contacting EMS
- Referring Facility issue
  - Surgeon availability
  - Radiology workup delay
  - Priority of transfer
  - Referring physician decision-making
- Receiving Hospital Issue
  - Bed availability
  - Surgeon decision making
  - Difficulty obtaining accepting MD
  - Difficultly obtaining accepting hospital
- Time required to ensure stability of patient prior to transfer
- Change in patient condition
- Transport/Triage Decision – low triage for transfer



# Potential New PI Metrics to Evaluate

- ▣ Triage & Transfer Rule issues
  - 45 minute rule
    - ▣ Use trauma registry data for accurate determination of EMS providers meeting requirement.
    - ▣ Previous discussion was around identifying ZIP codes that are within 45 minutes of a trauma center no matter where they are in the ZIP code.
    - ▣ Katie provided a data analysis of this issue to the Designation Subcommittee.
      - Requires further discussion
    - ▣ Analyzing patients that met Step 1 Criteria in the field from January 1, 2014 to December 31, 2014
      - Will be presented to further PI Subcommittee meeting
- ▣ Double transfers
  - Patients sequentially transferred to more than one facility
- ▣ Data Quality Dashboard – Camry Hess is developing

## New Discussion Item: TQIP and Risk-Adjusted Benchmarking Requirement

- ▣ “For Level III centers to satisfy the risk-adjusted benchmarking requirement, the center must participate in the TQIP pilot program.”  
(<https://www.facs.org/quality-programs/trauma/vrc/site-packet>)

# Regional Performance Improvement: Illinois Model

- ▣ Cases Reviewed:
  - Deaths caused by traumatic injury
    - Excluding DOA
    - Excluding head AIS > 3
  - And TRISS > .75
- ▣ Each trauma center (trauma medical director and/or coordinator) presents to the region 6 months' worth of completed data 2x/year on:
  - Unexpected deaths.
  - Other interesting cases (ex: unexpected survivors).
- ▣ Data is presented during the regular district meeting and all members can be involved in the discussion.
- ▣ Data are confidential and bound by the Medical Studies Act
- ▣ Conclusions (minus the identifiers) are included in the regular meeting minutes

# Other States' PI Measures

- ❑ Sought to find commonly employed trauma system PI measures that we could adopt
- ❑ Ramzy Nimry compiled a listing of PI Measures obtained from other states
- ❑ 248 *different* measures
  - Very little consistency
  - Most commonly employed (3 states): “Trauma patients with more than 1 inter-hospital transfer prior to definitive care”
  - 36 measures used by as many as 2 states
  - All of the remaining 231 measures used by only 1 state
- ❑ While some of these may be useful to us at some point, for now we need to focus on issues that are pertinent to our evolving system
  - Data capture
  - Data accuracy
  - Improving the processes of care (i.e., referring ED LOS, EMS data integration)



# Increase EMS run sheet collection

- ▣ Please continue to send Katie a list of EMS providers not leaving run sheets
- ▣ We are seeking to provide list to EMS Commission at their next meeting
- ▣ Instead of creating guidelines or a form that EMS providers can leave at hospitals when dropping off patients (given the problem with consistent EMS data capture), the Subcommittee recommends the implementation of a “60 second timeout” when EMS arrives at the hospital with the patient
  - Allows the recording nurse to document pre-hospital care

# Other Assistance Needed

- ▣ Provide us with possible reasons for prolonged ED LOS at referring hospitals
  - We will be reviewing them at our next PI Subcommittee Meeting on January 12, 2016
  - Will add them as potential Registry data elements to check
- ▣ Any other ideas for potential additional PI Measures are appreciated

**Thank you!!**

12/22/2015



# Subcommittee Updates

## Designation Subcommittee

**Dr. Lewis Jacobson**, *Trauma Medical Director*  
St. Vincent Indianapolis Hospital



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# “In the Process” Updates

- Methodist Hospital – Northlake Campus:
  - Trauma surgeon response times.
- Good Samaritan Hospital:
  - Meeting attendance.
- Community Hospital of Anderson:
  - Meeting attendance.



# Trauma Registry Report

**Camry Hess**, *Database Analyst*

**Ramzi Nimry**, *Trauma System Performance  
Improvement Manager*

Division of Trauma and Injury Prevention



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# Indiana Trauma Care Committee Meeting

*December 11, 2015*

Indiana State Department of Health  
Division of Trauma and Injury Prevention



Indiana State  
Department of Health

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# Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2015

## District 1

Community Hospital - Munster

Franciscan St. Anthony – Crown  
Point

Franciscan St. Anthony –  
Michigan City

Franciscan St. Margaret –Dyer

Franciscan St. Margaret -  
Hammond

IU Health – La Porte

## **Jasper County**

Methodist Hospital Northlake

Methodist Hospital Southlake

## **Portage Hospital**

Porter Regional Hospital  
(Valparaiso)

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# Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2015

## District 2

Community Hospital of Bremen

Elkhart General Hospital

IU Health – Goshen

IU Health – Starke Hospital

Kosciusko Community Hospital

Memorial Hospital South Bend

Pulaski Memorial Hospital

St. Catherine Regional – East  
Chicago

St. Joseph Regional Medical  
Center (Mishawaka)

St. Joseph Regional Medical Center  
(Plymouth)

Woodlawn Hospital

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# Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2015

## District 3

Bluffton Regional Medical Center

Cameron Memorial Community  
Hospital

DeKalb Health

Dukes Memorial Hospital

Dupont Hospital

Lutheran Hospital of Indiana

Parkview Huntington Hospital

Parkview LaGrange Hospital

Parkview Noble Hospital

Parkview Randallia

Parkview Regional Medical Center

Parkview Whitley Hospital

## District 4

Franciscan St. Elizabeth -  
Crawfordsville

Franciscan St. Elizabeth –  
Lafayette East

IU Health – Arnett Hospital

IU Health – White Memorial

Memorial Hospital (Logansport)

St. Vincent Frankfort

St. Vincent Williamsport Hospital

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# Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2015

## District 5

Community East Health Network

Community Hospital

Community North health Network

Community Hospital

Community South health Network

Community Hospital

Eskenazi Health

Franciscan St. Francis Health –

Indianapolis

Franciscan St. Francis Health –

Mooresville

**Hancock Regional Hospital**

Hendricks Regional Health

IU Health – Methodist Hospital

IU Health – Morgan Hospital

IU Health – North Hospital

IU Health – Riley for Children

IU Health - Saxony Hospital

Johnson Memorial Hospital

Major Hospital

Riverview Hospital

St. Vincent - Indianapolis

Witham Health Services

Witham Health Services at

Anson

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# Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2015

## District 6

Community Hospital of Anderson  
& Madison Co.

Community Howard Regional  
Health

Fayette Regional Health System

Henry County Memorial Hospital

IU Health – Ball Memorial  
Hospital

IU Health – Blackford Hospital

IU Health – Tipton Hospital

Jay County Hospital

Marion General Hospital

Reid Hospital and Health Care Services

Rush Memorial Hospital

St. Vincent Anderson Regional Hospital

St. Vincent Kokomo

St. Vincent Mercy Hospital

St. Vincent Randolph Hospital

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# Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2015

## District 7

Greene County General Hospital

Putnam County Hospital

St. Vincent Clay Hospital

**Sullivan County Community  
Hospital**

Terre Haute Regional Hospital

Union Hospital (Terre Haute)

Union Hospital Clinton

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# Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2015

## District 8

### **Columbus Regional Hospital**

IU Health – Bedford Hospital

IU Health – Bloomington Hospital

IU Health – Paoli Hospital

Monroe Hospital

Schneck Medical Center

St. Vincent Salem Hospital

## District 9

Clark Memorial Hospital

### **Dearborn County Hospital**

Decatur County Memorial  
Hospital

Floyd Memorial Hospital and  
Health Services

### **Harrison County**

King's Daughters' Health

### **Margaret Mary Community Hospital**

Scott County Memorial Hospital

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# Hospitals reporting to the Indiana Trauma Registry - Quarter 2 2015

## District 10

Daviess Community Hospital

Deaconess Hospital

Deaconess Gateway Hospital

**Gibson General**

Good Samaritan Hospital

Memorial Hospital & Health Care Center

Perry County Memorial Hospital

St. Mary's Medical Center of Evansville

St. Mary's Warrick Hospital

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# Summary of Hospitals Reporting Status- Q2 2015

## New to Reporting / Started Reporting Again

- Bluffton Regional Medical Center
- Community Howard Regional Health
- Dearborn County Hospital
- Hancock Regional Hospital
- St. Vincent Mercy Hospital
- St. Vincent Randolph Hospital

## Dropped off

- Columbus Regional Hospital
- Dupont Hospital
- IU Health – Starke Hospital
- Margaret Mary Community Hospital
- Portage Hospital
- Sullivan County Community Hospital

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# Quarter 2 2015 Statewide Report

- 8,605 incidents
- April 1, 2015 – June 30, 2015
- 95 total hospitals reporting
  - 9 Level I and II Trauma Centers
  - 10 Level III Trauma Centers
  - 76 Non-Trauma Hospitals

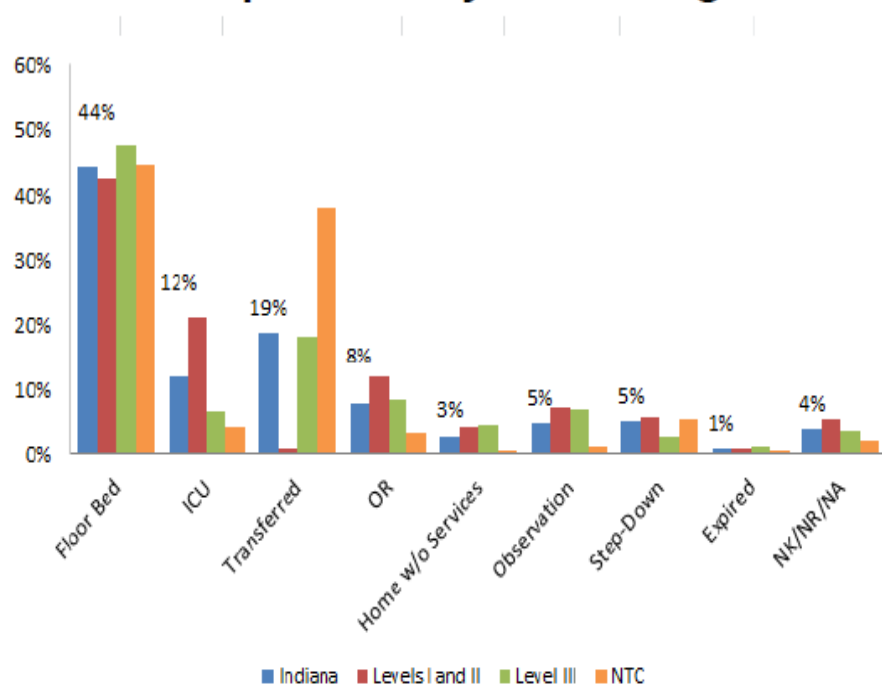


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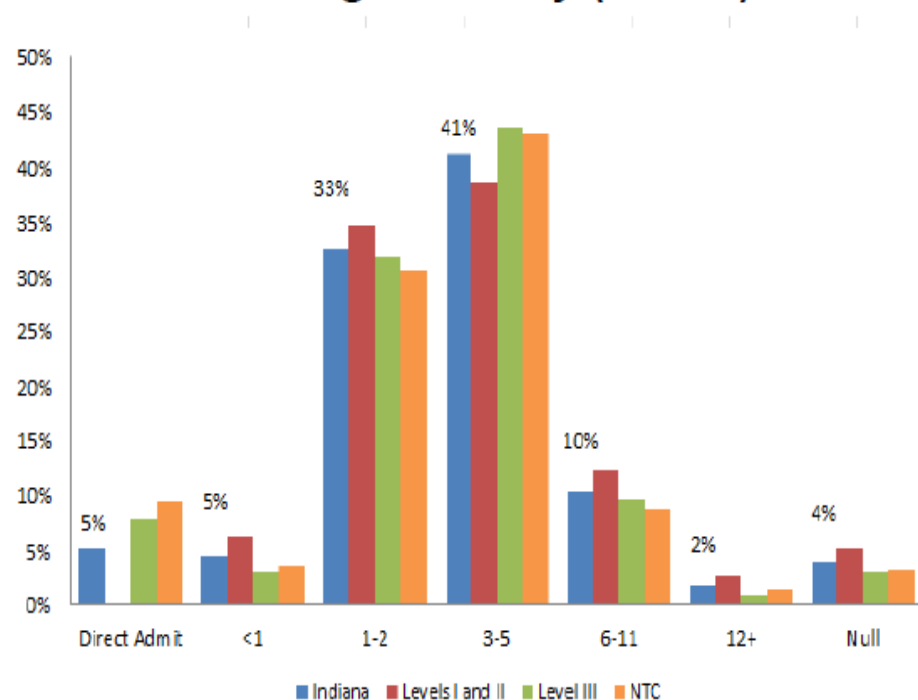
Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

# ED: Disposition / Length of Stay - Page 2

## ED Disposition by Percentage



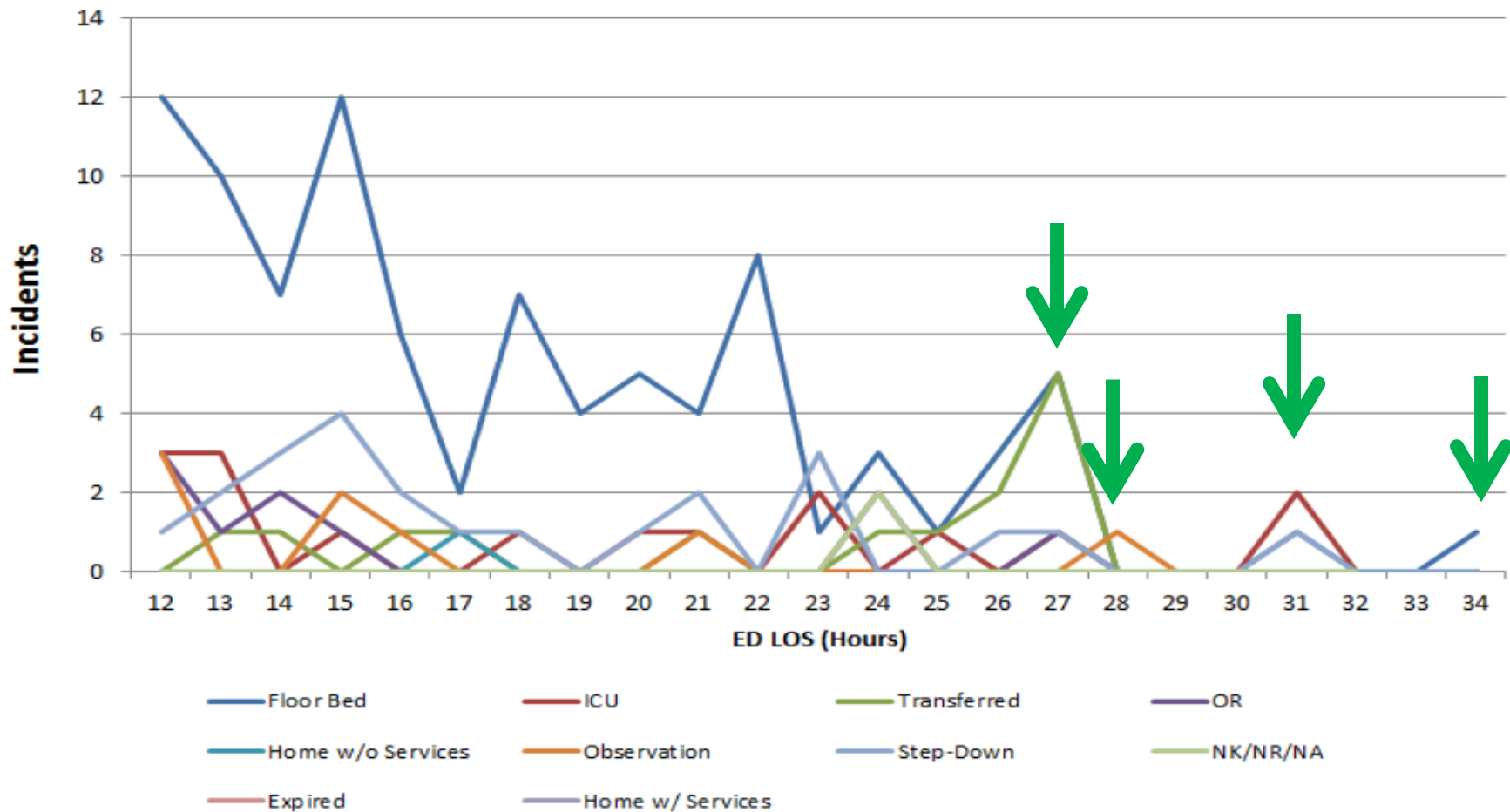
## ED Length of Stay (Hours)



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# ED LOS > 12 Hours - Page 3

## ED Disposition for ED LOS >12 Hours



N=168

\*No cases expired

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# ED LOS > 12 Hours - Page 4

## ED LOS > 12 Hours, N=121

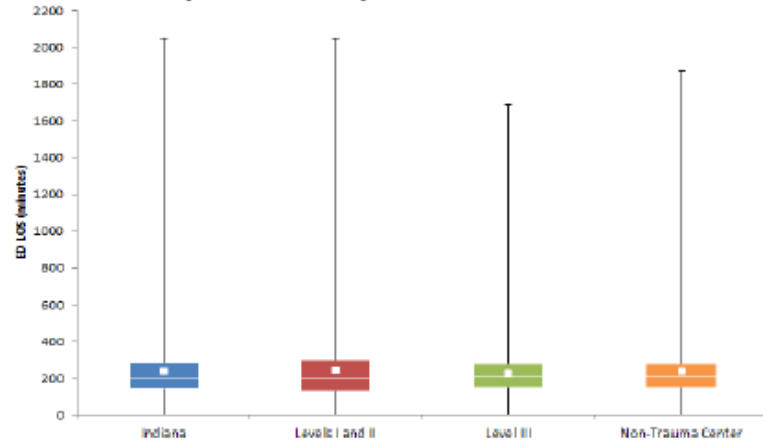
Facilities	85 Level I and II 8 Level III 28 Non-trauma Centers	ISS	68 (1-8 cat); 45 (9-15 cat); 6 (16-24); 1 (25-44); 1 (No ISS)
Average Distance from Scene to Facility	6.2 Miles	RTS—Systolic	4 (2-4)
Transport Type	90 Ambulance; 5 Helicopter, 26 Private Vehicle/Walk-In	RTS—GCS Scale	3.9 (0-4)
Trauma Type	111 Blunt; 10 Penetrating	RTS—Resp. Scale	3 (3-4)
Cause of Injury	63 Fall; 31 MVC; 9 Struck by, Against; 4 Firearm; 6 Transport; 6 Cut/Pierce; 2 Bicyclist	RTS	7.4 (3.8-7.8)
Signs of Life	110 Yes; 11 No	B Value	3.97 (0-5.6)
Age	57.5 Years (6-95 Years)	Ps	0.97 (0.45-1)
Gender	62 Female; 59 Male	Resp. Assistance	6 Yes; 113 No; 2 Unknown
Interfacility Transfer	26 Yes; 95 No	ED LOS	18.5 (12-34)
Region	23 North; 73 Central; 6 South; 19 Missing	ED Disposition	1 AMA; 67 Floor bed; 1 Home w/o services; 11 ICU; 4 Observation; 9 OR; 21 Step-down; 6 Transferred; 1 NA

-Region was created from injury zip code. Missing = no injury zip or injury zip from out of state.

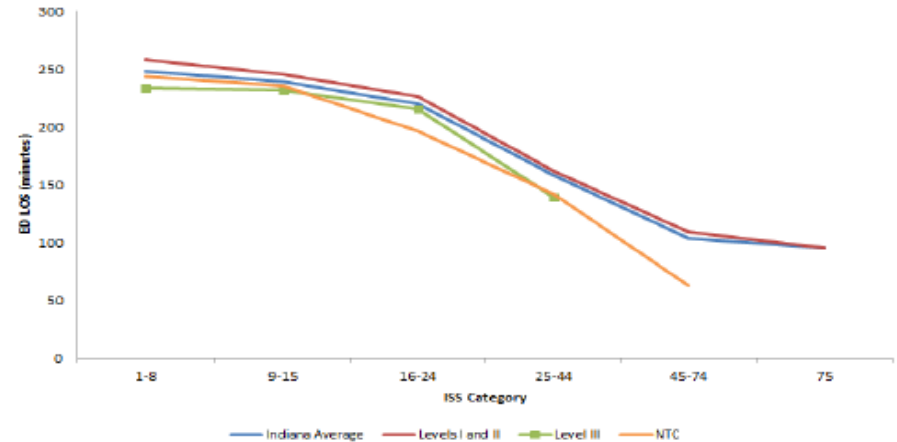
-Numbers represent counts per category or mean with minimum and maximum in parentheses.

# ED Length of Stay: Bar & Whisker - Page 5

**ED LOS (Minutes) - All Patients**



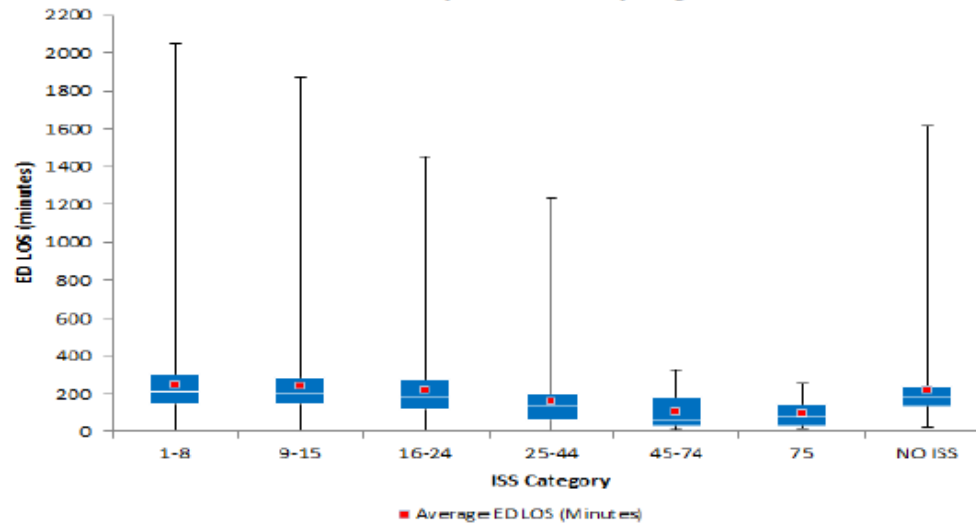
**ED LOS (Minutes) by ISS**



A table with all the values for ED LOS is found on page 47.

**ED LOS (Minutes) by ISS**

Note for EDLOS by ISS, there were 8 cases with ISS of 75; none were at non-trauma centers.

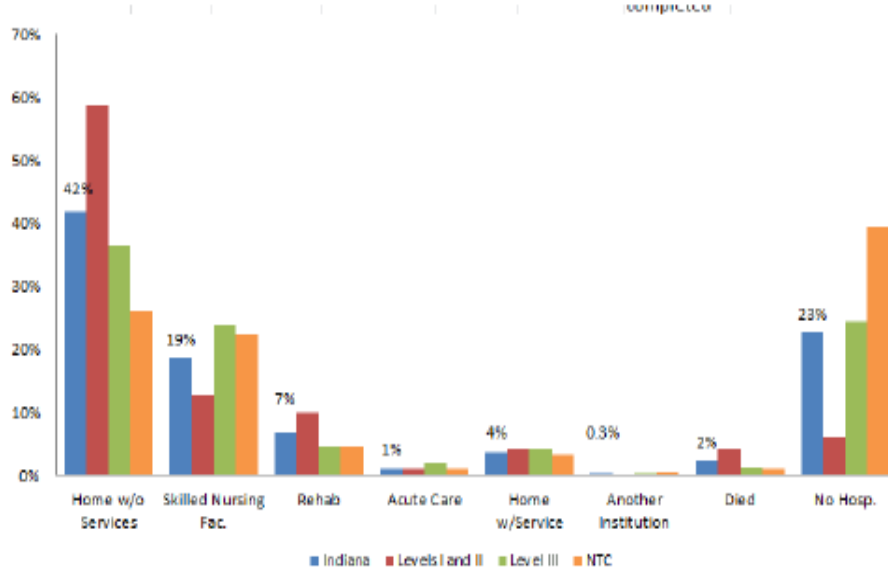


A table with values for ED LOS by ISS may be found on page 48.

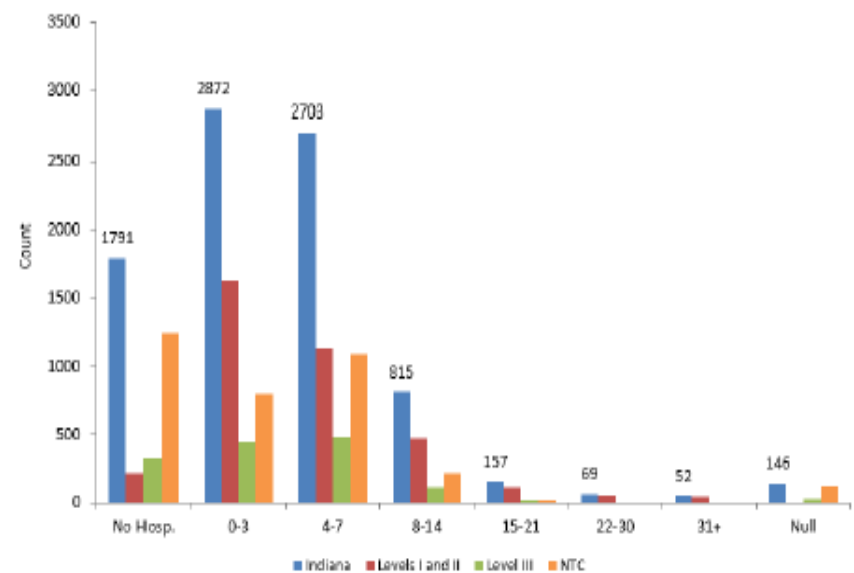


# Hospital Disposition and LOS - Page 6

## Hospital Disposition



## Hospital Length of Stay (days)

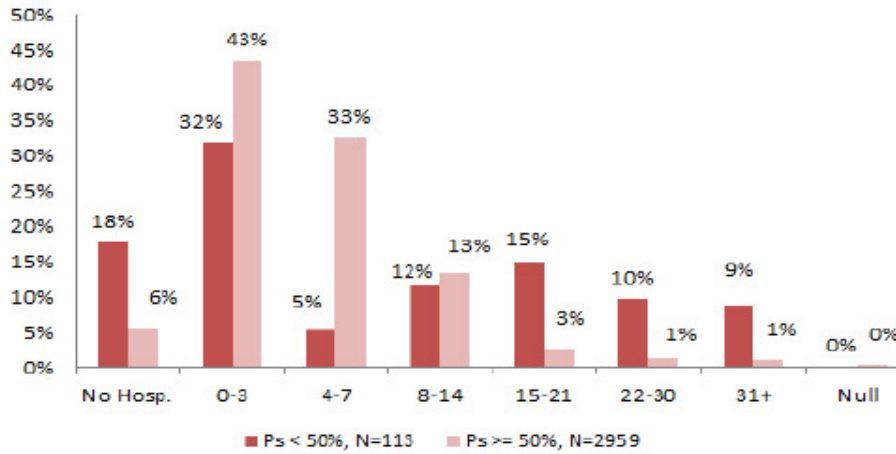


\*There are new categories for the Hospital Disposition for the 2014 Data Dictionary <1%: null, psych., long term care hospital, AMA, hospice and intermediate care.

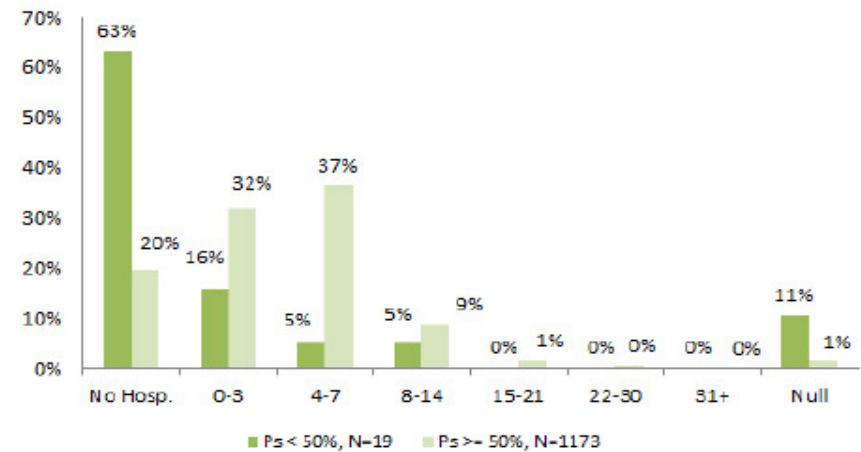
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# Hospital LOS by Ps - Page 7

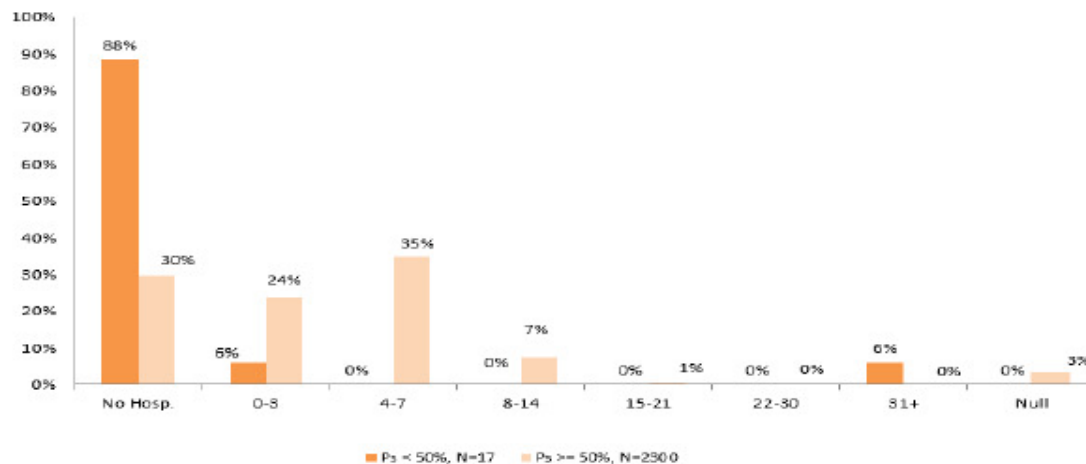
## Hospital LOS (days) by Ps Levels I and II



## Hospital LOS (days) by Ps Level III



## Hospital LOS (days) by Ps Non-Trauma Centers



# ED Disposition Expired - Page 8

## ED Disposition of Expired for Ps $\geq$ 50%, N=10

Facilities	2 Non-Trauma Centers 8 Trauma Centers	ISS	3 (1-8 cat.); 4 (16-24 cat.); 1 (25-44); 2 No ISS
Average Distance from Scene to Facility*	7.5 Miles	RTS—Systolic	3.0 (0-4)
Transport Type	7 Ground ambulance; 2 Helicopter; 1 Walk-in	RTS—GCS Scale	1.8 (0-4)
Trauma Type	10 Blunt	RTS—Resp. Scale	3.2 (2-4)
Cause of Injury	2 Falls; 7 MVC; 1 Transport	RTS	4.8 (0.9-7.5)
Signs of Life	8 Yes; 2 No	B Value	1.6 (0.04-2.97)
Age	51.9 Years (17-92 Years)	Ps	0.8 (0.5-0.95)
Gender	5 Female; 5 Male	Resp. Assistance	3 Yes; 7 No
Interfacility Transfer	1 Yes; 9 No	ED LOS	1.4 hours (0.13-3.55 hours)
Region	7 North; 3 Central		

-Region was created from injury zip code. Missing = no injury zip or injury zip from out of state.

-Numbers represent counts per category or mean with minimum and maximum in parentheses.

# Trauma Centers - Page 9

ED Dispo ≠ Expired, Hospital Dispo = Expired for Ps ≥ 50%, N=108, Trauma Centers

Interfacility Transfer	43 Yes	Interfacility Transfer	65 No
Average Distance from Scene to Facility	18.9 Miles	Average Distance from Scene to Facility	7.3 Miles
Transport Type	23 Ambulance; 20 Helicopter	Transport Type	45 Ambulance; 11 Helicopter; 8 Private Vehicle; 1 Unknown
Trauma Type	33 Blunt; 2 Penetrating; 4 Burn; 4 Other	Trauma Type	57 Blunt; 1 Burn; 3 Penetrating; 4 Other
Cause of Injury	20 Fall; 10 MVC; 1 Struck by, Against; 2 Firearm; 2 Transport; 1 Machinery; 4 Fire/Burn; 3 Unknown	Cause of Injury	34 Fall; 19 MVC; 1 Struck; 2 Firearm; 2 Transport; 1 Cut/Pierce; 1 Fire/Burn; 3 Not Categorized; 1 Natural; 1 Bicyclist
Signs of Life	32 Yes; 1 No; 10 Unknown	Signs of Life	51 Yes; 1 No; 13 Unknown
Age	58.8 Years (0.2-97 Years)	Age	64 (1-98 Years)
Gender	16 Female; 27 Male	Gender	20 Female; 45 Male
Region	6 North; 21 Central; 3 South	Region	9 North; 30 Central; 12 South; 14 Other
ISS	8 (1-8); 11 (9-15); 5 (16-24); 17 (25-44); 2 (45-74)	ISS	4 (1-8); 19 (9-15); 9 (16-24); 32 (25-44); 1 (45-74)
RTS—Systolic	3.8 (2-4)	RTS—Systolic	3.8 (1-4)
RTS—GCS Scale	1.9 (0-4)	RTS—GCS Scale	2.7 (0-4)
RTS—Resp. Scale	3 (0-4)	RTS—Resp. Scale	3 (0-4)
RTS	6.1 (3.8-7.8)	RTS	6.4 (2.9-7.8)
B Value	1.9 (0.2—3.6)	B Value	1.8 (0.1-5.3)
Ps	0.8 (0.6–.97)	Ps	0.8 (0.5-1)
Resp. Assistance	20 Yes; 23 No	Resp. Assistance	16 Yes; 49 No
ED LOS	2.7 Hours (0.5-9.7 Hours)	ED LOS	3.6 Hours (0.3-22 Hours)

-Region was created from injury zip code. Missing = no injury zip or injury zip from out of state.

-Numbers represent counts per category or mean with minimum and maximum in parentheses.

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



# Non-Trauma Centers - Page 10

ED Dispo ≠ Expired, Hospital Dispo = Expired for Ps ≥ 50%, N=28, Non-trauma Centers

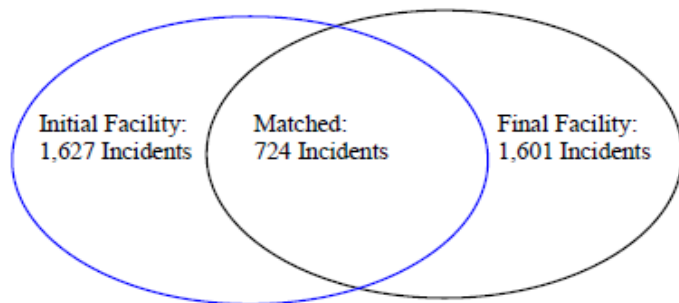
<b>Interfacility Transfer</b>	28 No
<b>Average Distance from Scene to Facility</b>	8.7 Miles
<b>Transport Type</b>	25 Ambulance; 3 Private Vehicle
<b>Trauma Type</b>	23 Blunt; 1 Burn; 1 Penetrating; 3 Other
<b>Cause of Injury</b>	22 Falls; 1 MVC; 1 Firearm; 1 Fire/Burn; 3 Not Categorized
<b>Signs of Life</b>	28 Yes
<b>Age</b>	80 (28-98)
<b>Gender</b>	12 Females; 16 Males
<b>Region</b>	8 North; 12 Central; 6 South
<b>ISS</b>	10 (1-8); 15 (9-15); 0 (16-24); 2 (25-44); 1 Unknown
<b>RTS—Systolic</b>	3.9 (3-4)
<b>RTS—GCS Scale</b>	3.5 (0-4)
<b>RTS—Resp. Scale</b>	3.0 (2-4)
<b>RTS</b>	7.2 (5.4-7.6)
<b>B Value</b>	2.9 (1.2-3.8)
<b>Ps</b>	0.9 (0.8-9.8)
<b>Resp. Assistance</b>	7 Yes; 13 No; 8 Unknown
<b>ED LOS</b>	4.8 Hours (1.6-20.4)

-Region was created from injury zip code. Missing = no injury zip or injury zip from out of state.

-Numbers represent counts per category or mean with minimum and maximum in parentheses.

# Linking - Page 11

For Quarter 2, 2015, of the 8,605 incidents reported to the Indiana Trauma Registry, 1,627 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 430 cases were probabilistically matched. The linked cases make up 22% of the Q2 2015 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.



The initial facility in which transfers come from may be considered Critical Access Hospitals (CAHs). All Indiana CAHs are considered Rural, and must meet additional requirements to have a CAH designation, such as having no more than 25 inpatient beds and being located in a rural area. Facilities that are highlighted indicate that these facilities reported data for Quarter 2, 2015.

Within this transfer data section, the purple columns represent the transfer cases and the single percentages represent the percent for the transfer cases. For two demographic variables, patient age groupings and gender, the Indiana average is included to provide more insight to this transfer population.

## Indiana Critical Access Hospitals (CAHs)

Adams Memorial Hospital	Perry County Memorial Hospital
Cameron Memorial Community Hospital Inc	Pulaski Memorial Hospital
Community Hospital of Bremen Inc	Putnam County Hospital
Decatur County Memorial Hospital	Rush Memorial Hospital
Dukes Memorial Hospital	Scott Memorial Hospital
Gibson General Hospital	St Vincent Frankfort Hospital Inc
Greene County General Hospital	St Vincent Jennings Hospital Inc
Harrison County Hospital	St Vincent Mercy Hospital
IU Health Bedford Hospital	St Vincent Randolph Hospital Inc
IU Health Blackford Hospital	St Vincent Salem Hospital Inc
IU Health Paoli Hospital	St. Mary's Warrick Hospital Inc
IU Health Tipton Hospital	St. Vincent Clay Hospital Inc
IU Health White Memorial Hospital	St. Vincent Dunn Hospital Inc
Jasper County Hospital	St. Vincent Williamsport Hospital, Inc.
Jay County Hospital	Sullivan County Community Hospital
Margaret Mary Community Hospital Inc	Union Hospital Clinton
Parkview LaGrange Hospital	Woodlawn Hospital
Parkview Wabash Hospital	

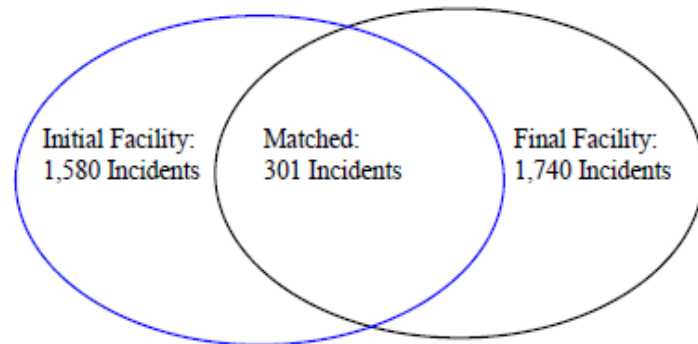
## Rural Hospitals

Columbus Regional Hospital	King's Daughters' Health
Daviess Community Hospital	Kosciusko Community Hospital
Fayette Regional Health System	Marion General Hospital
Franciscan St Anthony Health - Michigan City	Memorial Hospital
Franciscan St Elizabeth Health - Crawfordsville	Memorial Hospital and Health Care Center
Good Samaritan Hospital	Parkview Noble Hospital
Henry County Memorial Hospital	Reid Hospital & Health Care Services
Indiana University Health La Porte Hospital	Saint Joseph RMC - Plymouth
Indiana University Health Starke Hospital	Schneck Medical Center

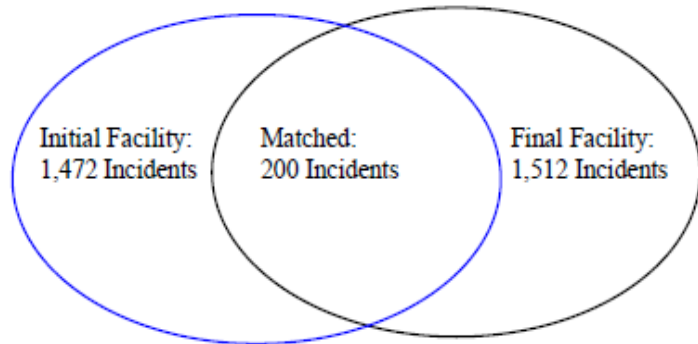


# Historical Links - Page 12

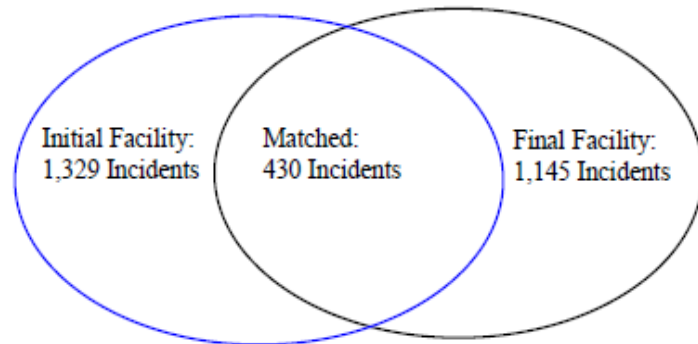
## Historical Links



For Quarter 3, 2014, of the 8,814 incidents reported to the Indiana Trauma Registry, 1580 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 301 cases were probabilistically matched. The linked cases make up 9.1% of the Q3 2014 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.



For Quarter 4, 2014, of the 8,052 incidents reported to the Indiana Trauma Registry, 1472 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 200 cases were probabilistically matched. The linked cases make up 6.7% of the Q4 2014 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.



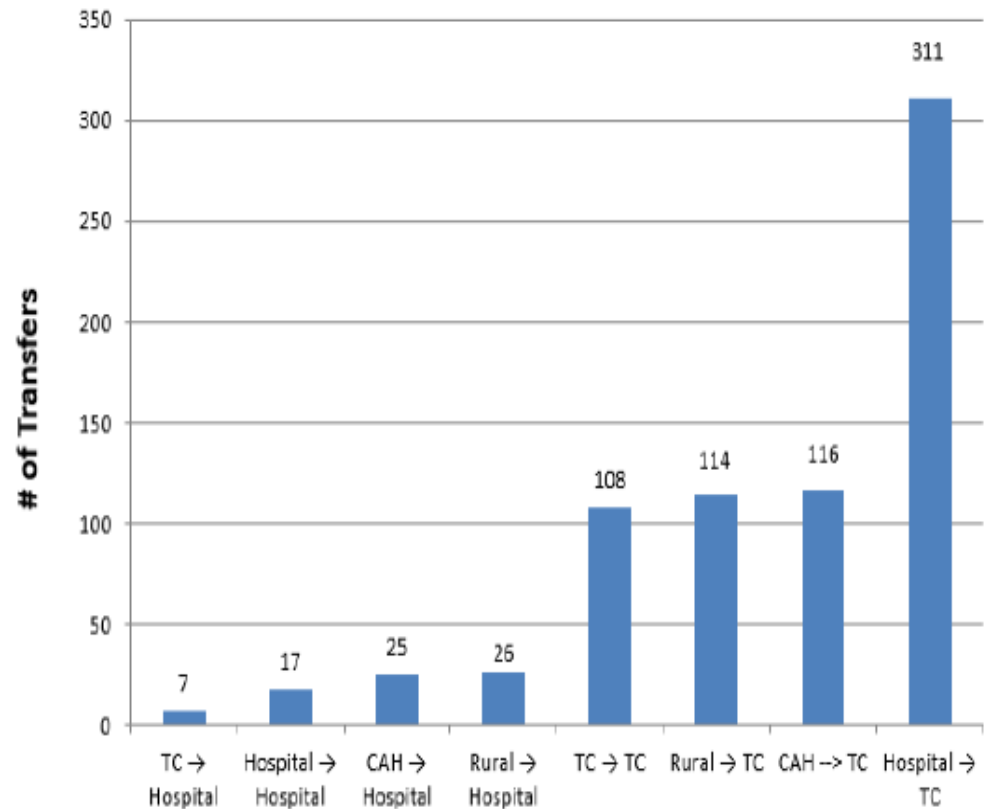
For Quarter 1, 2015, of the 7,050 incidents reported to the Indiana Trauma Registry, 1,329 cases that had an ED Disposition of “Transferred to another acute care facility” at the initial facility or that had the Inter-Facility Transfer equal to “Yes” at the Trauma Center. Of those transferred, 430 cases were probabilistically matched. The linked cases make up 17% of the Q1 2015 data. All public health preparedness districts are represented. The diagram below illustrates the overlap between the transfers reported from the initial facility and from the final facility that can be matched.

# Transfer Patient: Facility Type - Page 13

## Facility to Facility Transfers

For Transfer Patients:		
Initial Hospital Type	Final Hospital Type	Incident Counts
Trauma Center	Hospital	7
Hospital	Hospital	17
Critical Access Hospital	Hospital	25
Rural	Hospital	26
Trauma Center	Trauma Center	108
Rural	Trauma Center	114
Critical Access Hospital	Trauma Center	116
Hospital	Trauma Center	311

## Facility Transfer Type



Rural = Rural Hospital; TC = ACS Verified or In Process Trauma Center;

CAH = Critical Access Hospital; Hospital = does not fall into above categories

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# Linked Transfer Patient Averages - Page 14

## For Linked Transfer Patients:

For Transfer Patients:					
	All Transfer Patients	Critical*	Physiological Critical**	ISS Critical***	<u><i>Ps &lt;0.5****</i></u>
Number of Patients	724	407	384	60	5
EMS Notified to Scene	8.6 minutes	9.0 minutes	9.1 minutes	8.3 minutes	12.8 minutes
EMS Scene Arrival to Departure	20.7 minutes	24.0 minutes	24.5 minutes	55.2 minutes	13.4 minutes
EMS Scene Departure to Initial Hospital ED Arrival	16.7 minutes	15.5 minutes	15.4 minutes	15.9 minutes	17.2 minutes
Initial Hospital ED Arrival to Departure	2 hours 58.4 minutes	2 hours 51.6 minutes	2 hours 51.3 minutes	2 hours 30.1 minutes	1 hour 6.6 minutes
Initial Hospital ED Departure to Final Hospital ED Arrival	58.1 minutes	1 hour 1.2 minutes	1 hour 1.2 minutes	56.5 minutes	29.2 minutes
TOTAL TIME	4 hours 42.5 minutes	4 hours 41.3 minutes	4 hours 41.5 minutes	4 hours 46 minutes	2 hours 19.2 minutes

\*Critical patient is defined as having a GCS  $\leq$  12, OR Shock Index  $>$  0.9 OR ISS  $>$  15 at the initial hospital.

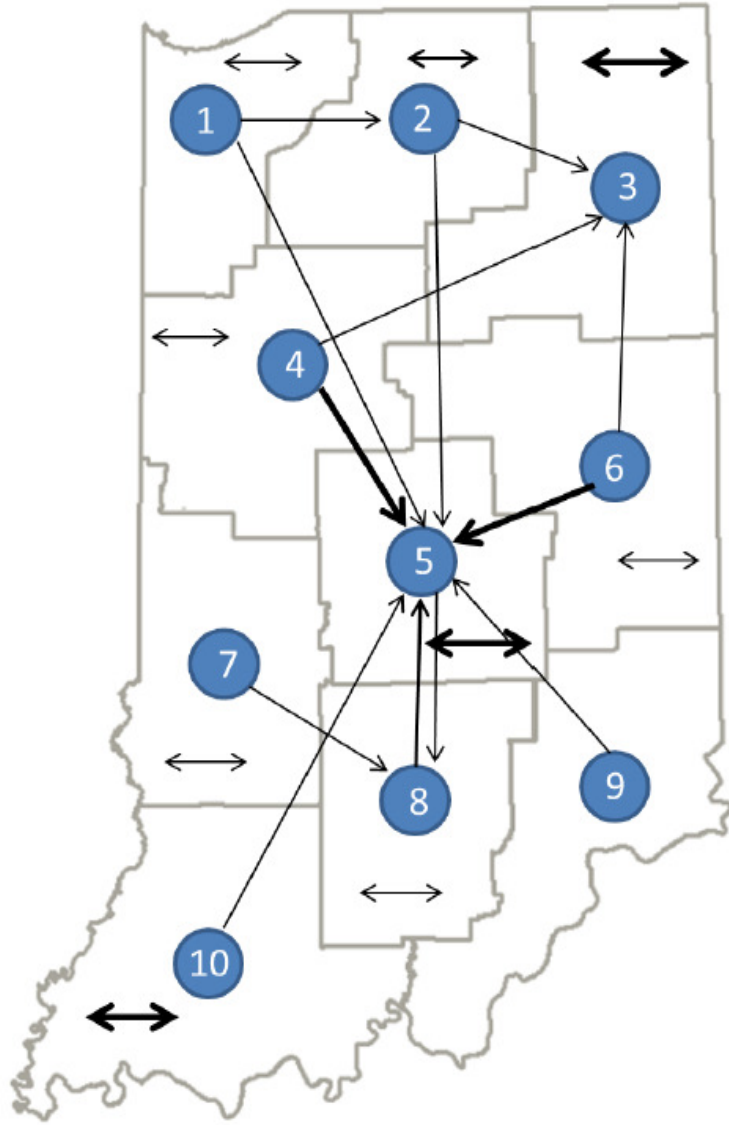
\*\*Physiological Critical Transfer patient is defined as having a Shock Index  $>$  0.9 OR GCS  $\leq$  12 at the initial hospital.

\*\*\*ISS Critical Transfer patient is defined as having an ISS  $>$  15.

\*\*\*\*Patients with a probability of survival  $\leq$  0.5.

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# Transfer Patient Data - Page 15



\*The thickness of the line indicates the frequency of transfers out of or within the public health preparedness district. The circles represent transfers from a specific PHPD, not of a specific hospital or county.

For Transfer Patients:		
Public Health Preparedness District Initial Hospital	Public Health Preparedness District Final Hospital	Incident Counts
1	1	7
1	2	8
1	5	12
2	2	12
2	3	8
2	5	8
3	3	121
3	5	1
4	3	7
4	4	14
4	5	64
5	5	125
5	8	2
6	3	5
6	5	86
6	6	15
7	5	72
7	7	5
7	8	1
7	10	1
8	5	35
8	8	17
9	5	3
10	5	11
10	10	84



# Transfer Patient Data - Page 16

## For Linked Transfer Patients:

For Transfer Patients:					
	All Transfer Patients	<i>Critical*</i>	<i>Physiological Critical**</i>	<i>ISS Critical***</i>	<u><i>Ps &lt;0.5****</i></u>
Number of Patients	724	407	384	60	5
Total Time	4 hours 42.5 minutes	4 hours 41.3 minutes	4 hours 41.5 minutes	4 hours 46 minutes	2 hours 19.2 minutes
Total Mileage	55.0	53.7	53.0	63.1	61.0
Injury Scene to Initial Hospital Mileage***	7.5	8.1	8.2	6.8	5.3
Initial Facility to Final Facility Mileage	47.5	45.6	44.7	56.3	55.7

Estimated Average Distance (miles) by Region (region of final hospital):					
Region	Injury Scene to Initial Facility Mileage†	Initial Facility to Final Facility Mileage	Total Mileage	Drive Count	Air Count
Indiana Average	7.5	47.5	55.0	604	120
North Region	6.7	43.4	50.0	263	39
Central Region	8.5	56.7	65.2	162	52
South Region	7.9	43.9	51.8	179	29

\*Critical patient is defined as having a GCS  $\leq$  12, OR Shock Index  $>$  0.9 OR ISS  $>$  15 at the initial hospital.

\*\*Physiological Critical Transfer patient is defined as having a Shock Index  $>$  0.9 OR GCS  $\leq$  12 at the initial hospital.

\*\*\* ISS Critical Transfer patient is defined as ISS  $>$  15 at the initial hospital.

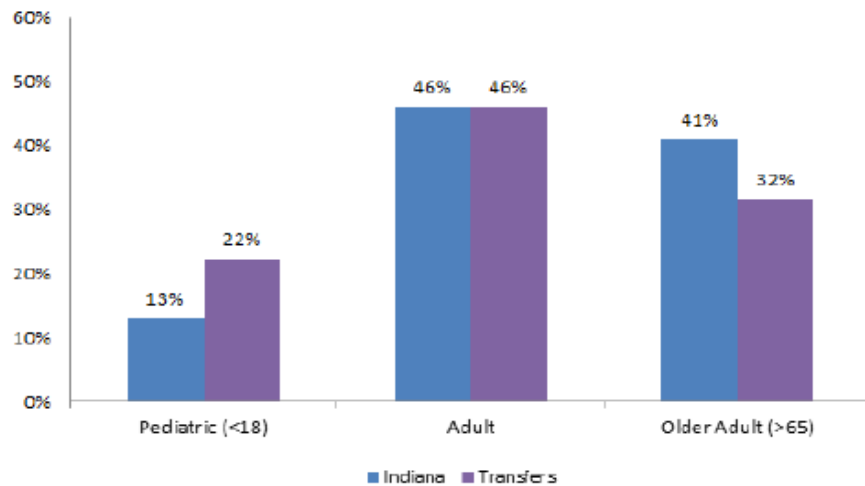
\*\*\*\*Probability of Survival  $<$  0.5

†Injury Scene to Initial Facility Mileage location estimated by zip code centroid

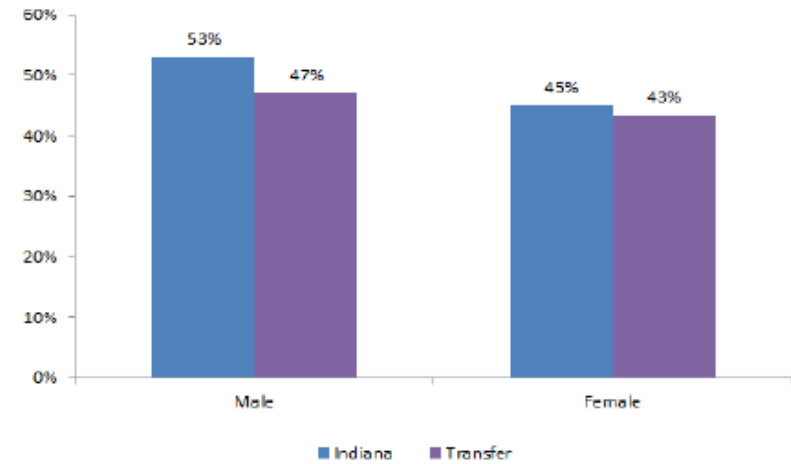
Statistics for Estimated Average Distance by Region calculated by Public Health Geographics, Epidemiology Resource Center, ISDH

# Transfer Patient Population - Page 17

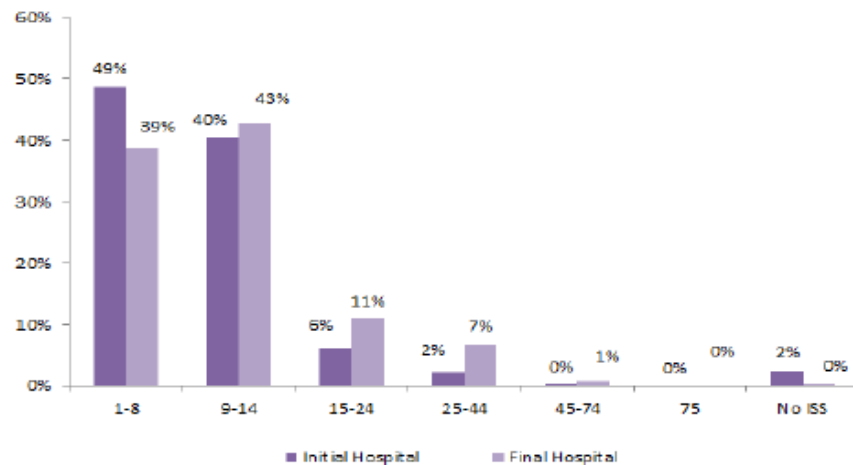
## Patient Age Groupings



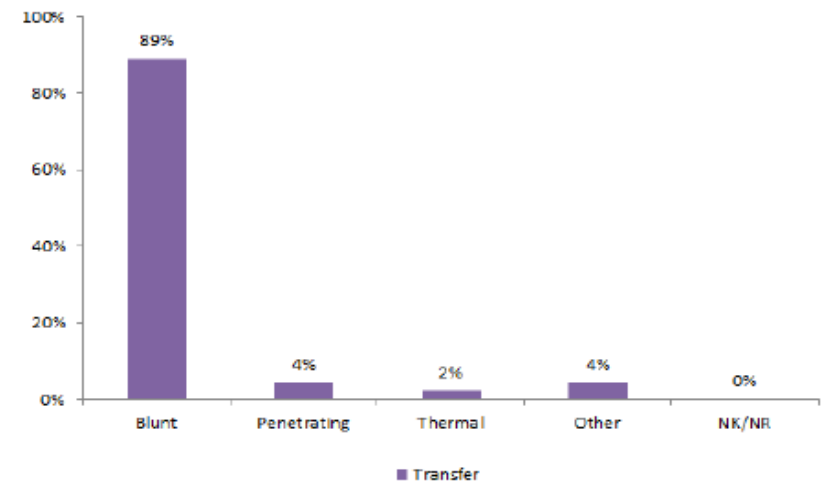
## Patient Gender



## Injury Severity Score (ISS)



## Trauma Type- Final Hospital

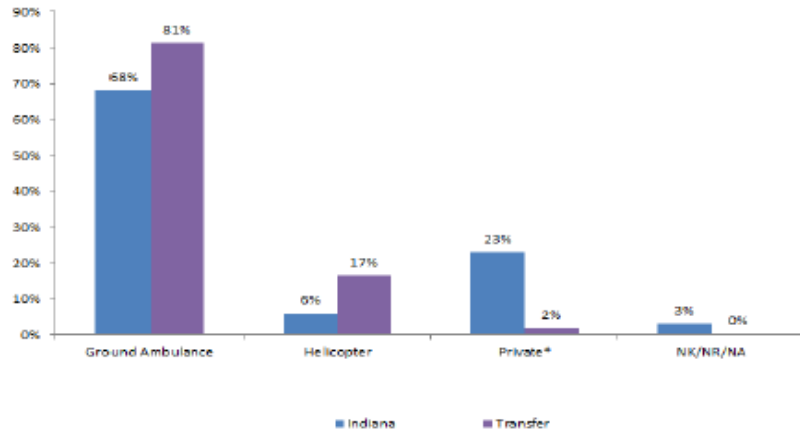


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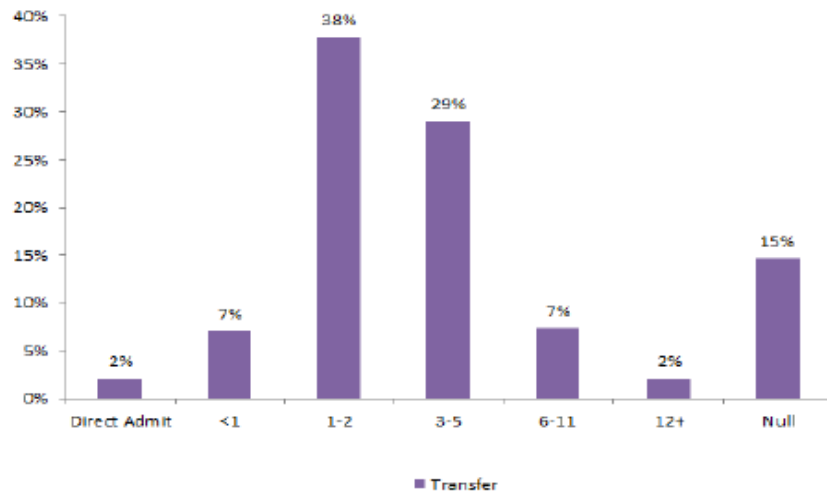
# Transfer Patient Population - Page 18

## Transport Mode- Final Hospital

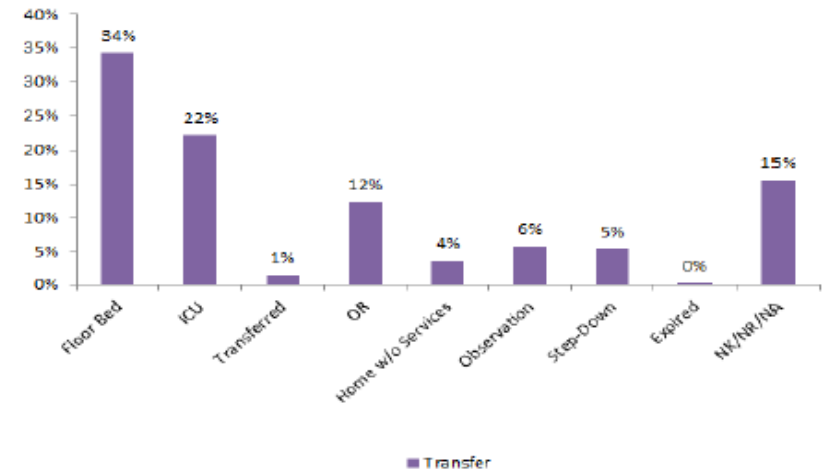


<1% Transport Mode: Police, Other      \* Indicates Private/ Public Vehicle, Walk-in

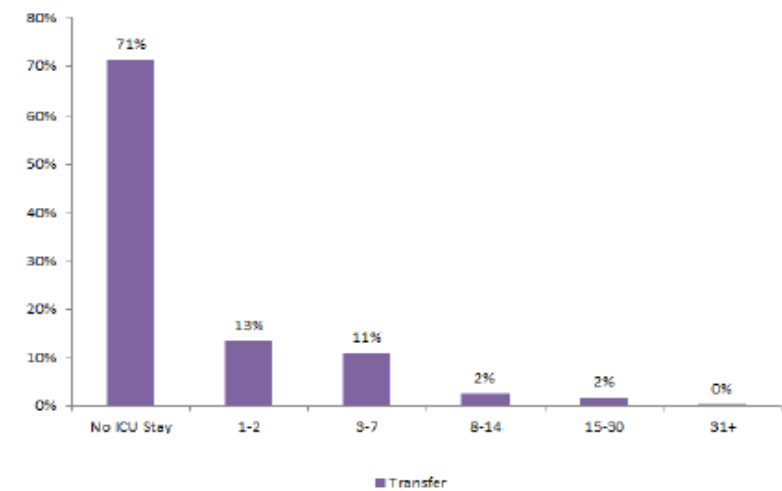
## ED Length of Stay (hours)- Final Hospital



## ED Disposition by Percentage- Final Hospital



## ICU Length of Stay (days)- Final Hospital

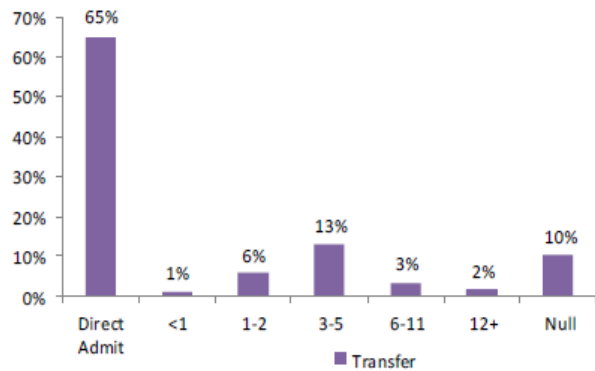


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# Transfer Patient Population

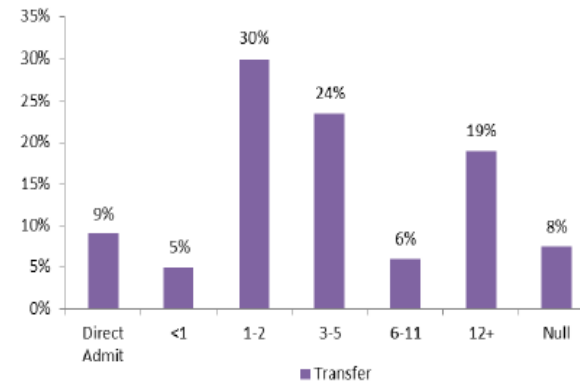
## Quarter 3 2014

ED Length of Stay (hours)- Final Hospital



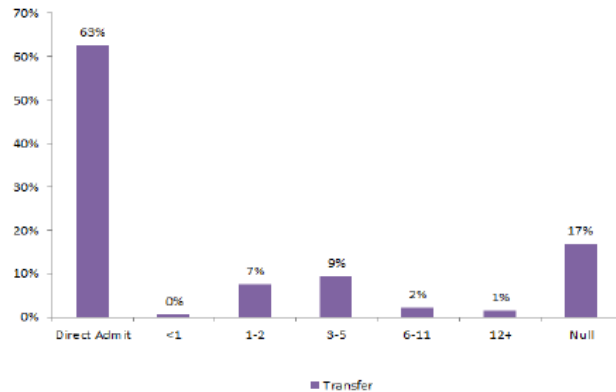
## Quarter 4 2014

ED Length of Stay (hours)- Final Hospital



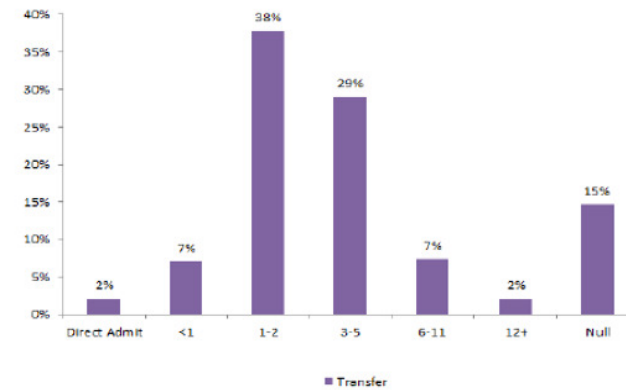
## Quarter 1 2015

ED Length of Stay (hours)- Final Hospital



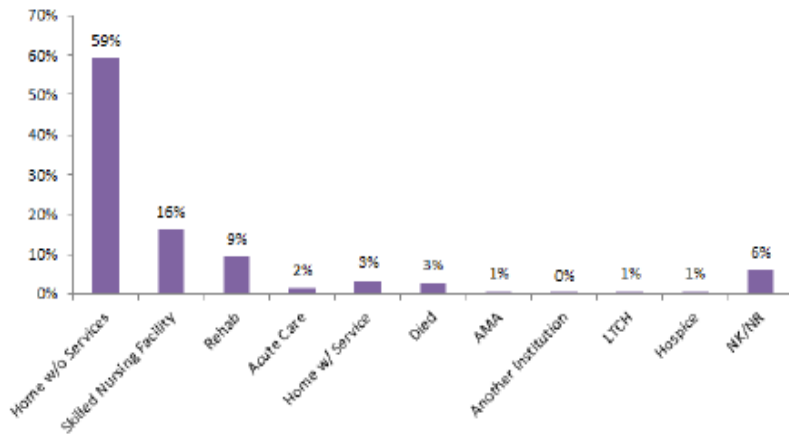
## Quarter 2 2015

ED Length of Stay (hours)- Final Hospital

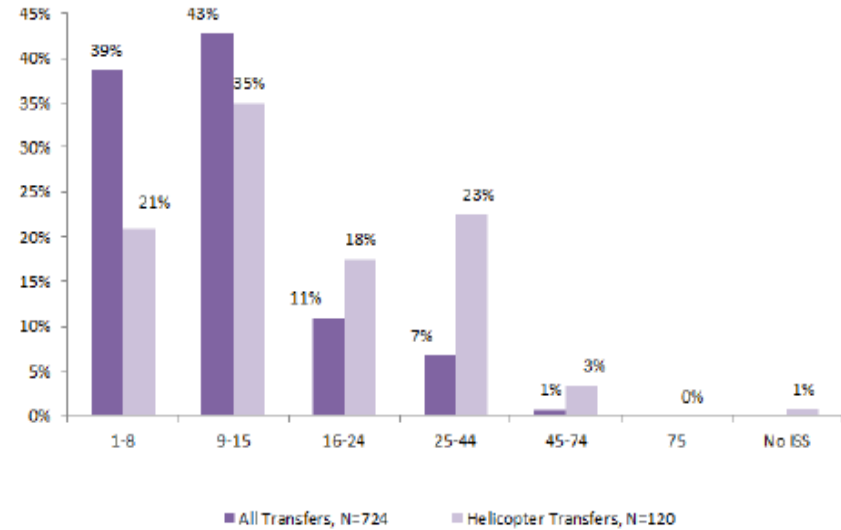


# Transfer Patient Population - Page 19

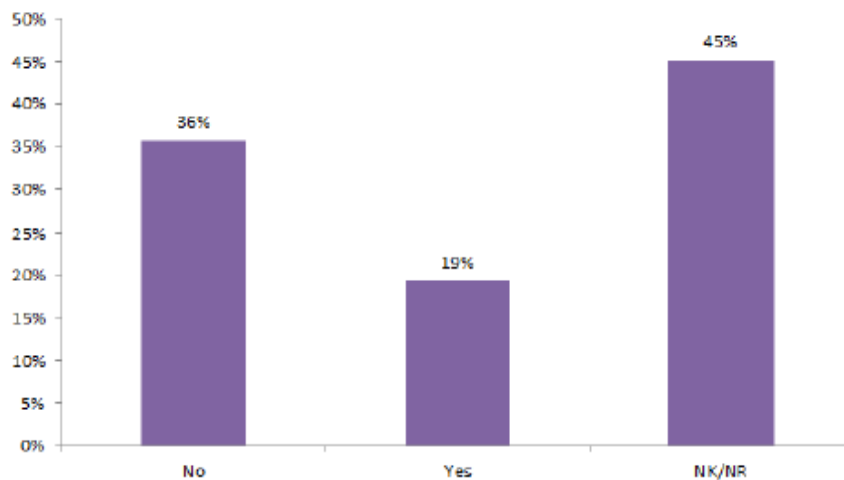
## Discharge Disposition- Final Hospital



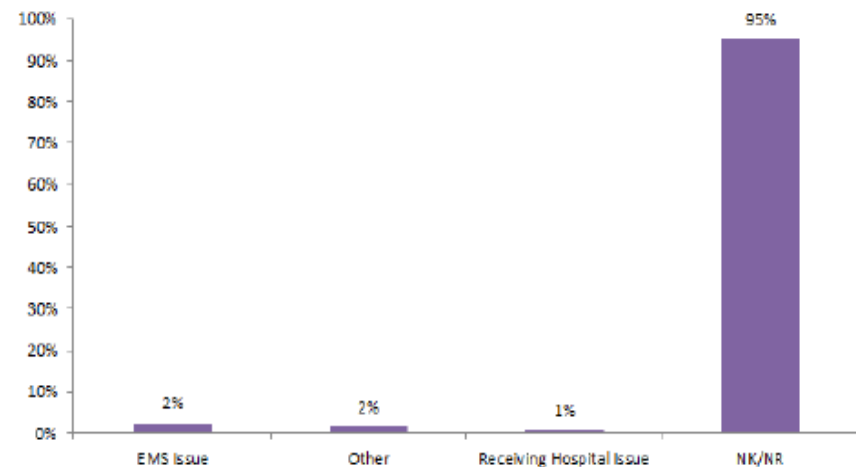
## Helicopter Transfers by ISS- Final Hospital



## Transfer Delay Indicated- Initial Hospital



## Initial Facility Transfer Delay Reason



# Higher than Average ED LOS for Transferred Patients

## Hospital ID

ID 1

ID 34

ID 44

ID 73

ID 84

ID 90

ID 92

ID 94

ID 97

ID 99

ID 109

ID 122

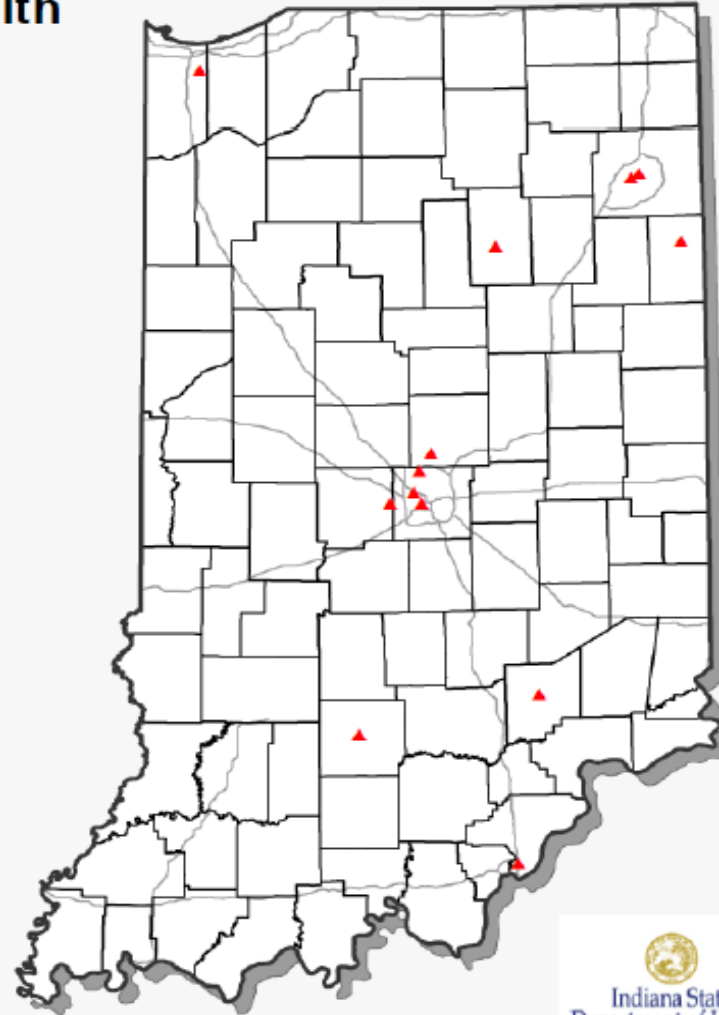
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# Not Reporting Map - Page 20

## Indiana State Department of Health Indiana Trauma Registry

Hospitals Not Reporting Trauma Data  
to the Indiana Trauma Registry

Adams Memorial Hospital  
Community Westview Hospital  
IU Health - West Hospital  
Kentuckiana Medical Center  
Parkview Wabash Hospital  
Richard L Roudebush VA Medical Center  
St. Joseph Hospital (Fort Wayne)  
St. Mary Medical Center Hobart  
St. Vincent - Carmel Hospital  
St. Vincent - Dunn Hospital  
St. Vincent - Fishers Hospital  
St. Vincent - Jennings Hospital  
St. Vincent - Peyton Manning Children's  
VA Northern IN Healthcare System



Not reporting as of 10/1/2015

Map author: ISDH Trauma & Injury Prevention - October 2015

# Reporting Map - Page 50

## Indiana State Department of Health Indiana Trauma Registry

Hospitals Reporting Trauma Data  
Quarter 2, 2015

April 1, 2015 – June 30, 2015

### **I II** Level I and II Trauma Centers

Deaconess Hospital  
Eskenazi Health  
IU Health - Methodist Hospital  
Memorial Hospital of South Bend  
Parkview Regional Medical Center  
Riley Hospital for Children at IU Health  
St. Mary's Medical Center of Evansville  
St. Vincent Indianapolis Hospital

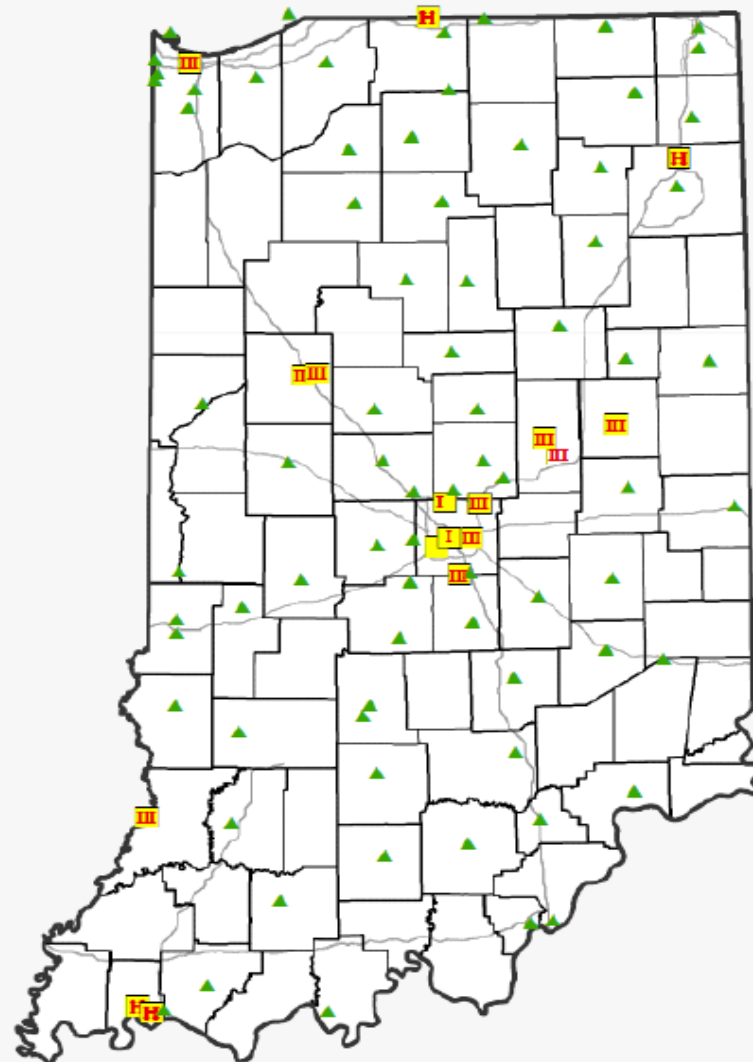
### **III** Level III Trauma Centers

Community Hospital of Anderson  
Community Hospital - East  
Community Hospital - North  
Community Hospital - South  
Franciscan St. Elizabeth East Hospital  
Good Samaritan Hospital  
IU Health - Arnett Hospital  
IU Health - Ball Memorial Hospital  
Methodist Hospital - Northlake Campus  
St. Vincent Anderson Regional Hospital

### **▲** Non-Trauma Hospitals

76 Non-Trauma Hospitals

Hospital categories include Verified and "In the Process" Trauma Centers

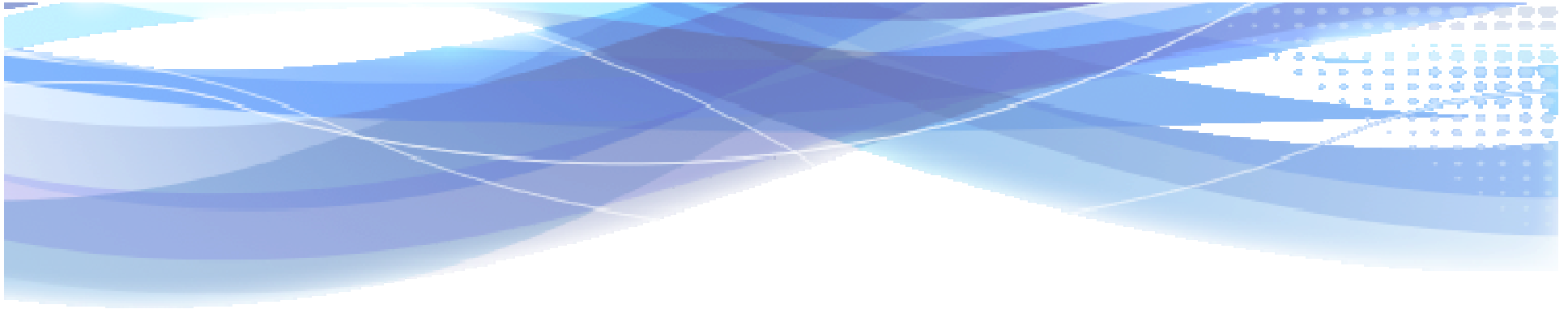




# Questions?



Indiana State  
Department of Health



# Updates



Indiana State  
Department of Health

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# Injury Prevention Updates

*December 11, 2015*

**Jessica Schultz, MPH , Injury Prevention Epidemiologist**  
Division of Trauma and Injury Prevention

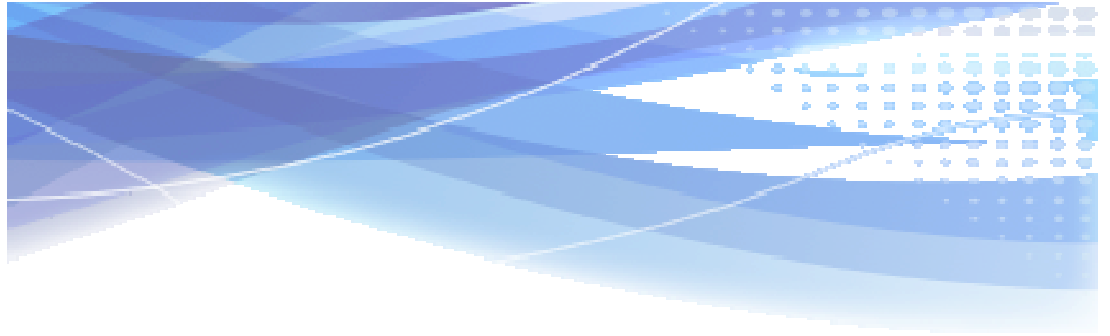


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Child Safety Collaborative  
Innovation & Improvement Network



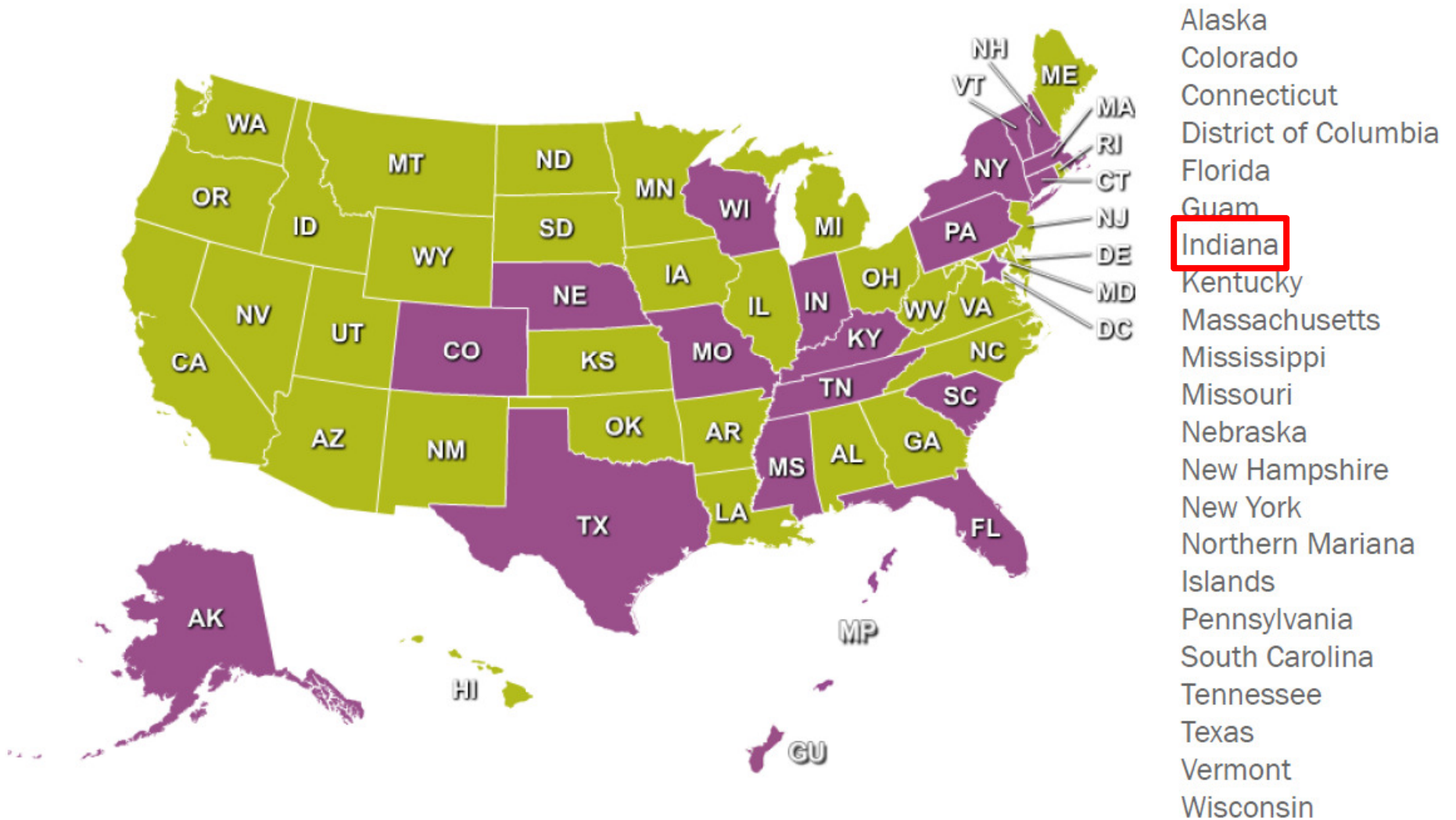
# Child Safety COIIN

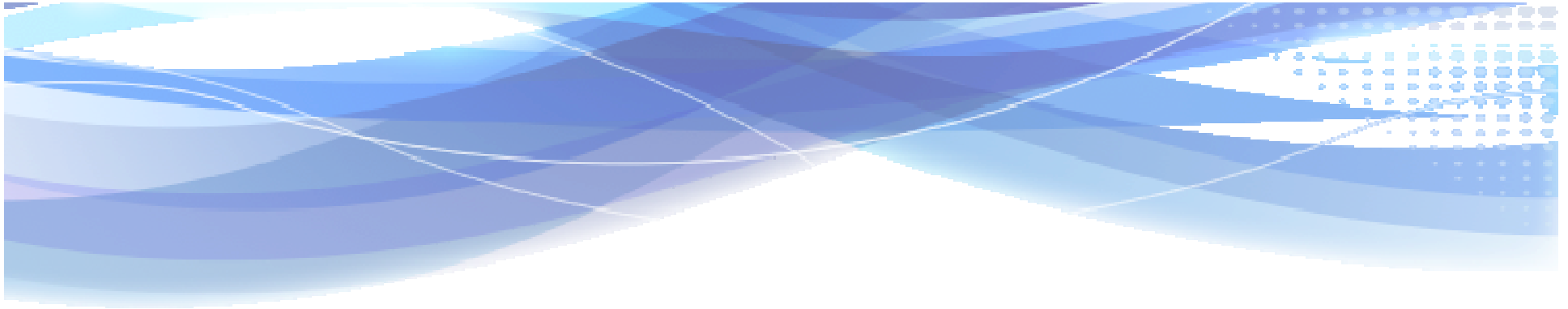


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Department of Health

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# States & Jurisdictions Participating in the CS CoIIN





# Resource Guide & App Development



Indiana State  
Department of Health

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# Resource Guide App



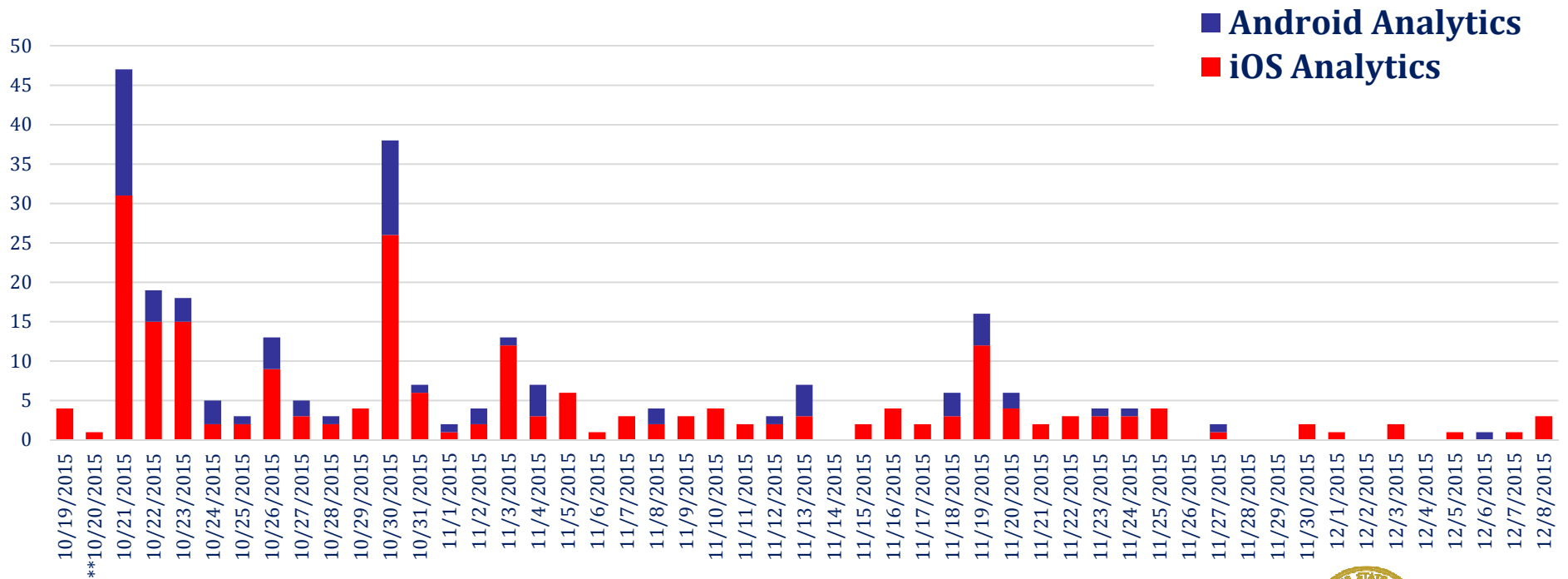
- Injury Prevention at your fingertips
- Free download for iOS & Android
  - phone & tablet capabilities
- Available in Apple & Google Play stores



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Department of Health

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# Installs per day, N = 336



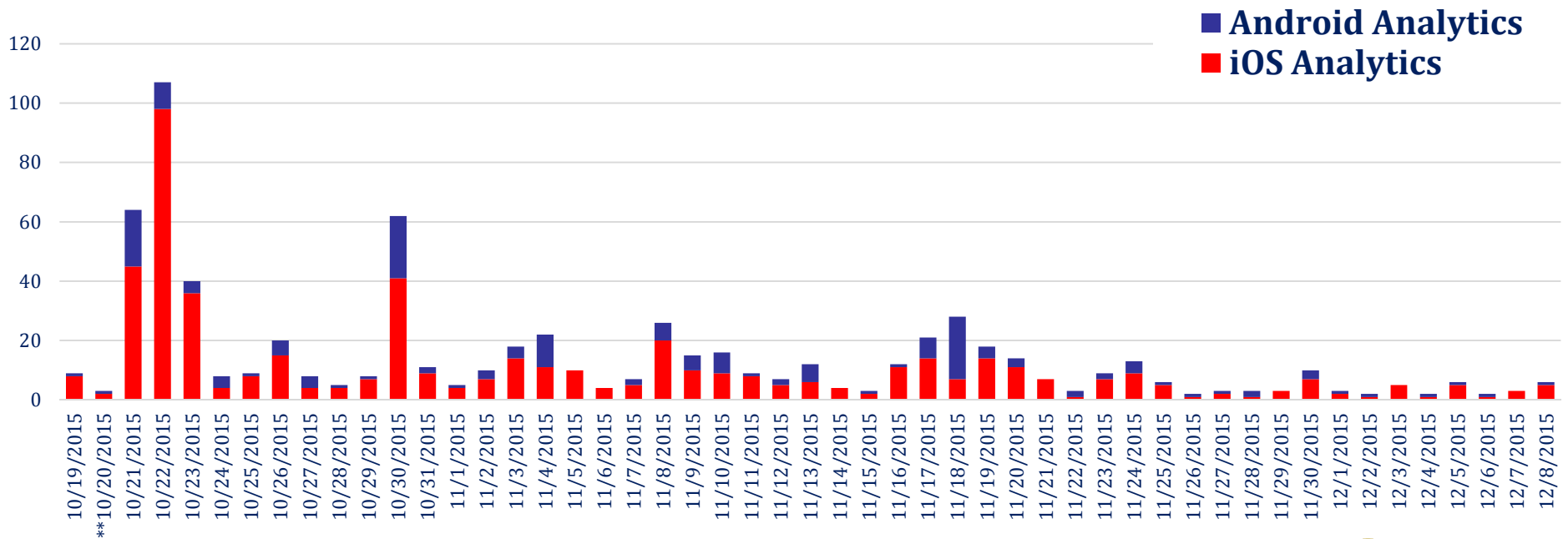
\*\*ISDH press release on 10/20/2015



Indiana State  
Department of Health

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# Launches per day, N = 1,385



\*\*ISDH press release on 10/20/2015



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# Program Evaluation – Measuring Impact and Continuously Improving Implementation for Success

**Sally Thigpen, MPA**

Division of Analysis, Research, and Practice Integration

Core VIPP Evaluation Team

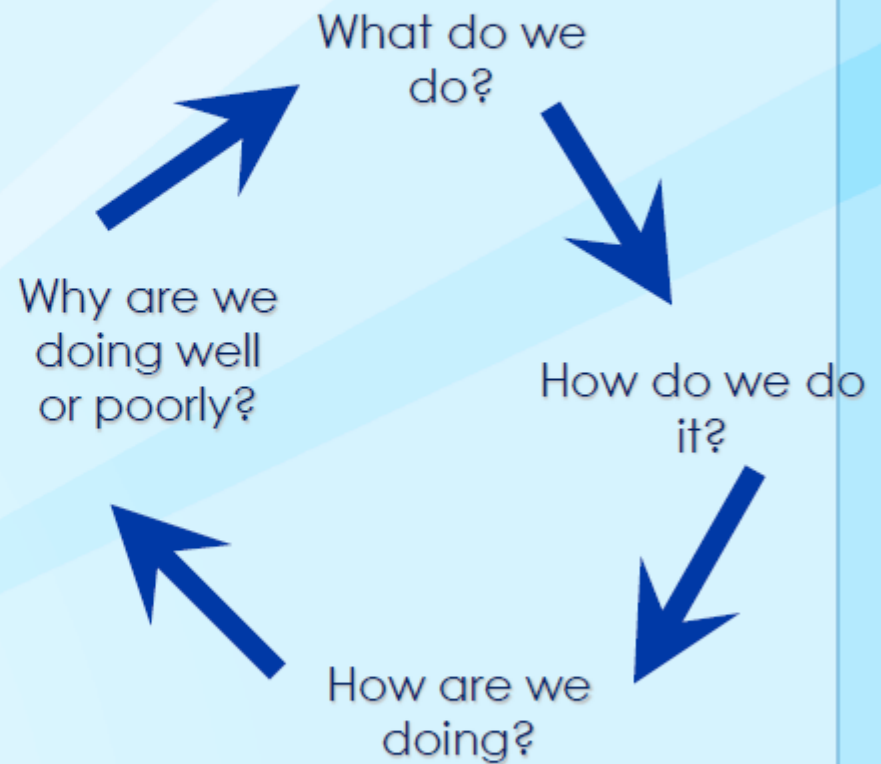
December 10, 2015

National Center for Injury Prevention and Control  
Division of Analysis, Research, and Practice Integration



# Integrating Processes to Achieve Continuous Quality Improvement

- Continuous Quality Improvement (CQI) cycle.
  - **Planning**—*What* actions will best reach our goals and objectives.
  - **Performance measurement**— How are we doing?
  - **Evaluation**—*Why* are we doing well or poorly?



## SMART Template

### Key Component

### Objective

**S**pecific

What is the specific task?

**M**easurable

What are the standards or parameters?

**A**ttainable

Is the task feasible?

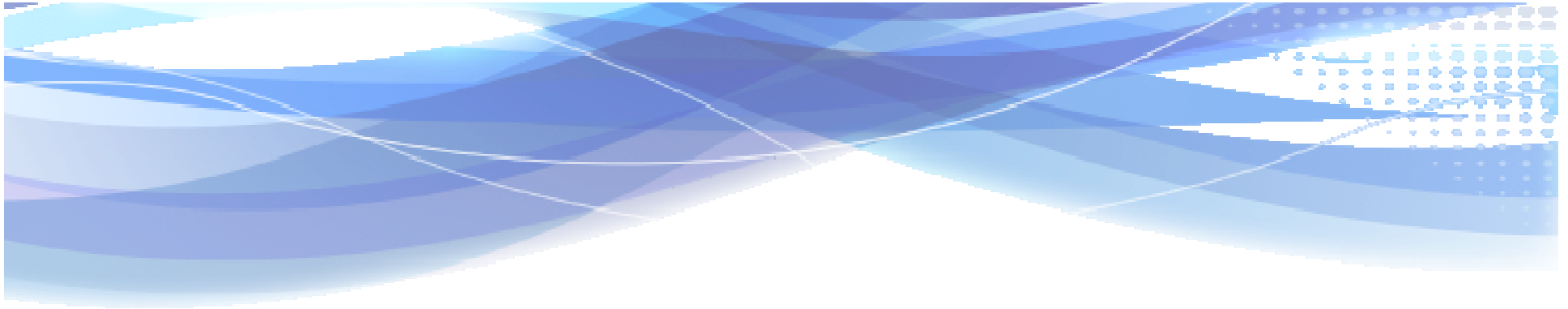
**R**easonable

Are sufficient resources available?

**T**ime-Bound

What are the start and end dates?





# **CDC CORE STATE VIOLENCE AND INJURY PREVENTION (CORE SVIPP) FUNDING OPPORTUNITY ANNOUNCEMENT**

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

# Core SVIPP

- Duration: 5 years, beginning 8/1/2016
- Ave. Award: \$250,000 (\$200,000-\$475,000)
- FOA Released 12/7/2015
- Letter of Intent due 3/1/2016
- Application due 4/8/2016
- Will need LOS from partners!



Indiana State  
Department of Health

# Core SVIPP

- Four Priority Focus Areas:
  - Child abuse and neglect
  - Traumatic brain injury
  - Motor vehicle crash injury and death
  - Intimate partner/sexual violence
- Multicomponent: BASE
  - SQI
  - RNCO





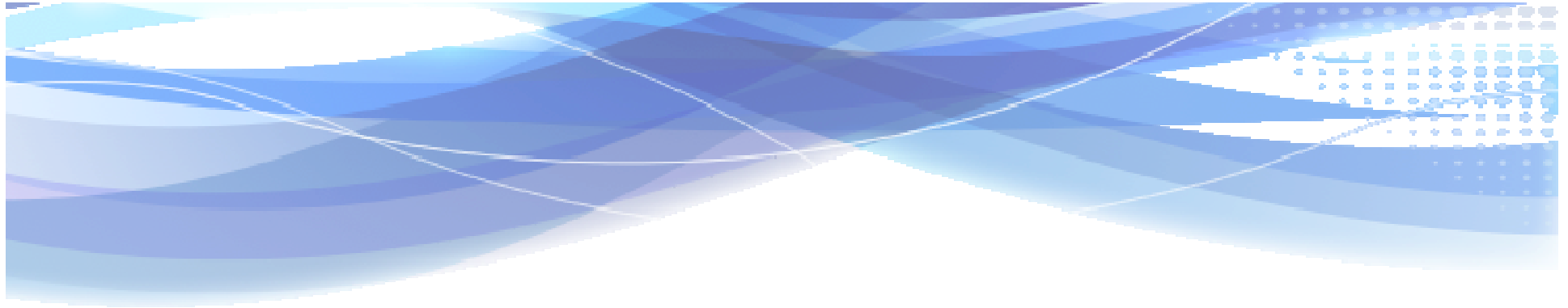
# Strategies & Activities

1. Educate health department leaders & policy makers about Public Health approach to IVP
2. Engage, coordinate, and leverage other internal state department of health and external partners and Injury Control Research Centers or other injury research institutes
3. Enhance statewide IVP plan and logic model for 4 priority areas



# Strategies & Activities

4. Implement 3 strategies that address 4 priority focus areas  
one selected strategy must address shared risk and protective factors across two priority focus areas
5. Develop evaluation plan reflecting process and outcome measures
6. Disseminate surveillance and evaluation information to stakeholders and use to inform continuous quality improvement
7. Enhance surveillance systems to capture IVP data



# INVDRS Data Collection Update

Rachel Kenny, INVDRS  
Epidemiologist

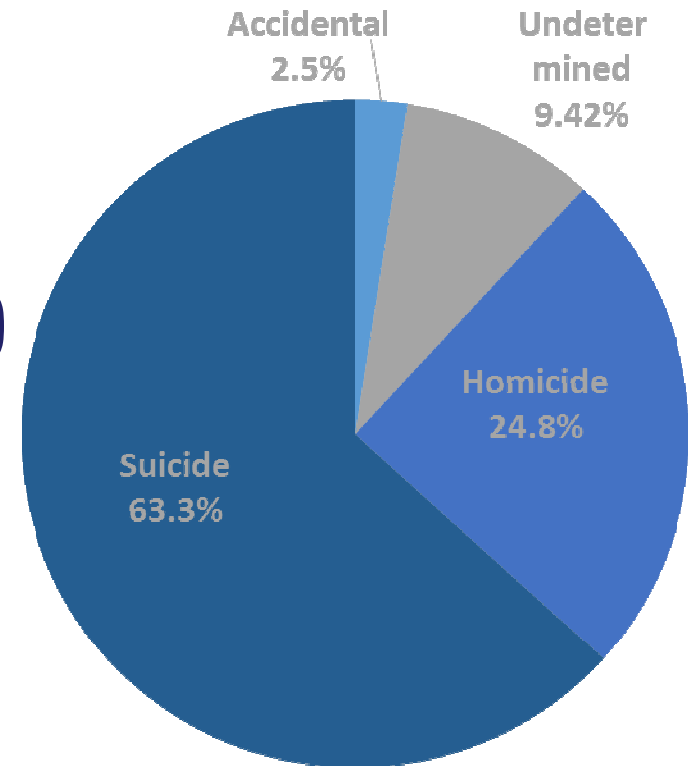


Indiana State  
Department of Health



# Death Certificates

- 1242 cases statewide (as of 11/17 DC update)
  - 786 Suicides (63.3%)
  - 308 Homicides (24.8%)
  - 117 Undetermined (9.4%)
  - 31 Accidental (2.5%)

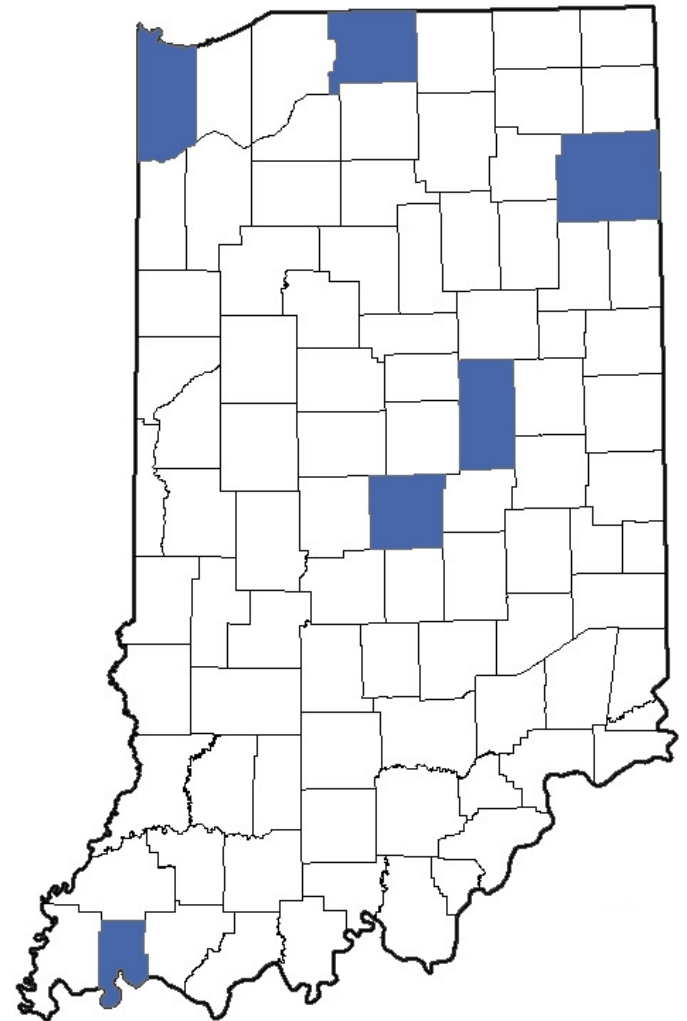


\*preliminary numbers

# Death Certificates

- Pilot Counties
  - 47.8% of all cases (594)
  - 40.3% of all suicides (317)
  - 75.6% of all homicides (233)

\*preliminary numbers



# Data Agreements, Collection and Abstraction

- 20 Coroner Data Sharing Agreements.
- 168 Law Enforcement Data Sharing Agreements.
- Received 183 reports (coroner and law enforcement).
  - Abstracted 90 of those reports.

# Coroner

- 228 coroner records requested
- 47 records received
- 41 records abstracted

# Law Enforcement

- 168 signed Data Sharing Agreements
  - 28 of the agencies are in pilot counties

# Law Enforcement

- 246 police records requested
- 136 records received
- 49 records abstracted





# Other Updates?

Email questions to: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)



Indiana State  
Department of Health