

On May 2nd, Katie Gatz, Interim Director of the Trauma and Injury Prevention Division, attended the Parkview Trauma Symposium in Fort Wayne.

On May 13th, Katie Gatz presented a Trauma System Update presentation at the Cardiovascular and Diabetes Coalition of Indiana (CADI) Systems of Care Committee meeting.

Murray Lawry, EMS Registry Manager, and Katie Gatz hosted a Trauma Registry Training event at the ISDH on May 16th. They had 18 attendees from 11 different hospitals and 5 attendees from 4 different prehospital services.

On May 16th, Camry Hess, Database Analyst Epidemiologist, and Jessica Skiba, Injury Prevention Epidemiologist, attended and participated in the St. Vincent Trauma Symposium in northeast Indianapolis.

Jessica Skiba attended the Safe States Conference from May 19th through May 22nd. The conference was funded through the Preventive Health Block Grant.

On May 21st Katie Gatz attended and presented at the Porter Health—EMS Symposium in Valparaiso.

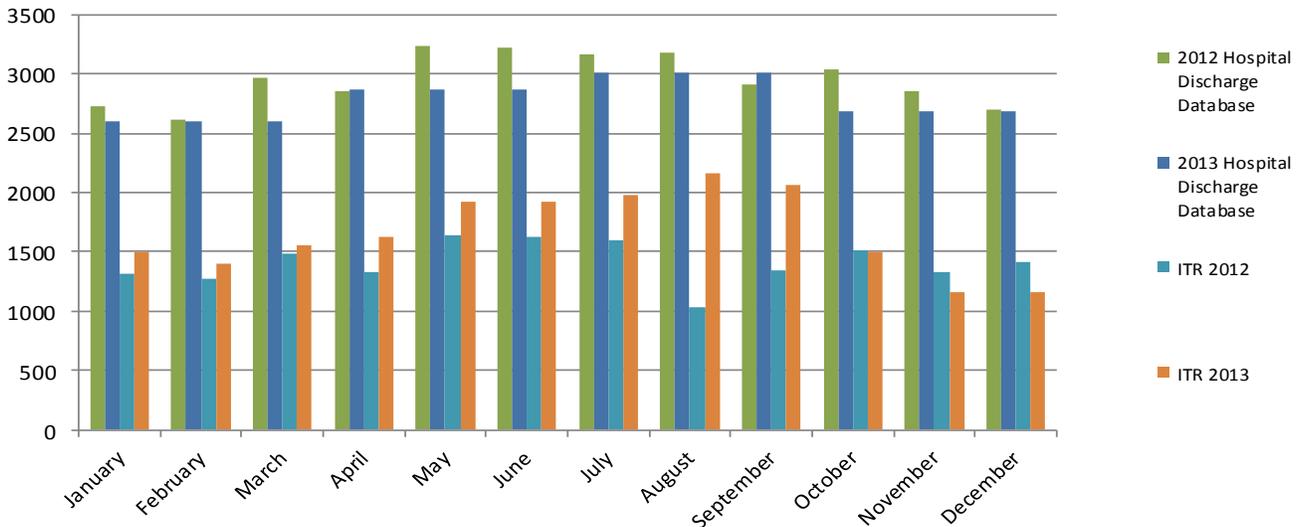
Art Logsdon, Assistant Commissioner of Health and Human Services Commission, announced that Katie Gatz is the new Director of the Trauma and Injury Prevention Division, effective Tuesday, May 27.

The 2013 data presented in this report is now complete.

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 three data quality measures for the ICJI grant: completeness, timeliness, and uniformity. This report uses data within the ITR, with an emphasis on motor vehicle collisions (MVC).

Completeness

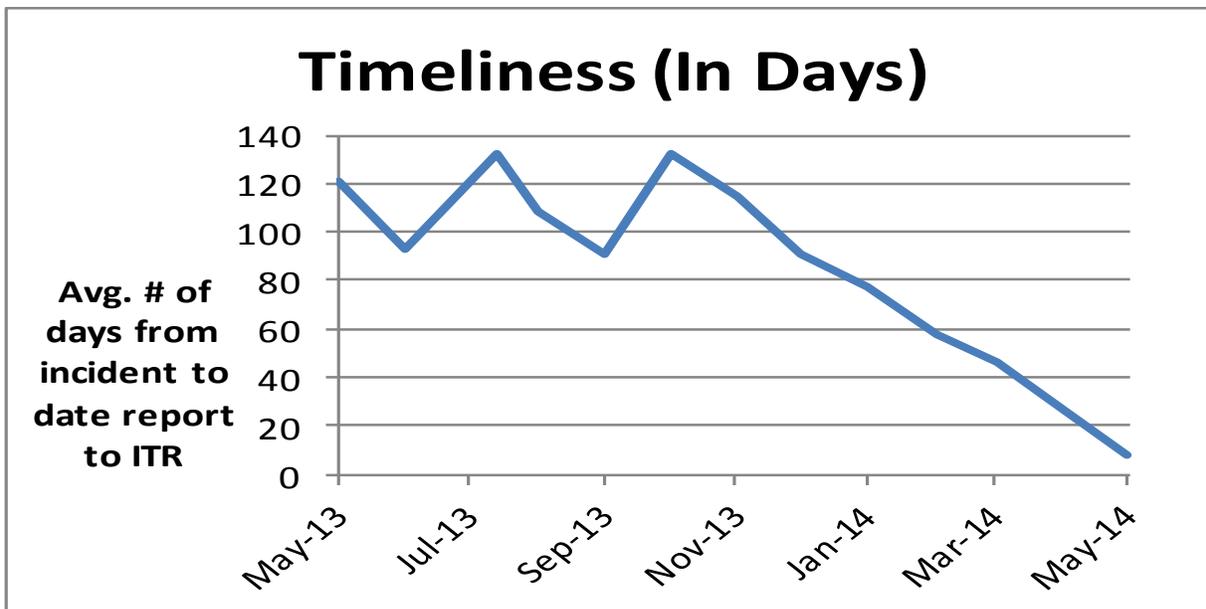
The Hospital Discharge database, also maintained by the ISDH, contains all records of patients cared for in Indiana hospitals. We compared patient records from the ITR with the Hospital Discharge database to know how complete is the ITR's data.



Timeliness

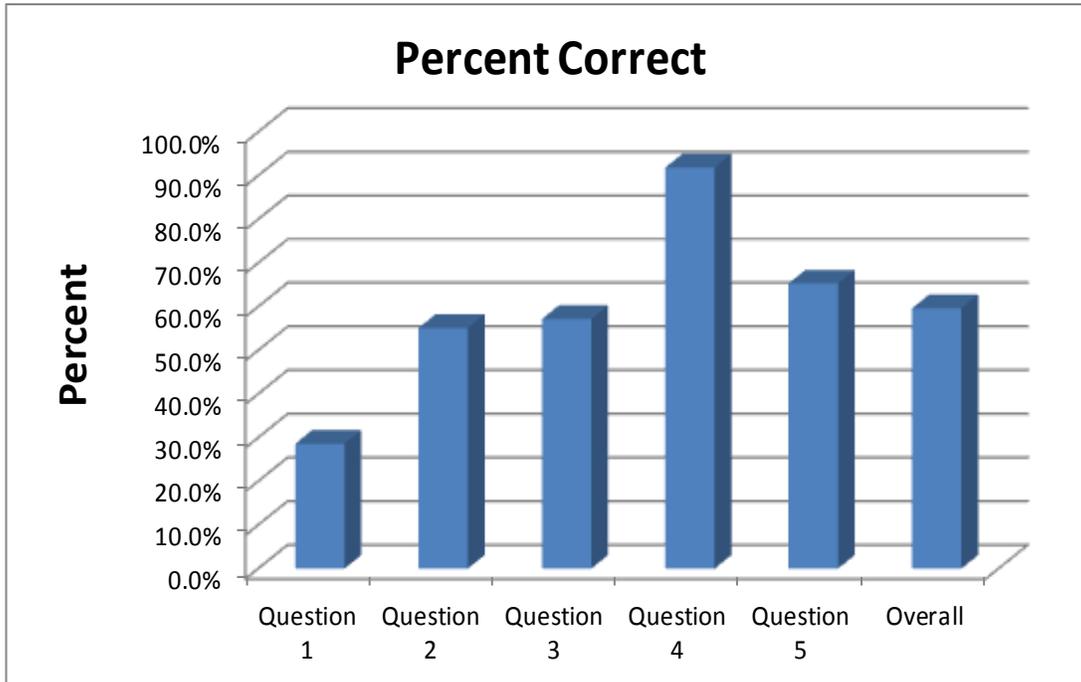
Timeliness increases as facilities wait until the data submission deadline to submit data to the ITR. Hospitals are asked to report data on the national trauma (TQIP) reporting schedule.

The decrease in timeliness from October 2013 until May 2014 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

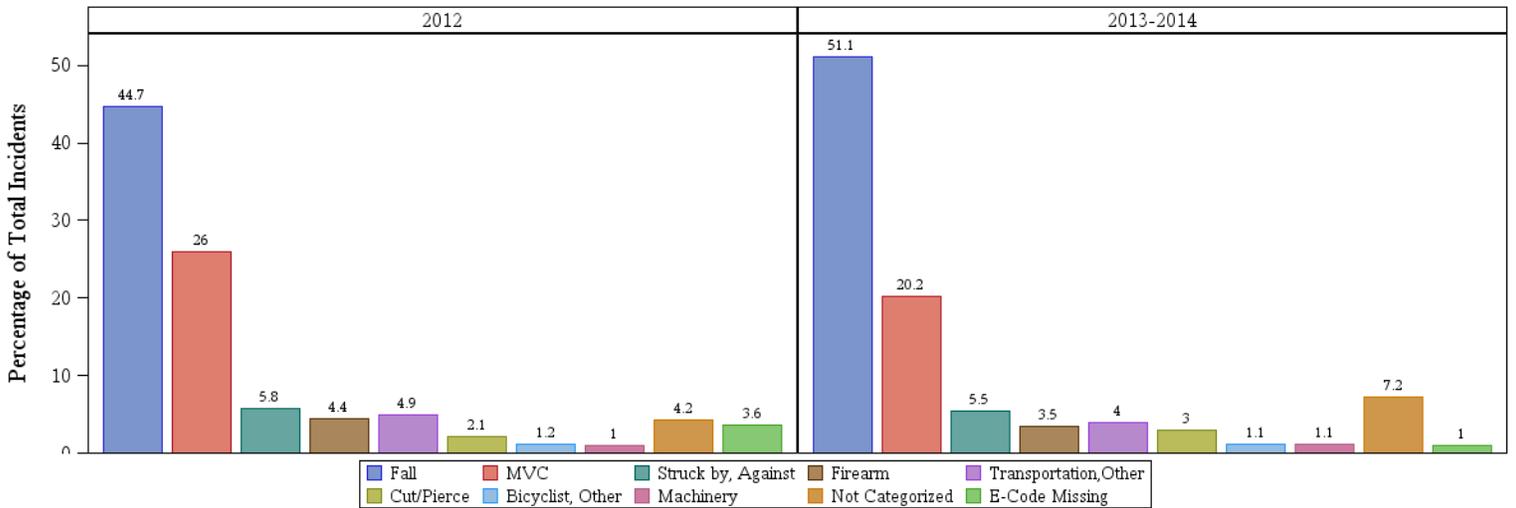
In May we sent out the fourth monthly quiz for the inter-rater reliability study. Forty-nine registrars completed the quiz from 40 hospitals. The percent of correct answers was 59.6% for the entire quiz and the average free-marginal Kappa (measure of consistency) 0.28. We plan to collect data for four 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 investigating integration of trauma and EMS data by exploring options to link trauma and EMS data and working with EMS providers to submit valid Hospital Facility ID codes.



Integration

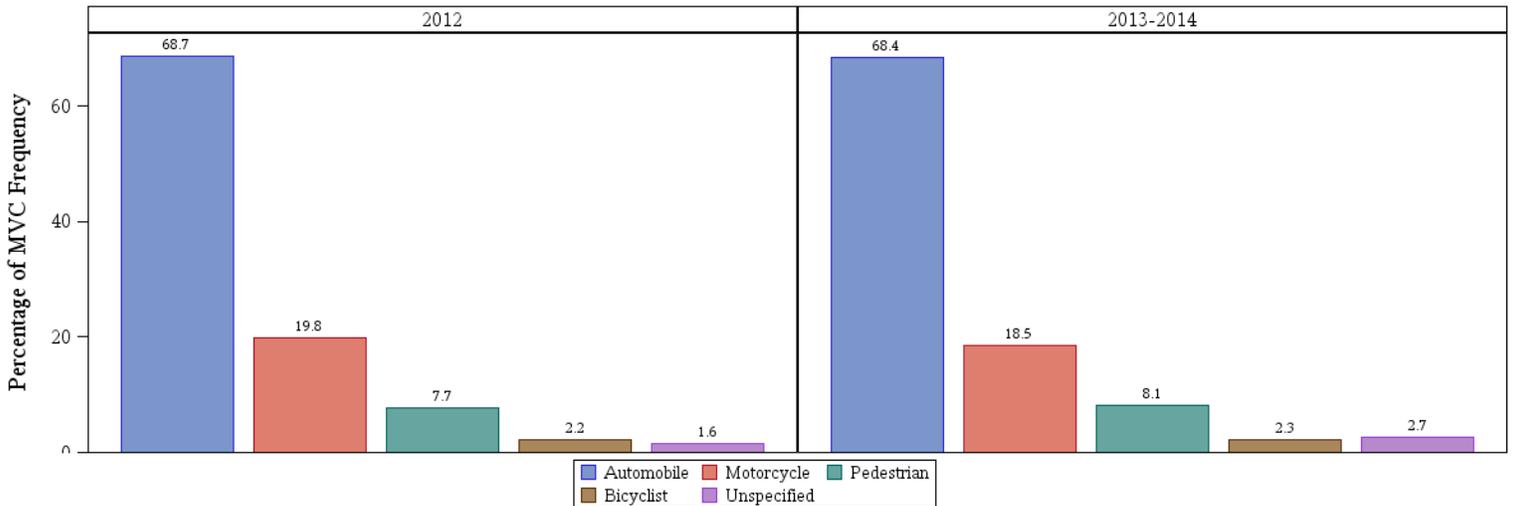
The percent of linked trauma cases that were transported by EMS services was 25%. This percentage is part of the baseline measurement from which we will track changes over the next year.

January 2012 to May 2014 **47293 Incidents**
Cause of Injury (COI)

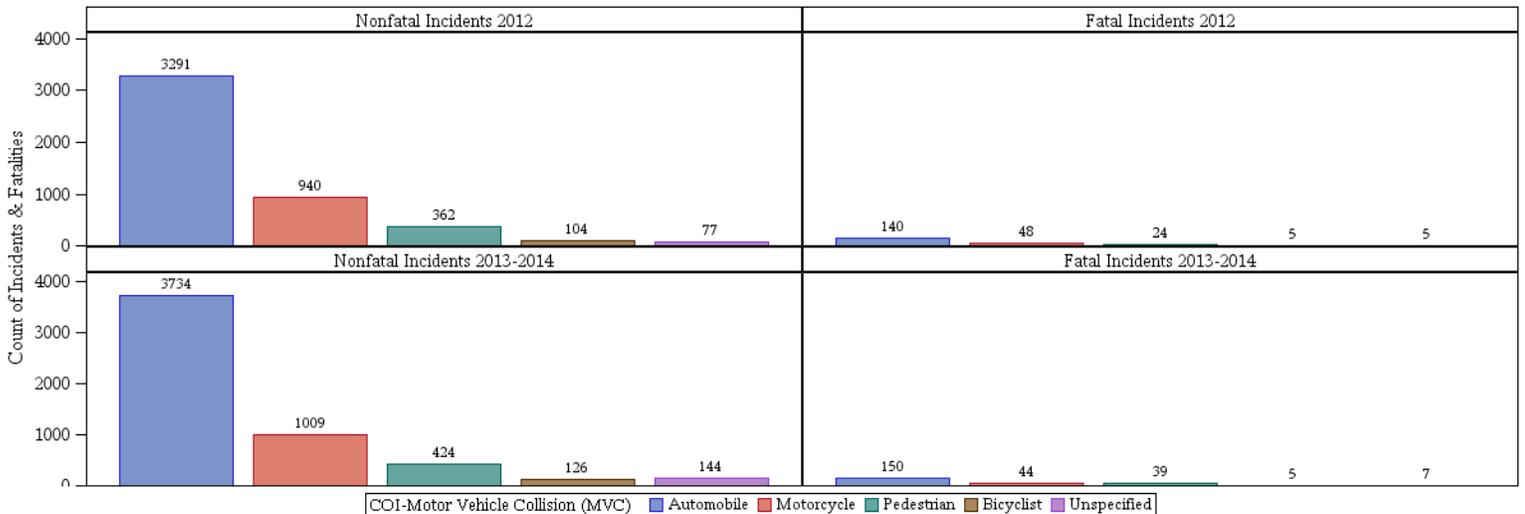


<1% of COI: Pedestrian (Other), Natural/Environmental, Overexertion, Fire/Burn, and Bites/Stings

COI-Motor Vehicle Collision (MVC)

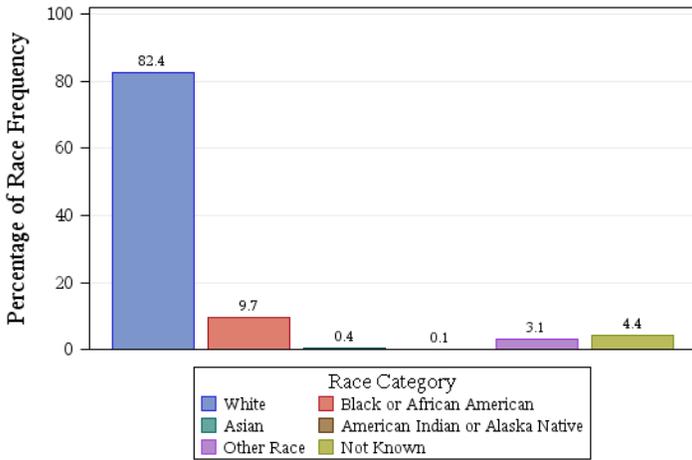


COI-MVC Nonfatal Incidents and Fatal Incidents

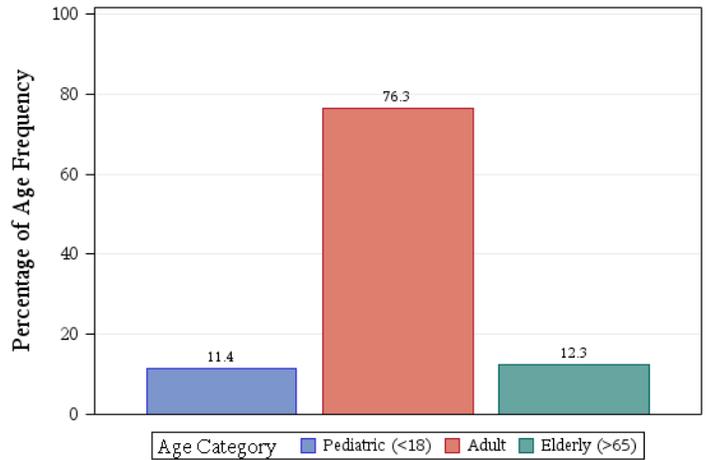


Motor Vehicle Collision

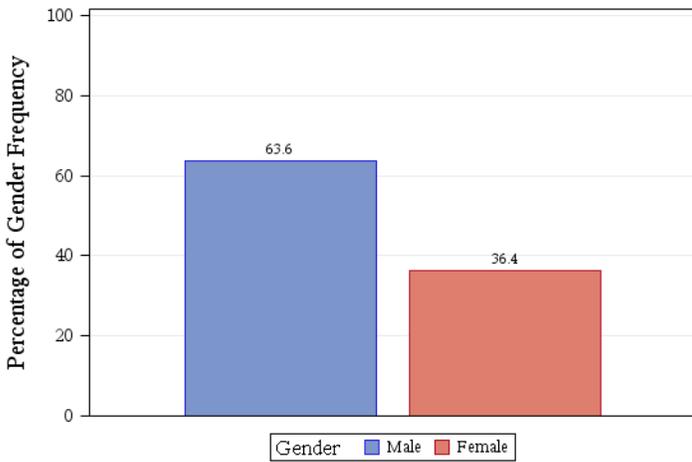
Race



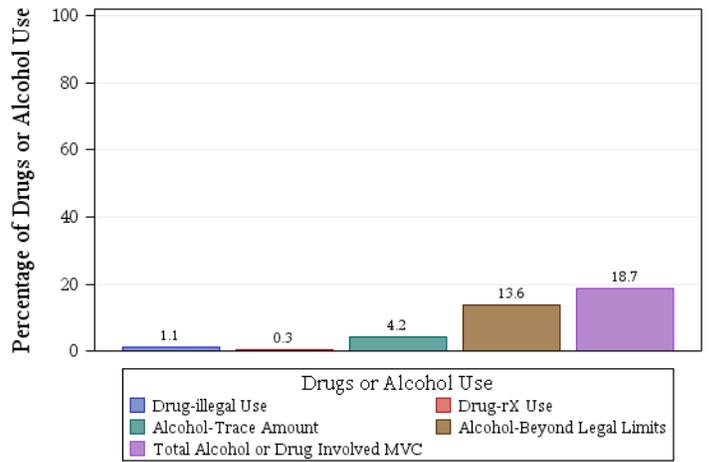
Age



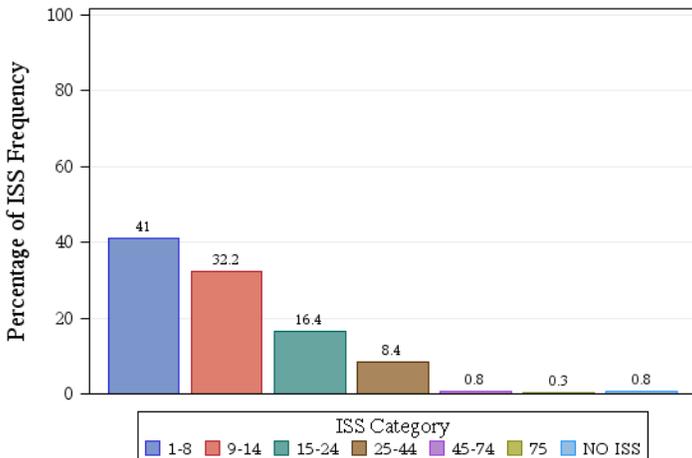
Gender



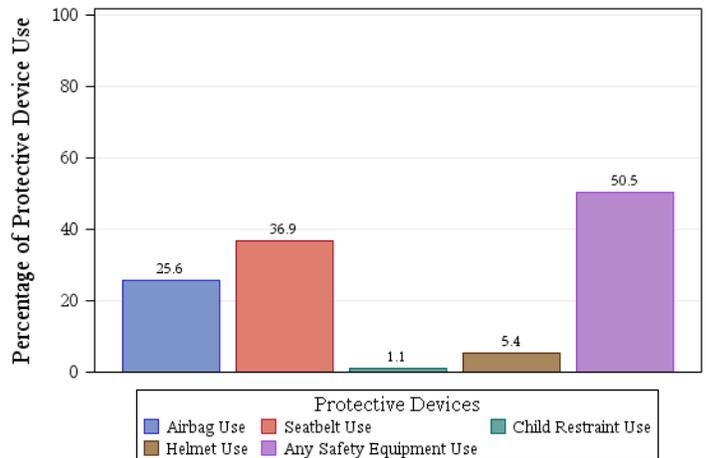
Drug & Alcohol Use



Injury Severity Score

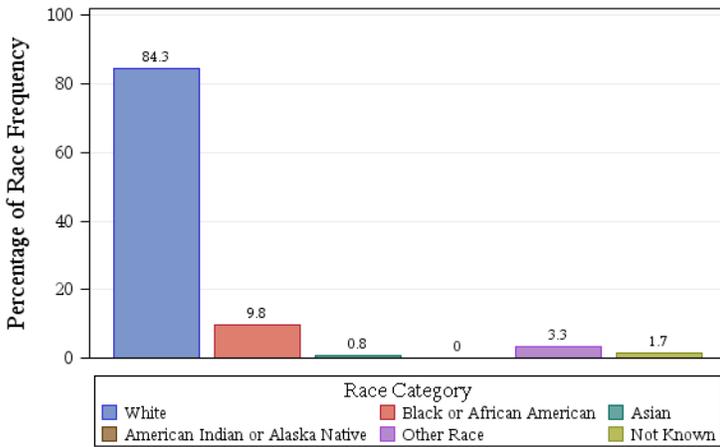


Protective Devices

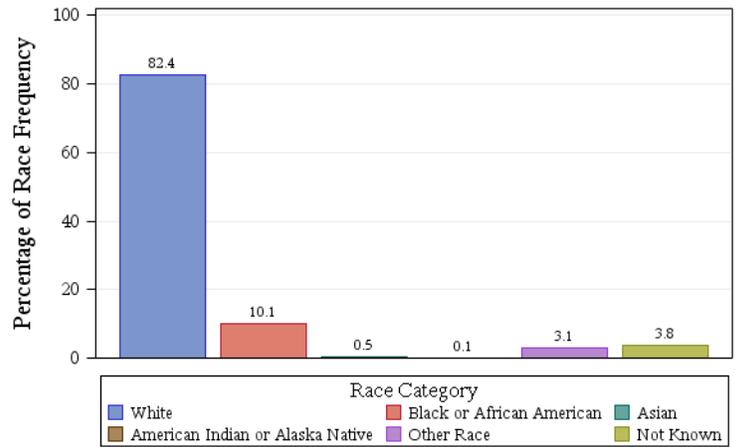


Injury Severity Score (ISS) is a measure of how bad the injury is. Scores over 15 are considered major trauma. A score of 75 is considered not survivable.

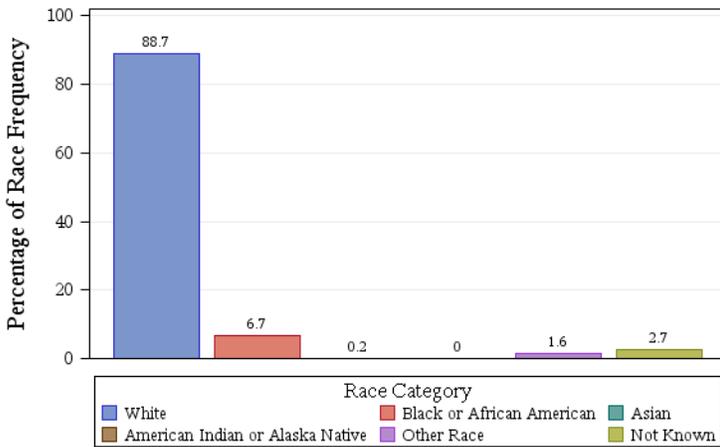
2012



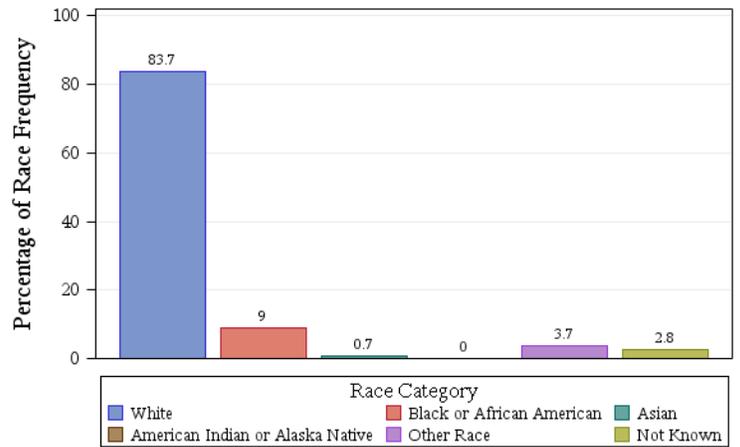
2013-2014



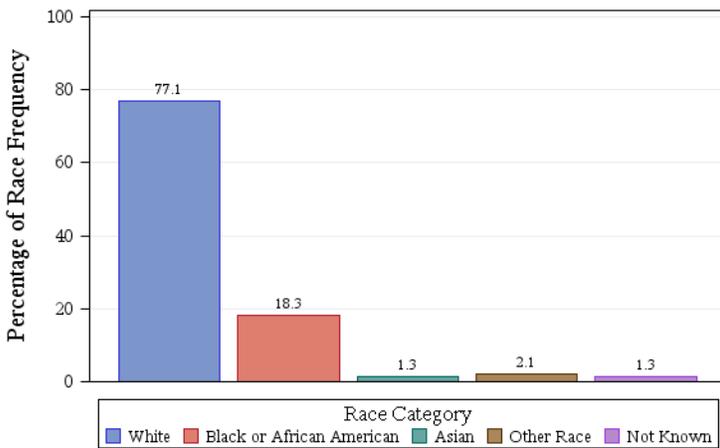
**Motorcycle
2012-2014**



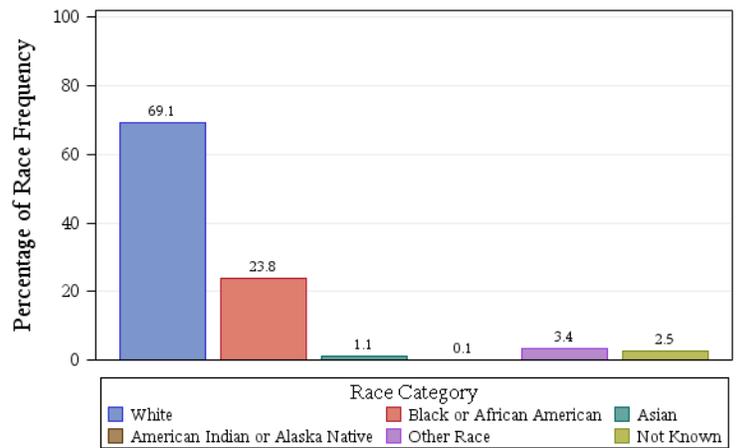
**Automobile
2012-2014**



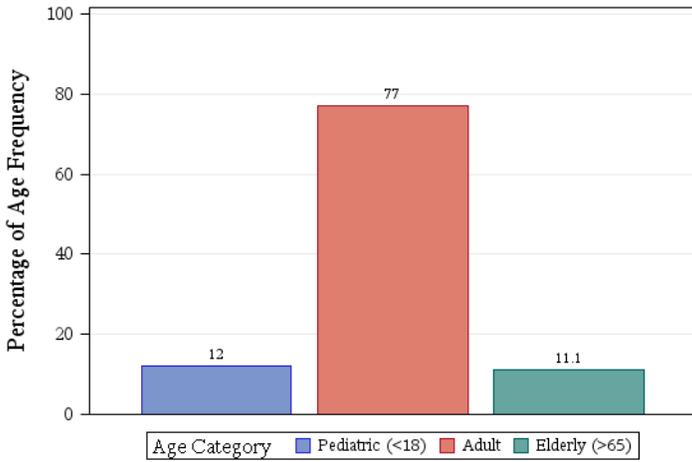
**Bicyclist
2012-2014**



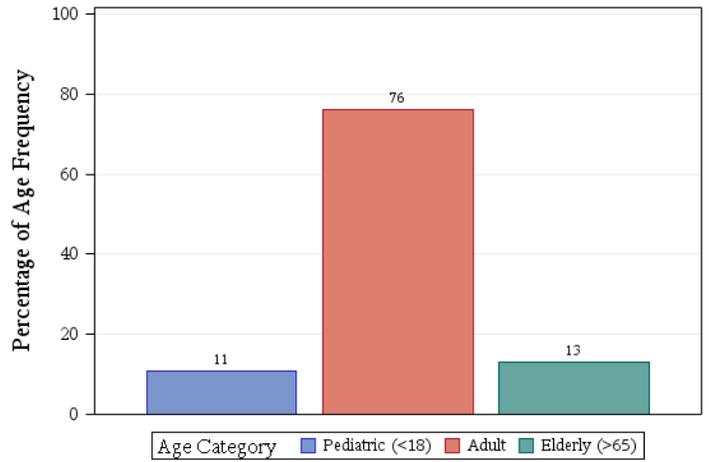
**Pedestrian
2012-2014**



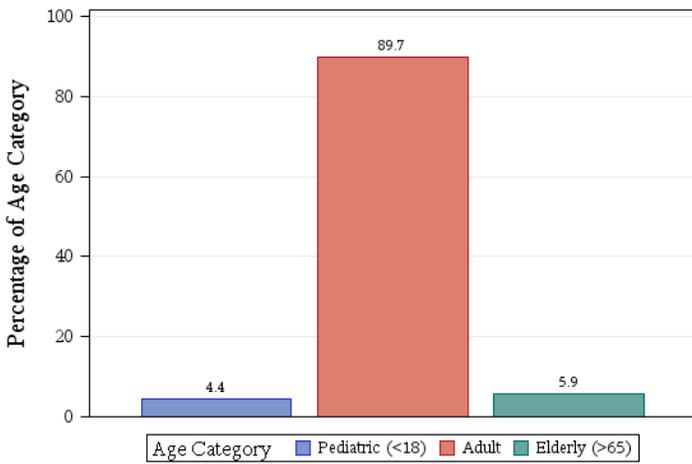
2012



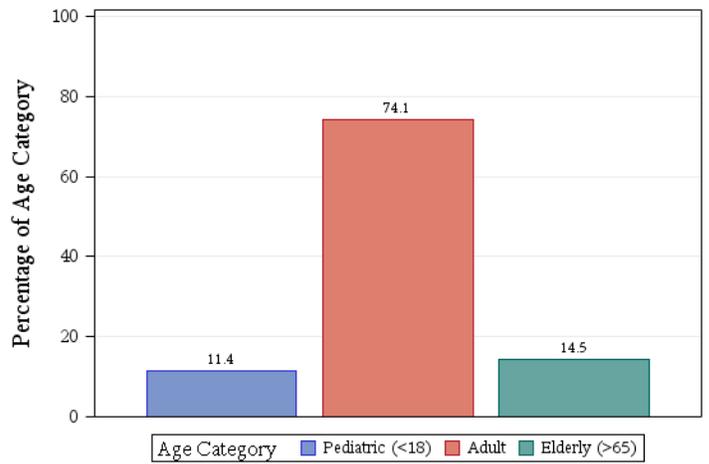
2013-2014



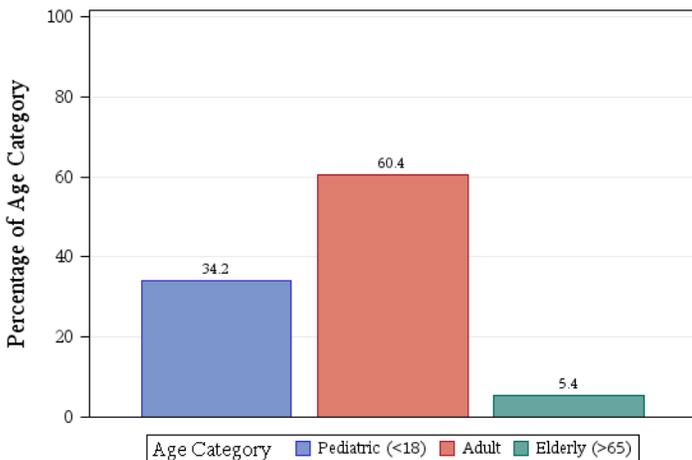
**Motorcycle
2012-2014**



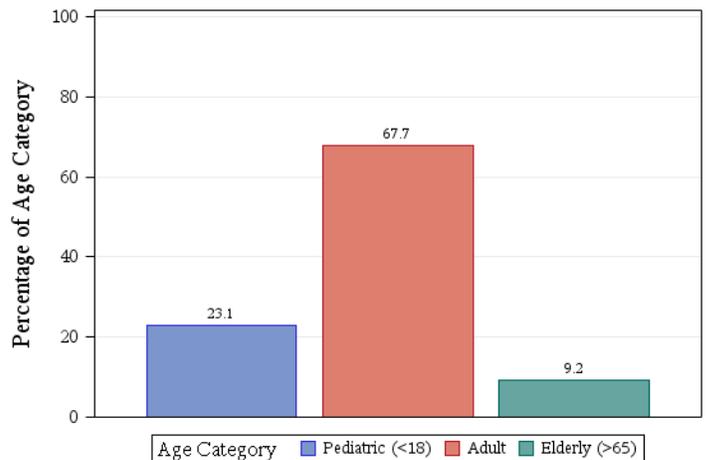
**Automobile
2012-2014**



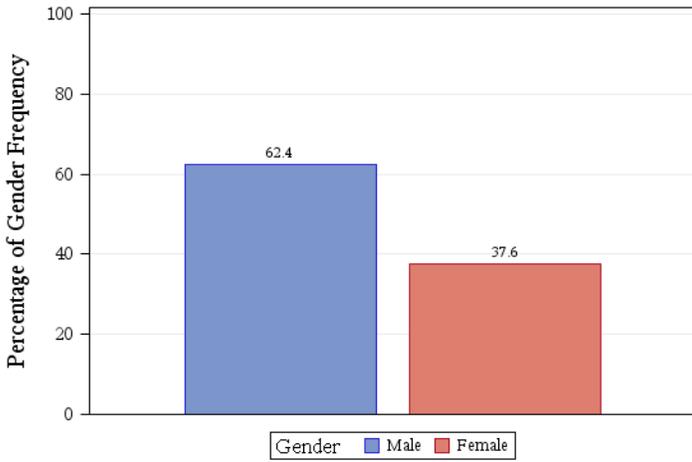
**Bicyclist
2012-2014**



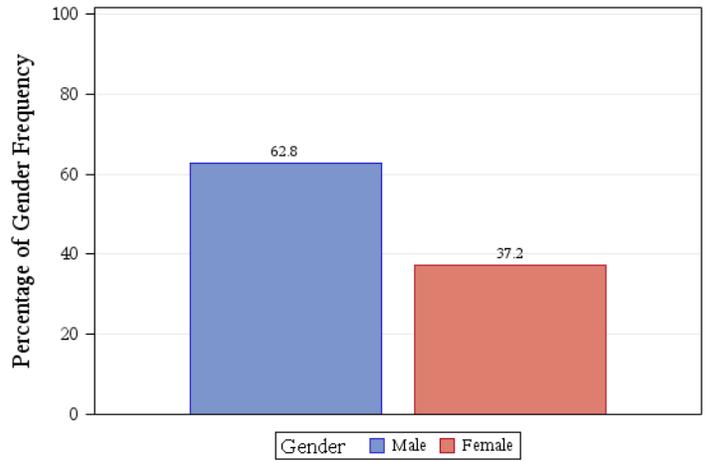
**Pedestrian
2012-2014**



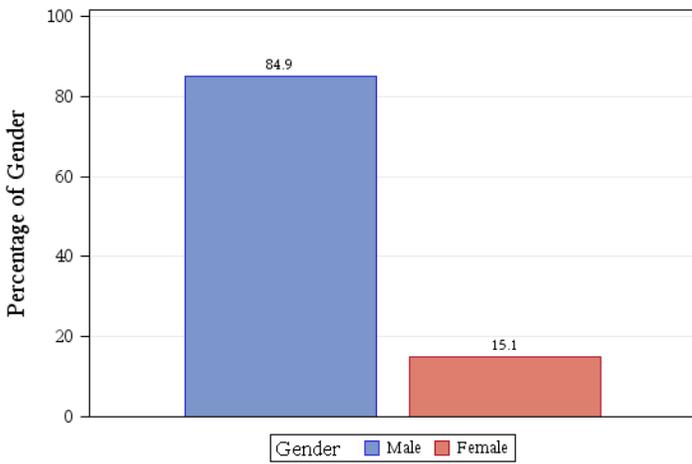
2012



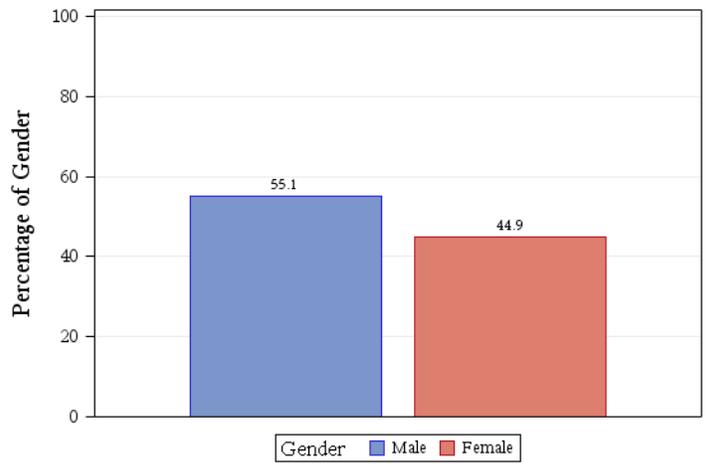
2013-2014



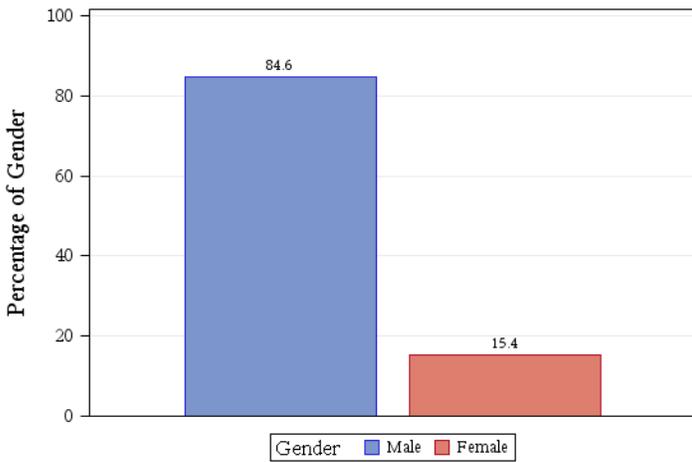
**Motorcycle
2012-2014**



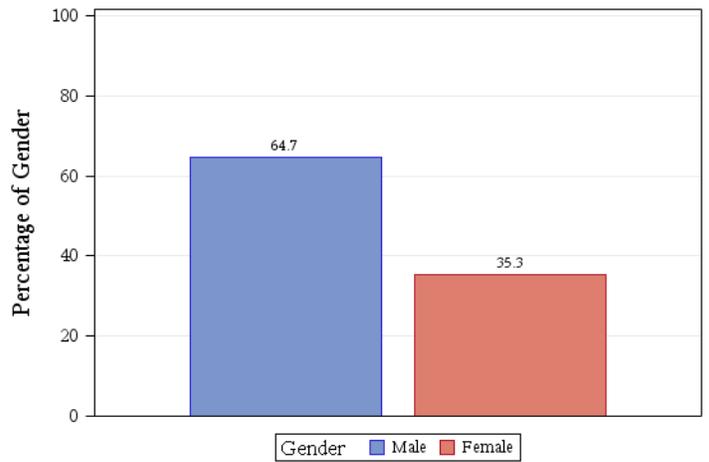
**Automobile
2012-2014**



**Bicyclist
2012-2014**

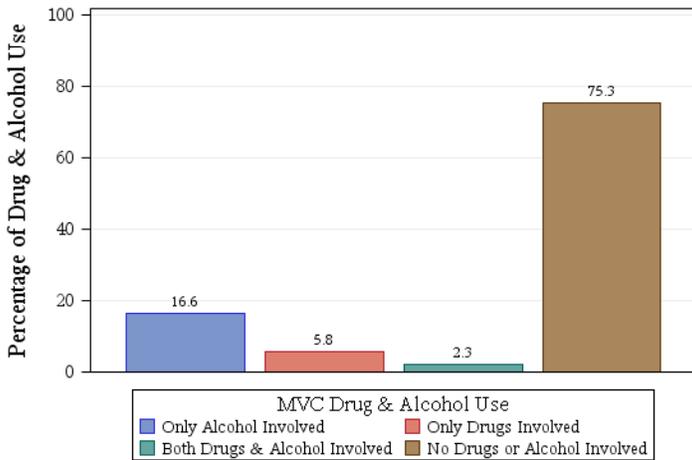


**Pedestrian
2012-2014**

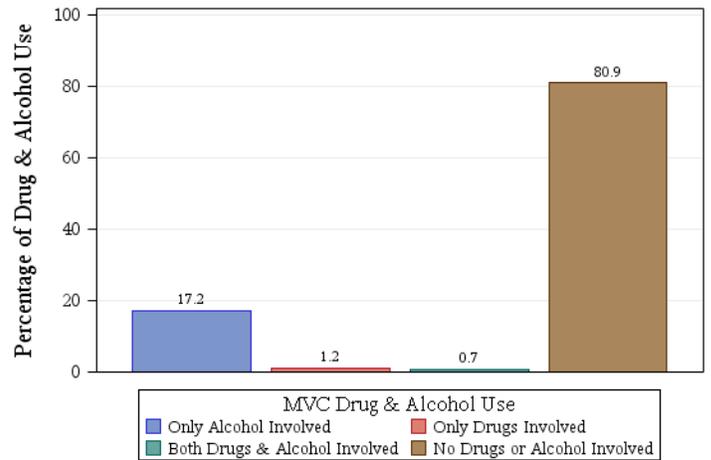


January 2012 to May 2014 10678 Incidents
Drug & Alcohol Use- Motor Vehicle Collision

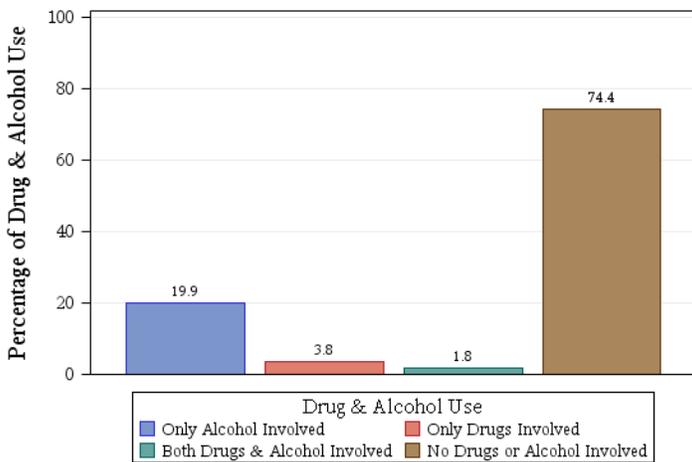
2012



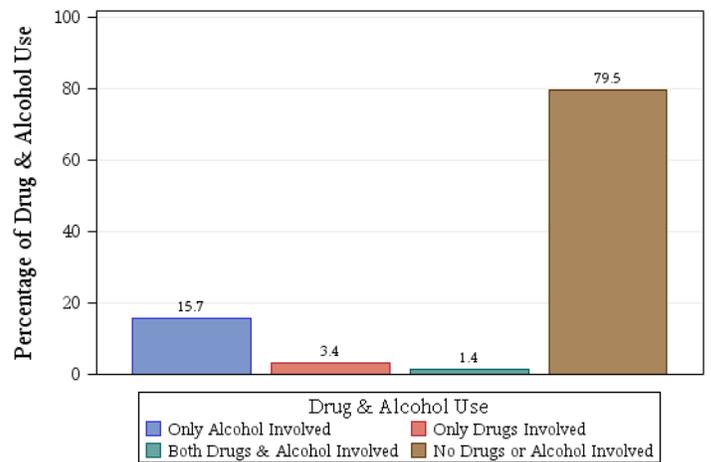
2013-2014



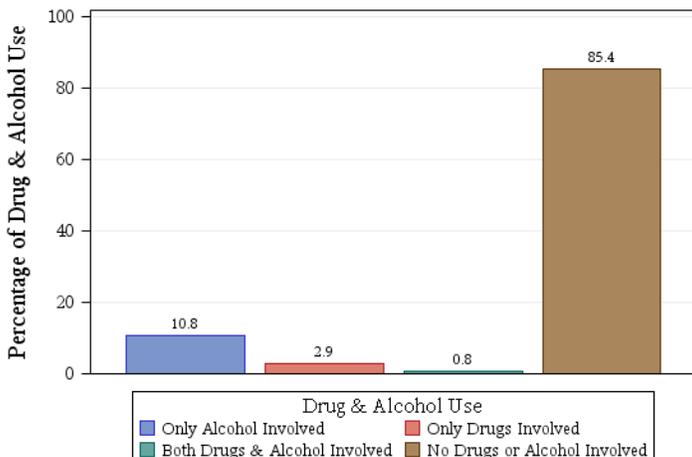
**Motorcycle
2012-2014**



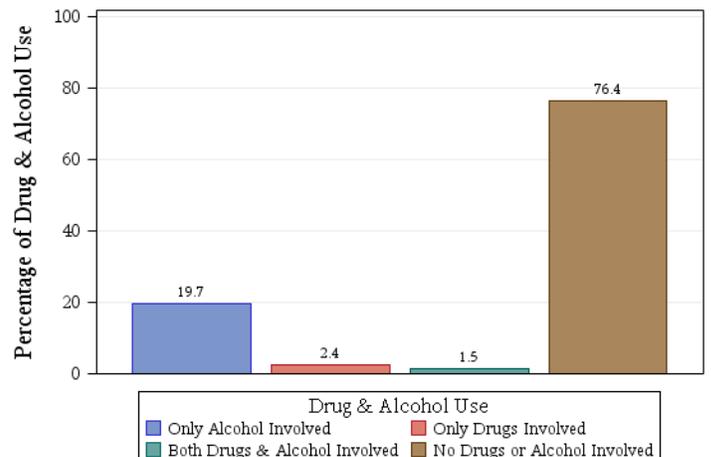
**Automobile
2012-2014**



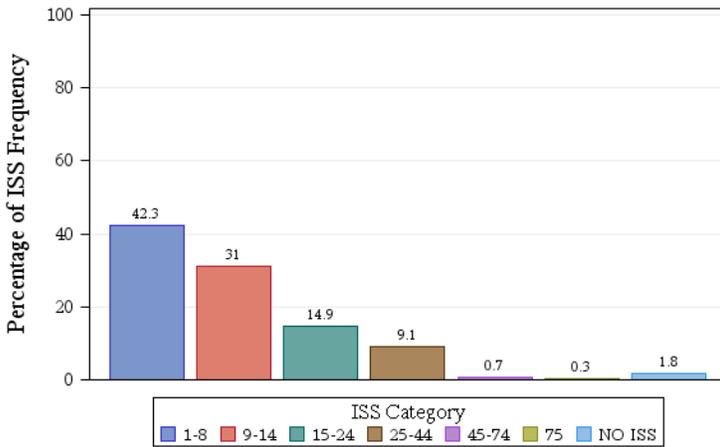
**Bicyclist
2012-2014**



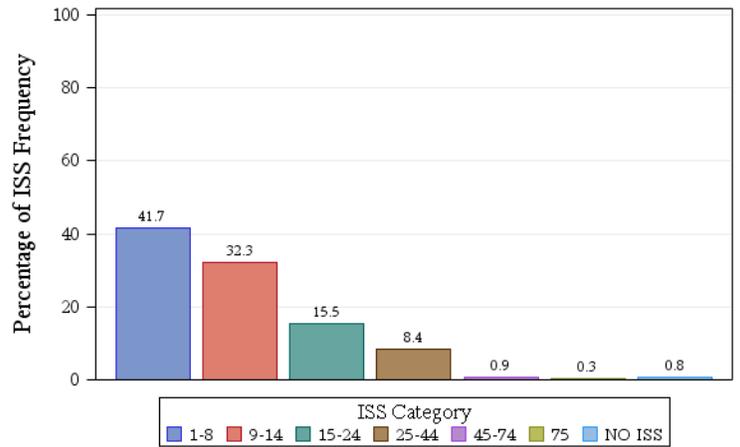
**Pedestrian
2012-2014**



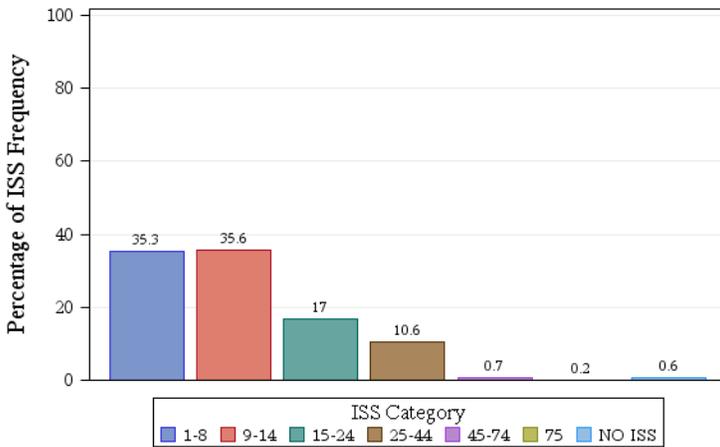
2012



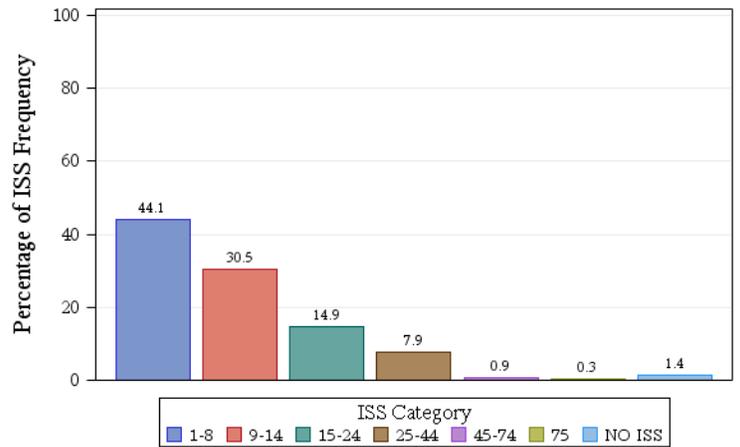
2013-2014



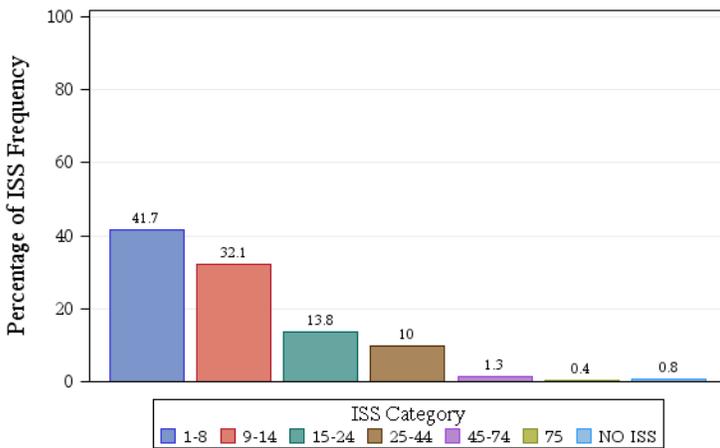
**Motorcycle
2012-2014**



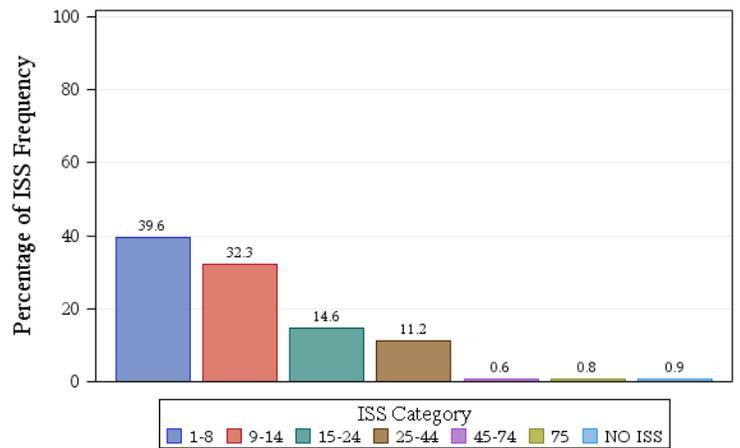
**Automobile
2012-2014**



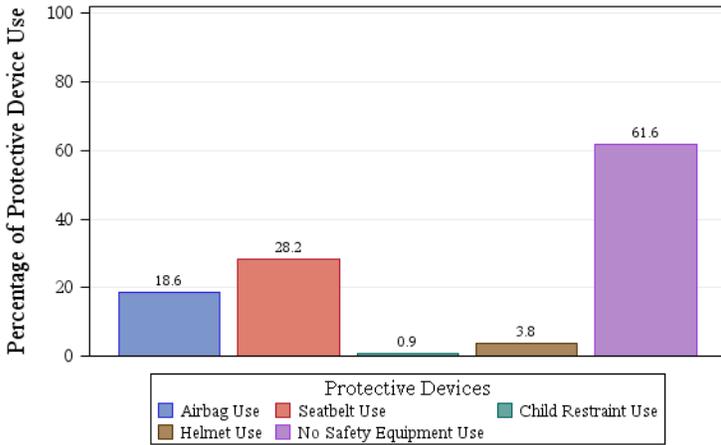
**Bicyclist
2012-2014**



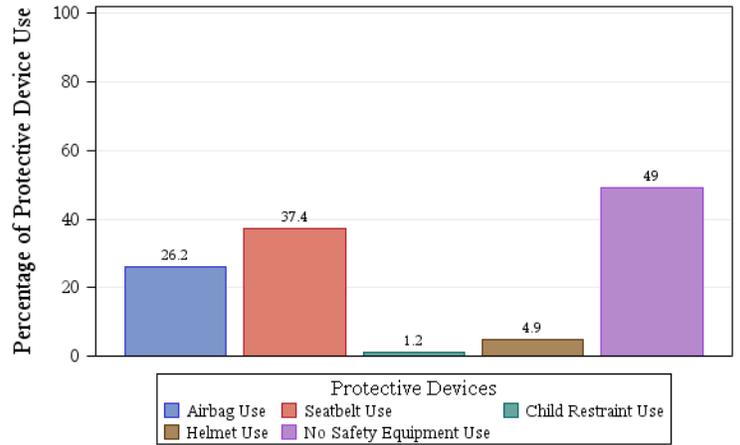
**Pedestrian
2012-2014**



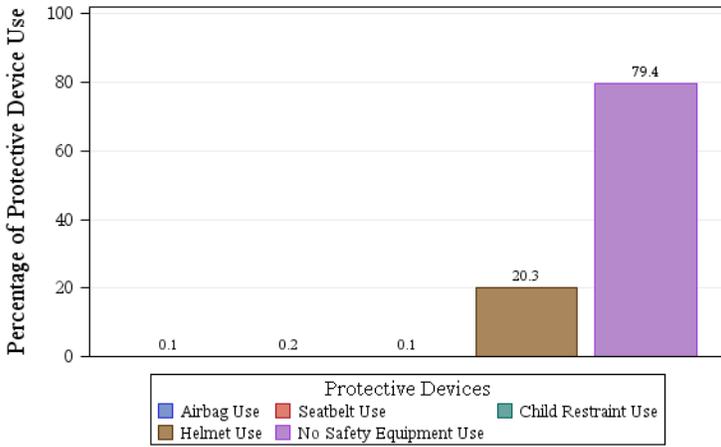
2012



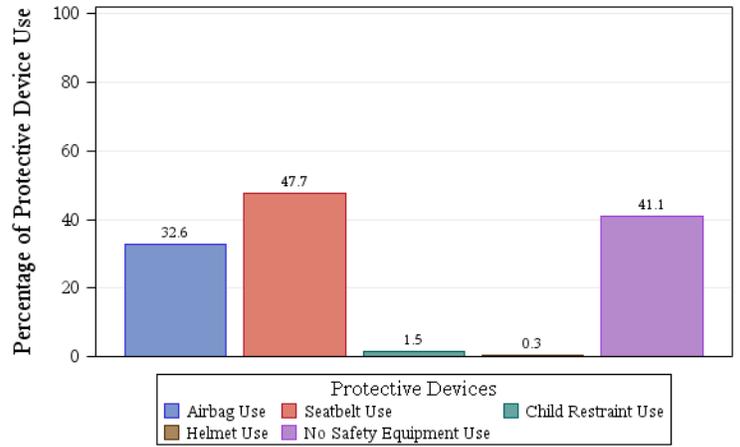
2013-2014



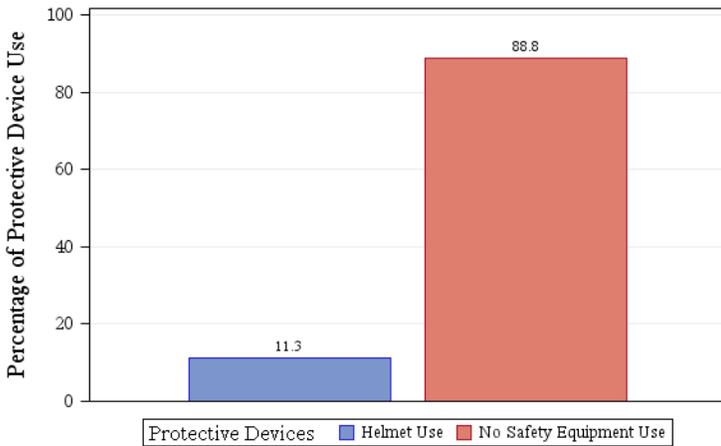
Motorcycle
2012-2014



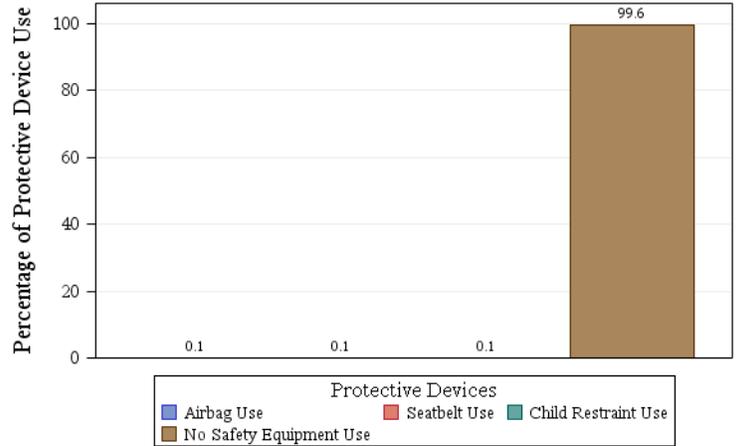
Automobile
2012-2014



Bicyclist
2012-2014



Pedestrian
2012-2014



Indiana Trauma Registry, June 3, 2013-June2,2014 MVC involving Drugs or Alcohol By Public Health Preparedness Districts

