DESIGN AND DEVELOPMENT OF THE COMPREHENSIVE TRAFFIC INJURY REGISTRY AS THE NATIONAL PILOT IN NORTH-WEST PROVINCES OF IRAN

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ABSTRACT

Introduction: Many people think that putting data about traffic injuries into a computer or extracting traffic related data from a hospital information system could be called a traffic injury registry. No officially approved and comprehensive traffic injury registry existed in Iran before the Ministry of Health in Iran decided to designate an Iranian traffic knowledge development trustee as the responsible organization to design and develop the comprehensive traffic injury registry.

Methods: The Ministry of Health Secretary for Research jointly with Ministry of Health Secretary for Health and Treatment jointly appointed an Iranian traffic knowledge development trustee headed by Tabriz Traffic Injury Research Center to design and develop the comprehensive traffic injury registry (CTIR) as a national pilot to be implemented initially, in four provinces in northwest Iran and to be run for 4 years, before finalizing it for potential extension to other parts of the country. The health system, forensic medicine organization and traffic police of Iran are the three major sectors involved in this research. The registry is organized in 4 committees (Steering committee; Technical & Engineering committee; Methodology committee; Administrative committee) and 14 operational teams.

Results: The CITIR was designed for traffic injury related data collections at five serial/parallel stations as 1: Traffic crash scene station 2- EMS transfer station 3- Emergency department station 4- Hospital ward station 5- Forensic medicine organization station. The complementary information is added from patient records to the registry server also. All the information is encrypted and linked through appropriate algorithms. The data collection staff at stations 3 and 5 are physicians and others are either emergency care technicians, nurses or non-medical staff. The data collection tools were prepared by an expert panel and followed validity and reliability assessment methodologies. Other than classical analytical methods, supervised pattern analysis methods and spatial analytical processes are applied for reporting structure.

Conclusion: Partial implementation of the designed CITIR, reveals potential applicability of this registry in Iran, however, it needs to be evaluated continuously and improved in a mid-term investigation before its extended implementation.
**KEYWORDS:** Traffic injuries, Road safety, Trauma, Traffic injury registry, Iran