

CONTRACT NUMBER: W81XWH-16-D-0024-001
Task Order 0001:

TITLE: Linking Investigations in Trauma and Emergency Services (LITES)

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Pittsburgh, Pennsylvania 15213

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Fort Detrick, Maryland 21702-5012

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| 14. ABSTRACT Task Order 0001 is a prospective observational cohort that will have a limited data set from trauma registry data and electronic health records. Specific Aim one is to characterize the epidemiology of moderate and severe physical injury in the U.S. and across the LITES network and investigate regional variations of presenting characteristics, management practices and attributable outcomes. Specific Aim two is to determine and characterize injury related factors, management practices and trauma system factors resulting in or associated with preventable mortality. | | | | | |
| 15. SUBJECT TERMS Trauma; Intensive/granular data: registry, pre-hospital, and in-hospital; linkage; ISS; surveillance | | | | | |
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1. **INTRODUCTION:** Narrative that briefly (one paragraph) describes the subject, purpose and scope of the research.

Task Order 0001 is a prospective observational cohort that will have a limited data set from trauma registry data and electronic health records. Specific Aim one is to characterize the epidemiology of moderate and severe physical injury in the U.S. and across the LITES network and investigate regional variations of presenting characteristics, management practices and attributable outcomes. Specific Aim two is to determine and characterize injury related factors, management practices and trauma system factors resulting in or associated with preventable mortality.

2. **KEYWORDS:** Provide a brief list of keywords (limit to 20 words).

Trauma; Intensive/granular data: registry, pre-hospital, and in-hospital; linkage; ISS; surveillance

3. **ACCOMPLISHMENTS:** The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction.

What were the major goals of the project?

List the major goals of the project as stated in the approved SOW. If the application listed milestones/target dates for important activities or phases of the project, identify these dates and show actual completion dates or the percentage of completion.

The purpose of Task Order 0001 is to characterize traumatic injury, current treatment, and outcomes, particularly for the moderate and severely injured in the US.

What was accomplished under these goals?

For this reporting period describe: 1) major activities; 2) specific objectives; 3) significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative); and/or 4) other achievements. Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.

Network Highlights:

- One successful In Progress Review (IPR) meeting held: 31-JAN-2020 (in-person).
- 7 new sites have been accepted into the Network between SEP-2019 & SEP-2020.
 - There is a total of 31 sites in the LITES Network.
- The DCC distributed the LITES Quarterly Update newsletters to network personnel:
 - 2019 Q4 on 01-NOV-2019
 - 2020 Q1 on 30-JAN-2020

- 2020 Q2 on 04-MAY-2020
- 2020 Q3 on 07-AUG-2020

Task Order 0001

- Network sites received Annual IRB Renewal approval and HRPO Continuing Review Acknowledgment.
- DCC distributed Op Memo (9) & PI email notifications about FEB-2020 deadline for submission of all data for interim analyses on 16-OCT-2019.
- Interim analysis update distributed to all study personnel on 04-MAR-2020
- Generated and distributed weekly site status emails.
- Distributed Cause of Death/Potentially Preventable Mortality reports to clinical sites.
- Continued to hold Potentially Preventable Mortality (PPM) Teleconferences with TO1 Investigators once their sites COD/CMO determinations were submitted.
- CCC/DCC held monthly rotating calls with the Cerner & Epic sites.
- Continued to work directly with individual clinical site personnel to get data files set up in appropriate format for transfer and to resolve issues identified in transferred data.

INTERIM ANALYSIS

DCC is cleaning & harmonizing the data from all 3 sources for the interim analysis dataset.

- By 31-MAR-2020, all sites submitted data from TQIP & in-hospital through 2019 Q2!
- By 30-JUN-2020, 7 of the 8 sites submitted pre-hospital data from all participating agencies through 2019 Q2.
 - Oregon: 2 of their 3 agencies are up to date for the interim.
- Data was locked on 30-JUN-2020.

TOTAL PTS. 54,829 | TOTAL RECORDS 136,225

TQIP DATA: all 8 sites have uploaded TQIP data through 2020 Q1, which was due 01-AUG-2020.

- Vanderbilt submitted their 2020 Q2 TQIP data in SEP-2020 (ahead of schedule)!
- 2020 Q2 data submission are due 01-NOV-2020.

IN-HOSPITAL DATA has been received in acceptable format from all sites.

- 7 sites have uploaded in-hospital data through 2020 Q1.
- Pittsburgh: data submission is outstanding for 2020 Q1 (experiencing issues w/ R3 group who provides the data; should be resolved soon).
- Vanderbilt submitted their 2020 Q2 in-hospital data in SEP-2020 (ahead of schedule)!

PRE-HOSPITAL QUERIES were finalized in JAN-2020 for 6 of 6 major providers (EMS Charts, ImageTrend, ESO, MEDS, & Golden Hour).

- RescueNet/Zoll programmer modified the Zoll report to run in the older software version for Louisville. All 2017 data was uploaded and accepted in JAN-2020.
- RescueNet/Zoll: query was updated to include data elements that were not initially captured. Houston & Oregon data was uploaded and accepted in FEB-2020.

PRE-HOSPITAL DATA has now been received from 7 sites from all participating agencies!

- Vanderbilt submitted 2020 Q2 Nashville Fire (ImageTrend) data in SEP-2020 (ahead of schedule)!
- OREGON (LifeFlight-EMS Charts): submissions are outstanding for all quarters; ongoing communication between Pitt team and agency contact to finalize the data.
 - Agency > fix/separate combined data within the procedure’s column (medications column was fixed in Aug-2020).
 - Agency > continue to build a query template for all future EMS Charts/Zoll users.

| SITE | SOURCE | 2019 Q3 | 2019 Q4 | 2020 Q1 |
|--------------------------|--------------------------|---|-------------|-------------|
| Pittsburgh 5 agencies | STAT MedEvac | UP TO DATE | UP TO DATE | UP TO DATE |
| | Pgh. EM | | | |
| | Mutual Aid Ambulance | | | |
| | St. Clair Fayette EMS | | | |
| Houston 2 agencies | Houston Fire | UP TO DATE | UP TO DATE | UP TO DATE |
| | Life Flight | UP TO DATE | UP TO DATE | UP TO DATE |
| Arizona 3 agencies | Tucson Fire | UP TO DATE | UP TO DATE | UP TO DATE |
| | AMR | UP TO DATE | UP TO DATE | UP TO DATE |
| | LifeNet (AirMethods) | UP TO DATE | UP TO DATE | UP TO DATE |
| Louisville 3 agencies | LOU Metro | UP TO DATE | UP TO DATE | UP TO DATE |
| | AirMethods | OUTSTANDING | OUTSTANDING | OUTSTANDING |
| | Air Evac | UP TO DATE | UP TO DATE | UP TO DATE |
| Denver 2 agencies | Denver Health | UP TO DATE | UP TO DATE | UP TO DATE |
| | AirLife Denver | UP TO DATE | UP TO DATE | UP TO DATE |
| Oregon 3 agencies | AMR | UP TO DATE | UP TO DATE | UP TO DATE |
| | Metro West | UP TO DATE | UP TO DATE | OUTSTANDING |
| | LifeFlight | SUBMISSIONS ARE OUTSTANDING FOR ALL QUARTERS (2017 Q1 through 2020 Q1) | | |
| Vanderbilt 3 agencies | Nashville Fire | UP TO DATE | UP TO DATE | UP TO DATE |
| | LifeFlight | UP TO DATE | UP TO DATE | UP TO DATE |
| | Air Evac | UP TO DATE | UP TO DATE | UP TO DATE |
| Baylor 2 agencies | Houston Fire | UP TO DATE | UP TO DATE | UP TO DATE |
| | Harris County | UP TO DATE | UP TO DATE | UP TO DATE |

What opportunities for training and professional development has the project provided?

If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. “Training” activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. “Professional development” activities result in increased knowledge or skill in one’s area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.

Nothing to Report.

How were the results disseminated to communities of interest?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how the results were disseminated to communities of interest. Include any outreach activities that were undertaken to reach members of communities who are not usually aware of these project activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities.

Nothing to Report.

What do you plan to do during the next reporting period to accomplish the goals?

If this is the final report, state “Nothing to Report.”

Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.

- Distribute LITES newsletters to all study personnel on a quarterly basis.
- Continue to hold rotating monthly calls with Cerner and Epic sites.
- Continued to hold Potentially Preventable Mortality (PPM) Teleconferences with TO1 Investigators.
- Continue to work directly with individual clinical site personnel to get data files set up in appropriate format for transfer and to resolve issues identified in transferred data.
- DCC to continue cleaning & harmonizing the data from all 3 sources for the interim analysis dataset.

Travel Reporting: no travel is anticipated for the next quarter (OCT-2020 to DEC-2020).

- Interim Monitoring Visits (IMV) conducted with the DCC's System Analyst is still outstanding for one site (Vanderbilt). We anticipate this visit happening once the COVID-19 pandemic restrictions are lifted.

| | | | |
|---|-----------------------|-------------------------|-----------------------------|
| Cumulative to Billing Period: 30-SEP-2020 | Travel Funds Budgeted | Cumulative Actual Spent | Remaining Balance |
| | \$122,125.00 | \$36,539.63 | \$85,585.37 |
| Upcoming Travel for Quarter: OCT-2020 to DEC-2020 | Traveler Name | Destination/ Purpose | Estimated Date of Travel |
| | n/a | n/a | n/a |

4. IMPACT: Describe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:

What was the impact on the development of the principal discipline(s) of the project?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how findings, results, techniques that were developed or extended, or other products from the project made an impact or are likely to make an impact on the base of knowledge, theory, and research in the principal disciplinary field(s) of the project. Summarize using language that an intelligent lay audience can understand (Scientific American style).

The linking of intensive pre-hospital and in-hospital granular data represents an innovative accomplishment which will promote further insight into trauma care and associated outcomes not available prior to this undertaking.

What was the impact on other disciplines?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how the findings, results, or techniques that were developed or improved, or other products from the project made an impact or are likely to make an impact on other disciplines.

Nothing to Report.

What was the impact on technology transfer?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe ways in which the project made an impact, or is likely to make an impact, on commercial technology or public use, including:

- *transfer of results to entities in government or industry;*
- *instances where the research has led to the initiation of a start-up company; or*
- *adoption of new practices.*

Nothing to Report.

What was the impact on society beyond science and technology?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how results from the project made an impact, or are likely to make an impact, beyond the bounds of science, engineering, and the academic world on areas such as:

- *improving public knowledge, attitudes, skills, and abilities;*
- *changing behavior, practices, decision making, policies (including regulatory policies), or social actions; or*
- *improving social, economic, civic, or environmental conditions.*

Nothing to Report.

- 5. CHANGES/PROBLEMS:** The PD/PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, “Nothing to Report,” if applicable:

Changes in approach and reasons for change

Describe any changes in approach during the reporting period and reasons for these changes. Remember that significant changes in objectives and scope require prior approval of the agency.

Nothing to Report.

Actual or anticipated problems or delays and actions or plans to resolve them

Describe problems or delays encountered during the reporting period and actions or plans to resolve them.

- Centralizing data capture from individual site that use multiple methods of data collection.
- Inconsistencies in data submission formats.
- Linkage issues.
- Centralizing data capture from individual sites that use multiple methods of data collection.
- Harmonization has taken longer than anticipated.

Changes that had a significant impact on expenditures

Describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.

- Prehospital agencies Patient Care Records (PCR) are transitioning so the CCC/DCC will need to validate data that’s been uploaded from the new PCR.
- Prehospital agencies QI contacts change and identifying replacements cause major delays.

Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents

Describe significant deviations, unexpected outcomes, or changes in approved protocols for the use or care of human subjects, vertebrate animals, biohazards, and/or select agents during the reporting period. If required, were these changes approved by the applicable institution committee (or equivalent) and reported to the agency? Also specify the applicable Institutional Review Board/Institutional Animal Care and Use Committee approval dates.

Significant changes in use or care of human subjects

Not applicable to TO 0001

Significant changes in use or care of vertebrate animals

Not applicable to TO 0001

Significant changes in use of biohazards and/or select agents

Not applicable to TO 0001

6. PRODUCTS: List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state “Nothing to Report.”

- **Publications, conference papers, and presentations**
Report only the major publication(s) resulting from the work under this award.

Journal publications. *List peer-reviewed articles or papers appearing in scientific, technical, or professional journals. Identify for each publication: Author(s); title; journal; volume: year; page numbers; status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to Report.

Books or other non-periodical, one-time publications. *Report any book, monograph, dissertation, abstract, or the like published as or in a separate publication, rather than a periodical or series. Include any significant publication in the proceedings of a one-time conference or in the report of a one-time study, commission, or the like. Identify for each one-time publication: author(s); title; editor; title of collection, if applicable; bibliographic information; year; type of publication (e.g., book, thesis or dissertation); status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to Report.

Other publications, conference papers and presentations. *Identify any other publications, conference papers and/or presentations not reported above. Specify the status of the publication as noted above. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (*) if presentation produced a manuscript.*

Nothing to Report.

- **Website(s) or other Internet site(s)**
List the URL for any Internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above in this section.

Nothing to Report.

- **Technologies or techniques**
Identify technologies or techniques that resulted from the research activities. Describe the technologies or techniques were shared.

Nothing to Report.

- **Inventions, patent applications, and/or licenses**
Identify inventions, patent applications with date, and/or licenses that have resulted from the research. Submission of this information as part of an interim research performance progress report is not a substitute for any other invention reporting required under the terms and conditions of an award.

Nothing to Report.

- **Other Products**

Identify any other reportable outcomes that were developed under this project. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment and /or rehabilitation of a disease, injury or condition, or to improve the quality of life. Examples include:

- *data or databases;*
- *physical collections;*
- *audio or video products;*
- *software;*
- *models;*
- *educational aids or curricula;*
- *instruments or equipment;*
- *research material (e.g., Germplasm; cell lines, DNA probes, animal models);*
- *clinical interventions;*
- *new business creation; and*
- *other.*

Nothing to Report.

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

What individuals have worked on the project?

Provide the following information for: (1) PDs/PIs; and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort). If information is unchanged from a previous submission, provide the name only and indicate “no change”.

Example:

Name: Mary Smith
Project Role: Graduate Student
Researcher Identifier (e.g. ORCID ID): 1234567
Nearest person month worked: 5

Contribution to Project: Ms. Smith has performed work in the area of combined error-control and constrained coding.

Funding Support: The Ford Foundation (Complete only if the funding support is provided from other than this award.)

Personnel listing: see page 13

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

If the active support has changed for the PD/PI(s) or senior/key personnel, then describe what the change has been. Changes may occur, for example, if a previously active grant has closed and/or if a previously pending grant is now active. Annotate this information so it is clear what has changed from the previous submission. Submission of other support information is not necessary for pending changes or for changes in the level of effort for active support reported previously. The awarding agency may require prior written approval if a change in active other support significantly impacts the effort on the project that is the subject of the project report.

Nothing to report.

What other organizations were involved as partners?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe partner organizations – academic institutions, other nonprofits, industrial or commercial firms, state or local governments, schools or school systems, or other organizations (foreign or domestic) – that were involved with the project. Partner organizations may have provided financial or in-kind support, supplied facilities or equipment, collaborated in the research, exchanged personnel, or otherwise contributed.

Provide the following information for each partnership:

Organization Name:

Location of Organization: (if foreign location list country)

Partner’s contribution to the project (identify one or more)

- *Financial support;*
- *In-kind support (e.g., partner makes software, computers, equipment, etc., available to project staff);*
- *Facilities (e.g., project staff use the partner’s facilities for project activities);*
- *Collaboration (e.g., partner’s staff work with project staff on the project);*
- *Personnel exchanges (e.g., project staff and/or partner’s staff use each other’s facilities, work at each other’s site); and*
- *Other.*

Nothing to report.

8. SPECIAL REPORTING REQUIREMENTS

COLLABORATIVE AWARDS: For collaborative awards, independent reports are required from BOTH the Initiating Principal Investigator (PI) and the Collaborating/Partnering PI. A duplicative report is acceptable; however, tasks shall be clearly marked with the responsible PI and research site. A report shall be submitted to <https://ers.amedd.army.mil> for each unique award.

QUAD CHARTS: If applicable, the Quad Chart (available on <https://www.usamraa.army.mil>) should be updated and submitted with attachments.

Year 4 quad chart: see page 14

9. **APPENDICES:** Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.

Annual and final reports are submitted to: <https://ers.amedd.army.mil/>

AND

One Copy: Contract Specialist, Mr. Paul Martha

Email: paul.m.martha.civ@mail.mil

One e-Copy: Contracting Officer's Representative (COR), Wilbur Malloy

Email: wilbur.w.malloy.civ@mail.mil

Personnel Listing (as of 05-OCT-2020)

| Department | Last Name | First Name | Government Used Labor Category | UPitt Role | T01 |
|------------------------|----------------|------------|---|-----------------------------|--------|
| Epidemiology (GSPH) | Wisniewski | Stephen | Epidemiologist | Co-PI | 2.5% |
| Neurosurgery | Okonkwo | David | Clinical Research Director | CO-Investigator | 3% |
| Critical Care Medicine | Huang | David | Clinical Research Director | CO-Investigator | 3% |
| Emergency Medicine | Guyette | Francis | Clinical Research Director | Co-PI | 6.00% |
| Epidemiology (GSPH) | Silfies | Laurie | Systems Engineer IV | Systems Engineer IV | 10.0% |
| Epidemiology (GSPH) | Stewart | Mary | Administrative Assistant IV | Administrative Assistant IV | 10.0% |
| Epidemiology (GSPH) | O'Neal | Scott | ?? | Coordinator | 10.0% |
| Emergency Medicine | Martin-Gill | Christian | Clinical Research Director | CO-Investigator | 10.50% |
| Surgery | Sperry | Jason | Clinical Research Director | PI | 12.5% |
| Epidemiology (GSPH) | Luther | James | Biostatistician IV | Biostatistician IV | 25.0% |
| Epidemiology (GSPH) | Kania | Michael | Systems Developer III | Systems Developer III | 40.0% |
| Epidemiology (GSPH) | Macey-Kalcevic | Melody | Database Administration Manager (TBD Data Analyst R IV) | Research IV | 50.0% |
| IRB Office | Carey | Thomas | Central IRB Coordinator | Central IRB Coordinator | 50% |
| Surgery | Early | Barbara | Program Administrator | Program Administrator | 85% |
| Epidemiology (GSPH) | Knopf | Steve | Systems Engineer IV | Systems Engineer IV | 100.0% |
| Surgery | Jackson | Alan | Database Administrator III | Data Manager | 100% |
| Surgery | Mazzella | Carolyn | Financial Analyst | Financial Administrator | 100% |

YEAR 4 QUAD CHART

Linking Investigations in Trauma and Emergency Services – TO1

17052001-TO1/W81XWH-16-D-0024-0001 LITES Task Order 0001



PI: Jason Sperry MD MPH

Org: University of Pittsburgh

Award Amount: \$10,842,112

STUDY AIMS

- I. To characterize the epidemiology of moderate and severe physical injury in the U.S. and across the LITES network and investigate regional variations of presenting characteristics, management practices and attributable outcomes.
- II. To determine and characterize injury related factors, management practices and trauma system factors resulting in or associated with preventable mortality.

APPROACH

The LITES network will perform an inaugural, large, national, 5-year, prospective, multicenter observational cohort study. The study will consist of an initial 3-year initiative (6 month lead in, 2 year enrollment, 6 month analysis) followed by an interim analysis with the potential for data collection redirection.

- I. Epidemiology of Injury for Network
- II. Regional Variation
- III. Potentially Preventable Mortality

TOTAL PTS. 54,829 | TOTAL RECORDS 136,225

ACCOMPLISHMENTS

- ✓ All 8 sites have uploaded TQIP data through 2020 Q1.
- ✓ 7 sites have uploaded in-hospital data through 2020 Q1.
- ✓ Pre-hospital data has been received from 7 sites from all participating agencies!

Timeline and Cost

| Activities | CY | 17 | 18 | 19 | 20 |
|---|----|---------------|---------------|---------------|---------------|
| Startup, Hiring, IRB approval, Contracts, Central IRB organization, Initiation of data procurement/extraction | | █ | | | |
| 0 thru 2-year enrollment, Interim analysis – 25,000 patients | | | ██████████ | | |
| Enrollment 3-5 years – 50,000 patients | | | | | ██████████ |
| Characterization of regional variation and potentially preventable mortality | | | | ██████████ | |
| Estimated Budget (\$K) | | \$2.2M | \$2.2M | \$2.2M | \$2.2M |

Updated: (University of Pittsburgh 06-OCT-2020)

Goals/Milestones

- CY17 Goals** – Network Startup and Data procurement/extraction
- ☑ Base Hiring; TO1 IRB approval; Central IRB organization, sub-contract initiation
 - ☑ Data extraction and procurement planning; Pittsburgh data capabilities
 - ☑ Final site HRPO / IRB approval; Final sub-contract execution
 - ☑ Site data extraction and procurement
- CY18 Goals** – Patient enrollment 10,000-15,000
- ☑ Begin characterization of regional variation and preventable mortality
- CY19 Goal** – Patient enrollment 15,000-40,000
- ☑ Cont. characterization of regional variation and potentially preventable mortality
- CY20 Goal** – Patient enrollment 50,000-60,000
- ☐ Cont. characterization of regional variation and potentially preventable mortality

Comments/Challenges/Issues/Concerns

- Centralizing data capture from individual site that use multiple methods of data collection; individual site transfer of files.
- Prehospital agencies Patient Care Records (PCR) are transitioning so the CCC/DCC will need to validate data that's been uploaded from the new PCR.
- Prehospital agencies QI contacts change and identifying replacements cause major delays.

Budget Expenditure to Date

- Actual Expenditure To-Date: **\$6,111,855.26** (reflected level reports up to 31-AUG-20)
- Projected Expenditures: \$99,700 (reflects current projections for AUG20 spending)