

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 4, Issue 1

January 2013

## Upcoming Events

- Emergency Medical Services Commission meeting, Brownsburg Fire Department
  - March 22, 10 a.m.
  - June 7, 10 a.m.
- Indiana State Trauma Care Committee meeting, Rice Auditorium, Indiana State Department of Health
  - Feb. 8, 10 a.m.
  - May 10, 10 a.m.
  - Aug. 9, 10 a.m.
  - Nov. 8, 10 a.m.

## Return of Trauma Times

We're back !! The Trauma Times, a publication of the Indiana State Department of Health's trauma program, was last published in 2010, three years ago. In the interim, there have been periods of little activity mixed with other periods of nearly frenetic activity. It's time that we got back to the business of telling you what's going on with ISDH's trauma program, now firmly entrenched in the newly created Trauma and Injury Prevention Division (one of those frenetic activities mentioned above).

Here's where we've been since we last talked and where we are heading:

## Meet the New Health Commissioner

William C. VanNess II, M.D., became Indiana State Health Commissioner on Jan. 14, 2013 by appointment of Gov. Pence. Dr. VanNess previously served as a member of the Executive Board for ISDH from 2006 to 2012.

Prior to his appointment, Dr. VanNess served as president and CEO of Community Hospital of Anderson and Madison County from May 1997 until January 1, 2013. Community Hospital of Anderson is an affiliate of Community Health Network.



*Dr. VanNess*

## In the Process Trauma Centers

The Triage and Transport Rule—which the EMS Commission adopted and became effective in September, requiring EMS professionals to transport seriously injured patients to trauma centers—includes a provision that permits hospitals to become “provisional” trauma centers (for purposes of the Triage and Transport rule only) before they are fully verified by the American College of Surgeons. The effect of the provision should be to greatly expand the number of hospitals that are considered “trauma centers” under the Rule and give EMS providers many more alternatives for care.

## Trauma System Registries—Trauma and EMS

The Indiana Trauma Registry has been in existence since 2008. During the last four years, 57 different hospitals have submitted more than 80,000 records. As the statewide trauma system continues to grow, more hospitals are reporting data. If you are interested in learning how to use the free web-based software offered by the Indiana State Department of Health (ISDH), contact Katie Gatz at [kgatz@isdh.in.gov](mailto:kgatz@isdh.in.gov).

## Return of Trauma Times (Continued)

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- Greg Larkin, M.D., served as state health commissioner from early 2010 until just last week (Jan. 11, to be exact). Dr. Larkin suffered the effects of trauma as a very small child (age 3) when both his parents were killed in an automobile collision in Wisconsin, leaving Dr. Larkin and his brothers orphaned. Dr. Larkin often told the story that Wisconsin did not have a statewide trauma system when his parents were killed, but today Wisconsin does, something he worked hard to be able to influence here in Indiana. He recognized that we have some elements of a statewide trauma system but that we have much more work to do to be able to call Indiana's trauma matrix an effective "system." Without Dr. Larkin's leadership, we would not have been able to accomplish anywhere near the things we've done these last two years.
- The Division of Trauma and Injury Prevention was established in October 2011; you may remember that the creation of such a division was one of the recommendations made by the American College of Surgeons during its state consultation visit to Indiana in 2008. Art Logsdon served as the first director of the Division, then he was promoted to Assistant Commissioner of Health and Human Services at ISDH (with continued responsibility for trauma and injury prevention), and Brian Carnes was named director of the Division in mid-October, 2012. During Art's tenure as director, Katie Gatz (Manager) and Derek Zollinger (Data Analyst) were hired to run the Trauma Registry, and they have taken the Registry to heights unimagined before they got here. Also created—but now vacant—is a position for an Injury Epidemiologist.
- With the help of the ISDH trauma program, Indiana got a statewide rule governing the transport of trauma patients when the EMS Commission adopted, and the Governor signed, the Triage and Transport Rule in 2012. The rule requires all EMS units to transport the most seriously injured patients to a trauma center unless the trauma center is more than 45 minutes from the scene or the patient's life is endangered by going directly to a trauma center. If either exception is present, the ambulance can first go to a non-trauma center. The rule became effective in August 2012. See the "In the Process" story in this issue of



*Dr. Lewis Jacobson and Dr. Larry Reed at the District 5 Trauma Listening Tour last summer.*

## Trauma Symposium

The Indiana State Department of Health (ISDH) is teaming up with the Indiana Hospital Association (IHA) and the Society of Trauma Nurses (STN) to host a trauma symposium this spring for all hospitals interested in becoming a trauma center or being part of the trauma system. The symposium will be in Indianapolis, and the day-long event will feature the STN

## Return of Trauma Times (Continued)

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- The trauma program is helping to fund the state's eight (soon to be nine) trauma centers to offer more Rural Trauma Team Development Courses. See story below—"Rural Trauma Team Development Course."
- A trauma registry rule has been preliminarily adopted by the ISDH Executive Board that will



*Members of the trauma community at the District 4 Trauma Listening Tour in Aug. 2012*

require all hospitals, EMS providers and rehabilitation hospitals to report data to the ISDH Trauma Registry. The rule will go to public hearing later this spring. The ISDH has purchased and installed new computer software to be able to process EMS data, in addition to hospital data we now receive. This will be the subject of a months-long rollout for EMS providers this spring and summer (see below).

- We're in the process of scheduling a Trauma Symposium (see story in this issue) this spring for hospitals which are working to become trauma centers, or thinking about becoming trauma centers or just want to know more about the developing statewide trauma system.
- We intend to go "on the road" again this spring and summer to all 10 preparedness districts around the state, much like we did last summer with the Trauma Listening Tour. This year's events will be slightly different as we intend to use them primarily to roll-out our EMS data-reporting mechanism and Registry and show attendees how they can benefit by submitting their data. We intend to "give you your data back" so you can use it to improve your operations. More information on those events later this winter.

## Trauma System Registries—Trauma and EMS (Continued)

Cont. from Pg. 1

Similar to the Indiana Trauma Registry is a new initiative—ISDH is implementing a program to capture trauma data from EMS runs across the state. Very soon, ISDH will be requesting trauma data from EMS providers that will give us a better picture of the pre-hospital portion of the trauma system. With this data, we will be able to identify quality improvement initiatives to improve trauma care in Indiana and save Hoosier lives.

The two registries will eventually be integrated to improve the statewide trauma system and benefit patient care. If you are interested in participating in the EMS registry, please contact

## Training for EMT-Intermediates to Advance to EMT-Paramedics

The Indiana State Department of Health (ISDH) has provided \$50,000 to the Indiana Department of Homeland Security (IDHS), which is responsible for the licensure of EMS personnel statewide, to develop a program to "train up" EMT-Intermediates to Paramedics before the EMT-Intermediate classification is phased out (by state law) in 2014. IDHS is seeking bids from

## Rural Trauma Team Development Course (RTTDC)

The Trauma program has teamed up with the agency's Office of Primary Care to fund Indiana trauma centers to work with non-trauma hospitals to better coordinate trauma care throughout the state, especially in rural areas.

The agency will fund trauma centers to teach the Rural Trauma Team Development Course (RTTDC), which emphasizes the important role of smaller, often rural, non-trauma hospitals in the overall state trauma system. The RTTDC program covers key concepts in the triage of trauma patients, including education for hospitals on strategies they can employ to decide if they can meet patient's needs or if they need to transfer the patient to a trauma center. Understanding everyone's role and limitations in a statewide trauma system is crucial in providing good care to trauma patients. We know that at least 60% of all trauma deaths occur in areas where only 25% of the population lives, so understanding how best to get a trauma patient

## In the Process Trauma Centers (Continued)

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The Rule says a "trauma center" is either:

- A hospital that is verified by the American College of Surgeons (ACS) as meeting its requirements to be a trauma center
- Or is designated a trauma center under a state designation system that is substantially equivalent to the ACS verification process (like those in surrounding states, for example, Illinois).
- Or is in the ACS verification process.

Figuring out what it means to be "in the ACS verification process" is a subject that the Trauma program staff at ISDH and the Trauma Care Committee—and our colleagues at the Department of Homeland Security (IDHS) and the EMS Commission—have worked on this fall. We believe that we have worked out the details of how the program will work, and the issue will likely be discussed at both the EMS Commission meeting on January 18 and at the Trauma Care Committee meeting on February 8.

Essentially, a hospital that wishes to be considered "in the process of ACS verification" will obtain application materials from the IDHS staff and complete those materials and return them to IDHS, which will make sure the application is complete and forward it to the ISDH. The State Health Commissioner, with the assistance of the Trauma Care Committee, will evaluate the hospital's application and make a recommendation to IDHS regarding the application.

The materials that each applying hospital receives will include a checklist of requirements the hospital must show evidence of to convince the ISDH and IDHS that it should be granted "in the process" status. If the hospital's application is approved, it will be considered a "trauma center" for purposes of the Triage and Transport rule, which means EMS providers can directly transport seriously injured patients to those hospitals in full compliance with the Rule.

## Meet the New Health Commissioner (Continued)

Cont. from Pg. 1

Before becoming president of Community Hospital, Dr. VanNess was medical director at Countryside Manor in Anderson, as well as owner/medical director of Summit Convalescent Center in Summitville. From 1973-1997, he practiced family medicine at his clinic in Summitville, while also working at Community Hospital Anderson and St. John's Medical Center in Anderson.

Dr. VanNess served as president of the Indiana State Medical Association from 1993-1994. He is also a former president of the Madison County Medical Society and was recognized as a 2002 laureate of the Madison County Business Hall of Fame by Junior Achievement.

Dr. VanNess has 39 years of health care experience in Indiana, including 24 years in active

## Change of Staff

The Indiana State Department of Health (ISDH) Division of Trauma and Injury Prevention would like to congratulate Art Logsdon on his promotion to be the Assistant Commissioner of the ISDH Health and Human Services Commission. He will continue to play a key role in the development of the statewide trauma system. Brian Carnes has become the new director of the Division of Trauma and Injury Prevention. He has spent his previous seven years at ISDH in the role of director of legislative affairs. We have started the



*Brian Carnes*

## Registry Reports

The Indiana Trauma Registry produces regular reports on a monthly, quarterly, and annual basis. In addition, certain ad hoc reports are produced upon request. These reports are

## Trauma Times Survey

Trauma Times wants your feedback! Please take this short survey to help us serve your needs:

<http://www.surveymonkey.com/s/WYY6TRJ>

***Division of Trauma and Injury Prevention:***

***Brian Carnes—Director***

***Katie Gatz—Trauma Registry Manager***

***Derek Zollinger—Trauma Registry Data Analyst***

***William C. VanNess II, M.D.—State Health Commissioner***

***Art Logsdon—Assistant Commissioner, Health and Human Services***