

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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May 2014

## Upcoming Events

- Indiana State Trauma Care Committee meeting, Indiana State Department of Health (ISDH) offices  
May 9, 10 a.m.
- Emergency Medical Services (EMS) Commission meeting  
June 20, 10 a.m.

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## Celebrating EMS Week



As we prepare to celebrate the 40th anniversary of National Emergency Medical Services (EMS) week May 18—24, we would like to personally thank all of you who are part of the EMS community. The theme for this year's event is "EMS: Dedicated. For Life." We appreciate your dedication to serving local communities and providing the best care for Hoosiers.

We would also like to recognize Emergency Medical Services for Children (EMSC) day on Wednesday, May 21.

For more information, visit: <http://www.acep.org/emsweek>

## Indiana Trauma Registry Goal: Linking Data

Without a statewide trauma system, the level and quality of care provided at any given time will vary across the state. The overall goal of the system is to reduce the incidence and severity of injury, but to also improve health outcomes for those who are injured. The Indiana trauma registry is an essential component of the system because it collects injury data throughout each phase of care. This data can then be analyzed and reported back to EMS providers, trauma centers, rehabilitation facilities, the Trauma Care Committee and trauma stakeholders to establish performance measures to improve trauma care delivery.

Indiana has been working for more than 10 years to develop a statewide trauma system. In 2004, the Trauma Task Force (now the Trauma Care Committee) was created. They determined that the design of Indiana's trauma system should include data collection, "best practices" in injury prevention, and public education about trauma. Governor Daniels signed Public Law 155 (I.C. 16-19-3-28) in 2006. This law ordered the ISDH to develop, implement and oversee a statewide comprehensive trauma care system. It also gave the ISDH the authority to adopt rules concerning the development and implementation of a state trauma registry.



In August 2011, the ISDH hired a trauma and injury prevention division director, prioritizing trauma as a division within the agency. Since then, the ISDH has hired a trauma registry manager, an injury prevention epidemiologist, an EMS registry manager and a trauma registry data analyst. Beginning in November 2013, all pre-hospital providers, hospitals with Emergency Departments and rehabilitation hospitals were required to report specific data to the trauma registry.

This progression has laid the groundwork for a system of data collection via the registry. There are three components of the trauma registry at the ISDH: an EMS dataset, a trauma hospital dataset, and a rehabilitation hospital dataset. Our ultimate goal is to have these three datasets linked so that patients can be followed through their entire continuum of care. Our initial focus is to link the EMS and trauma datasets. We are reaching out to other states with trauma systems to see what they have tried and what has worked well. We are also collaborating with researchers in Indiana who have expertise in linking databases.

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## Indiana Trauma Registry Goal: Linking Data, Continued

Linking is carried out with software that uses “probabilistic” linking. Elements that are common to both datasets are selected. Weights are assigned to these elements; elements that are the most important to matching are given the most weight. After the program is run, three files are created: a file of matches, a file to review and a file of incidents that were not matched. Then there is a review process for the possible matches. In the end, we have a matched incidents folder and an unmatched incidents folder.

This process was successfully used to link quarter three 2013 transferred trauma patients. There were 953 initial facility incidents, 1,651 final facility incidents and 635 linked incidents. This process led to 129 more linked incidents than by manual review alone. We are currently working on linking EMS and trauma data using the same process.

## Indiana Trauma Registry: Inclusion / Exclusion Criteria Reminder

Please note: This criteria is used by hospitals with Emergency Departments that submit their trauma data to the state trauma registry. To ensure consistent data collection across the State and with the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury and meeting the following criteria:

**At least one** of the following injury diagnostic codes defined as follows:

***International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM):800-959.9***

**Excluding the following isolated injuries:**

***ICD-9-CM:***

905-909.9 (late effects of injury)

910-924.9 (superficial injuries: blisters, contusions, abrasions, Insect bites)

930-939.9 (foreign bodies – ingested, eye, etc.)

***AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-9-CM 800-959.9):***

- Hospital admission as defined by your trauma registry inclusion criteria **OR:**
- Patient transfers via EMS transport (including Air Ambulance) from one hospital to another hospital (even if later discharged from the ED) **OR:**
- Death resulting from the traumatic injury (independent of hospital admission or transfer status)

For further clarification, please contact the division of trauma and injury prevention: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

## Trauma Registry Rule

The Trauma Registry rule, signed into law by Governor Pence on October 25, requires all EMS transport providers, hospitals with emergency departments and the State’s seven rehabilitation hospitals to report trauma cases to the ISDH trauma registry. The rule has been effective since November 24. The full text of the Trauma Registry rule can be found at: <http://www.in.gov/legislative/iac/20131120-IR-410120617FRA.xml.pdf>.

The next trauma registry training event will be held at the ISDH located at 2 North Meridian Street, Indianapolis in Rice Auditorium on May 16. If your facility or service is currently not reporting trauma data to the Indiana trauma registry, please attend this training event. The hospital and rehabilitation facility training session starts at 9 a.m. The EMS provider training session will start at 1 p.m. To register for the training event, visit: <https://www.surveymonkey.com/s/FPVMGCF>

## Injury Prevention: May is National Bicycle Safety Month

The League of American Bicyclists has observed May as National Bike Month since 1956. The month-long event showcases the many benefits of bicycling, while encouraging more people to try biking. This organization promotes bicycling for fun, fitness and transportation and works towards a bicycle-friendly America through advocacy and education efforts. Bike to Work Week will be celebrated May 12-16, and National Bike to Work Day is May 16, 2014. This event promotes the healthy, sustainable and active transportation of biking.

The first-ever National Bike to School Day was celebrated on May 9, 2012, which encouraged children to safely bicycle or walk to school, and was made up of 950 local events in 49 states. The event grew to 1,700 schools in all 50 states in 2013. This year, Bike to School Day is May 7. National Bike to School Day provides an opportunity for schools to partner to celebrate National Bike Month. There are several benefits to the event, including establishing healthier habits of physical activity, promoting safety in the community and reducing traffic congestion. For more information, visit: <http://walkbiketoschool.org/ready/why-walk-or-bike>. Many local organizations sponsor Bike to School or Bike to Work days during May, and it's a great time to talk about bike safety.

Bicycling is a leading cause of recreation injury as well as a leading cause of sports-related head injuries in children. According to the American Association of Neurological Surgeons, cycling injuries played a role in 86,000 of 447,000 sports-related head injuries treated in emergency departments in 2009. Bicycle skill development and safety education are important components in preventing bicycle injury. The National Highway Traffic Safety Administration has the following safe riding tips to prevent bicycle injuries:

- Wear a properly fitted bicycle helmet
- Adjust your bicycle to fit
- Check your equipment
- See and be seen
- Control your bicycle
- Watch for and avoid road hazards
- Avoid riding at night

When bicycling on the road, remember to:

- Go with the traffic flow
- Obey all traffic laws
- Yield to traffic when appropriate
- Be predictable
- Be alert at all times
- Look before turning
- Look for parked cars

For more safety tips, visit <http://www.nhtsa.gov/people/injury/pedbimot/bike/kidsandbikesafetyweb/index.htm>



## Bike Safety Fair

The Indiana University School of Medicine Department of Emergency Medicine is partnering with the Children's Museum of Indianapolis, Women for Riley, Indiana EMSC, and the Injury Prevention Programs from Riley and Methodist Hospitals for a Bike Safety Fair. It will be May 1, 2014 from 4-6 p.m. at The Children's Museum of Indianapolis.

Why is bike safety so important this time of year? Kids are starting to get outside as the weather warms up and school is nearly out. It is an unfortunate event in the emergency department to see children seriously injured every summer from bicycle injuries. More children ages 5-14 are seen in hospital emergency rooms for injuries related to biking than any other sport. Many of these injuries are head injuries that could be prevented or reduced by wearing a properly fitted bike helmet. Most kids ride bikes, but less than a quarter of them wear helmets. We would like to help the children of Indianapolis have a safe and happy summer riding their bikes and always wearing helmets by enlisting the help of community partners, including Women for Riley, Indiana Emergency Medical Services for Children, Freewheelin Community Bikes and volunteers from the IUSM EM Residency and Medical School to put on this bike fair and give away, fit and decorate free helmets.

Head trauma is the most common injury in children involved in bike-related crashes. Wearing a helmet greatly decreases or even prevents that injury. It is estimated that 75% of fatal head injuries among child bicyclists could be prevented with a bicycle helmet and risk of brain injury could be reduced by 88%.

## Firework Injuries Reporting Form

All hospitals and private medical practices are mandated by law to report firework injuries and deaths to ISDH to be published in an annual report. The 2014 Indiana Firework-Related Injury Report will be assembled and published this fall. The reporting cycle for 2014 lasts from Sept. 13, 2013 through Sept. 12, 2014. Per Indiana Code 35-47-7-7, reports must be completed within five business days after examination of the injury. The 2013 Firework-Related Injury Report can be found at: [http://www.in.gov/isdh/files/ISDH\\_FireworksReport\\_2013.pdf](http://www.in.gov/isdh/files/ISDH_FireworksReport_2013.pdf). Forms can be found at <http://www.state.in.us/isdh/19042.htm#Fireworks>. The law requiring reporting can be found at <http://www.in.gov/legislative/ic/code/title35/ar47/ch7.html>.

Forms can be faxed to: (317) 233-8199 Attn: Injury Prevention Epidemiologist or mailed to:  
Indiana State Department of Health  
Division of Trauma and Injury Prevention  
2 North Meridian Street  
Indianapolis, IN 46204

## Injury Prevention Advisory Council Update

The Injury Prevention Advisory Council (IPAC) held its first meeting of 2014 on March 20 at the ISDH offices. The IPAC is expanding its membership to include more stakeholders from across the state, so new members are always welcome. Jessica Skiba, injury prevention epidemiologist, will send all interested partners email updates with important injury prevention updates and resources.

IPAC will meet three more times in 2014 in Rice Auditorium at ISDH:

Thursday, June 12: 1 p.m.-3 p.m.

Wednesday, September 10: 10 a.m.-12 p.m.

Thursday, November 20: 1 p.m.-3 p.m.

If you are interested in becoming a member of IPAC or would like more information about IPAC, contact Jessica Skiba at [jskiba@isdh.in.gov](mailto:jskiba@isdh.in.gov) or at 317-233-7716.

## St Mary's to hold free "Standing Together to Prevent Falls" Event

St. Mary's Trauma Centers in Evansville is offering a free community event, "Standing Together to Prevent Falls," to help older adults stay healthy, active and independent. The event will take place on May 13 from 1 - 3 p.m. in the St. Mary's Wellness Center at Epworth Crossing. You may register by calling Mary Raley, BSN, RN at 812-485-6827.

Falls are the leading cause of injuries among the older population, and can have a lasting impact on mobility, independence and mental health. Falls can often be avoided among older adults by following certain safety guidelines. "Standing Together to Prevent Falls" will include information on how proper nutrition can help prevent falls, and how certain exercises can improve balance and coordination. Questions about home safety and effects of medication will also be answered by a Registered Nurse.

## St. Vincent Emergency Medicine Symposium

Everyone is invited to attend the St. Vincent Emergency Medicine Symposium scheduled for May 16 at the Indianapolis Marriott North. The conference is scheduled to be a day of physicians speaking on trauma (pediatric and adult), disaster management, case reviews and much more.

This year's symposium offers nationally known keynote speakers Dr. Brian Bledsoe and Dr. Mike Kaufmann, other ER physicians, trauma surgeons and other specialists in their field. Continuing education hours totaling 6.25 contact hours will be awarded. The cost of this symposium is just \$20 which includes breakfast, lunch and snacks. Register at: <http://www.eventbrite.com/o/stvincent-ems-education-and-training-3238886604>. For more information, please call Jill Perry at 317-338-3337.

## IU Health—Arnett and IU Health—White Memorial Safety Events

In order to provide educational information and promote health and safety to the local communities it serves, IU Health Arnett will host its third annual Health & Safety Fair on May 17. More than 800 people are expected to attend the Health & Safety Fair which focuses on providing education to children and their families about their health and well-being. Dozens of community organizations will provide educational booths including a smoke trailer to learn how to escape from a smoke-filled house, blood pressure and cholesterol screenings, cancer screenings and hands-on cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training for families. Community partners will also provide information about services for patients with cancer, calling 911 and a system that helps locate lost children with disabilities. Door prizes will be raffled all day long.

New this year is the addition of the community 5K walk/run. Proceeds from this event will support the [IU Health Arnett Foundation](#) in executing its mission to benefit, perform and carry out the charitable, educational, scientific and other exempt purposes of IU Health Arnett. The race course will take runners around the hospital and surrounding countryside.

The public is welcome to visit the IU Health White Memorial Health and Safety Fair on Saturday, May 3 from 11 a.m. – 3 p.m.

## Injury Prevention: New Report on Smoke Alarms

A new report from the National Fire Protection Association's (NFPA) Fire Analysis and Research Division highlights the importance of working smoke alarms. The report indicates that three out of five home fire deaths resulted from fires on properties without the protection of working smoke alarms, and more than one-third of home fire deaths resulted from fires in homes without any smoke alarm. Working smoke alarms reduces the risk of dying by fifty percent in reported home structure fires, but smoke alarm failures were found to be most commonly due to missing, disconnected or dead batteries. The study also found that interconnected smoke alarms were more likely to operate and alert occupants of home fires compared to those powered solely by batteries.

The NFPA follows the "Once a month, Once a year, Once a decade" rule, meaning that home smoke alarms should be tested at least *once a month* using the test button, change the batteries *once a year* if the smoke alarm uses standard batteries, and replace the smoke alarm with a new one *once every 10 years*.

For the full report and safety tips, visit: <http://www.nfpa.org/~media/Files/Research/NFPA%20reports/Fire%20Protection%20Systems/ossmokealarms.pdf>

## May: National Trauma Awareness Month

The American Trauma Society, in conjunction with the Society of Trauma Nurses, presents the 26<sup>th</sup> annual National Trauma Awareness Month. The May 2014 campaign focuses on sports injuries, with the slogan of "Playing it Safe." Play it Safe is focused on remaining safe while having fun out on the field. Sports injuries can range in severity, from abrasions to more severe concussions and fractures. The Youth Sports Safety Alliance reports that high school athletes suffer two million injuries, 500,000 doctor visits and 30,000 hospitalizations each year. Additionally, the Centers for Disease Control and Prevention estimate that 173,285 sports- and recreation-related traumatic brain injuries occur among children 18 of age and younger. More information about Trauma Awareness Month 2014 can be found at: <http://www.amtrauma.org/programs/resources/trauma-awareness-month-2014/index.aspx>



## ISDH EMS Medical Director's Conference Video Online

The first statewide EMS Medical Director's Conference hosted by the ISDH Division of Trauma and Injury Prevention on January 31 was a huge success. The main goal of the conference was to bring together EMS medical directors from around the state to discuss important emergency medicine topics and more than 130 attendees representing 81 services attended the day-long conference. If you were unable to attend the conference, but would like to see the conference in its entirety, go to: <http://www.in.gov/isdh/26124.htm>

## Porter Regional Hospital "EMS Week" Symposium 2014: Trauma and Patient Care

Porter Regional Hospital in Valparaiso invites you to an Educational Symposium focusing on Trauma and Patient Care on May 21, 2014. The Symposium is a part of Porter's EMS Week Celebration, and has been structured to provide a valuable learning opportunity for both pre-hospital and hospital care providers. All are welcome to attend the full-day event which begins with breakfast at 7:45 a.m. and will be held at Ivy Tech Community College in Valparaiso. Porter Regional Hospital is offering the Symposium at no cost to attendees – breakfast and lunch will be provided.

Speakers and presentations include:

### Management of Brain Trauma

Asterios Tsimpas, M.D., M.Sc., M.R.C.S.Ed.,  
Cerebrovascular, Endovascular & General Neurosurgeon – Loyola Univ. Medical Center  
Asst Professor of Neurosurgery & Radiology – Loyola Univ., Stritch School of Medicine

### Early Burn Resuscitation and Preparation for Transfer

Arthur P. Sanford, M.D., FACS  
Assoc. Professor – Dept. of Surgery, Division of Trauma, Critical Care and Burns – Loyola Univ., Stritch School of Medicine

### Management of the Trauma Patient: A Case Study

Anthony J. Baldea, M.D.  
Asst. Professor – Dept. of Surgery, Division of Trauma, Critical Care and Burns – Loyola Univ., Stritch School of Medicine

### Yours, Mine, and Ours: Balancing Patient Care Decisions with Competing Values

Jennifer Anderson, MSW, LCSW, MAC  
Rondi Wightman, MSW, LCSW

### Keynote: Dead Men DO Tell Tales: Crime Scene Management for Fire and EMS Personnel & What EMS Will Look Like in 2024

Gary Ludwig, MBA, Licensed Paramedic  
Deputy Fire Chief - Memphis Fire Dept., Columnist - Firehouse and JEMS Magazine,  
National speaker and consultant for EMS and Fire topics

Register at: <https://www.surveymonkey.com/s/NQKLZQ5>.

For more information, please contact Cara Vice at (219) 263-8551 or by email at [cara.vice@porterhealth.com](mailto:cara.vice@porterhealth.com)

## Injury Prevention: Naloxone Use

The Food and Drug Administration recently approved a new handheld auto-injector, Evzio, to administer a single-dose of naloxone hydrochloride to reverse opioid overdoses. Naloxone, marketed as Narcan, is an opioid antagonist that works to reverse respiratory distress and/or central nervous system depression in overdose patients. Starting mid-April, the Indianapolis Metro Police Department's Southwest District will be trained how to use Narcan and will eventually carry it as part of a pilot program to combat the deadly outcomes of heroin overdose. Nationally, the deaths from heroin overdose have increased by 45 percent from 2006 to 2010, and Indianapolis has also recently seen a high number of heroin overdose deaths.



## ISDH Division of Trauma and Injury Prevention: Calendar of Events

To see a list of trauma and injury prevention events for 2014, visit: <http://www.in.gov/isdh/26125.htm>. The calendar will be updated throughout the year and if you have a trauma and/or injury prevention event, contact Interim Division Director Katie Gatz, [kgatz@isdh.in.gov](mailto:kgatz@isdh.in.gov), 317-234-7321 or Jessica Skiba, [jskiba@isdh.in.gov](mailto:jskiba@isdh.in.gov), 317-233-7716, to have your event added to the page.

## 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>

## Trauma 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 archived on our web page and can be accessed at <http://www.in.gov/isdh/25581.htm>.



Jessica Skiba, injury prevention epidemiologist, and Katie Gatz, Interim Director, staffed the ISDH Trauma and Injury Prevention booth at the National Public Health Week Conference in Fishers on April 8.

*Division of Trauma and Injury Prevention:*  
*Katie Gatz—Interim Director*  
*Jessica Skiba—Injury Prevention Epidemiologist*  
*Camry Hess— Trauma Registry Data Analyst*  
*Murray Lawry— EMS Registry Manager*

*William C. VanNess II, M.D.—*  
*State Health Commissioner*  
*Art Logsdon—Assistant Commissioner, Health*  
*and Human Services*