

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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Upcoming Events

- Injury Prevention Advisory Council (IPAC) meeting, Indiana State Department of Health (ISDH) offices
June 12, 1 p. m.
- Emergency Medical Services (EMS) Commission meeting
June 20, 10 a.m.

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Indiana's trauma system—where do we go from here?

The state of Indiana has been working on developing a statewide trauma system for over 10 years. A trauma system is an organized, coordinated effort in a geographic area that delivers the full range of care to all injured patients. The history of Indiana's trauma system development:

2004: Trauma System Advisory task Force formed

2006: IC 16-19-3-28 (Public Law 155) named the Indiana State Department of Health (ISDH) the lead agency for statewide trauma system development

2008: American College of Surgeons (ACS) conducted an evaluation of Indiana's trauma system; Trauma Registry established

2009: ACS provided a set of recommendations for further development of Indiana's trauma system

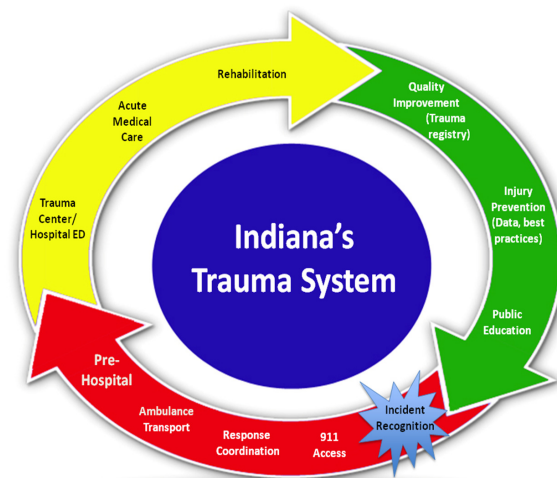
2010: Governor Daniels created by executive order the Indiana State Trauma Care Committee

2011: ISDH created the Trauma and Injury Prevention Division

2012: EMS Commission adopted the Triage and Transport Rule

2013: Governor Pence signs the Trauma Registry Rule

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Indiana's trauma system—where do we go from here? (continued)

Indiana's statewide trauma system has made a lot of progress over the years, but now it's time to look to the future and plan the next steps in trauma system development. The Division of Trauma and Injury Prevention has identified four main categories of the future:

- Trauma Registry
- Injury Prevention
- System-wide issues
- Miscellaneous

These categories, along with key components of each category, were presented to the Trauma Care Committee on May 9. A copy of this presentation is available on the website at: <http://www.in.gov/isdh/25400.htm>. A Trauma System Planning subcommittee has been established and will meet several times over the summer to advise on the trauma system plan. This plan will be presented at the August 8 Trauma Care Committee meeting. We invite you to submit your comments regarding the development of the statewide trauma system to: indianatrauma@isdh.in.gov.

Rehabilitation: Levels of Care

Submitted by Annette Seabrook, MPT, MHA, FACHE, Franciscan St. Francis Health

Inpatient Rehabilitation Facilities (IRF) provide an interdisciplinary, coordinated and intensive rehabilitation program to help patients return home after injury. Those patients in an IRF must require close medical supervision, and be able to tolerate and significantly benefit from (functionally) intensive rehabilitation by at least two therapy disciplines (Physical, occupational and speech therapy) for 3 hours of therapy per day at least five days per week. Many IRFs provide additional services such as psychology/neuropsychology, case management, therapeutic recreation and specialized medical services. Acute rehabilitation is meant to be short-term with the goal of returning the person to the community, therefore requiring a viable discharge plan. IRFs are required to have 60 percent of their population come from certain diagnostic groups such as stroke, brain injury, spinal cord injury, amputation, burns and major multiple trauma, which can, at times, limit admission capabilities based upon diagnosis.

In contrast, long-term acute care hospitals (LTACHs) provide care for clinically complex problems. While patients may receive some rehabilitation services, the focus is on the need for extended hospital care/medical management. The average length of stay for the Medicare population in an LTACH must be at least 25 days. Skilled Nursing Facilities (SNF), also referred to as sub-acute, provide a less intensive level of medical/rehabilitation and are for those individuals who don't require or cannot tolerate the intensive care provided in the other levels. Typically this less intensive level of care has a longer average length of stay.

In efforts to decrease healthcare spending, there are many threats to the IRF level of rehab. Examples include:

- initiatives to increase the compliance rate to 75 percent (decreasing access)
- develop one level of case-rate reimbursement for particular diagnoses (i.e. fractures) regardless of level of rehab (despite the fact that IRF's are required to provide increased intensity and medical care)
- increased denials by commercial payers and managed care plans to authorize IRF level of rehab (while approving the less expensive sub-acute rehab)

Continued advocacy is needed to preserve the unique and valuable role of the IRF in the rehabilitation of the trauma client.

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 July 11. 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>

June is National Safety Month

The National Safety Council (NSC) is celebrating National Safety Month with the theme of "Safety: It takes all of us." The event brings awareness to key safety issues. The theme for the 2014 event was inspired by the idea of continuous risk reduction. Injury prevention programs rely upon spotting hazards early, evaluating their risk and preventing or controlling them before the harm is done. During the month of June, the NSC has weekly themes for specific injury topics.

- Week 1: Prevent Prescription Drug Abuse
- Week 2: Stop slips, trips and falls
- Week 3: Be aware of your surroundings
- Week 4: Put an end to distracted driving
- Bonus week: Summer safety



To find information and access free materials, visit: http://www.nsc.org/nsc_events/Nat_Safe_Month/Pages/home.aspx

National safety stand-down to prevent falls in construction

The U.S. Labor Department's Occupational Safety and Health Administration (OSHA) is hosting a national Safety Stand-Down to prevent falls in the construction industry from June 2-6. A Safety Stand-Down is a voluntary event for employers to address fall hazards and the importance of fall prevention with employees. Falls contributed to more than a third of construction fatalities in 2012, according to OSHA. Additionally, these deaths were preventable.

National Safety Stand-Down To Prevent Falls in Construction

JUNE 2 - 6, 2014

The event is part of OSHA's Fall Prevention Campaign, and is in partnership with the National Institute for Occupational Safety and Health (NIOSH) and NIOSH's National Occupation Research Agenda program. The safety stand-down campaign provides educational information to employers on how to plan ahead to prevent falls, provide the right equipment to workers, and train employees to properly use that equipment. Employers will be able to

download Certificates of Participation following their stand-down.

To find information and access free materials, visit: <https://www.osha.gov/StopFallsStandDown/index.html>

Drive Now // Text Later

"Behind the wheel, off the phone."

It sounds so simple but we just can't seem to stop. Distracted driving costs nearly as many lives each year as drunken driving. According to the Centers for Disease Control, there are more than nine fatalities rooted in distracted driving every day in the U.S., and hundreds of thousands more are injured by distracted driving each year.

The St.Vincent Trauma Program is dedicated to raising awareness about the dangers of distracted driving with a focus on texting and driving prevention. "You may have gotten away with it so far, but it only takes a second for it to change your life, or the life of one of your family and friends, forever," said Judi Holsinger, St. Vincent's Trauma Outreach and Education coordinator.

It is this exact message the DriveNow//TextLater program carries to local high schools to stress to teens the magnitude of the risk in texting and driving. The program includes powerful video, statistics and Indiana laws with testimony from people whose lives have been personally affected by distracted driving.

"None of us expect bad things to happen to us but sometimes they do, and often these things are not random – we actually have control over the decisions that lead to these consequences," said Dr. Lewis Jacobson, chief of Trauma Surgery at the St.Vincent Trauma Center.

In 2013 Bill Estes Automotive joined St.Vincent Trauma to promote the DriveNow//TextLater campaign by donating a car to help carry this message for injury prevention and awareness. The effort is already showing results: Nearly 30 percent of Pike High School students in Indianapolis who attended a recent program signed a pledge vowing never to text while driving.

As partners in health, you can potentially save a life by extending our DriveNow//TextLater message and discouraging drivers young and old from picking up the phone to send or read a text. For more information about DriveNow//TextLater call Judi Holsinger at 317-338-3334 or visit www.DriveNowTextLater.org.



The St. Vincent Trauma Drive Now // Text Later car

Firework Injuries Reporting Form

All hospitals and private medical practices are mandated by law to report firework injuries and deaths to the 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.

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) will meet on June 12 from 1 - 3 p.m. EDT to hear a presentation from Dr. Jennifer Walthall's ATV project. Additionally, the group will network and discuss the bylaws and future of IPAC.

The IPAC is expanding its membership to include more stakeholders from across the state, so new members are always welcome. Jessica Skiba, ISDH injury prevention epidemiologist, has sent all interested partners bi-weekly email updates with important injury prevention articles, news, and resources.

IPAC will meet again on Wednesday, September 10 from 10 a.m.-12 p.m. and Thursday, November 20 from 1 p.m.-3 p.m. in Rice Auditorium at ISDH.

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 or at 317-233-7716.

Indiana Rural Health Association Conference—June 10 & 11

Indiana Rural Health Association's Annual Conference, which is scheduled for June 10 and 11, at the Crowne Plaza Indianapolis Downtown Union Station brings together physicians, nurses, pharmacists, public health professionals, and other rural health practitioners and advocates with residents of rural communities. Practitioners from the field and national experts discuss current topics, as well as share the experiences of others in public health and rural health care delivery, along with the latest information regarding the start-up and on-going management of rural health care delivery models. For more information, visit the IRHA website at www.indianaruralhealth.org.



Trauma center levels of care

Hospitals with emergency departments vs. trauma centers

Very few Indiana hospitals operate trauma centers, but the number is growing. There are more than 120 hospitals in Indiana with emergency departments, and nine of the hospitals are verified trauma centers. More information about the trauma centers in Indiana can be found on the Indiana State Department of Health (ISDH) website: <http://www.in.gov/isdh/24972.htm>

Designation vs. Verification

Trauma center levels across the United States are classified in two ways—a state-designation process and/or a national verification process. The different trauma center levels (ie. Levels I, II, or III) refer to the kinds of resources available in a trauma center. These are categories that define national standards for trauma care in hospitals. Both adult and pediatric facilities are verified in this way.

Trauma center designation is a process outlined and developed at the state level. At this time, Indiana does not have a state designation process, but is developing one. The state designation requirements will go hand-in-hand with the national verification requirements, but will have some additional, unique criteria.

Trauma center verification is an evaluation process done by the American College of Surgeons (ACS) to evaluate and improve trauma care. The ACS does not designate trauma centers; instead, it verifies the presence of the resources listed in Resources for Optimal Care of the Injured Patient. For more information about the ACS Verification process visit: <http://www.facs.org/trauma/vcprogram.html>

Level I

A Level I trauma center is a tertiary care facility central to the trauma system. A Level I trauma center is capable of providing total care for every aspect of injury—from prevention through rehabilitation. Key elements of a Level I Trauma Center include:

- 24-hour in-house coverage by general surgeons, and prompt availability of care in specialties such as orthopedic surgery and neurosurgery.
- Associated with a school of medicine to facilitate research and provide teaching opportunities in an effort to help direct new advances in trauma care.
- Provides leadership in injury prevention and public education to surrounding communities.
- Provides continuing education of the trauma team members.
- Receives patients from all levels of care (Trauma Center Level II, III, IV or V and hospitals with Emergency Departments) or directly from the scene of the injury/
- Maintains a comprehensive Performance Improvement and Patient Safety (PIPS) program.
- Program for substance abuse screening and patient intervention.
- Meets minimum requirement for annual volume of severely injured patients.

In Indiana, IU Health—Methodist Hospital and Eskenazi Health are both Level I Adult Trauma Centers located in Indianapolis. IU Health—Riley Hospital for Children is the only Level I Pediatric Trauma Center in Indiana and is also located in Indianapolis.

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Trauma center levels of care (continued)

Level II

A Level II trauma center has all of the same requirements as a Level I trauma center, except that a Level II trauma center is not associated with a school of medicine. A Level II trauma center may transfer patients to a Level I trauma center for specific specialty services.

In Indiana, there are six Level II trauma centers. Deaconess Hospital (Adult) and St. Mary's Medical Center of Evansville (Adult & Pediatric) are located in Evansville. St. Vincent Indianapolis Hospital (Adult) is located in Indianapolis. Lutheran Hospital of Indiana (Adult & Pediatric) and Parkview Regional Medical Center (Adult & Pediatric) are located in Fort Wayne. Memorial Hospital of South Bend (Adult) is located in South Bend.

Level III

Level III trauma centers have the ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injury patients. Key elements of a Level III trauma center:

- 24-hour immediate coverage by emergency medicine physicians and the prompt availability of general surgeons and anesthesiologists.
- Transfer agreements for patients requiring more comprehensive care at a Level I or Level II Trauma Center.

In Indiana, two hospitals have received verification site visits from the ACS as Level III trauma centers, but at the time of publication, no official announcement has been made as to their Level III status.

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>.

Trauma Staffing Changes

The ISDH Health and Human Services Commission has announced Katie Gatz as the new director of the division of trauma and injury prevention. Katie served as the interim director the last two months and was the Trauma Registry Manager for the last two years for the Division of Trauma and Injury Prevention. Art Logsdon, Assistant Commissioner for the Health and Human Services Commission, oversees the Division of Trauma and Injury Prevention.

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

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