

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 5, Issue 8

August 2014

Upcoming Events

- Indiana State Trauma Care Committee (ISTCC) meeting, Indiana State Department of Health (ISDH) offices
August 8, 10 a.m.
- Emergency Medical Services (EMS) Commission meeting
August 20, 3 p.m.

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IU Health Arnett & IU Health Ball Memorial named Indiana's first Level III verified trauma centers

Submitted by Kier Crites, Senior Public Relations Coordinator, IU Health Arnett hospital and Neil Gifford, Public Relations, IU Health Ball Memorial hospital

The trauma centers at Indiana University (IU) Health Arnett Hospital and IU Health Ball Memorial have been verified as Level III Trauma Centers by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS). This achievement recognizes the trauma centers' dedication to providing optimal care for injured patients. Established by the American College of Surgeons in 1987, the COT's Consultation/Verification Program for Hospitals promotes the development of trauma centers in which participants provide not only the hospital resources necessary for trauma care, but also the entire spectrum of care to address the needs of all injured patients. This spectrum encompasses the prehospital phase through the rehabilitation process.

Dr. Marc Estes, medical director of emergency medicine at IU Health Arnett Hospital, said this is a big feat for the hospital. "It is an exciting step for IU Health Arnett and our community to be the first hospital in the state to hold the Level III title," Dr. Estes said. "Our team of highly skilled physicians has worked hard toward achieving this certification and we are proud to be able to offer this resource to our community."

IU Health Arnett trauma program manager, Amanda Rardon, RN, BS, said one benefit of becoming a Level III Trauma Center is surgeon presence at the bedside within 30 minutes for the most severely injured patients.



IU Health Arnett named Indiana's first Level III verified trauma center (continued)

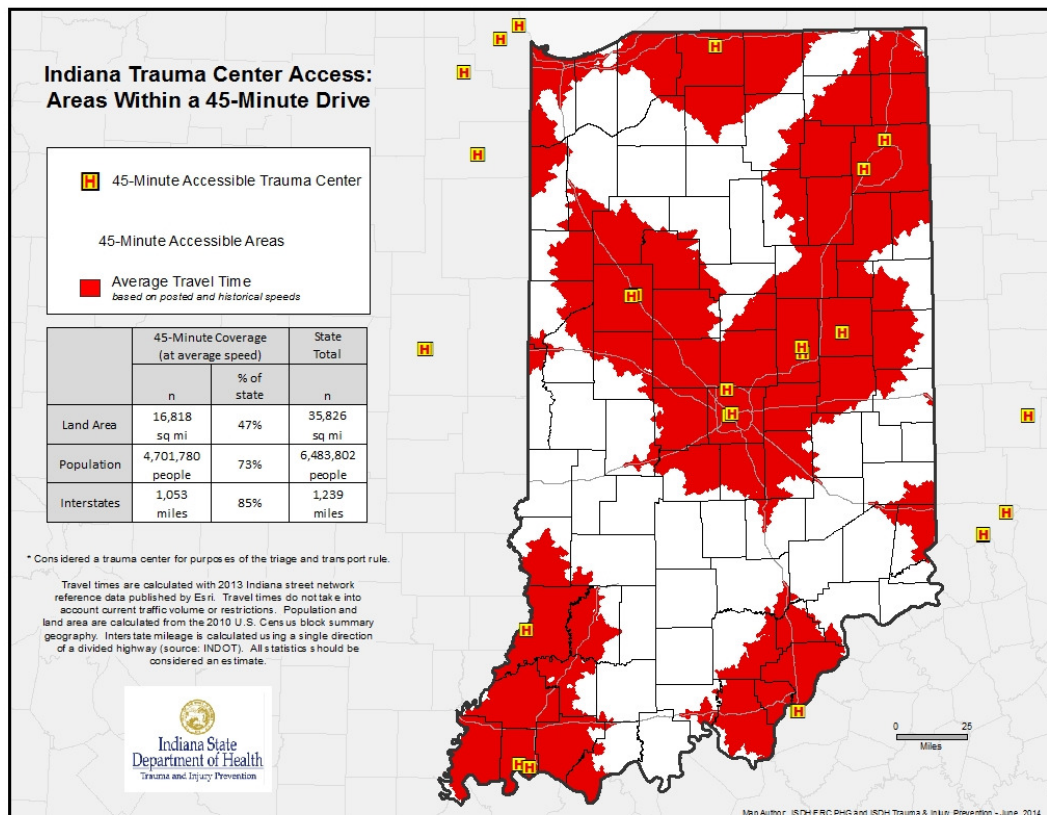
"Becoming a trauma center means that our facility has the ability to stabilize and provide initial treatment to any patient with a traumatic injury," Rardon said. "As a trauma center, we evaluate the care of the patient from the time EMS is dispatched all the way through rehabilitation."

Dr. Mark Saleem, medical director of the trauma program at IU Health Ball Memorial Hospital, said several physicians, nurses and clinicians contributed to this effort. "Numerous team members throughout the hospital have worked diligently to reach this goal," Dr. Saleem said. "It means our community as well as surrounding communities have immediate access to a high level of care in the event of a traumatic injury."

IU Health Ball Memorial Hospital trauma program manager Rebekah Dillon, RN, BSN, CEN said becoming a Level III trauma center verifies that several standards of care are now in place. "As a Level III trauma center, we have a high level of coordination between departments now in place to benefit the patient," she said. "Our hospital has the personnel and policies in place to stabilize and provide primary treatment to any injured patient."

In 2013, Indiana University Health reported that its hospitals would be taking deliberate steps to provide organized system-wide trauma care closer to people in the mid-portion of the state between Indianapolis and the four corners. IU Health Arnett Hospital's recent designation plays a key role in that service.

The Centers for Disease Control reports that injuries are the leading cause of death for children and adults ages 1 – 44. All levels of trauma centers (Level I to Level III) and hospitals are critical components of trauma systems, which help to ensure that the millions of people injured each year get the right care, at the right place, at the right time.

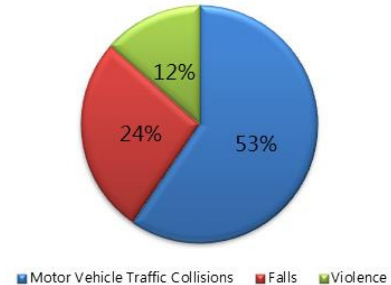


Traumatic Brain Injury (TBI) rehabilitation

*Submitted by: Denise Hughes
Rehabilitation Program Specialist, Parkview Hospital
Executive Committee, Indiana Hospital Association Rehabilitation Task Force*

The Brain Injury Association of America identifies that 1.7 million people sustain a Traumatic Brain Injury (TBI) each year. It goes on to report that there may be no correlation between the initial Glasgow Coma Scale score and the initial level of brain injury and a person's short or long term recovery, or functional abilities. The National Data and Statistical Center (NDSC) for TBI Model Systems indicates that the primary cause of TBI is motor vehicle accidents (53%), followed by falls (24%) and violence (12%). The CDC reports that 75% of TBI each year are concussions or other forms of mild TBI.

Primary Causes of Traumatic Brain Injury (TBI)



Of those hospitalized following a TBI, a comprehensive integrated inpatient brain injury rehab program (acute rehabilitation) is the next step in the continuum of care. Days of rehabilitation have consistently decreased over the past five years, and per NDSC, the mean length of stay in a rehabilitation facility for someone with TBI was 23 days. Admission criteria into acute rehabilitation for a patient with a TBI, includes a Ranchos Level that is conducive for interaction. The Ranchos Los Amigos Scale (Ranchos Level) is a medical scale used to assess individuals after a closed head injury. This level may be insurance-driven; for instance, a common level required is Ranchos Level IV. A team of rehabilitation specialists, with experience and training in brain injury, is key for helping the patient regain as many activities of daily living as possible, including walking, eating, toileting, bathing, speaking, dressing, money management, homemaking, and more. The biggest barriers to transitioning to an inpatient rehabilitation facility are often financial constraints, severity of injury and ability to participate/progress, and lack of adequate family/caregiver support post-discharge. The Model System database indicates that only 3% are able to live alone at time of discharge from rehab, and only 68% reached complete independence within two years after rehabilitation.

It is important to look for programs that include neuropsychology to fully address the needs of this population, as well as the capability to meet their needs across the continuum. Dr. Sachin Mehta, Medical Director of Franciscan St. Francis Health Inpatient Rehabilitation Center and former medical director for brain injury programs at Marianjoy Rehabilitation Hospital (IL), emphasizes the importance of a physiatrist-led comprehensive, outpatient program. He also coordinates an outpatient mild brain injury/post-concussive program for those who may discharge home without inpatient rehab but continue to have deficits impacting their ability to fully return to their community, school or work. "Having a physiatrist actively involved in the intensive outpatient day program (through regular rounding and interdisciplinary team meetings) improves the ability to address barriers as they arise, such as spasticity management or behavioral issues, to maximize the recovery." At the time of discharge from the acute rehab setting, involvement in local brain injury support groups is vital for relationship building and support for the patient and family.

There are currently five inpatient rehabilitation centers in Indiana that have brain injury accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) including Parkview Rehabilitation Center, Rehabilitation Hospital of Fort Wayne, Rehabilitation Hospital of Indiana (RHI), Southern Indiana Rehab Hospital and St. Mary's Rehabilitation Institute. Additionally, due to its ongoing research programs with this population, RHI (in conjunction with IU School of Medicine) is a designated TBI Model System site.

2014 Indiana State Fair Safety Tips

The Indiana State Fair is scheduled for August 1-17. The Fair will serve alcohol for the first time in nearly 70 years, with about 40 Indiana craft brewers and wineries participating in the new wine and beer garden in the fairgrounds' Grand Hall. This exciting addition is a great opportunity to remind attendees there are a number of potential hazards at the State Fair, including:

- Severe weather
- Vehicular and pedestrian traffic
- Civil unrest
- Other hazards, including fires and explosions.

To have the most fun at the State Fair, follow these tips:

- Avoid drinking and driving. Make sure to have a designated driver and safe route home before enjoying the new wine and beer garden.
- Drink plenty of water to stay hydrated.
- Pay attention to weather forecasts and dress for the weather. Remember to bring sunscreen and protective clothing on sunny days.
- Wear closed-toe shoes to protect your feet.
- Read all instructions when viewing animals and ask permission to pet them. Some animals should not be touched.
- Always use the safety equipment provided on Midway rides, such as seat belts, shoulder harness, or lap bar. Make sure your child meets the minimum height, age and weight restrictions.
- Heat exhaustion results from loss of water and salt due to excessive sweating. Know the warning signs of heat exhaustion and take action to avoid heat stroke.
- If you see something, say something by alerting security. The Indiana State Fair security team is located in the Public Safety Center.



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 runs 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

Questions can be directed to 317-233-7716.

National Stop on Red week

The U.S. Department of Transportation Federal Highway Administration's National Stop on Red week 2014 is August 3-9. The campaign highlights the deadly traffic problem of running red lights.

The program highlights that if you run a red light, you are risking:

- A ticket or moving violation on your record.
- Damage to your vehicle.
- Higher insurance costs.
- A lengthy, expensive hospital stay and recovery from injury.
- Irreversible consequences if you injure or kill someone else.

The FHWA has identified 10 activities to help promote National Stop on Red week in your community, including:

- Press conference
- Proclamations
- Pledges
- Radio & TV promotions
- School activities
- Police ride-alongs
- Stop Red-Light Running posters
- Movie Theater Slides
- Paycheck reminders
- Billboards



For more information about National Stop on Red week, visit:

<http://safety.fhwa.dot.gov/intersection/redlight/outreach/marketing/>

Indiana Emergency Response Conference



The Indiana Emergency Response Conference is going to be held at the Sheraton Indianapolis Hotel at Keystone Crossing August 20-23. The conference is geared towards first responders, including those in fire, EMS, law enforcement, Hazmat, Special Ops, and LEPC. The conference has several educational tracks, including EMS Clinical, EMS Special, Adult Education, EMS Pediatrics, LEPC, Fire Management Administration, Hazardous Materials, and Fire Management Operations.

Conference events can be found here: <http://indianaerc.com/images/2014%20Conference%20Events.pdf>

To register for the conference, visit: <https://classic.regonline.com/builder/site/?eventid=1559526>

Yellow Jug Old Drug Program in Indiana

Indiana joins Michigan, Ohio, Illinois and Wisconsin in the Yellow Jug Old Drug Program. The Yellow Jug Old Drug Program was started in 2008 by the Great Lakes Clean Water Organization to address the issue that there are very few ways to safely dispose of unwanted prescription and over-the-counter drugs, including pills, ointments, liquids and creams. The program partners with local pharmacies and the Indiana Prescription Drug Abuse Task Force to provide for free secure and responsible drug disposal for expired or unused prescription drugs. The program also benefits the state's fresh water supply by offering a safe alternative to flushing unwanted drugs. The program has collected and properly disposed of 49.77 tons of drug waste as of May, 2014.

To learn more about the program, visit: <http://www.greatlakescleanwater.org/>

Injury Prevention Advisory Council update

The Injury Prevention Advisory Council (IPAC) works to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. Those working in injury prevention and have an interest in working together to create a safe and injury-free Indiana are welcome to be a part of IPAC. Jessica Skiba, ISDH injury prevention epidemiologist, currently sends all interested partners bi-weekly email updates with important injury prevention articles, news, and resources. In addition, IPAC meets quarterly to network and learn more about injury prevention.

IPAC will meet again Wednesday, September 10 from 10 a.m.-12 p.m. EST and Thursday, November 20 from 1 p.m.-3 p.m. EST in Rice Auditorium at ISDH.. The 2015 meetings will be from 1 p.m. –3 p.m. in Rice Auditorium on the following days:

- Thursday, March 12, 2015
- Thursday, June 18, 2015
- Thursday, September 17, 2015
- Thursday, December 10, 2015

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.

Drive Sober or Get Pulled Over

The National Highway Traffic Safety Administration is leading the effort to stop drinking and driving in the national enforcement effort of "Drive Sober or Get Pulled Over." The national enforcement crackdown goes into effect across the country from August 13 to September 1, covering the end of summer and busy Labor Day holiday weekend. The goal of the campaign is to increase public awareness and have a no-excuses approach to enforcement to arrest drunk drivers who put lives at risk.

The 2014 campaign includes staggering statistics about the effects of drinking and driving. Each year, more than 10,000 people die on U.S. roadways due to drunk driving, which is equivalent to 20 jumbo jets crashing per year. During the 2012 July 4th weekend, in fatal motor vehicle collisions between 9 p.m. and midnight, 59% of the drivers were drunk, and 44% had a BAC above 0.08. Additionally, 42% of motorcycle riders who die in single-vehicle crashes are drunk. More staggering is that America has more drunk drivers than most countries have people. In order to stop this deadly trend, police will be on the lookout for drunk drivers.

The NHTSA website contains materials to get involved, including posters to print, desktop wallpaper, Facebook icons, and a personal pledge to not drive drunk.

For more information about the national campaign, visit:
<http://www.nhtsa.gov/drivesober/>. To access additional materials, visit:
<http://www.trafficsafetymarketing.gov/laborday2014>



2014 CRACKDOWN

THEY'LL
SEE YOU
BEFORE
YOU SEE
THEM.

DON'T DRINK & DRIVE.



Trauma Registry Rule—update

The Trauma Registry rule, signed into law by Governor Pence last October, 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 following EMS services have submitted data to the Indiana Trauma Registry for 2014:

A&A Township VFD	Greenfield FD	Osolo Emergency Medical	Tiptecanoe EMS
Aboite Township VFD	Harrison County Hospital EMS	Parkview Huntington EMS	Town of Plainfield Fire Terr.
Adams County EMS	Hoagland EMS & VFD	Parkview LaGrange EMS	Town of Schererville
Adams Markleville Fire Protection Terr.	Honey Creek FD	Parkview Noble EMS	Town of St. John
Air Methods Corporation / UCAN	Huntertown VFD	Parkview RMC EMS	Tri-Creek Ambulance Service
Air Methods—Kentucky	Indianapolis EMS	Perry Co. Memorial EMS	Turkey Creek Fire Terr.
Albany EMS	IU Collegiate EMS	Pike County EMS	Wabash FD
Alcoa EMS—Newburgh	IU Health—Lifeline	Posey County EMS	Warren County EMS
Alexandria FD	IU Health—Bedford EMTs	Prompt Ambulance Central	Washington Twshp/Avon FD
American Medical Response (AMR)	IU Health—Paoli EMTs	Putnam County Operations	Wells County EMS
Argos Community Ambulance	Jay County EMS	Randolph County EMS	Whiting FD
Batesville Vol. Fire & Rescue Depart.	Jefferson Township Ambulance	Richmond FD	Whitley County EMS
Beech Grove FD	Keener Township EMS	Ripley County EMS	Wolcott Ambulance Service
Boone County EMS	King’s Daughters’ Health EMS	Rush Memorial Hospital EMS	Woodburn FD
Burns Harbor FD	Lake Hills VFD	Salem Township EMS	
Carroll County EMS	Lakeshore EMS	Scott County EMS	
City of Gary FD	LaPorte County EMS	Seals Ambulance Service	
City of Lawrence FD	Lutheran Hospital EMS	Sheridan FD	
City of Nappanee EMS	Madison Township VFD	South Bend FD	
City of Rushville FD	Marion General Hospital EMS	Southwest Fire District	
Columbus Reg. Hosp. Ambulance Ser.	Memorial Hospital Ambulance	Southwest Medical Service	
Culberson Ambulance Service	Milan Rescue 30	So. Ripley Co. Em. Life Squad	
Decatur Township FD	Mittal Steel Indiana EMS	Spencer Co. EMS	
DeKalb EMS	Monticello FD	St. Joseph Township FD	
Dublin VFD Inc.	Moral Township VFD	St. Mary’s Warrick EMS	
Eli Lilly & Company	Morgan County Emergency Mgmt.	St. Mary’s LifeFlight	
Fayette County EMS	Multi-Township EMS	Steuben County EMS	
Fountain County Ambulance Service	New Carlisle Area Ambulance Service	Sugar Creek Twshp FD	
Fulton County EMS	New Caste/Henry Co EMS	Sullivan Co. Ambulance	
Gaston VFD	New Washington VFD	Sullivan FD	
Gibson County EMS	Noblesville FD	Sunman Area Life Squad	
Goshen FD	North East Allen Co. Fire & EMS	Terre Haute FD	
Grace on Wings	North Webster/Tiptecanoe Twshp EMS	The Methodist Hospitals EMS	
Grant County EMS	NW Ambulance Service	Three Rivers Ambulance Auth.	

Trauma Registry Rule—update

The following hospitals have submitted data to the Indiana Trauma Registry for 2014:

Cameron Memorial	IU Health—Goshen	Perry County Memorial	Sullivan County Community
Clark Memorial	IU Health—LaPorte	Portage Hospital	Terre Haute Regional
Columbus Regional	IU Health—Methodist	Porter—Valparaiso	Union (Clinton)
Community Anderson	IU Health—Morgan	Pulaski Memorial	Union (Terre Haute)
Community Bremen	IU Health—North	Putnam County	Witham
Community East	IU Health—Paoli	Reid Hospital	Witham at Anson
Community Howard	IU Health—Riley	Rush Memorial	
Community North	IU Health—Tipton	Schneck Medical Center	
Community South	IU Health—White Memorial	Scott County Memorial	
Daviess Community	Jasper County	St. Anthony—Crown Point	
Deaconess Gateway	Jay County	St. Anthony—Michigan City	
Deaconess Hospital	Johnson Memorial	St. Catherine Regional	
DeKalb Health	King’s Daughters’ Health	St. Elizabeth—Central	
Dukes Memorial	Kosciusko Community	St. Elizabeth—Crawfordsville	
Dupont Hospital	Lutheran Hospital	St. Elizabeth—East	
Elkhart General	Major Hospital	St. Francis—Indianapolis	
Eskenazi Health	Margaret Mary Hospital	St. Francis—Mooresville	
Floyd Memorial	Marion General	St. Joseph RMC—Mishawaka	
Gibson General	Memorial Hospital (Jasper)	St. Joseph RMC—Plymouth	
Good Samaritan	Memorial South Bend	St. Margaret—Dyer	
Greene County	Methodist—Northlake	St. Mary’s of Evansville	
Hancock Regional	Methodist—Southlake	St. Mary’s Warrick	
Hendricks Regional	Monroe Hospital	St. Vincent Anderson	
Henry County Memorial	Parkview Huntington	St. Vincent Clay	
IU Health—Arnett	Parkview LaGrange	St. Vincent Frankfort	
IU Health—Ball Memorial	Parkview Noble	St. Vincent Indianapolis	
IU Health—Bedford	Parkview Randallia	St. Vincent Mercy	
IU Health—Blackford	Parkview RMC	St. Vincent Salem	
IU Health—Bloomington	Parkview Whitley	St. Vincent Williamsport	

The rehabilitation data collection system is in the final stages of testing.

The next trauma/EMS registry training event will be held September 5 at the ISDH, 2 North Meridian Street, Indianapolis, in Rice Auditorium. 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. EDT. The EMS provider training session will start at 1 p.m. EDT. To register for the training event, visit: <https://www.surveymonkey.com/s/GZ875YL>

St. Vincent Indianapolis trauma center partners with Indianapolis Department of Public Safety to address rising heroin use

The Indianapolis Department of Public Safety has seen heroin take over as the number one street drug in Indianapolis, and is working to raise awareness and find solutions. Last week, the department partnered with the St. Vincent Indianapolis Trauma Center to host a well-attended community conversation on heroin use & its impact. The event began with a panel discussion that included public safety director Troy Riggs, law enforcement, St. Vincent medical providers, and a moving personal testimonial on heroin addiction.

The remainder of the meeting was dedicated to allowing community members to talk about the devastating effects that heroin has on not only the user, but also on families, neighborhoods, schools, churches and hospitals. More than 100 community members attended and the story was picked up locally and nationally. The event was an eye-opener, shedding additional light on the magnitude of the issues around heroin use. St. Vincent Trauma Center and the Indianapolis Department of Public Safety are planning to partner again in the near future in a collaborative effort to identify the issues and develop solutions to tackle this devastating problem.

National Inaugural Injury Prevention Coordinators Symposium

The Trauma Prevention Coalition is hosting the first summit for injury prevention coordinators on September 10 from 7 a.m.- 11:15 a.m. at the Philadelphia Marriott Downtown during the 73rd annual meeting of the American Association for the Surgery of Trauma. The symposium will include an update on the Trauma Prevention Coalition, a review of the Prevention chapter in the updated Resources for Optimal Care of the Injured Patient from the American College of Surgeons Committee on Trauma (Orange Book), and an overview of the newly developed Injury Prevention Coordinators Course Curriculum. The symposium will include a panel to discuss issues associated with hospital-based injury prevention and intervention programs and the specific needs of injury prevention coordinators in trauma programs.

Agenda:

- 7:00 a.m. The Trauma Prevention Coalition – Who are we and why are you here?
Speaker – Glen Tinkoff, MD (Chair, Trauma Prevention Coalition & AAST Representative)
- 7:45 a.m. Injury Prevention and “Optimal Resources for the Injured Patient: 2014”
Speaker – Deborah Kuhls, MD (ACS COT TPC Representative)
- 8:30 a.m. Introduction to the Injury Prevention Coordinator Course
Speakers – Britt Christmas, MD (EAST TPC Representative) and Kathi Ayers, RN (STN & ATS TPC Representative)
- 9:15 a.m. Break
- 9:30 a.m. Injury Prevention Coordinator’s Summit
Panel – TPC members (Moderator – Glen Tinkoff, MD)
- 11:15 a.m. Wrap Up - “Next Steps”
Speaker – Glen Tinkoff, MD

To register, visit: www.aast.org (click on annual meeting tab).

If you plan to attend this conference, please send an email to Jessica Skiba, jskiba@isdh.in.gov.

Save The Date– 2014 Prescription Drug Abuse Symposium

Save the date for the 2014 Prescription Drug Abuse Symposium. The Symposium will be held on October 16 and 17, at the Westin Hotel, Indianapolis. The target audience of the conference includes state legislators, law enforcement, physicians, nurses, health officials, pharmacists, mental health providers, education professionals, and representatives from state and local agencies. The first day will include a half-day session followed by a reception featuring special guests. The second day will be a full-day program beginning at 8 a.m. Room blocks will be made available for Symposium attendees. A full agenda will be released shortly.

The symposium will have continuing education credits including:

- CME
- CLE
- CEUs for Mental Health & Addiction Treatment Professionals
- State Board of Pharmacy credits
- LETBs for Law Enforcement



The conference also has four levels of sponsorship opportunities. The conference planning committee anticipates there will be 800 attendees, and all sponsors can enter to win a pair of Colts tickets. If your organization is interested in becoming a sponsor or if you have questions about the symposium, contact Natalie Robinson, Director of education and training at 317-233-6143 or Natalie.robinson@atg.in.gov.

Calendar of Events

The Division of Trauma and Injury Prevention calendar of events can be found here: <http://www.in.gov/isdh/26125.htm>

A calendar of educational events from around the state can be found here: <http://www.in.gov/isdh/25966.htm>

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>.

*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— Database Analyst Epidemiologist
Murray Lawry— EMS Registry Manager*