

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 6, Issue 1

January 2015

## Upcoming Events

### *Indiana State Trauma Care Committee (ISTCC)*

Feb. 20, 10 a.m. (EST)  
Rice Auditorium

### *Indiana Trauma Network (ITN)*

Feb. 20, 12:30 p.m. (EST)  
Rice Auditorium

## In this Issue:

- Indiana EMS for Children ED Survey Results-IN Emergency Department Pediatric Readiness
- Rehabilitation Hospital of Indiana (RHI): Brain Injury Coping Skills Group
- Popular Strollers Recalled Due to Fingertip Amputation Hazard
- Trauma Nursing Core Courses (TNCC)
- Child Safety Seat Inspection Stations
- National Drug Fact Week January 26-February 1
- Winter Months Pose Risks for Carbon Monoxide Poisoning
- Sudden Unexpected Infant Death Investigation (SUIDI) Training
- National Rural EMS Conference: Building Integration & Leadership for the Future
- EMS Reporting to the Indiana Trauma Registry
- Hospitals Reporting to the Indiana Trauma Registry
- Save the Date: "Injury Prevention 101" Conference

## Indiana EMS for Children ED Survey Results

By Gretchen Huffman, RN, EMS-P, MBA, EMSC Program Manager

The Indiana Emergency Medical Services for Children (EMSC) Program, with your help, participated in the National Pediatric Readiness Project Assessment in 2013. It included all Indiana hospitals with a 24/7 emergency department. The Pediatric Readiness Project is part of a national initiative to ensure optimal emergency care for children. Your hospital's designee received your facility's individual confidential readiness score and gap analysis upon completion of the survey. We hope that you have had the opportunity to review this analysis and have found it helpful in your hospital quality improvement processes. We are excited now to share collective data and benchmarks for Indiana, as well as recommendations for opportunities to make impactful changes in our care for children.



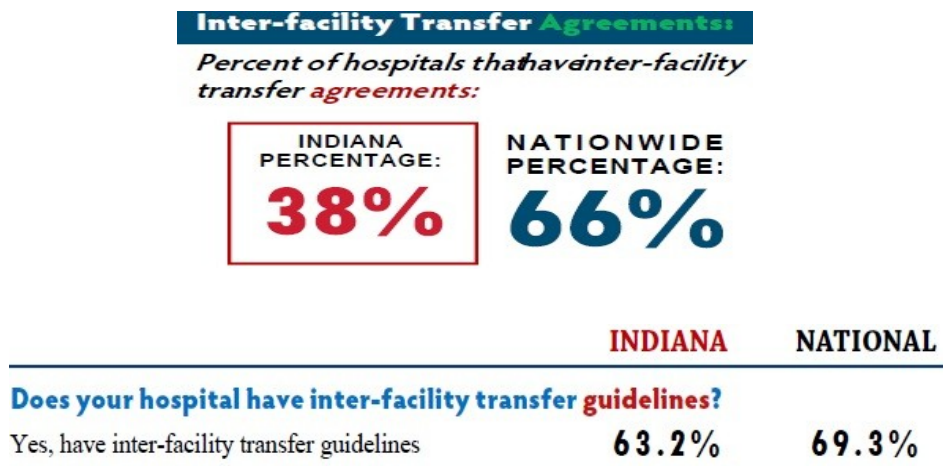
## Indiana EMS for Children ED Survey Results (cont'd)

Pediatric care coordination is key to decreasing child morbidity and mortality. Identifying a person in the department as the pediatric care coordinator can ensure that your emergency department has the appropriate resources for children, is in compliance with policies and procedures, and that the staff is up to date with the latest best practices. Our survey data revealed that 54 percent of Indiana hospitals had an identified nurse coordinator and only 37 percent had a physician coordinator for pediatric care. We strongly recommend every Indiana hospital commit the necessary resources to identify and support specific pediatric care coordination in order to achieve the best health outcomes for its young patients.

Indiana EMSC is committed to providing support and technical consultation to organizations interested in developing a Pediatric Care Coordinator role. We are in the process of developing a quarterly newsletter designed specifically to support the role of pediatric care coordination. Each edition will focus on specific, achievable and impactful areas for improvement. To sign up for this newsletter, please contact Gretchen Huffman, Indiana EMSC Program Manager, at [ghuffman@iupui.edu](mailto:ghuffman@iupui.edu).

In order to assure that critically ill and/or injured children receive optimal care, timely transfer to a specialty care center (such as a burn center or pediatric intensive care unit) is essential. Together, inter-facility transfer agreements and guidelines ensure these transfers are executed appropriately and efficiently in these delicate, time-sensitive situations.

The assessment revealed the following about Indiana emergency departments:



Some providers have the mistaken impression that EMTALA replaces the need for written transfer agreements and guidelines. However, EMTALA does not cover patients once they have been admitted. All emergency departments should have these guidelines and agreements. For more information regarding transfer guidelines and agreements or sample memorandums of understanding please see [http://www.pediatricreadiness.org/PRP\\_Resources/Policies\\_Procedures\\_Protocols.aspx](http://www.pediatricreadiness.org/PRP_Resources/Policies_Procedures_Protocols.aspx) or contact Indiana EMSC.

# Rehabilitation Hospital of Indiana (RHI): Brain Injury Coping Skills Group

*By Samantha Backhaus, PhD, HSPP, Clinical Neuropsychologist and Associate Director of Outpatient Neuropsychological Services, Departments of Rehabilitation Neuropsychology, Rehabilitation Hospital of Indiana*

The Rehabilitation Hospital of Indiana (RHI) in Indianapolis is currently offering a nationally-recognized intervention to individuals with brain injury and their families to help them better adjust and adapt to the myriad of challenges for Traumatic Brain Injury (TBI) presents.

In 2006, our team developed a coping skills program to address TBI's long-term physical, cognitive, and emotional challenges. The program's inspiration was the case of pediatrician Lisa Thompson, MD, who, in 2005, committed suicide five years after a TBI, leaving a grieving extended family. Knowing that awareness of the long-term effects of TBI was lacking in Lisa's case, RHI made it a mission to provide adequate education and support to survivors of brain injury and their families to help them better adjust to the injury.

Donations to the Dr. Lisa Thompson Fund in the RHI Foundation provided financial support for pertinent clinical and research programs.



Brain Injury Coping Skills (BICS) is a 12-16 week, small group intervention (5-7 patients plus their caregivers), that meets once weekly for two hours and systematically addresses a number of topics (see below).

<b>BICS Group Topics</b>	
<ul style="list-style-type: none"><li>• The nature of your injury</li><li>• The effects of TBI</li><li>• Expectations for recovery and factors that can influence recovery</li><li>• Getting back to work and driving</li><li>• Effects of alcohol on the brain after TBI</li><li>• Symptoms and management of depression</li></ul>	<ul style="list-style-type: none"><li>• Managing challenging situations such as fatigue, sleep dysfunction, sexual disturbances, and irritability/anger problems;</li><li>• Stress management strategies like recognizing stressors, altering alarming perceptions and practicing relaxation</li><li>• Learning how to get along better in relationships</li></ul>

Through support from the RHI Foundation/Dr. Lisa Thompson Fund, my colleagues and I designed a multi-centered research study comparing the effects of BICS intervention to standard outpatient rehabilitation (control group). BICS study participants developed significantly better perceived self-efficacy than the control group and maintained these gains for at least three months. This self-efficacy could serve as a protective factor for individuals experiencing daily struggles and setbacks. The control group became significantly worse over time. This suggested that while individuals can often initially make spontaneous gains early in their recovery, if they do not receive the proper treatments, both the person with the injury and family members are likely to develop emotional difficulties as the recovery curve slows down.

A subsequent study funded by the Indiana State Spinal Cord and Traumatic Brain Injury Research Fund replicated the initial findings comparing BICS to participation in a support group which served as the control. Participants in both groups made significant gains in self-efficacy, emotional control and regulation, and everyday problem-solving. However, those who received the BICS intervention were able to maintain their positive perceived self-efficacy over time, while those who did not continued to decline.

The BICS intervention has been taught and presented nationally through the American Congress of Rehabilitation Medicine as well as internationally in Norway and New Zealand. The BICS manual is published and distributed by Lash Publishing. It is RHI's vision to not only develop and study the effects of cutting-edge clinical interventions but also to disseminate these findings.

## Popular Strollers Recalled Due to Fingertip Amputation Hazard

The makers of Graco and Century brand strollers have voluntarily recalled 4.7 million child strollers after receiving reports of at least 10 full or partial fingertip amputations.



According to Graco and the Consumer Product Safety Commission (CPSC), the strollers have a sliding fold-lock hinge on each side that can pinch a child's finger, causing lacerations or amputations. The recall applies to Aspen, Breeze, Capri, Cirrus, Glider, Kite, LiteRider, Sierra, Solara, Sterling and TravelMate model strollers and travel systems that were manufactured from Aug. 1, 2000, to Sept. 25, 2014, and were sold online and at retail stores nationwide. Graco will be providing free repair kits with hinge covers to affected customers beginning in December. (Sources: [CPSC](#), [Graco](#), [CNN](#))

### Repair Kit Includes Hinge Covers



Equipment like strollers, car seats, high chairs and swings are common in homes with small children, but it is important that parents, caregivers and healthcare providers be aware of hazards associated with their misuse. For example, a study released in December 2013 showed that 24 children per day were treated in U.S. emergency departments (EDs) for high chair-related injuries. Ninety-three percent of injuries involved a fall and two-thirds of those could likely have been prevented with the proper use of restraints and safe placement of the chair. A 2010 study in the journal *Pediatrics* estimated that from 2003 to 2007 more than 43,000 children younger than two years old were treated for injuries associated with the improper use of a car seat, most often when it was used to hold a baby in a shopping cart or on a countertop or some other surface. Many of these types of injuries are serious, and even minor issues like lacerations may require painful procedures.

(Sources: [Nationwide Children's Hospital](#), [Pediatrics](#), [Mayo](#), [Healthy Children](#), [CPSC](#)).

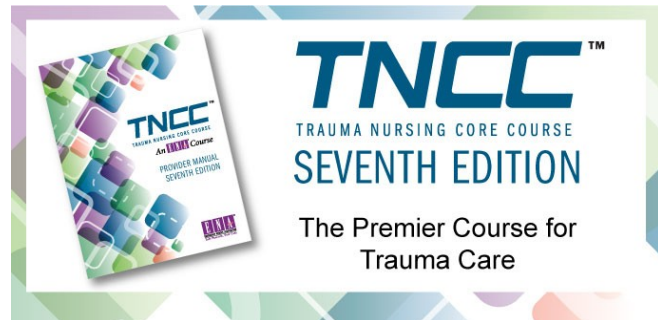
## Trauma Nursing Core Course (TNCC)

TNCC empowers nurses with the knowledge, critical thinking skills, and hand-on training to provide expert care for trauma patients.

- Rapid identification of life-threatening injuries
- Comprehensive patient assessment
- Enhanced intervention for better patient outcomes

This course was developed to help establish a standardized body of trauma nursing knowledge and to improve the care of all trauma patients. It combines interactive learning with scenario-based assessments to give nurses a comprehensive learning experience. This course includes:

- A systematic approach of initial assessment
- Hands-on training using both an individual and team Approach
- Two day intensive course with expert instructors
- 24 chapter comprehensive manual
- Five online modules with live links to additional information
- Evaluation, verification, and contact hours



For scheduled TNCC courses in January and February click the link: <https://nf.ena.org/eweb/DynamicPage.aspx?webcode=ENACRSLISTHTML&xtncd=IN&t5rx=T>

## Child Safety Seat Inspection Stations

According to Safe Kids Worldwide, 73 percent of car seats are not used or installed correctly. Improper use of a child safety seat can result in injuries or death.

The Automotive Safety Program, Indiana University School of Medicine, with funding from the Indiana Criminal Justice Institute, has established a network of Child Safety Seat Inspection Stations where parents and caregivers can make an appointment to have their child safety seat inspected by a certified child passenger safety technician. The certified child passenger safety technician will evaluate the child's current restraint for recalls, proper fit and proper installation. The parent or caregiver is instructed on how to properly use and install the child restraint.

This is a free service and we encourage all parents and caregivers to schedule an appointment to visit one of approximately 109 Child Safety Seat Inspection Stations located across Indiana.

A complete listing of child safety seat inspection stations can be viewed at <http://www.preventinjury.org/Child-Passenger-Safety/Child-Safety-Seat-Inspection-Stations>. Please refer parents or caregivers to the inspection station nearest to them or direct them to the Automotive Safety Program at 1.800.KID.N.CAR.



Indiana University School of Medicine

## National Drug Facts Week: January 26-February 1

National Drug Facts Week is an observance sponsored by the National Institute on Drug Abuse (NIDA) and is aimed at shattering myths about drugs and drug abuse for teens. Teens receive incorrect and conflicting messages from the Internet, TV, music, movies and friends about drug abuse and addiction. Experts and teens come together in community and school events to talk about how drugs affect the brain, body, and behavior. About 15 percent of 12th graders have reported abusing prescription drugs in the past year and 22.7% have reported using marijuana in the past month. Many teens are not aware of the risks these drugs pose on their health, so this event better prepares them to make good decisions for themselves.

Additionally, NIDA scientists will host a chat day on January 30, 2015 to provide thousands of teens the answers to their questions about drugs and drug abuse, drug effects, how to help family or friends who are abusing drugs, and what causes drug addiction. For more information on the Drug Facts Chat Day, visit: <http://teens.drugabuse.gov/national-drug-facts-week/chat-with-scientists>



## Winter Months Pose Risk For Carbon Monoxide Poisoning

Carbon monoxide (CO), a colorless and odorless gas, can lead to injury or death. CO comes from many sources, including cars, malfunctioning fuel burning appliances, and engine-powered equipment. CO poisonings are most common during the winter months because of heating equipment that is not installed or working properly. CO poisoning symptoms include dizziness, headache, or flu-like symptoms. It is possible to lose consciousness suddenly when exposed to extremely high CO levels. November through February represent the leading months for CO poisonings in the U.S., according to the U.S. Consumer Product Safety Commission.

The American Housing Survey reports that only two out of five households report having a working carbon monoxide alarm. You can take steps to protect your home this winter by installing working CO alarms in your home, specifically outside sleeping areas and on every level of the home. CO alarms should be tested monthly. If the gas is detected, immediately move to a fresh air location outside of the home, call the fire department, and stay outside until help arrives.

For more information about staying safe with carbon monoxide alarms, visit: <http://www.nfpa.org/carbonmonoxidekit>

## Sudden Unexpected Infant Death Investigation (SUIDI) Training

Approximately 4,000 infants die suddenly and unexpectedly each year in the U.S. This training honors their brief yet significant lives...

### Sudden Unexpected Infant Death Investigation (SUIDI) Training

Target audience: Law enforcement, first responders, child services, death scene investigators, medical examiners, coroners and forensic pathologists.

Purpose: Teaches death scene investigators how to:

- Conduct a comprehensive infant death scene investigation
- Conduct witness interviews and doll reenactment
- Develop a narrative report for the forensic pathologist
- Complete the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) during and after the scene investigation

Date, Time and Location: TBD

For more information, please contact Gretchen Martin, Child Fatality Review Program Coordinator at [gmartin1@isdh.in.gov](mailto:gmartin1@isdh.in.gov)



## National Rural EMS Conference



Topics include:

- Rural and Frontier EMS Agenda for the Future
  - Important Role of EMS with CAH
    - Community Paramedicine
  - Ambulance Service Sustainability
    - Legislative Update and more

## EMS Services Reporting to the Indiana Trauma Registry—update

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

A&A Township VFD	Decatur Township FD
Aboite Township VFD	DeKalb EMS
Adams County EMS	Delaware County/Muncie EMS
Adams Markleville Fire Protection Territory	Dublin VFD Inc.
Advance Vol Fire Department	Eli Lilly & Company
Air Methods Corporation / UCAN	Fayette County EMS
Air Methods—Kentucky	Fire Dept. of Liberty Twp
Albany EMS	Fishers Fire Department
Alcoa EMS Warrick	Fountain County Ambulance Service
Alexandria FD	Fulton County EMS
American Medical Response (AMR)	Gas City Rescue Squad– Grant County
Argos Community Ambulance Services	Gaston VFD
Bargersville Community Fire Department	Gibson County EMS
Batesville Volunteer Fire & Rescue Department	Goshen FD
Beech Grove FD	Grace on Wings
Boone County EMS	Grant County EMS
Bright Volunteer Fire Department	Greene County Ambulance Service
Brownsburg Fire Territory	Greenfield FD
Burns Harbor FD	Harrison County Hospital EMS
Care Ambulance Service (Indianapolis)	Hoagland EMS & VFD
Carlisle Lions Community Ambulance Service	Hobart FD
Carmel Fire Department	Honey Creek FD
City of Gary FD	Huntertown VFD
City of Lawrence FD	Indianapolis EMS
City of Nappanee EMS	IU Collegiate EMS
City of Rushville FD	IU Health—Bedford Hospital EMTs
Clay Township Fire Territory	IU Health—Bloomington EMTs
Cleveland Township Fire Department	IU Health—Lifeline
Clinton County EMS (Frankfort)	IU Health—Paoli Hospital EMTs
Columbus Regional Hospital Ambulance Service	Jay County EMS
Crawford County Ambulance Service	Jefferson Center FD/Whitley County
Crown Point Fire Rescue Department	Jefferson Township Ambulance Service
Culberson Ambulance Service	Keener Township EMS
Danville Fire Dept/Center Twp Trustee	King's Daughters' Health EMS
Decatur County EMS	Knox County EMS



## EMS Services Reporting to the Indiana Trauma Registry (cont'd)

Lake Hills VFD	Ripley County EMS
Lake of the Four Seasons	Rush Memorial Hospital EMS
Lake Station Ambulance	Salem Township EMS
Lakeshore EMS	Scott County EMS
LaPorte County EMS	Scott Township VFD
Lutheran Hospital EMS	Seals Ambulance Service
Madison Township FD	Sheridan FD
Marion General Hospital EMS	South Bend FD
Memorial Hospital Ambulance	Southwest Fire District
Memorial MedFlight	Southwest Medical Services
Middlebury Township Fire Department	Southern Ripley County Emergency Life Squad
Midwest Ambulance Service	Spencer County Emergency Ambulance Services
Milan Rescue 30	Spirit Medical Transport
Mittal Steel Indiana Harbor	St. Joseph Township FD
Monroeville EMS, Inc.	St. Mary's LifeFlight
Monticello FD	St. Mary's Warrick EMS
Monticello FD	Steuben County EMS
Moral Township VFD	Sugar Creek Township FD
Morgan County Emergency Management	Sullivan County Ambulance Service
Multi-Township EMS	Sullivan FD
New Carlisle Area Ambulance Service	Sunman Area Life Squad
New Castle/Henry Co EMS	Superior Air-Ground Ambulance Service
Newton County EMS	Switzerland County EMS, Inc.
New Washington VFD	Terre Haute FD
Noblesville FD	The Methodist Hospitals
North East Allen Co. Fire & EMS	Three Rivers Ambulance Authority
North Webster/Tippecanoe Township EMS	Thunderbird Fire Protection Territory
Northwest Ambulance Service	Tippecanoe Emergency Ambulance Service
Osolo Emergency Medical	Town of Plainfield/Plainfield Fire Territory
Parkview Huntington Hospital EMS	Town of Schererville
Parkview LaGrange Hospital EMS	Town of St. John FD
Parkview Noble Hospital EMS	Trans-Care
Parkview Regional Medical Center EMS	Tri-Creek Ambulance Service
Penn Township Fire Department	Turkey Creek Fire Territory
Perry County Memorial Hospital EMS	Wabash FD
Phi Air Medical StatFlight	Warren County EMS
Pike County EMS	Washington Township/Avon FD
Porter Memorial Hospital EMS	Wayne Township Fire Department
Posey County EMS	Wells County EMS
Prairieton Volunteer Firemans Association, Inc.	Westfield Fire Department
Priority One EMS	Whiting FD
Prompt Ambulance Central	Whitley County EMS
Putnam County Operation Life	Wolcott Ambulance Service
Randolph County EMS	Woodburn Fire Department
Richmond FD	Zionsville Fire Department

## Hospitals Reporting to the Indiana Trauma Registry—update

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

Cameron Memorial	IU Health-Bloomington	Parkview Whitley	St. Vincent Williamsport
Clark Memorial	IU Health—Goshen	Perry County Memorial	Sullivan County Community
Columbus Regional	IU Health—LaPorte	Portage Hospital	Terre Haute Regional
Community Anderson	IU Health—Methodist	Porter—Valparaiso	Union (Clinton)
Community Bremen	IU Health—Morgan	Pulaski Memorial	Union (Terre Haute)
Community East	IU Health—North	Putnam County	Witham
Community Howard	IU Health—Paoli	Reid Hospital	Witham at Anson
Community North	IU Health—Riley	Rush Memorial	Woodlawn Hospital
Community South	IU Health—Tipton	Schneck Medical Center	
Daviess Community	IU Health—White Memorial	Scott County Memorial	
Deaconess Gateway	Jasper County	St. Anthony—Crown Point	
Deaconess Hospital	Jay County	St. Anthony—Michigan City	
Dearborn County	Johnson Memorial	St. Catherine (Charlestown)	
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 (Logansport)	St. Margaret—Dyer	
Greene County	Memorial South Bend	St. Margaret—Hammond	
Hancock Regional	Methodist—Northlake	St. Mary's of Evansville	
Harrison County Hospital	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	

**\*\*NEW\*\*** These rehabilitation hospitals have submitted data to the Indiana Trauma Registry for 2014:

Community Health Network	Community Howard	Rehabilitation Hospital of Fort Wayne	Rehabilitation Hospital of Indianapolis
--------------------------	------------------	---------------------------------------	---

## Save the Date: Injury Prevention 101 Conference

The ISDH Division of Trauma and Injury Prevention and the Injury Prevention Advisory Council will host a conference, Injury Prevention 101, on March 13, 2015 at the Indiana Government Center. The tentative agenda includes six sessions and a panel discussion. Some session topics include the American College of Surgeons “Orange book” injury prevention requirements, how to find evidence-based injury programs, and how to use data to inform programs. The conference is intended for a broad audience including representatives from hospitals that are or want to become “in the process” trauma centers, local child fatality review teams, injury prevention coordinators and others with an interest in injury prevention programming.



More information about the event and a registration site will be made available soon.

## Social Media: #SafetyIN

The Division of Trauma and Injury Prevention is now utilizing social media. Find safety tips and other information on the Indiana State Department of Health’s Facebook Page and Twitter (@StateHealthIN). The Division is using the hashtag #SafetyIN for all Facebook and Twitter posts.



## 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>

## \*New\* 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>.

*Jerome Adams, M.D., MPH—  
State Health Commissioner  
Art Logsdon—Assistant Commissioner, Health  
and Human Services*

*Katie Hokanson—Director  
Jessica Skiba—Injury Prevention Epidemiologist  
Camry Hess—Database Analyst Epidemiologist  
Murray Lawry— EMS Registry Manager  
Ramzi Nimry — Trauma System Performance  
Improvement Manager*

[indianatrauma@isdh.IN.gov](mailto:indianatrauma@isdh.IN.gov)

[Indianatrauma.org](http://Indianatrauma.org)