

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 6 Issue 2

February 2015

Upcoming Events

- **EMS Commission**, Feb. 13, 10 a.m. (EST) Fishers Town Hall
- **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:

- 2015 Injury Prevention 101 Conference, March 13, 2015
- Rehabilitation Hospital of Indiana- How Are We Doing? Outcome Measurement in Rehabilitation
- Nominate an EMS for Children's Hero
- New CDC State-Specific Fact Sheets on Drunk Driving and Restraint Use
- 2nd Annual St. Vincent: Advances in Trauma Care Conference, March 24, 2015

Social Media: #SafetyIN



Team didn't make it to the playoffs? That's okay, there's always next year. Make sure you live long enough to see it – always #drivesober or find a sober #designateddriver. #BuzzedDriving IS #DrunkDriving. #SafetyIN

An average of 1 alcohol-impaired-driving fatality occurred every 51 minutes in 2012. Don't become a Super Bowl stat. #buzzedDriving IS

- VetoViolence “Ask the Expert” Facebook Forum on Teen Dating Violence Prevention



2015 Injury Prevention 101 Conference

This Conference will focus on how to develop an injury prevention program, covering topics such as how to find and fund evidence-based programs and how to use data to form, inform and evaluate your program. The Conference will feature state and regional experts in injury prevention.

Event Details:

Friday, March 13th, 2015

Registration begins at 7:30 a.m.

Event is from 8:00 a.m. to 4:30 p.m. EST

Indiana Government Center South

Conference Room 22

402 W. Washington Street

Indianapolis, IN 46202

Registration is open now!! Visit: <https://www.eventbrite.com/e/injury-prevention-conference-tickets-14963874351> (agenda below)

For more information, please contact:

Jessica Skiba

Injury Prevention Epidemiologist

Indiana State Department of Health

#DrunkDriving #SafetyIN

#SafetyIN Tip: Provide constant adult supervision of young children or anyone who may experience difficulty removing themselves from the bath or hot water on their own. Gather all necessary supplies before placing a child in the tub, and keep them within easy reach. If you must leave the bathroom for any reason, take your child(ren) with you.

EMS Providers and Hospitals who have submitted data since 2014 (under the Trauma Registry Rule-update): <http://www.in.gov/isdh/25942.htm>

Trauma Times Newsletter Survey:

<https://www.surveymonkey.com/s/36RH393>

We want to hear from you! Please fill out our survey in order to help us continue to provide the best product and content to you the reader.

jskiba@isdh.in.gov

317-233-7716

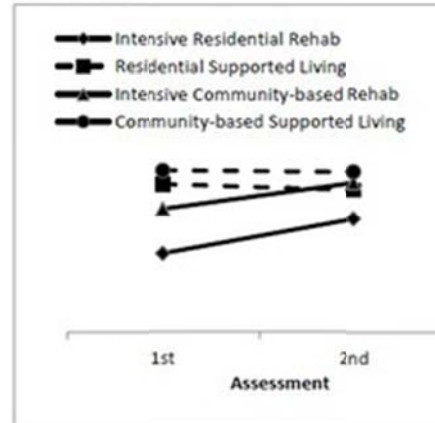
Time	Description	Speakers
7:30– 8:00 a.m.	Registration & Networking Breakfast	
8:00 – 8:30 a.m.	Welcome & Opening Remarks	
8:30– 9:15 a.m.	<i>Session 1</i> - ACS IP program requirements	Dannielle Gilyan RN, MSN, CEN
9:15– 10:15 a.m.	<i>Session 2</i> - What are and where to find evidence-based programs	Jill Castor, BSN, RN, SANE-A Jessica Skiba, MPH
10:15– 10:30 a.m.	Break & Networking	
10:30 – 11:30 a.m.	<i>Session 3</i> - Using data to form and inform your IP program	Jodi Hackworth, MPH, CSTR, CAISS Amanda Rardon, RN, BS Charlene Cheng, M.S.
11:30 a.m. – 12:00 p.m.	Panel Discussion- Data Use and Open Q & A	Jodi Hackworth, MPH, CSTR, CAISS Amanda Rardon, RN, BS Charlene Cheng, M.S.
12:00 – 1:00 p.m.	Lunch & Networking	
1:00– 1:45 p.m.	<i>Session 4</i> - Literature Evaluations & evaluation of evidence-based programs	Dawn Daniels, PhD, RN, PHCNS-BC Mary Raley, BSN, RN, TNSCC, CEN
1:45– 2:30 p.m.	<i>Session 5</i> -How to fund IP program	Jennifer Homan, RN Tom Price
2:30– 2:45 p.m.	Break & Networking	
2:45– 3:45 p.m.	<i>Session 6</i> - Community buy-in strategies	Lesley Lopoosa BSN, RN, SANE Cara Wickens
3:45 – 4:00 p.m.	Break & Networking	
4:00 – 4:30 p.m.	Q & A session; Closing Remarks	



How Are We Doing? Outcome Measurement in Rehabilitation

Written by James F. Malec, PhD, HSPP, ABPP-Cn, Rp, Professor and Research Director, Physical Medicine and Rehabilitation, Indiana University School of Medicine and Rehabilitation Hospital of Indiana

The best golfers don't keep track of just their score. They monitor how often they hit the fairway on tee shots, hit the green in the prescribed number of strokes and count the number of putts for each hole. Keeping careful track of the elements of one's game helps improve it. The same is true in every human industry, including rehabilitation.



Tools for monitoring progress in inpatient rehabilitation were available over 30 years ago and their use is well-established. Some 25 years ago, as outpatient brain injury rehabilitation procedures were just developing, I saw the need for a tool to plan and monitor the effectiveness of these new procedures. With the esteemed clinical neuropsychologist, Dr. Muriel Lezak, I began the development of the Mayo-Portland Adaptability Inventory (MPAI). At the time, I was organizing the brain injury outpatient program at Mayo Clinic and Dr. Lezak was at the University of Oregon Medical School in Portland.

The MPAI-4 was refined through four revisions. The current version is generally recognized as the national standard for evaluating outpatient, residential and community-based brain injury rehabilitation programs. The MPAI-4 is also useful in planning rehabilitation by allowing providers to:

- a) Hone in on areas in which patients are experiencing difficulty
- b) Set and prioritize goals
- c) Select appropriate rehabilitation methods

The goal of monitoring outcomes is to improve rehabilitation services. With support from a National Institutes of Health (NIH) grant, I worked with a software development group in Philadelphia (Inventive Software Solutions) and colleagues at the Oregon Research Institute to develop a national database for the MPAI-4 called the OutcomeInfo system. This database allows providers to securely enter patient MPAI-4, demographic and injury-related data to compare their outcomes with those of

patients served by all providers using similar methods. This benchmarking helps providers answer the question “how are we doing?” not only compared to their own past successes but to the industry as a whole.

I recently received another NIH grant to examine database information in order to assess the effectiveness of various types of brain injury rehabilitation programs and determine which patients benefitted most from which types of programs.

The development of the MPAI-4 was greatly enhanced by modern measurement theory. “Modern measurement theory” refers to a suite of statistical procedures based on item-response theory that use math to generate very precise measurement of patient abilities and activities, like social skill, that cannot be measured directly but can be inferred through observation. With the precision offered by modern measurement theory, scales like the MPAI-4 provide very reliable measures of progress and outcome in rehabilitation with a relatively small number of items.

The MPAI-4 is used by most major rehabilitation providers in the U.S., such as, Neurorestorative and Rehab Without Walls, and by the Rehabilitation Hospital of Indiana. It has been translated into a number of languages and is in use in Europe, Australia, India, and the Middle East. By providing a very reliable tool for answering the question “how are we doing?”, the MPAI-4 supports a process of continuous quality improvement to make our rehabilitation procedures increasingly effective in helping the patients that we serve achieve their goals.

Nominate an EMS for Children's Hero

DO YOU KNOW SOMEONE THAT
GOES AND BEYOND FOR CHILDREN
OR HAS DONE SOMETHING
EXTRAORDINARY FOR A CHILD?

NOMINATE AN EMS for Children's HERO

Email elweinst@iu.edu with your nomination.



New CDC State-Specific Fact Sheets on Drunk Driving and Restraint Use

The CDC just released state specific data and strategies on drunk driving, restraint use, and state data and information to assist in implementing strategies to save lives. The fact sheets have been developed as a useful tool to highlight current data and strategies proven effective for reducing or preventing drunk driving and increasing the use of seat belts, car seats, and booster seats. In Indiana from 2003-2012, there were 6,292 motor vehicle occupant deaths. Of these deaths, 2,210 people were killed in crashes involving a drunk driver, which follows the national estimate that about one in three traffic deaths involve a drunk driver. In terms of safe driving habits, 94% of drivers and front seat passengers reported wearing seat belts, which is higher than the national average of 86%. To view the state specific fact sheets and other information on motor vehicle safety, visit:

<http://www.in.gov/isdh/25393.htm>



2nd Annual St. Vincent: Advances in Trauma Care Conference



St. Vincent Trauma Center invites you to attend an exceptional day of trauma education FREE to pre-hospital and all other healthcare providers. **St. Vincent: Advances in Trauma Care Conference** will take place in **Greencastle, Indiana on Tuesday, March 24, 2015.**

Trauma experts in the field of surgical, emergency, and pre-hospital care will present innovative trauma topics and a dynamic physician discussion panel.

We are extremely honored to announce key note speaker Dr. Tania Glenn. Dr. Glenn responded to the terrorists' attack at Ground Zero in New York City in 2001, as a licensed first responder and to

attack at Ground Zero in New York City in 2001, as a licensed first responder and to

New Orleans after Hurricane Katrina in 2005. Dr. Glenn specializes in the identification and treatment of severe stress and trauma. She is passionate about her work and dedicates her practice to helping those who serve and protect.

Register for program at <https://www.eventbrite.com/e/2nd-annual-stvincent-advances-in-trauma-care-conference-tickets-15375329023>.

A conference t-shirt, continental breakfast and catered lunch will be provided with raffle items to include a Gas Card, Amazon Fire HDX, and Beats Headphones.

Continuing education credits available.

For more information please contact Judi Holsinger at jholsing@stvincent.org



VetoViolence "Ask the Expert" Facebook Forum on Teen Dating Violence Prevention

Join Facebook Forum on Teen Dating Violence Prevention

When: February 9 – 13, 2015

Where: [CDC's VetoViolence Facebook Page](#)

You're invited to join this week's "Ask the Expert" Facebook Forum on Teen Dating Violence Prevention with CDC and Futures Without Violence.

Ask questions, share ideas, and discuss solutions on [CDC's VetoViolence Facebook page](#) and get feedback from experts.

If you have questions about risks, prevention



strategies, and related issues, CDC and Futures Without Violence have answers. Participate by posting questions, comments, and resources.

Jerome Adams, M.D., M.P.H. — 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

Indianatrauma.org