

TRAUMA TIMES

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Indiana State Department of Health

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In This Issue:

- DOSE training at Labor of Love Summit October 17
- Indiana receives funding for prescription drug overdose epidemic
- Indiana releases updated fact sheets on injury topics
- Indiana state trauma care committee meeting recap
- 3rd annual EMS medical director conference is a success
- Indiana takes a stand against older adult falls
- State department of health supports national child passenger safety week
- Staff updates

Upcoming Events

9/22-29 Fall Prevention Awareness Week

10/16-22 Teen Driver Safety Week

10/21 Indiana Trauma Care Committee meeting

10/21 Indiana Trauma Network meeting

10/27 District 10 Trauma Regional Advisory Council

Labor of Love Summit to hold DOSE train-the-trainer session at J.W. Marriott

The Indiana State Department of Health will offer a special session focused on unsafe sleep during the Labor of Love Summit on October 17. Accidental suffocation/strangulation in bed is a leading cause of death for Indiana's infants. Direct On-Scene Education (DOSE) is a program created for first responders to help reduce those numbers.



DOSE is a program specifically aimed at eliminating sleep-related infant death by using first responders to identify and remove hazards while educating caregivers on site during emergency and non-emergency runs. The DOSE training session will be a train-the-trainer education.

First responders play a key role in educating caregivers about unsafe sleep environments. "We have access to homes that no one else has," said Capt. James Carroll, the co-founder of DOSE. "When people call 911, they are asking for our help. We have an opportunity to look for safe sleep risks and save lives."

The DOSE train-the-trainer session is not a typical Sudden Unexpected Infant Death (SUID) training course. It takes what first responders already know about SUIDs and shows them how to engage the community and educate caregivers. Since the start of DOSE, the county that Captain Carroll serves has seen the number of infant deaths go from the highest to the lowest in the state of Florida.

To register, visit <http://infantmortalitysummit-indiana.org> Space is limited, and the cost is \$25. For questions, please email Kelly Cunningham at kcunningham@isdh.in.gov.

ISDH awarded additional funds to help reduce prescription drug overdoses

The abuse, misuse and addiction to opioid pain relievers such as heroin, morphine and other prescription drugs is a serious global problem that affects the health, social and economic welfare of all societies. More people died from drug overdoses in 2014 than in any year on record. More than 60 percent of drug overdoses involve some form of opiate. Since 1999, the number of overdose deaths involving opioids (including prescription opioid pain relievers and heroin) has nearly quadrupled. An average of 78 Americans die every day from an opioid overdose. We now know that overdoses from prescription opioid pain relievers are a driving factor in the 15-year increase in opioid overdose deaths. Since 1999, the amount of prescription opioids sold in the U.S. has nearly quadrupled, yet there has not been an overall change in the amount of pain reported by Americans.

In March 2016, the ISDH was awarded funds from the Centers for Disease Control and Prevention for the Prescription Drug Overdose: Prevention for States program. The purpose of *Prevention for States* is to provide state health departments with resources and support needed to advance interventions for preventing prescription drug overdoses. Indiana joins 29 states receiving funding for the program through August 2019.

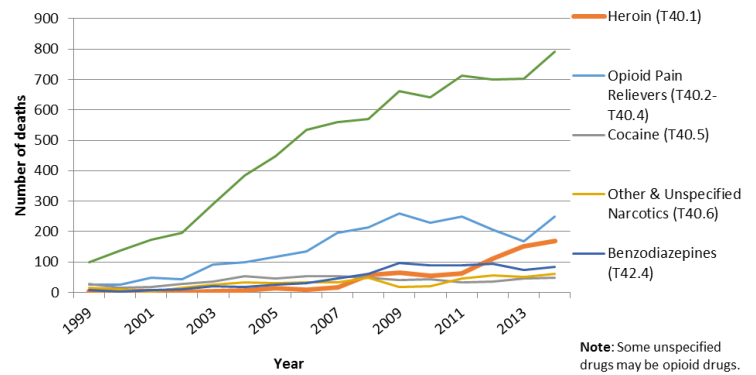


Figure 1: Number of drug overdose deaths involving opioid pain relievers and other drugs, Indiana residents, 1999-2014

Additionally, in September 2016, the ISDH received a supplement to the *Prevention for States* program to expand ongoing overdose prevention outreach activities.

The overarching goal of *Prevention for States* is to decrease rates of emergency department (ED) visits and hospital admissions due to opioid overdose; decrease prescription drug misuse, abuse, overuse and fatality; increase functional improvement in chronic pain patients; and improve health outcomes in the state's high-burden "hot spot" communities.

The *Prevention for States* program includes two required strategies. The first is enhancing and maximizing the state prescription drug monitoring program (PDMP); in Indiana, our PDMP is the INSPECT. The activities of this strategy include changes and upgrades to INSPECT, including universal registration and use, easier use and access, timely data uploads and expand and improve proactive PDMP reporting to identify and address inappropriate prescribing patterns.

The second required strategy is to implement community interventions aimed at preventing prescription drug overdose and abuse. The ISDH will be providing technical assistance to 18 high-burden communities and counties by working to improve opioid prescribing interventions and the promotion of prescription guidelines and provide education and training in naloxone use for first responders and lay providers.

The ISDH will use this funding to expand the Indiana Violent Death Reporting System. Data from death certificates, coroner reports and law enforcement records will be collected to better understand the circumstances regarding overdose deaths in the state beginning in 2016. If you are interested in learning more about prescription drug overdoses or the *Prevention for States* grant, please visit our website at <http://www.in.gov/isdh/26689.htm> or contact the Prescription Drug Overdose Community Outreach Coordinator at (317) 691-3712) or by email at bbarnard@isdh.in.gov.

Indiana Releases Special Emphasis Reports

The Division of Trauma and Injury Prevention would like to announce that the 2016 Special Emphasis reports have been released. These documents focus on Indiana-specific data. The current fact sheets include Drug Overdose Deaths, Injury and Violence, Older Adult Falls, Traumatic Brain Injury and Child Injury. For more information or to view these documents, please visit the Trauma and Injury Prevention website at <http://www.in.gov/isdh/25396.htm>.

Table 1. Drug overdose deaths: Demographic characteristics and intent, Indiana residents, 2014

		Number	Percent	Rate per 100,000 persons
Gender	Female	469	40.7	14.3
	Male	683	59.3	21.5
Age (in years)*	15-24	101	8.8	10.7
	25-34	265	23.0	31.3
	35-44	258	22.4	31.3
	45-54	312	27.1	35.0
	55 and older	214	18.6	12.0
Intent	Unintentional	920	79.9	14.4
	Suicide	112	9.7	1.6
	Undetermined	120	10.4	1.9

*0-14 age group not included due to small numbers.

Table from Indiana Special Emphasis Report: Drug Overdose Deaths 1999-2014 Fact Sheet

2016 Emergency Medical Directors' Conference Recap

For the third year in a row, the EMS Medical Directors' Conference was hosted at the Sheraton Indiana Hotel at Keystone Crossing. This event brought together more than 120 EMS medical directors, paramedics/EMTs and program managers. Each year brings new objectives to the conference, and this year was no different. Participants were able to discuss and understand the most up-to-date standards of care for emergency medicine and develop strategies for practicing emergency medicine using those standards of care, as well as discuss results of most recent outcome-based research in pre-hospital emergency care.



Art Logsdon, ISDH assistant commissioner, introduces the Stop the Bleeding panel with Drs. Tim Pohlman, Matt Sutter, Jan Kornilow and Donald Reed.

The event included panels and presentation topics on EMS, civilian and EMS responses to active-shooter events, emergency medicine resident case reports, pediatric resuscitation, ultrasounds, board certifications and burns. A special thanks to our Gold Level Supporter Community Health Network, as well as our conference supporters, including the Indiana Department of Homeland Security, Indiana University Health Methodist Hospital, Indiana University Health LifeLine and Eskenazi Health. The planning board will start planning for the 2017 conference in the next month.

Indiana State Trauma Care Committee Focuses on Data

The Indiana State Trauma Care Committee (ISTCC) met on August 19 to continue discussion on developing the state trauma system. The designation subcommittee reviewed three one-year reviews, including Franciscan St. Elizabeth East, Community Hospital of Anderson and Good Samaritan Hospital and Memorial Hospital and Health Care Center's Level III application this quarter, with the recommendation to approve all. This recommendation was approved by the ISTCC, which means these hospitals will continue to serve as trauma centers in their communities.

Katie Hokanson and Camry Hess from the Indiana State Department of Health (ISDH) presented on data requests by regions and how they would like to utilize that information. ISDH will be very cautious in releasing trauma registry data, since it would be considered a form of medical records. Some committee members expressed concern about releasing certain data, as this might cause names of hospitals and/or EMS providers to surface. Hilari Sautbine from ISDH's legal department addressed the concerns of the committee. There will be further discussions in the near future regarding this topic.

Five districts embarking on regional development provided updates to the committee. District 1 is updating its district disaster plan for mass disasters, reviewing regional protocols for EMS and planning the first regional symposium. District 5 had its first meeting on August 17. Key stakeholders were identified, and discussion focused on what data and metrics to use for patients injured in their specific district. District 6 is planning to attend a hospital collaborative group focused on emergency preparedness with hope of partnering with this group. District 7 had a conference call with District 10 for guidance and will start to meet with stakeholders to develop its council. District 10 held a quarterly meeting where the group noticed an increase in penetrating trauma in the region. Districts will continue to present at committee meetings as the statewide trauma system continues to develop.

IN TQIP Subcommittee Update

Indiana is looking to make its own headway with its Trauma Quality Improvement Program (TQIP), which is in the early stages of development. The first meeting was held on August 12 to discuss identifying stakeholders, data sources, how to engage new partners and identifying the overarching goals of the project. The next step for the group is to develop a proposal for the program.

Trauma and Injury Prevention staff updates:

- * The 8th Annual ImageTrend Connect Conference was held July 20-22 in Saint Paul, MN. The conference, held every year since 2008, connects states, EMS/Fire providers and alike with ImageTrend, through workshops and breakout sessions. This year, Ramzi Nimry, trauma system performance improvement manager (pictured right) presented on ImageTrend and Hospital Engagement. His presentation provided an overview of Indiana's trauma system journey, discussed how ImageTrend had played a role as the state's registry, how the state had increased hospital participation from 24 back in 2012 to now more than 95 consistently on a quarterly basis and the challenges and successes in engaging hospitals.



Indiana Taking a Stand to Prevent Older Adults from Falling

Falls can be a very dangerous, especially for older adults. And to help prevent that, Indiana is joining forces with the National Council on Aging (NCOA) and the Falls Free® Coalition to celebrate Falls Prevention Awareness Day on Thursday, September 22, a date that coincides with the first day of Fall.

According to **the Centers for Disease Control and Prevention (CDC)**, falls are the leading cause of both fatal and nonfatal injury for people 65 years of age and older, but they are not an inevitable part of aging. Falls can cause broken bones, including wrist, arm, ankle and hip fractures, and severe head injuries. In 2014, older adults in Indiana had 42,600 fall-related emergency department visits and hospitalizations, resulting in 333 deaths. This year's Fall Prevention Awareness Day theme, "Ready, Steady, Balance: Prevent Falls in 2016," seeks to raise awareness about how to prevent fall-related injury among older adults.

"Bones can get more fragile as we age, so it's important to look out for tripping hazards, such as stairs and rugs," said State Health Commissioner Jerome Adams, M.D., M.P.H. "By keeping areas clear of hazards and ensuring that handrails are properly installed where they're needed, we can help prevent potentially serious falls and keep our seniors safe."

Ways to prevent falls include:

- **See your eye doctor once every year.** Age-related eye diseases, such as cataracts, macular degeneration and diabetic retinopathy, can increase the risk of falling. Early detection is critical to minimizing the effects of these conditions.
- **Review your medications.** Talk to your doctor or pharmacist about the medicines you are taking and whether they may cause drowsiness or dizziness.
- **Remove environmental hazards.** Search your home for anything that could cause falls, including poor lighting, loose rugs, slippery floors and unsteady furniture. Remove or modify these hazards.
- **Think, plan and slow down.** Many falls are caused by hurrying. Slow down and think through the task you are performing.
- **Increase your physical activity.** Exercises like walking or swimming at least 15 minutes a day can help build muscle strength and improve balance, which can prevent falls.

The CDC notes that each year, 2.5 million older people are treated in emergency departments for fall injuries. Additionally, 250,000 older people are hospitalized for hip fractures from falls.

Safety first for toddlers during national Child Passenger Safety Week

Children ride in cars every day, and many may be at risk because their car seats have been installed incorrectly or are the wrong type for their age and size.

New figures from the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA) indicate that 59 percent of car seats are misused. With these statistics in mind, the Indiana State Department of Health is participating in NHTSA's Child Passenger Safety Week, from September 18-24. This campaign is dedicated to helping parents and caregivers ensure their children ride as safely as possible, every trip, every time.

Buckle children in age- and size-appropriate car seats, booster seats and seat belts. The safest place for all children under the age of 13 is in the backseat of a vehicle. Often parents move their child from the backseat to the front before the child is ready. These moves increase the risk of injury and death. Parents also prematurely move their children from a booster seat to a seat belt. According to the NHTSA, 24 percent of children ages 4 to 7 who should be riding in booster seats were moved to seat belts too early.



According to NHTSA in 2014, 252 children under the age of 5 were saved because they were riding in the correct car seats. Car seats matter, and having the right car seat installed and used correctly is important. Also understand how each car seat or booster works and be sure to always check to ensure that your child is safely secured.

NHTSA recommends having children in rear-facing car seats up until the maximum height or weight allowed by the particular seat the child is using. Once a child outgrows the rear-facing seat, the child is ready to travel in a forward-facing car seat with harness and tether. When a child outgrows the forward-facing car seats with a harness, he or she is then ready to be placed in a booster seat. A child is ready to be in a seat belt only when that child can sit upright for the entire trip with their back against the seat and their feet on the floor. The seat belt must fit across the upper thighs and across the shoulder and chest.

For more information on car seat safety and to locate a certified car seat technician to schedule an inspection, go to www.safercar.gov/parents.

Contact Us

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