

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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Upcoming Events

- 3/10: Trauma Nursing Core Course at Union Hospital in Terre Haute
- 3/19: National Poison Prevention Week
- 3/27 & 3/28: Pediatric Disaster Response and Emergency Preparedness Course
- 4/20: St. Mary's Pediatric Conference

Community partners come together in Lake County to host Safety Shower for new parents



Preston Harness (pictured above) answers questions regarding child passenger safety.

Managed Health Services (MHS) held a Safety Shower event in Hammond, Indiana, on February 21. The event hosted several community partners in Lake County so that new parents could be educated about all of the existing resources in the community. Several families attended the event, including first-time parents and those with previous parenting experience. The Indiana State Department of Health provided a variety of resources on how to keep new children safe. The MOMs Helpline had a table that provided information about child passenger safety, breast-feeding and safe sleep. Preston Harness from the Division of Trauma and Injury Prevention provided a demonstration on how to safely install a car seat and offered instruction in basic car seat safety. There was also a demonstration on shaken baby syndrome. All parents received items to safe-proof the home, such as electrical outlet covers, as well as information on how to connect to resources such as the MOMs Helpline when they have questions.

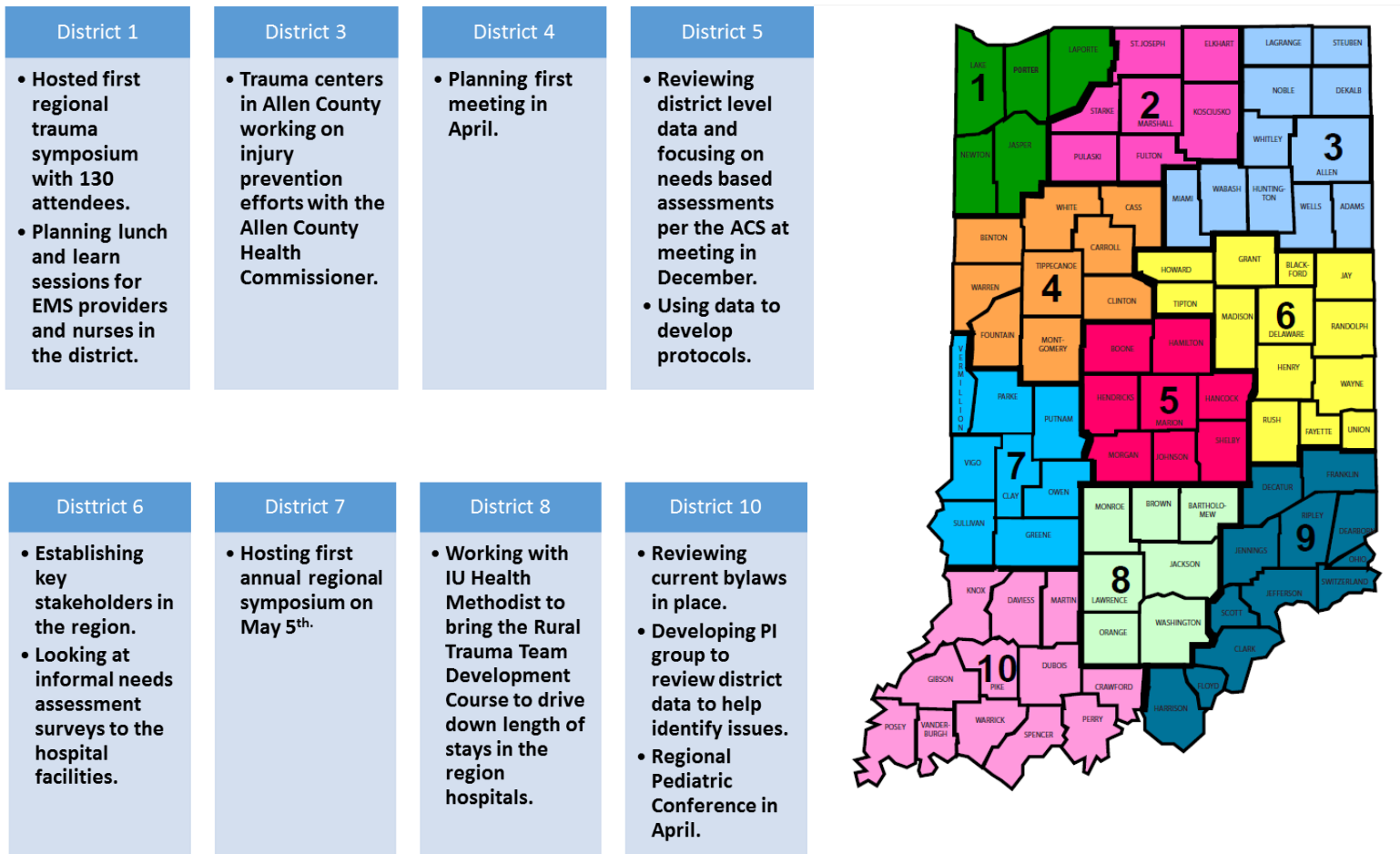
Indiana State Trauma Care Committee (ISTCC) discusses future of trauma system development in Indiana

The Indiana State Trauma Care Committee (ISTCC) met on February 17 to provide updates and new information around the state, with a focus on trauma systems. The first meeting of the year focused heavily on the state's regions and their developments. The updates provided by each preparedness district can be found in the chart below.

Dr. Lewis Jacobson of St. Vincent Indianapolis provided the designation subcommittee update, wherein the group reviewed three one-year reviews from Franciscan Health Crown Point, Reid Health and Terre Haute Regional. The ISTCC voted unanimously to recommend that they continue to serve as in-the-process facilities.

Dr. Stephanie Savage of IU Health Methodist Hospital provided the performance improvement (PI) subcommittee update, which focused on reasons for transfer delays and what the group could construct to help capture more specific reasons. While the main reason for transfer delays was left blank (n=70), the hospitals self-identified an EMS issue as the second-leading reason for delay (n=42). Currently, five hospitals have volunteered to participate in the pilot for Q1 2017 data collection. The PI subcommittee is also developing Indiana's interfaculty transfer guidelines. The next subcommittee meeting in March will discuss the next steps to creating and building upon already established guidelines.

The next ISTCC meeting will be held April 21, from 10 am to noon in Rice Auditorium at the ISDH.



American Academy of Pediatrics Announces new Safe Sleep Guidelines

The American Academy of Pediatrics (AAP) has recently updated its policy for safe sleep for parents and caregivers in order to combat Sudden Unexpected Infant Deaths (SUID) and Sudden Infant Death Syndrome (SIDS). According to the Centers for Disease Control and Prevention (CDC), approximately 3,500 SUID cases occur in infants less than one year old in the United States each year. Of those cases, SIDS caused 1,500 deaths in 2014 alone. The new policy from the AAP includes new evidence related to bedside and in-bed sleepers, as well as adding recommendations for infant caregivers on how to effectively create a safer sleep environment.

When sleeping, a child should always be on a flat surface, such as a crib. When choosing a crib, it is important to choose one that meets the safety standards of the Consumer Product Safety Commission (CPSC). CPSC recommends you use a firm mattress with the crib. When determining a place for the crib, it is recommended that the baby's crib is placed in the caregiver's room until the child is six months old up to a year. Research shows that sleeping in the same room but not the same bed as the child can lower SIDS by as much as 50%.

It is important to create an environment that promotes safe sleep for a child. Up until their first birthday, infants should be sleeping on their back. This makes it more difficult for them to roll over on their stomachs. It is important to keep the crib or bassinet cleared from objects, such as pillows, toys, or other items that could potentially suffocate an infant if he or she rolls into any of them. You can use infant sleep clothing if you are worried about a child being cold. This eliminates use of other objects in the crib that could potentially suffocate the child.

The ABCs of Safe Sleep

A. Alone: Infants should always sleep alone in their crib. Room-sharing with the infant on a separate sleep surface is recommended. Also, the infant's sleep area should be free of soft objects and loose bedding, such as crib bumpers, blankets, and pillows.

B. Back: Place the baby on his or her back for every sleep on a firm sleep surface such as a crib or bassinet with a tight-fitting sheet.

C. Cool Crib: The safest place for a baby is in a crib, not a bed or sofa. Avoid overheating by keeping the room cool.



The most important thing to remember is to keep your infant in a clutter-free, flat and firm area when sleeping. By eliminating other objects (including blankets and pillows) in a crib, you can lower your child's risk of SIDS greatly.

For information and referral services related to safe sleep, call the MCH MOMS Helpline at 1-844-MCH-MOMS (1-844-624-6667) or visit <http://www.MomsHelpline.isdh.IN.gov>.



4th annual
**EMS
 Medical Directors'
 Conference**

Friday, April 28, 2017
 Indianapolis Marriott North
 3645 River Crossing Parkway
 Indianapolis, IN 46240
 8am - 5pm



Get notified when registration opens!

Send your contact information to:
indianatrauma@isdh.in.gov



Epidemiology Open House encourages discussion and collaboration on data

The Division of Trauma and Injury Prevention participated in the 3rd Annual Epidemiology Open House with a poster entitled “Implementation of a violent death and drug overdose death database in Indiana.” The Open House provides an opportunity for epidemiologists at ISDH, local health departments, and universities to highlight their work and research with other public health professionals. This entry showcased the work surrounding the Indiana Violent Death Reporting System (INVDRS) and how the success of the program depends on cooperation between ISDH, county coroners and law enforcement agencies. The poster also highlighted the data flow of the various records and reports submitted to ISDH and the goal of informing communities of specific violent and drug-related deaths in their area to allow them to develop targeted intervention strategies.

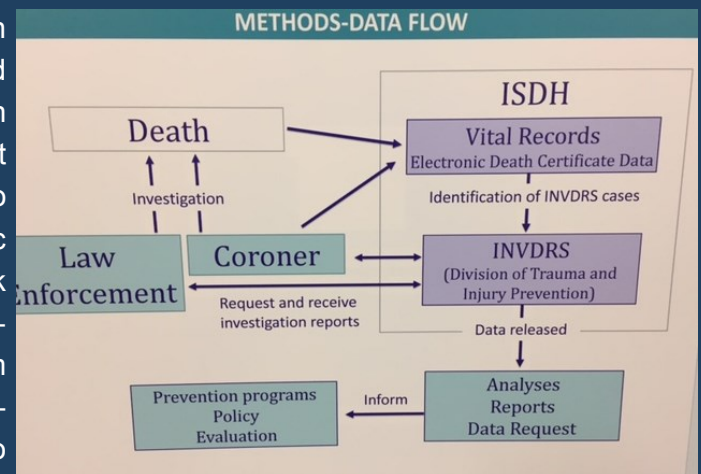


Chart from the Division of Trauma and Injury Prevention poster on how death data flows between various agencies.

As the cornerstone of public health, epidemiologists analyze trends and patterns in health outcomes and diseases. Epidemiologists work to identify risk and protective factors for disease and injuries in order to better inform communities and increase discussion surrounding at-risk populations. The 2017 Epidemiology Open House encouraged that dialogue and awareness.

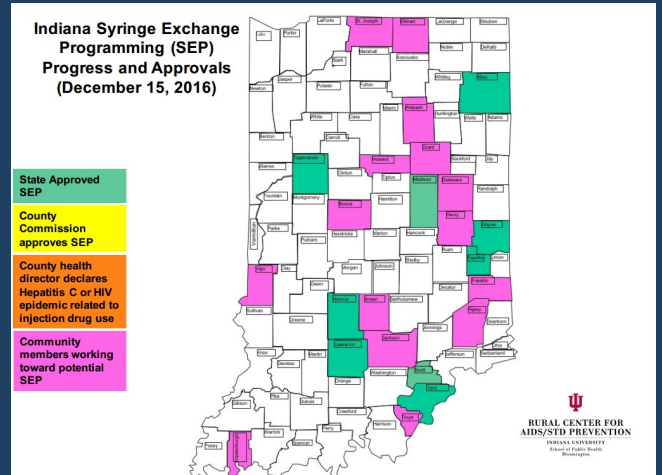
Fayette County syringe exchange program experiences successes

The Fayette County Syringe Exchange Program has had several successes since we began. My most memorable one is a woman who came in for the first time. Her hair was undone, she was wearing pajamas, but what I remember most was how her head hung low. She just looked defeated. We talked for a little while and I signed her up and gave her the supplies she needed. I also gave her information on safer injecting and vein care. As she continued to return, her sore, inflamed veins started to heal, and she started to feel better and take better care of herself. One day she announced that she had a job interview. She got the job, and is now doing so well that they are giving her more responsibility. Her self-esteem is returning and she is making plans to move into her own place. She has also decreased her usage dramatically.

I've had many people come in with their veins swollen and red from using the same syringe more than 30 times. As they start shooting clean, they start to heal. It's amazing to see how much better this alone makes them feel.

- Paula Maupin, LPN

Paula Maupin works at the Fayette County Health Department and is an integral part of the Fayette County syringe exchange program



Indiana Syringe Exchange Program map provided by the Rural Center for AIDS/STD Prevention at Indiana University

Save the Date for the 3rd Annual Injury Prevention (IPAC) Conference

THIRD ANNUAL
IPAC Conference
Making Connections: Community, Programs,
and Progress

Monday, May 15, 2017
Conner Prairie
Welcome Center
Fishers, IN

Get notified when registration opens!
Send your contact information to:
indianatrauma@isdh.in.gov

Indiana State
Department of Health
Trauma and Injury Prevention

From the eyes of a trauma registrar: Keys to success in the profession

Article Courtesy of Paula Kresca, CSTR, CAISS

As a trauma registrar at Memorial Hospital South Bend, the only ACS Level II Verified Trauma Center in Northern Indiana, I am responsible for abstracting chart data and entering it into the trauma registry, which provides detailed information on all trauma patients. My role exists in order to analyze and utilize trauma patient data for performance improvement initiatives, research, injury surveillance and trauma system monitoring.

Since my start as a registrar, some 15 years ago, I have sharpened my skills to include data management. The National Trauma Data Dictionary (N.T.B.D.) defines the data elements that make up the National Trauma Data Bank. The American College of Surgeons revises the dictionary annually. I need to demonstrate proficiency with the NTDS by understanding the changes, educating staff on abstraction and implementation practices and working with our vendor to schedule database change installation, all in an effort to ensure data validity. Strategies for monitoring data validity are maintained monthly. Strict quarterly data submission to NTDB/TQIP and Indiana schedules need to be adhered to as well.

The biggest change to impact trauma registrars was the implementation of ICD-10 codes. Formal ICD-10 training was essential to alleviate or eliminate expected productivity losses. It was also important for registrars to have the opportunity to talk with each other and ask questions to ensure consistent reporting. The increase in the volume of codes available for assignment, coupled with the enhanced clinical nature and specificity of these codes, requires a more intense review of documentation, thus leading to more dialogue between coders and providers.

Developing and maintaining a trauma registry requires significant commitment and hard work. Certification in Abbreviated Injury Scaling Specialist (CAISS) and Trauma Registry (CSTR) is available and is a highly valued, formal recognition of competencies in knowledge. The trauma registrar profession is always changing and requires flexibility and constant education of best practice.



**17TH ANNUAL
TRAUMA SYMPOSIUM**

FEATURING
DAVID A. SPAIN, MD, FACS
JOSEPH A. IBRAHIM, MD, FACS

MARCH 18, 2017
UNIVERSITY OF NOTRE DAME
JORDAN HALL OF SCIENCE

PRESENTED BY
**MEMORIAL
HOSPITAL**
LEIGHTON TRAUMA CENTER

The poster features three images: a surgical team in an operating room, a large Gothic-style building (University of Notre Dame), and a helicopter with an ambulance on the ground. A small credit line reads 'Photo courtesy of Robb Quinn'.

AGENDA

- 0700 – 0745 **REGISTRATION / Continental Breakfast / Exhibits**
- 0745 – 0800 **Welcome and Opening Remarks**
Scott Thomas, MD, FACS
- 0800 – 0835 **Innovative Trauma Care**
David A. Spain, MD, FACS
- 0835 – 0910 **Does DVT Surveillance Really Help?**
David A. Spain, MD, FACS
- 0910 – 0945 **The Challenge of Rib Fractures in the Elderly**
Joseph A. Ibrahim, MD, FACS
- 0945 – 1005 **BREAK / Exhibits**
- 1005 – 1105 **Pediatric Polytrauma: Navigating Gator Country**
Charles Mehlmán, DO, MPH
- 1105 – 1205 **Orlando Active Shooter: Lessons Learned**
Joseph A. Ibrahim, MD, FACS
- 1205 – 1250 **LUNCH / Exhibits**
- 1250 – 1420 **Interactive Case Review**
Scott Thomas, MD, FACS
Keith Sherry, MD, FACEP
Commentary by guest faculty
- 1425 – 1530 **Breakout Sessions**
 - A. The Difficult Supracondylar Humeral Fracture: Scary Stories About Things That go Bump in the Night**
A presentation of difficult fracture patterns in children with recommendations for management
Charles Mehlmán, DO, MPH
 - B. Entering the Warm Zone – Rescue Task Force**
An exploration of the operational plan to treat, stabilize and rapidly remove civilian victims under active threat
Lt. Mark Litwinko, NR-AEMT
 - C. Unraveling the Cultural Thread: Considerations in Caring for the Injured Amish Patient**
An interactive discussion of the unique cultural traditions of the Amish population and how to incorporate into care from prehospital, through hospital stay and rehabilitation.
Kyra Taitman, MSN, RN, ACNP
- 1530 – 1545 **BREAK**
- 1545 – 1615 **Recovery from Trauma: A Survivor's Perspective**
Tiffany Brantley/Christiaan Mamczak, DO
- 1615 – 1625 **Evaluation**
- 1630 – 1730 **Reception**

March is Traumatic Brain Injury Awareness Month!

The Brain Injury Association of America (BIAA) has deemed March as Brain Injury Awareness month. Traumatic Brain Injury (TBI) is a complex injury that happens when a bump, blow or other head injury causes damage to the brain. TBI is unique because it can affect all aspects of one's life, and symptoms may not appear right away. Brain injuries can impact each person differently and can oftentimes lead to alterations in brain functions.

The awareness campaign has a theme, entitled "Not Alone." The "Not Alone" campaign assists in providing education to the public about the incidence of brain injury as well as the needs of people and their families who are affected by brain injuries. The goal of the campaign is to de-stigmatize TBI and promote the support and resources that are available.

To prevent brain injuries, make these simple modifications:

1. Buckle your child using a size- and age-appropriate child safety seat. Parents should buckle up too, since half of all TBIs are from motor vehicle collisions.
2. Never drive under the influence of alcohol or drugs.
3. Wear helmets and protective gear that fit properly when playing sports or biking.
4. Make living areas for seniors safe through home modifications. Remove tripping hazards such as throw rugs, and use nonslip mats in the shower.

Know what to watch for if you think a loved one has suffered a TBI. Symptoms can include: numbness, excessive drowsiness, severe headache, slurred speech, loss of vision, loss of consciousness or confusion and vomiting. Individuals should seek medical attention if experiencing any of these.

Contact Us

For additional information, please contact: indianatrauma@isdh.IN.gov

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