

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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Upcoming Event

- **June 15**
Indiana State Trauma Care Committee (ISTCC) meeting

10 a.m. EST
Indiana Government Center South
Conference Room B

Health & Human Services Assistant Commissioner Art Logsdon retires

Art Logsdon, ISDH Health and Human Services (HHS) assistant commissioner (AC), retired from ISDH mid-April after serving the agency for more than 21 years. During Art's most recent "tour of duty" as he likes to say, he started his service at ISDH as the first director of the division of trauma and injury prevention when Dr. Greg Larkin created the division in 2011.

Art was named the HHS AC fall 2012, continuing to oversee the division, along with various other divisions, including Maternal Child Health; HIV/STD/Viral Hepatitis; and Women Infants and Children, to name a few.

Even as Art's responsibilities at ISDH grew, he continued working closely with Trauma to develop the statewide trauma system. With Art's support, we assisted the EMS Commission in establishing the Triage & Transport Rule, created the Trauma Registry Rule, traveled to the 10 public health preparedness districts during four different trauma tour events, hosted the first statewide EMS medical director's conference and the first statewide injury prevention conference, and encouraged division growth through pursuing Centers for Disease Control and Prevention grant opportunities.

As the director of trauma and injury prevention, I cannot thank Art enough for his constant encouragement, support and dedication in developing our



Art (left) and Dr. Larkin at the 2012 trauma tour event in Indianapolis.

statewide trauma system.

One of my favorite quotes that Art likes to share is "the fundamental prerequisite for the development of a successful trauma system is our society's resolve to commit the resources required to get the job done" from the Washington State Department of Health. It will be no surprise to hear that Art's final words of encouragement as AC was "go get 'em!"

Katie Hokanson
Director, ISDH Division of Trauma and Injury

Description of Indiana's county-level opioid programs and grants

ISDH's naloxone distribution program to local health departments

To increase the number of naloxone rescue kits available in communities across Indiana, the Indiana State Department of Health (ISDH), in partnership with the Indiana Criminal Justice Institute, delegates funds to provide kits to 49 local health departments (LHDs). The LHDs are responsible for distributing the free kits and providing naloxone training within their communities.

ISDH's naloxone distribution program to first responders

To complement the aforementioned program, ISDH is working with Overdose Lifeline to train first responders in rural communities on carrying and administering naloxone and to expand the Indiana Recovery and Peer Support Initiative for referral to treatment. Currently, 95 first responder agencies serving 34 rural counties have received naloxone as part of this effort.

ISDH's Prevention for States outreach in high-priority counties

The ISDH has identified 24 high-priority counties across Indiana that carry a disproportionately-elevated opioid burden. Three community outreach coordinators provide technical assistance to these counties, which includes sharing county-specific opioid-related data, information, toolkits and other resources.

ISDH's overdose rapid response pilot project

The overdose rapid response pilot project incorporates the use of syndromic surveillance to identify emerging overdose trends and issue alerts for rapid response to each of the six pilot counties. This project also includes the development and dissemination of a scalable overdose rapid response plan toolkit for communities statewide.

ISDH's coroner toxicology program

ISDH is improving fatal drug overdose reporting by funding standardized toxicology testing on all suspected drug overdose deaths, starting with 13 counties. Beginning July 1, 2018, under a new law enacted by the Indiana General Assembly, all Indiana coroners will conduct the same toxicology screenings to gather standardized information on suspected controlled substances in fatal overdose cases.

ISDH's overdose fatality review team pilot project

In 2017, ISDH began piloting a new initiative to create overdose fatality review teams in four pilot counties. These teams conduct confidential reviews of drug overdose deaths to identify opportunities to prevent similar deaths in the future.

Fresh Start Recovery program

The Fresh Start Recovery Center admits opioid-dependent pregnant women and allows mothers and children to remain together while the mother receives residential treatment for her addiction.











DMHA's "Partnerships for Success" grant

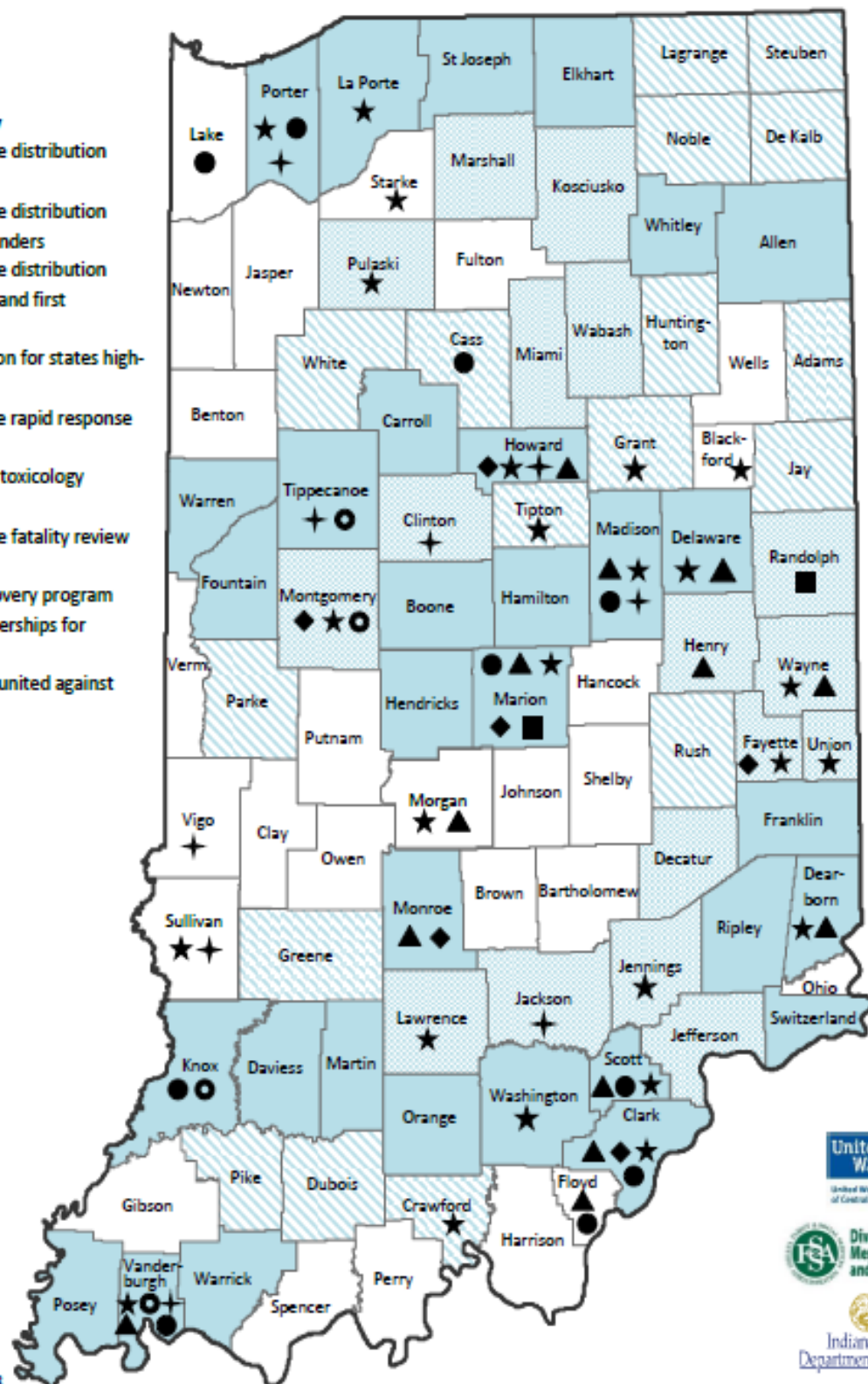
The Indiana Division of Mental Health and Addictions (DMHA) is working to reduce prescription drug misuse among persons ages 12 to 25 in areas hardest hit by the growing opioid epidemic. DMHA is helping communities implement prevention efforts that reduce misuse by reducing access and availability of prescription drugs for non-medical use, as well as increasing awareness of the risks of misuse.

United Way's "united against opioid abuse"

United Way is utilizing AmeriCorps members to assist United Way organizations and other community groups to conduct a landscape scan about how the opioid problem is impacting their community; to develop an asset map to help leaders look at community resources systemically; and to engage the community to be part of the solution.

Indiana's county-level opioid programs and grants

- Key**
-  = ISDH's naloxone distribution program to LHDs
 -  = ISDH's naloxone distribution program to first responders
 -  = ISDH's naloxone distribution program to both LHD and first responders
 -  = ISDH's prevention for states high-priority counties
 -  = ISDH's overdose rapid response pilot project
 -  = ISDH's coroner toxicology program
 -  = ISDH's overdose fatality review team pilot project
 -  = Fresh start recovery program
 -  = DMHA's "Partnerships for Success" grant
 -  = United Way's "united against opioid abuse"



Updated 03/28/2018



Trauma Registry continues to add options for hospitals to provide trauma data

The use of data collection and analysis can help encourage and promote change in a given field. In 2013, in



an effort to help facilitate changes in trauma care in Indiana, the Trauma Registry Rule was created as a way to increase trauma data collection. This rule required all Emergency Medical Services (EMS) providers, hospitals with emergency departments and rehabilitation hospitals to report their data on a quarterly basis. Since the rule has been in place, hospital participation has increased steadily from the low 40s to 100 out of the 121 hospitals in the state. With the increase in hospital engagement and participation. There are three ways to submit trauma data to the state's repository, the Indiana Trauma Registry, including: manual entry, a flat file feed and HL7 feed.

1. Manual entry is just like it sounds. Hospitals can manually input data directly into the trauma registry, but it comes with a drawback. It can be time consuming and requires dedicated resources.
2. The second way data could be submitted is via a flat file feed, known as the Blue Sky Project. The goal of this project is to use the technology of Application Programming Interface (API) and data already collected in the hospital's Electronic Medical Record to reduce re-entry of data into the state's trauma registry.
3. The last option is the Health Level Seven or HL7. HL7 are a set of international standards for the exchange, integration, sharing and retrieval of electronic health information. The Indiana trauma registry has recently added this feature. To find more information on HL7, visit: <http://www.hl7.org/implement/standards/>

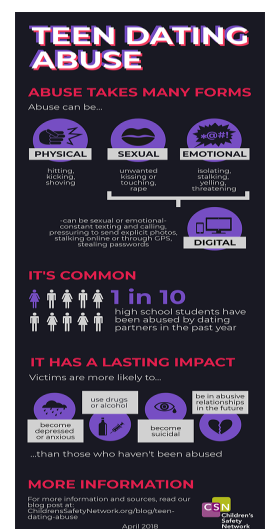
If your hospital is interested in learning more about how data can be automatically uploaded into the Indiana trauma registry, contact Ramzi Nimry, statewide trauma system development and training manager, rnimry@isdh.in.gov

New Children's Safety Network (CSN) resources on teen dating abuse

It can be hard for pre-teens and teens to know when a dating relationship is unhealthy. How can someone know what is "normal" in a relationship if they haven't been in one before? When does "teenage drama" turn into abuse?

The Children's Safety Network (CSN) has released a [blog post and mini-infographic](#) on the facts of teen dating abuse. The post covers the different forms of dating abuse and how common and damaging it is.

CSN has also released a [new resource guide](#). This resource guide provides links to organizations, programs, publications and resources focused on preventing teen dating abuse. It is divided into six sections: (1) national organizations; (2) prevention programs and interventions; (3) data, fact sheets, infographics and toolkits; (4) policy and legislation; (5) special populations; and (6) research.



Calendar of injury prevention observances and events

May 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Motorcycle Safety Awareness Month Mental Health Month National Youth Traffic Safety Month	National Bicycle Safety Month Older Americans Month National Trauma Awareness Month	1 Keep Kids Alive Drive 25 Day National Physical Education and Sport Week	2 National Physical Education and Sport Week	3 National Physical Education and Sport Week	4 National Physical Education and Sport Week	5 Cinco De Mayo drunk driving prevention National Physical Education and Sport Week
6 National Physical Education and Sport Week	7 National Physical Education and Sport Week	8 	9 Safe Kids Indiana Child Passenger Safety Conference Bike and Walk to School Day	10 Safe Kids Indiana Child Passenger Safety Conference	11 	12
13 Nat'l Prevention Wk Nat'l Police Week National Women's Health Week	14 Nat'l Prevention Wk Nat'l Police Week National Women's Health Week	15 Nat'l Prevention Wk Nat'l Police Week National Women's Health Week	16 Nat'l Prevention Wk Nat'l Police Week National Women's Health Week	17 Nat'l Prevention Wk Nat'l Police Week National Women's Health Week	18 Nat'l Prevention Wk Nat'l Police Week National Women's Health Week	19 Nat'l Prevention Wk Nat'l Police Week Safe Boating Week National Women's Health Week
20 EMS Week Safe Boating Week	21 EMS Week Safe Boating Week Healthy and Safe Swimming Week	22 EMS Week Safe Boating Week Healthy and Safe Swimming Week	23 EMS Week Safe Boating Week Healthy and Safe Swimming Week	24 EMS Week Safe Boating Week Healthy and Safe Swimming Week	25 EMS Week Safe Boating Week Healthy and Safe Swimming Week	26 EMS Week Healthy and Safe Swimming Week
27 Healthy and Safe Swimming Week	28 <i>Memorial Day</i>	29 	30 	31 World No Tobacco Day	National Electrical Safety Month Lupus Awareness Month National Arthritis Awareness Month	Safe Kids National Month National Water Safety Month American Stroke Month

Health & safety tips

- Looking for creative ways to celebrate National EMS Week? Visit: <https://www.naemt.org/initiatives/ems-week>
- If you plan on boating this summer check out www.Safeboatingcampaign.com for facts on safe boating.
- Healthy and Safe Swimming Week is the week before Memorial Day. The CDC gives information about the week and ways to prevent the spread of recreational water illness at <https://www.cdc.gov/healthywater/observances/hss-week/index.html>
- If you plan to participate in SHAPE America's National PE & Sport Week you can share your activity event at <https://www.shapeamerica.org>
- There are steps to take to make your life healthier in every age group. Tips are available for women in their 20s-90s. Want to know how to participate in Women's Health Week May 13-19, 2018 check out www.womenshealth.gov/.
- There was a 15% increase in electrical fatalities between 2015 and 2016. Learn more to prevent an electrical fatality during National Electric Safety Month at <https://bit.ly/2rkIECC>.

Calendar of injury prevention observances and events

June 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
National Safety Month	Men's Health Month				1	2
Fireworks Safety Month	PTSD Awareness Month					
3 Rip Current Awareness Week	4 Rip Current Awareness Week	5 Rip Current Awareness Week	6 Rip Current Awareness Week	7 Rip Current Awareness Week	8 Rip Current Awareness Week	9 Rip Current Awareness Week
10	11	12	13	14	15 ISTCC ITN	16
17	18 Ride to Work Day	19 World Sickle Cell Day	20	21	22	23
24	25	26	27	28	29	30

Health & safety tips

- June is National Safety Month and this year, the National Safety Council will be covering a different safety topic each week. Downloadable resources are available at <https://www.nsc.org/work-safety/get-involved/national-safety-month>
 - Week 1: Emergency Preparedness
 - Week 2: Wellness
 - Week 3: Falls
 - Week 4: Driving
- June 3-9 is Rip Current Awareness week. Check out <https://www.weather.gov/safety/ripcurrent>. The site can be used to share your story and it also has surf/rip resources.
- Monday June 18, is Ride to Work Day. History and free materials can be found on www.ridetowork.org.

Calendar of injury prevention observances and events

July 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4 <i>Independence Day</i> Drunk driving	5		
8	9	10	11	12		
15	16 National Youth Sports Week	17 National Youth Sports Week	18 National Youth Sports Week	19 National Youth Sports Week	20 National Youth Sports Week	21 National Youth Sports Week
22 National Youth Sports Week	23	24	25	26	27	28
29	30	31 National Heatstroke Prevention Day	Fireworks Safety Month Heatstroke Prevention	Juvenile Arthritis Awareness Month National Cleft &		

Health & safety tips

- Americans love to celebrate the Fourth of July. Unfortunately, this iconic American holiday is also one of the deadliest holidays of the year due to drunk-driving crashes. Remind your friends and family that Buzzed Driving is Drunk Driving. Drunk driving prevention materials can be found at <https://www.trafficsafetymarketing.gov/get-materials/drunk-driving/drive-sober-or-get-pulled-over/4th-july-drive-sober>
- Millions of children participate in youth sports every year. Celebrate National Youth Sports Week by encouraging physical activity, living healthy, access to activities, youth development and safety. Resources can be found at <http://www.ncys.org/advocacy/national-sports-week.php>.
- During the month of July, remember it is best to leave the fireworks to the experts. Information about fireworks safety can be found at <https://www.nsc.org/home-safety/tools-resources/seasonal-safety/summer/fireworks>.

OptIN registry: naloxone distribution updates

The optIN registry (<https://www.optin.in.gov/>) is the website for entities that distribute naloxone to register and report naloxone distribution. Entities can be a 501© non-profit, addiction treatment center, corrections facility, health department, pharmacy, school, or other type of entity that sells or gives naloxone away free.

There were 49 local health departments who received grant funding for naloxone in 2016 and 2017 for a total of 13,721 kits. Funding specifically for naloxone kit distribution to first responders (law enforcement, fire, corrections, and EMS Services) began in 2018. So far, 112 first responder organizations have been approved to

receive 4,117 naloxone rescue kits.

An annual summary of the number of naloxone kits distributed can be found on the main optin webpage. In 2016 there were 347 registered entities that dispensed 2,299 intranasal, 1,287 auto injector, 21 injectable, and 35 not specified naloxone kits. In 2017 there were 682 registered entities that dispensed 3,828 intranasal, 94 auto injector, and 20 not specified kits.

More information on overdose prevention may be found by visiting the overdose prevention page <https://optin.in.gov/>

Save a Life.
Help prevent overdose deaths.



Results of the naloxone kit distribution program for local health departments in Indiana

From July 2016 to September 2017 there was a 29.7% increase nationally in emergency department visits for opioid overdoses for individuals more than 11 years old. In 2014, there were about one and half times more drug overdose deaths nationally than deaths due to motor vehicle collisions. Indiana is no exception to this trend. Indiana is ranked 17th highest in opioid-related deaths in the United States as of 2015 and had a statistically significant increase in the rate of drug overdose deaths from 2013 to 2014. To address this epidemic, the Indiana Criminal Justice Institute (ICJI) and the Indiana State Department of Health (ISDH) partnered to provide naloxone, a lifesaving treatment that reverses an opioid overdose, to local health departments (LHDs) through two different grant opportunities. The LHDs could freely distribute naloxone within their respective communities. A total of 42 (36 unique) LHDs applied for the grants and were accepted. The first grant round of naloxone distribution began September 2016, and the second grant round of naloxone distribution began March 2017.

The awarded LHDs were given naloxone kits and were responsible for training and distributing kits in their communities. A total of 5,579 kits were provided to local health departments and as of Feb. 2, 2018, 4,152 kits have been distributed in the community. The top 3 categories the kits were distributed to include layperson, law enforcement, and community organization. The most frequent methods of hearing about the naloxone training provided at the local health department included community organization, employer and healthcare provider.

The ISDH is laying the groundwork for a coordinated effort to provide lifesaving treatment to local communities. Additional grants through a partnership with the Family and Social Services Administration are underway with more than 8,000 kits provided for LHDs and an additional 4,117 kits provided to rural county first responders through the First Responder Comprehensive Addiction and Recovery Act (FR CARA) grant so far. Additional questions about the naloxone distribution program can be directed to the Naloxone Program Manager, Audrey Rehberg, AREhberg@isdh.IN.gov.

Injury prevention updates

1. Calling all Trauma Centers! What are YOU doing for National Trauma Awareness Month in May? The American College of Surgeons (ACS) has put together a [guide of evidence-based injury prevention programs](#) and efforts to impact your community while meeting the standards of the ACS. This list ranges from Stop the Bleed to older adult falls prevention. We highly encourage you to host a Trauma Survivors' Day.
2. As the cold creeps away for next year, summer will be upon us in May. This brings Healthy and Safe Swimming Week from May 21-May 27. Check out these [resources](#) from poolsafety.gov to make an impact in your community.
3. Did you know that [83% of boating deaths](#) were victims who were not wearing a jacket? As summer is upon us, remember that boating deaths are preventable! Take the [Life Jacket Pledge](#) from the National Safe Boating Council!
4. May is Motorcycle Safety Awareness Month. Did you know that 35% of motorcycle fatalities in 2015 were older drivers (aged 50 and older)? Educate those around you with these [statistics and tips](#) to make a difference in a motorcycle rider's life!
9. May is Older Americans Month! The 2018 theme is [Engage at Every Age](#). What are you doing in your community to celebrate the lives of older adults? Please consider the ways that you can impact the life of an older adult in your community! Older adult falls is one of the leading causes of injuries and hospitalizations in the United States. To combat older adult falls, ISDH's Division of Trauma and Injury Prevention is proud to promote [Stepping On](#) for the state of Indiana. *Stepping On* is a [high-level, evidence-based program](#) proven to reduce falls and build confidence in older people. A community-based, small group workshop, Stepping On was developed in Australia and tested in a randomized trial where it demonstrated a 31% reduction in falls. Indiana will bring Stepping On trainings to Indiana during 2019.
10. June is Post Traumatic Stress Disorder (PTSD) month. In honor of the observance, review the list of resources available for those who may have PTSD. Check out the VA's [list of resources](#) for veterans who may have PTSD and consider [raising awareness](#) in your community. Learn how to diminish the stigma [here](#).
11. Monday, June 18, is National Ride to Work Day! [Check out this list](#) of free propaganda art to observe the event!

New CDC WISQARS data visualization



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

The new [WISQARS Data Visualization](#) displays fatal injury data in a new interactive, visual format. You can explore injury death data from 1999 to 2016. WISQARS Data Visualization provides new capabilities for injury data analysis, comprehension and communication:

- Analyze injury data patterns: View trends in charts and graphs. Identify relationships in areas most likely to be impacted.
- Comprehend injury data quickly: Use visualizations to see large amounts of data in clear, cohesive ways.
- Communicate injury data visually: Share new insights and communicate findings in charts, graphs and maps.

Learn More at [CDC: WISQARS](#)



Fireworks injury reporting law repealed

This past legislative session has seen a number of new laws and updates. House Enrolled Act 1003 specifically sought to streamline reporting processes at state agencies and eliminated a number of requirements, one of which pertains to the fireworks injury reporting requirement. The legislative document can be found at <https://iga.in.gov/legislative/2018/bills/house/1003>. **Effective July 1, Indiana Code 35-47-7-7 requiring the reporting of fireworks injuries will be eliminated.**

Indiana Code 35-47-7-7 required all Indiana hospitals and private medical practices to report fireworks injuries and deaths to ISDH within five business days after examining the injury and the ISDH compiled the results into an annual report. The fireworks injury reporting legislation was put into effect in 2003 and has lasted until 2017 with one a single-year lapse in 2006 when the original law expired in 2005. The goal of the report was to provide a means of reducing the burden of firework injuries by providing surveillance on the types of injuries that occur, the circumstances of injury, and the date and time of day most injuries occurred. This data in turn could be applied for prevention efforts to reduce injury occurrence or to effectively prepare for injuries that may occur. The data trend of firework injuries have been tracked from year to year, with the latest number of firework injuries in 2017 reported as 238, but there was still a significant number of providers that were not submitting firework injury reports. Due to this lack of reporting it was determined that the annual report was not able to provide a meaningful picture of the number of incidents of firework injuries.

Figure 1. Firework-related injuries by reporting cycle year, Indiana, 2003–2017*



*2017 reporting cycle included cases Sept. 13, 2016 – Sept. 12, 2017.

Source: Indiana State Department of Health, Division of Trauma and Injury Prevention.

Starting July 1, Indiana hospitals and private medical practices will no longer be required to submit fireworks injury reports to the ISDH. After this time, the ISDH will stop collecting fireworks injury reports. If you have any questions about the fireworks injury reports or reporting requirements, please email questions to indianatrauma@isdh.IN.gov.

HOUSE ENROLLED ACT No. 1003

AN ACT to amend the Indiana Code concerning state offices and administration.

Be it enacted by the General Assembly of the State of Indiana:

Medical costs of fatal and nonfatal falls by older adults

A new study published in the *Journal of the American Geriatrics Society* (JAGS) found that in 2015, the estimated medical costs attributable to falls in adults ages 65 and older was approximately \$50 billion.

The article, "[Medical Costs of Fatal and Nonfatal Falls in Older Adults](#)" found that for nonfatal falls, 75% of the costs of older adult falls was paid by government-funded programs. Medicare paid approximately \$29 billion, Medicaid \$9 billion, and private and other payers, \$12 billion. Overall medical spending for fatal falls was estimated to be \$754 million in 2015.

FALLS AMONG OLDER ADULTS ARE

COSTLY

\$50 Billion Annually

\$29 Billion Medicare
\$12 Billion Private/Out-of-Pocket
\$9 Billion Medicaid



COMMON

1 in 4

Older adults (65+) falls each year



PREVENTABLE



Clinicians can use **STEADI** to prevent falls & reduce costs

Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society*, March 2016.

287913-A



Centers for Disease Prevention and Control's report to Congress on the management of traumatic brain injuries in children

A traumatic brain injury (TBI) disrupts the normal functioning of the brain. A bump, blow, or jolt to the head can cause a TBI. With the brain still developing, a child is especially at risk for long-term effects from a TBI. Mild TBI, referred to as mTBI or concussion, is most common.

The Centers for Disease Control and Prevention (CDC) recently released a [Report to Congress on The Management of TBI in Children](#), which details the impact a TBI can have on children and their families.

The report:

- Identifies gaps in care
- Provides opportunities for action to reduce the gaps
- Highlights key policy strategies to address the short and long-term consequences of a TBI.

Most of the TBI recovery process occurs after initial injury care, making coordination among parents, healthcare providers and educational systems crucial. The CDC report also includes detailed opportunities for action to improve care coordination after a TBI to maximize children's potential for recovery and achievement of optimal outcomes. To learn more, read the report [here](#).

Spread the Word on Social Media

Help us spread the word about CDC's Report to Congress on The Management of TBI in Children by posting social media messages on Facebook and Twitter:

Facebook:

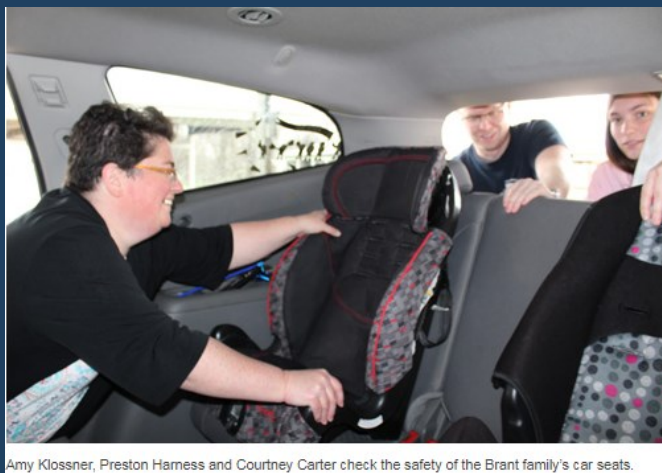
Traumatic brain injury (TBI) effects can last a lifetime. Most children are resilient and recover well, but some effects can show up later in life. Learn more by reading CDC's new Report to Congress on The Management of #TBI in Children. [go.usa.gov/xnxbq](https://www.cdc.gov/xnxbq)

Twitter:

Recognize. Monitor. Care. CDC's new Report to Congress on The Management of #TBI in Children shows how you can follow these key steps. [go.usa.gov/xnxbq](https://www.cdc.gov/xnxbq)



Booster bash events continue into 2018



Amy Klossner, Preston Harness and Courtney Carter check the safety of the Brant family's car seats.

Preston Harness, Injury Prevention Program Coordinator, continues to coordinate booster bash events throughout the state. Preston will often attend the event, helping to install car seats and booster seats as a child passenger safety technician (CPST). In April, he served as a CPST at a Booster Bash Event in Crawfordsville with Crawfordsville Fire Department. To learn more about hosting a Booster Bash Event or becoming a CPST visit <https://www.in.gov/isdh/25393.htm> or email Paravdeep Nijjar at PNijjar@isdh.in.gov.

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Visit our website at indianatrauma.org.

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Indiana State
Department of Health