

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 7, Issue 5

October/November 2018

In This Issue:

- First Year as a Trauma Program Manager
- Labor of Love Summit hopes to reduce infant mortality in the Hoosier State
- New Hires at ISDH
- Indiana Trauma Care Committee Meeting
- IPAC update

Upcoming Events

11/15 Trauma Care Committee Performance Improvement Subcommittee meeting 10 am

11/18 Injury Prevention Advisory Council meeting 10 am

11/18 Indiana Violent Death Reporting System meeting 1pm

11/19 Survivors of Suicide Loss Day

The Rookie Trauma Program Manager

By Jill Swearer, Deaconess Hospital

I knew I wanted to be a nurse ever since I was eight years old. While in nursing school, I started working as a patient care tech and then became a student nurse intern in the Trauma ICU. Immediately, I was hooked on trauma. In 2008, I obtained my BSN and became a Trauma Nurse and then cared for trauma patients as a bedside nurse for over seven years. Clearly, I enjoyed the “Trauma Drama”. There was just something about the challenge of taking care of the trauma patient that I found to be exciting and satisfying. I enjoyed learning about the multiple facets of caring for the critically injured. The most rewarding part was taking care of a trauma patient, caring for that person until they were able to be discharged, and then celebrating with them when they would come back later to show us how well they were doing. It was that encouragement that made the sad cases with not-so-good outcomes bearable.

After working in the Trauma ICU for several years as a charge nurse, team leader, and interim manager, I was ready for another challenge. But since I am a “Trauma Junkie”, I couldn’t imagine leaving trauma completely. I was offered a position as the Trauma Performance Improvement RN, and I accepted because I still wanted to make a difference in trauma care. Working in that role allowed me to learn so much about a side of trauma I never fully understood before. And then, suddenly, I had the opportunity to become the Trauma Program Manager. Was I ready? Would I be able to lead the trauma charge? Time would tell.

My first year as the Trauma Program Manager of Deaconess Hospital is almost over. To say it has been a whirlwind would be an understatement. Although it has been challenging, it has also been amazing. I have learned so much about PIPs and system processes, and the lovely “Orange Book”. I still get to impact trauma care, but from a different angle. Instead of caring for patients at the bedside, I get to develop guidelines, educate trauma nurses and improve issues at the system level to ensure optimal care of the trauma patient.

As an added bonus, I have had the pleasure of meeting so many amazing trauma nurses through regional and district trauma meetings, Indiana Trauma Network, and the Society of Trauma Nurses. If I ever have a question, there are so many leaders from other trauma centers who are willing to help answer my questions. Speaking from experience, I know they are busy, yet they do it anyway because they know that helping me helps trauma patients. What a great network of trauma professionals!

I wouldn’t have been successful during this first year without the mentorship of the previous Trauma Program Manager and the support of my fellow Trauma Services staff. It truly does take an amazing team to make an amazing trauma program. So yes, it has certainly been a very challenging year, but also a very rewarding one. And I wouldn’t want to be doing anything else.

Labor of Love Summit stresses importance of partnerships

The 2016 Labor of Love Infant Mortality Summit hosted 729 individuals to focus on reducing infant mortality across the state of Indiana. Many children in Indiana never live to see their first birthday. For every 1,000 babies born in Indiana more than seven will die before they turn one year of age. Indiana has one of the nation's highest infant mortality rate. The summit focused on partnerships and access to resources and national speakers in order to facilitate to reduce these numbers.

"No Indiana family should have to suffer the loss of an infant due to preventable causes," said Dr. Jerome Adams, Indiana State Health Commissioner. "By enlisting stakeholders across the state to promote breastfeeding, safe sleep, smoking cessation, prenatal care and other healthy practices, we can ensure that we are doing everything possible to give Indiana children their best chance at a long, healthy life."



Katie Hokanson (left) and Preston Harness (right) from the division of trauma and injury prevention provided car seat information and resources to interested attendees at the Labor of Love Summit. If you would like this display at your event please contact indianatrauma@isdh.in.gov

One way the Labor of Love Summit addressed critical health issues for the state's vulnerable citizens is through the train-the-trainer course known as DOSE: Direct On Scene Education. This program, developed by Captain James Carroll, Fort Lauderdale Fire Rescue, focuses on eliminating sleep-related infant deaths due to suffocation, strangulation or positional asphyxia by training first responders to identify and remove hazards while delivering education on-scene during runs. Captain Carroll trained 80 of Indiana's first responders this year at the Summit as well as provided them with training materials to provide continued education and resources for additional officers and personnel. If you would like to schedule a DOSE training please contact Gretchen Martin (gmartin@isdh.in.gov), child fatality review director at the ISDH.

New faces at ISDH

Preston Harness

Preston Harness is the new Injury Prevention Program Coordinator at the Indiana State Department of Health. He is from Knoxville, Tennessee. He is a recent graduate from East Tennessee State University with a Masters of Public Health and concentration in Health Services Management and Policy. Prior to working for ISDH, Preston worked at the Mountain Home Veterans Administration Health System in staff education and training. He has experience in preventative health at the Children's Center of the Cumberslands, which is a nonprofit child advocacy center that works with children and adults who have been a victim of abuse.



Preston Harness (left) and Dawn Smith (right) have joined the Trauma and Injury Prevention team

Dawn Smith

Dawn Smith grew up on a farm just across the border in Ohio and a hometown of Richmond Indiana before going off to college at Purdue University where she graduated with a BS in Microbiology and to Carnegie Mellon University to get her MS in Environmental Management and Science. Before joining the team at ISDH, she worked as a microbiologist at Advanced Testing Laboratory. She comes to the division from the CDC as part of Public Health Associate Program working as a Trauma and Injury Prevention Associate. The Public Health Associate Program was founded in 2007 as a pilot program to enhance CDC's focus to meet the need for a source of experienced and dedicated public health professionals. The program expanded and there are currently 325 associates across 44 states, one territory and the District of Columbia receiving hands-on workforce placement in public health agencies. Through her background she has grown to appreciate how interconnected public health issues are, from combating microbial diseases and addressing environmental health concerns to strengthen communities to face these challenges. She looks forward to working with the Trauma and Injury Prevention Division to assist building up communities and saving lives as she takes her first steps in her career of serving public health.

Indiana State Trauma Care Committee Meeting looks at improvement in data collection

The Indiana State Trauma Care Committee (ISTCC) meet on October 21 to provide updates and new information on the trauma system around the state of Indiana. The main focus of the fifth meeting of the year was data submission from the hospitals and the improvement the state is making on the care provided to state residents.

Much of the committee's discussion centered as more and more hospitals are submitting data to the trauma registry, how regions go about requesting their data and the process the state takes in ensuring data is kept de-identified to a degree but still helpful to the district. The goal of the state is to empower these regions to seek out their data to identify certain issues in their region and find ways to improve those outcomes. The committee determined if districts chose to look at similar data points as others have then an update would suffice at the meeting. However, districts who asked for newer data points, would need to be done through the proper channels of the state then brought to the committee for discussion.

Spencer Grover of the Indiana Hospital Association provided the committee with an update from a survey that was given to emergency departments in the state to determine training opportunities for physicians in the field. Participation in the survey increased in 2015 with 93 hospitals including verified trauma centers, in the process trauma centers and non-trauma centers providing feedback. For all hospitals this survey showed physicians staffing the ED to be either board certificated or board eligible in Emergency Medicine in 2015 to 67%, whereas in 2011 it was 42%. By comparison, trauma centers in physician's board certified or board eligible in Emergency Medicine or another specialty jumped from 57% in 2011 to 100% in 2015. These results in four years showed significant improvements.

Dr. Peter Jenkins of IU Health Methodist provided the Indiana Trauma Quality Improvement Program (IN-TQIP) update. Currently, he has met Dr. David Lee, the Vice President of Provider Engagement and Contracting for Anthem Blue Cross and Blue Shield for Indiana to discuss the possibility of applying for a 3 year grant in building the ground work for this program in Indiana.

Seven of the ten districts provided regional development updates to the committee. District 1 will have its first annual regional symposium on November 16th. District 2 will have their first regional meeting in mid-December modeling their meeting after District 10's. District 3 was able to have the Allen County health commissioner, Dr. Deborah McMahon to lead the advisory council with a meeting scheduled for January. District 5 has their second meeting for December 21st and has identified most of the key stakeholders then look to make a working group to then tackle different data points of interest to the district. For District 6, Bekah Dillon attended the Hospital Collaborative Group which consists of all the hospitals in the region as well as EMS and Ryan Williams has EMS onboard and they are looking to have a meeting prior to the next ISTCC. District 7 is currently working on a collaborative trauma symposium and finally, District 10 will meet on the 10/27.

The next ISTCC meeting will be on Dec. 16 from 10 am – 12 pm in Rice Auditorium at the Indiana State Department of Health.

Older adult fall prevention strategies are focus for Indiana Injury Prevention Advisory Council

The Indiana Injury Prevention Council (IPAC) held its third meeting of the year focusing on injury prevention programming that would help communities around the state of Indiana.

The ISDH updates included that ISDH successfully applied for the Prescription Drug Overdoses Prevention for States Program Supplement funding opportunity. The funding is for three years and will aid in expanding the implementation of community outreach interventions in high-need areas from six counties to 18. With the new supplement funding the ISDH will hire additional staff to conduct grant activities to expand the outreach activities. Lauren Savitskas, Injury Prevention Program Coordinator, provided an update on the Big Kid Booster Bash Program in which 150 booster seats were distributed to children in need to date. Jessica Schultz, Injury Prevention Epidemiologist Consultant shared that the Preventing Injuries in Indiana Resource Guide mobile app has been downloaded 950 times and launched more than 3,150 times as of September 12th.

The IPAC featured two falls presentations, first from Amanda Rardon, Trauma Program Director at IU Health Arnett. The IU Arnett Trauma Services Fall Prevention Outreach Programs include SLIP, STEADI toolkit and Stepping On. These programs were selected to cover a majority of seniors in their community. SLIP focuses on seniors in assisted living, STEADI focuses on the ageing population living in their homes and Stepping ON reaches seniors who are independent but are at risk of falling. The second presentation from Jennifer Homan, Trauma Program Coordinator, Franciscan Alliance, focused on Stepping On, a group-based multifactorial intervention. Stepping On is ideal for older adults who are at risk of falling for a number of reasons. The program focuses on modifiable risk factors and utilizes a prevention framework adapted for reflecting on stories about safety strategies.

The final 2016 meeting will be Friday, November 18th from 10 a.m.-12 p.m. EST. The 2017 meeting will be held in Rice Auditorium on March 17, July 21, September 15 and November 17.

Dr. Joseph Ferrandino addresses the Indiana Violent Death Reporting System Advisory Board

The Indiana Violent Death Reporting System Advisory Board hosted a guest speaker at the third meeting of the year at ISDH. The guest speaker was Dr. Joseph Ferrandino who spoke on the Northwest Indiana Public Safety Data Consortium, a privately funded, university administered shared data mapping network that connects and integrates information between 35 agencies at the local, county, state and federal levels across four counties in Northwest Indiana. The agencies include police, probation, an energy company, a coroners office, the ATF and even the public through our 15 agencies that share updated interactive crime maps through the website of the Times of Northwest Indiana, the second largest newspaper in the state.

The Centers for Disease Control and Prevention (CDC) recently expanded the National Violent Death Reporting System (NVDRS) to fund eight new states (Alabama, California, Delaware, Louisiana, Missouri, Nebraska, Nevada, West Virginia) and two territories (District of Columbia, Puerto Rico). There are now 40 states and two territories funded in total; Indiana was funded in 2014. The INVDRS has received IRB-approval and a Certificate of Confidentiality (COC) from the CDC. The COC protects all users of the INVDRS data from being compelled by a criminal or civil court from releasing the identities of the INVDRS cases.

The INVDRS program has data sharing agreements with 323 Indiana law enforcement agencies and 59 county coroners. The Law Enforcement and Coroner Records Coordinators continue to make contact with and work to get the remaining agencies signed on with the program. Rachel Kenny, INVDRS Epidemiologist, presented preliminary INVDRS data for 2015 and 2016. The updated Indiana Suicide Report will be released in early 2017 and will include data from 2011 to 2015.

The last INVDRS advisory board meeting of 2016 will be held on **November 18, 2016 from 1-3pm** at ISDH. If you are interested in joining the INVDRS advisory board please contact Rachel Kenny at rkenny@isdh.in.gov.

Trauma Center spotlight: Parkview Regional Medical Center

Parkview Regional Medical Center serves Fort Wayne and the surrounding area as a verified Level II Adult and Pediatric Trauma Center. Initially verified in 2000 as a trauma center, the facility achieved pediatric verification in 2003 with the goal to provide the best care to each patient through quality, registry, research and outreach/education.

One area that Parkview is focused on is motor vehicle collisions, specifically, texting and driving. The National Highway Transportation Safety Administration states that an individual has a 23 times more likely chance of having a car crash if that person is sending or reading text messages while driving. Parkview Trauma Centers hopes to reduce these crashes that may result in injury and death through a campaign called "Don't Text & Drive."

"Don't Text and Drive" reaches Hoosiers through, public service announcements, billboards, social media and more. It is not uncommon to see a car with the slogan parked outside community events with the reminder of putting down the phone and focusing on driving. With the winter months approaching, it is important to remind ourselves and others to wait to use these devices until safe and legally parked to keep everyone safe.



Trauma and Injury Prevention staff updates:

- Katie Hokanson presented at the Lutheran Pediatric Trauma Symposium in September on trauma system development in the state of Indiana.
- Ramzi Nimry and Lauren Savitskas spoke at the Parkview Pediatric Trauma Symposium in Fort Wayne Indiana. The two discussed the current state of trauma development but the main focus was the Preventing Injuries in Indiana: Injury Prevention App. This app provides information at the fingertips of health care providers on current 10 topic areas that have subsections on injury data, resources and evidence based programs.
- The division hosted a car seat booth at Latino Expo on October 7 and 8 to provide information to families about size-appropriate child restraints. The car seat technicians present talked to 222 families and provided coloring books and language-appropriate handouts.
- Lauren Savitskas will be switching roles from the Injury Prevention Program Coordinator to the Prescription Drug Overdose Community Outreach Coordinator. Preston Harness will be the new Injury Prevention Program Coordinator.



Contact Us

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

Jerome Adams, M.D., M.P.H.—State Health Commissioner

Jennifer Walthall, M.D., M.P.H.—Deputy Health Commissioner

Arthur L. Logsdon, J.D.—Assistant Commissioner, Health and Human Services

Division of Trauma and Injury Prevention Staff

Katie Hokanson—Director

Jessica Schultz, M.P.H.—Injury Prevention Epidemiologist Consultant

Camry Hess, M.P.H.—Database Analyst Epidemiologist

Murray Lawry, M.P.A—INVDRS Coroner Records Coordinator

Ramzi Nimry—Trauma System Performance Improvement Manager

Rachel Kenny—INVDRS Epidemiologist

John O'Boyle—INVDRS Law Enforcement Records Coordinator

Lauren Savitskas, M.P.H.—Prescription Drug Overdose Community Outreach Coordinator

Ryan Cunningham—INVDRS Records Consultant

Tanya Barrett, M.S., C.M.P., C.E.M.—Event Project Coordinator

Annie Hayden, M.L.I.S.— Prescription Drug Overdose Records Consultant

Bonnie Barnard—Prescription Drug Overdose Community Outreach Coordinator

Kayley Dotson, M.P.H.—Prescription Drug Overdose Epidemiologist

Preston Harness, M.P.H.— Injury Prevention Program Coordinator

Dawn Smith— Public Health Associate