

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 7, Issue 2

April/May 2018

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Upcoming Events

5/1 National Bike Safety Month

5/13 Emergency Medicine Symposium 2016

5/16– 5/22 National Safe Boating Week and National EMS Week

5/19 Second Annual Injury Prevention Conference

6/6 & 6/7 Trauma Care After Resuscitation at the University of Louisville

6/17 Indiana State Trauma Care Committee meeting

6/17 Indiana Trauma Network meeting

6/30 AAAM Course Indianapolis

Indiana funding to help combat opioid overdose deaths

The Centers for Disease Control and Prevention announced that the Indiana State Department of Health will receive a grant to help prevent overdose deaths related to prescription opioids as a part of the CDC's *Prescription Drug Overdose: Prevention for States* program. Starting March 1, Indiana joins 29 states receiving funding for the program through August 2019.

Drug overdoses have become the leading cause of injury and death in 36 states, surpassing motor vehicle-related deaths. While Indiana is not alone in this statistic, we rank 15th highest for drug overdose deaths, at a rate of 16.0 deaths per 100,000 people. The CDC says more than 2 million Americans misuse prescription drugs every year, and this contributes to the increased use of heroin. The number of new heroin users in Indiana has doubled in the past two years.

"As we have seen here in Indiana, opioid overuse is a problem that many people struggle with," said State Health Commissioner Jerome Adams, M.D., M.P.H. "This funding will help us gather data to inform strategies on how to prevent opioid overdoses." Dr. Adams actively participates as a member of the Governor's Task Force on Drug Enforcement, Treatment and Prevention, which was created by Governor Pence to combat drug abuse and addiction in Indiana.

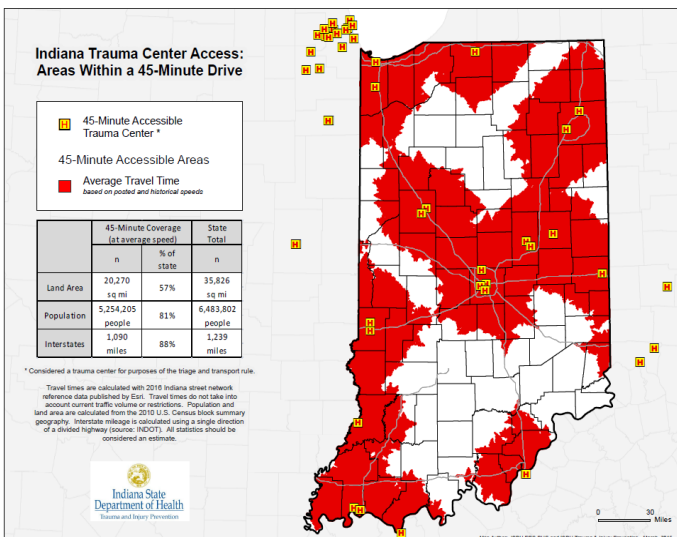
The funding will specifically go toward enhancement of INSPECT, the Indiana prescription drug monitoring program at the Indiana Professional Licensing Agency; improvements to opioid prescribing practices; prevention efforts at the state and community levels to address new and emerging problems related to prescription drug overdoses; and a partnership with the IU Fairbanks School of Public Health to evaluate opioid prescribing practices. The Indiana State Department of Health will use the additional funds to expand the Indiana Violent Death Reporting System to collect data at the county level on opioid overdose. This will help to expand and inform prevention efforts and use of data for public health surveillance.

Trauma Care Committee meets to discuss overdose funding and child passenger safety

The Indiana State Trauma Care Committee (ISTCC) met on April 15th to discuss ongoing trauma system development in the state of Indiana. The second meeting of the year focused on prescription drug overdose funding, updates from the designation subcommittee and a presentation on child passenger safety.

The Indiana State Department of Health division of Trauma and Injury Prevention announced the notice of funding awarded by the CDC Prescription Drug Overdose: Prevention for States grant. This money will be used to focus on enhancing the Prescription Drug Monitoring Program in Indiana, implementing community interventions in high-need areas to coordinate intensive prevention efforts and analyzing the impact of policy changes in Indiana. State Health Commissioner Jerome Adams mentioned that Indiana is known to be an overprescribing state and that this will be a great opportunity to make a difference.

At the last ISTCC meeting, the designation subcommittee was asked to review the



drive-time radius to a trauma center in injury from point of injury. The committee asked members to consider using a 30-minute map instead of the previously used 45-minute map. After viewing the revised coverage map, the committee voted to continue to use the 45-minute drive

map. The designation subcommittee also discussed the ACS verification visits of trauma centers. The subcommittee is planning future discussions to address the lag of verification status and scheduling visits due to timeliness of ACS reporting. The committee may need to put the two-year limitation on hold due to limitations with the current ACS timeline. The designation subcommittee is also interested in what to designate the status of a hospital that is insufficient due to a certain number of type 1 or type 2 deficiencies and not verified by the ACS for 6-12 months.

The meeting also highlighted the work being done in child passenger safety by the Automotive Safety Program. Judith Talty, Program Manager, spoke of hospital-based child safety in Indiana. The trauma centers could become more involved by becoming permanent fitting stations or having child passenger safety technicians on staff to assist with any injured child coming into the ER. These technicians help families select and install child restraints in motor vehicles which helps to reduce mortality and injury. Currently, 73 percent of child restraints are used incorrectly.

New faces at ISDH

Bonnie Barnard

Bonnie Barnard is the new Prescription Drug Overdose Community Outreach Coordinator at the ISDH division of Trauma and Injury Prevention. Bonnie graduated from Anderson University with a Bachelor of Science in Organizational Leadership. She has 20 years' experience with law enforcement and spent the majority of her career in the Drug Enforcement Section with Indiana State Police, conducting investigations on the diversion of prescription drugs throughout Indiana. She is married to Timothy and has two adult children and guardianship of two grandsons. In her spare time, Bonnie enjoys traveling, hiking, scuba diving and riding motorcycles.



Annie Hayden (left) and Bonnie Barnard (right) have joined the Trauma and Injury Prevention team

Annie Hayden

Annie Hayden has been brought on to the division of Trauma and Injury Prevention as the Prescription Drug Overdose Records Consultant. Annie graduated with a Bachelor of Arts degree in English Literature from Kansas State University. She also received a Master's degree in Library Science from Emporia State University. Annie has worked for many years as an academic librarian at the University of Kansas. When asked what her favorite book is, she responds, "My favorite book of all time would have to be Jane Austen's Pride and Prejudice. It's just such a masterpiece!"

Wear it Indiana! A guide to water safety

Boating season has begun in Indiana as the weather starts to warm up. Although Indiana is below the national rate for recreational boating deaths, a new report shows that during 2014, Indiana saw the most fatalities in three years from boating incidents. Many of these deaths identified alcohol use as a factor.

In order to stay safe this summer the Department of Natural Resources (DNR) urges boaters to not only have life jackets on board but also to properly wear them while on the water. Check for proper snugness of a life jacket: If the individual can make a “touchdown signal” and the vest hits one’s chin or ears, the jacket is too big or the straps are too loose.

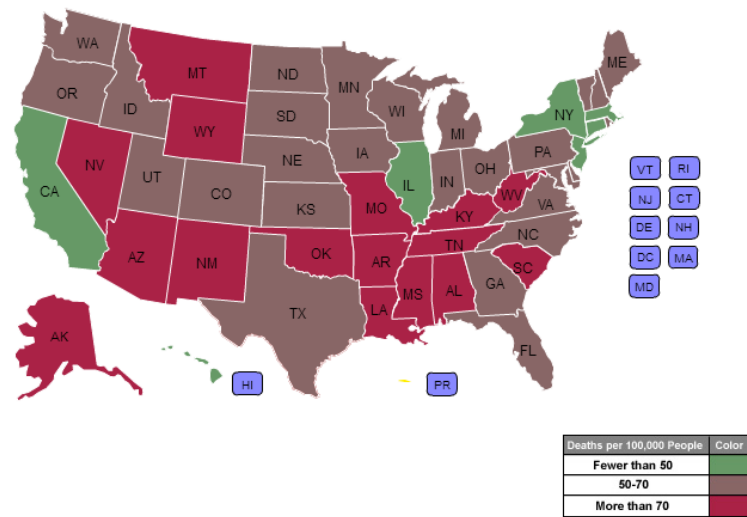


The Indiana DNR created a public outreach campaign to educate and encourage life jackets on Indiana waterways called “Wear it Indiana!” This campaign aims to reduce or eliminate drowning in the Hoosier state by shedding light on what can happen if a person does not wear a life vest. Safe Kids worldwide found that in 2013, 77 percent of all fatal boating accident victims drowned; of those who drowned, 84 percent were not wearing a life jacket.

Some things to remember while on the water: Indiana’s boating law requires a wearable life jacket for each passenger to be onboard a vessel. Swimming aids are fun toys, but they are not a U.S. Coast Guard-approved personal flotation device. Take extra precautions to keep children warm by wrapping them in a blanket or towel.

A state-by-state injury prevention policy report: Where does Indiana rank?

Injury-Related Death Rates



The Facts Hurt: A State-by-State Injury Prevention Policy Report produced by Trust for America’s Health and Robert Wood Johnson Foundation reviews the rate of change and rankings of injury death by state over the past four years. Overall in the

United States, the number of deaths due to injury increased in 17 states, remained unchanged in 24 states and decreased in nine states. Indiana currently has the 25th highest rate of injury death in the U.S., with a significant increase in injury death since 2009. Indiana also ranked 15th highest in drug overdose deaths. The overdose death rate is higher than the state’s motor vehicle mortality rate from 2011- 2013, a trend also seen in 36 other states.

The Facts Hurt report features an in-depth report card examining 10 key indicators of leading evidence-based strategies that help reduce injuries and violence. Some of these indicators include whether a state has a primary seat belt law, mandatory ignition interlocks for all convicted drunk drivers, bicycle helmet laws and laws covering naloxone use and access. States receive one point if they achieve an indicator and zero points if they do not achieve the indicator. Indiana scored six points out of a total 10 possible on this report card.

Many of the indicators that Indiana scored positively in centered around motor vehicle safety and preventing overdose deaths. Indiana does have a primary seat belt law, which 34 states and Washington, D.C., also have. Another indicator that Indiana met was requiring booster seats up to the age of at least 8. Indiana is one of 25 states that requires mandatory use of a Prescription Drug Monitoring Program to monitor for over-prescribing and doctor shopping. Indiana is also one of 34 states and Washington, D.C., that allows prescribing and access to Naloxone, a drug used to counteract overdoses, for layperson usage. Indiana scored positively on two indicator rates: homicide rate at or below the national goal of 5.5 per 100,000 people and deaths from intentional falls below national goal of 7.2 per 100,000 people.

While more than half the indicators were checked off on Indiana’s report card, there was area for improvement. Indiana does not have a child abuse and neglect rate at or below the national rate of 9.1 per 1,000 children. Indiana is one of 29 states that does not require bicycle helmets for all children. The other indicators Indiana failed to meet included a restricted nighttime driving law for teens or mandatory ignition interlocks for all convicted drunk drivers. Indiana does have a graduated license law to protect teenage drivers, but there is no overarching 10 p.m. curfew.

While no state scored a point for all of the indicators, New York received the highest score of 9 points. Four states scored the lowest, with only 2 points of the possible 10. Indiana scored 6 out of 10 indicators to take steps to prevent injuries.

Trauma Center spotlight: Lutheran Hospital of Indiana

When the doors to Lutheran Hospital opened on Thanksgiving Day 1904, the doctors had no idea the growth and progress this now-Level II trauma center would achieve. Lutheran provides trauma care around the clock that starts at prevention and continues into rehabilitation for both adult and pediatric patients.

One of the groundbreaking prevention programs that Lutheran established is the “Kids Dart. Drive Smart” Campaign. Lutheran is located in Allen County, where more than 550 pedestrian injuries occurred among children age 19 and younger in 2013. In the state, this number is reported to be more than 12,000 injuries in a year. In order to decrease this number, the “Kids Dart. Drive Smart.” campaign focuses on distracted driver awareness, community changes, tips for parents and tips for motorists.

The campaign has been ongoing for seven years with a specific concentration in neighborhoods and near schools and common areas where children may be walking. The colorful yard signs that illustrate the message of motorist safety can be seen around Allen County as a caution to drive with continued alertness. Free signs are available at Allen County fire stations for those interested in promoting pedestrian safety.



Indiana Trauma Network provides advice forum for upcoming American College of Surgeon site visits

The Indiana Trauma Network (ITN) meeting on April 15 focused heavily on discussions regarding ACS site visit preparations, as well as regional trauma development. As more and more hospitals focus on becoming verified trauma centers in Indiana, one major hurdle stands in the way: the American College of Surgeons (ACS) site visit.

Bekah Dillion, current ITN President, asked the attendees, “How many people have ACS site visits scheduled and what questions/suggestions do you have regarding the visits?” Many individuals raised hands to facilitate discussion on what they have learned from their own hospital visits. Suggestions for ACS site visits included good documentation for performance improvement, origination of charts based on categories, mortality and autopsy rates and ensuring a hospital tour by well-versed experts on trauma. This insight provided everyone an opportunity to understand the importance of such a visit.

After the ACS discussion, the focus shifted to regional trauma development. Currently, District 10 (southwestern Indiana) has successfully developed its region after years of collaboration between hospitals, EMS providers and the community. Currently, five new regions are working through what they envision for their own regions, although three new regions were represented at this meeting. District 1 is working on who will represent each area, as representatives have come together and committed as a region to meet. District 6 is looking at barriers and determining how to work on those. And District 8 has its regional meeting at which representatives report on trauma coverage, case reviews, trauma totals in each county and disposition of patients.

The next ITN meeting will be held on June 17 from 12:30 to 2 p.m. in Rice Auditorium at the Indiana State Department of Health, 2 N. Meridian St., Indianapolis, IN. There is an option to watch online via a webcast at <http://videocenter.isdh.in.gov/videos/> and submit questions to indianatrauma@isdh.in.gov during the meeting.

Quick tips for ACS visits

- Have experts on trauma in each group who are well-versed on what to say and not to say.
- Put a checklist at the front of the folders you hand out to reviewers listing the contents of the folder.
- Organize the charts based on categories. Color code the charts if necessary.
- Be ready for reviewers to arrive early.
- Know the mortality rate/autopsy rate and what the relationship is with your county coroner.
- Prepare the medical director on specific rates and relevant information.
- Have good documentation for PI.
- Print out case summaries and add the outcomes and other information from Excel sheets.

IPAC and INVDRS joint meeting on violence prevention

The Indiana Injury Prevention Advisory Council (IPAC) and the Indiana National Violent Death Reporting System Advisory Council held a joint meeting on Friday, March 18, to discuss violence prevention programs at Indiana trauma centers. Four guest speakers from around the state presented on each center's approach to violence prevention.

While each center is interested in reduction of violent injury, the approaches varied based on hospital. Jill Castor, Trauma Educator and Outreach Coordinator at IU Health Methodist, a Level 1 trauma center, presented on Beth's Legacy of Hope, a training course to help increase staff awareness, reaction and ability to intercede on behalf of victims of domestic violence. Dannielle Gilyan, Injury Prevention Coordinator at Eskenazi Health, discussed many of the programs the Level I trauma center has that focus on educating kids about gun-violence and the consequences of not following the law. Dr. Michael McGee, Chief and Medical Director of Emergency Medicine Departments at Methodist Northlake Campus Hospital, had a chance to discuss his POP on Violence Foundation focused on youth outreach and prevention in Gary, Ind. Lynn Coleman, Community Trauma Liaison for Memorial Hospital of South Bend, discussed his efforts as the outreach violence coordinator. While each program is different, they all focus on intervention strategies to create awareness of and knowledge about violence and penetrating injury.



The next IPAC meeting will be hosted at the Eskenazi Health Outpatient Care Center in Indianapolis in the Faegre Baker Daniels Conference Room on July 15 from 10 a.m. to 12 p.m. EST. A formal agenda and meeting information will be released in the weeks prior to the meeting.

“Called to care”: Emergency medical services week celebrates first responders May 15-21

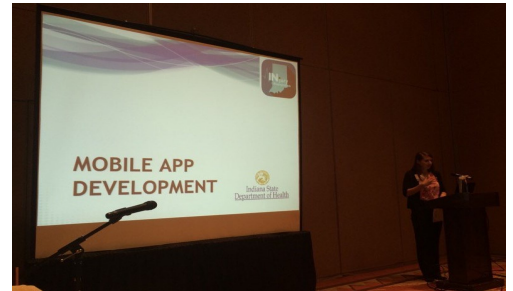
Emergency medical personnel are often the first line of defense for patients in the state of Indiana. National EMS week was established 42 years ago by President Ford to celebrate and recognize the hard, lifesaving work of first responders. This year, national EMS week will be held May 15-21 with the theme “Called to Care.” This theme serves as a reminder that the men and women who have chosen this career require passion, purpose and heart to be the best in their field.

The current emergency medical system has come a long way since the first ambulance service was offered in 1967 in Pittsburgh, PA. In Indiana, every county has coverage offered by an emergency medical service in 2016. In order to honor these individuals, the American College of Emergency Physicians and the National Association of Emergency Medical Technicians created a guide to serve as a tool for planning activities during EMS week. This toolkit recommends that organizations engage the media, teach CPR, say thank you to EMS by rewarding them and honor fallen EMS personnel. Treating the EMS team can include providing a meal, offering them goody bags or arranging events centered around those individuals. It is a great opportunity to engage the community and honor the individuals that are called to care for others.



Trauma and Injury Prevention staff updates:

- * The second annual IPAC Conference will be held May 19 at the Rapp Family Conference Center at Eskenazi Health in Indianapolis. The conference focuses on educating injury prevention coordinators, first responders and others about evidence-based prevention programs and best practices. This year's conference will focus on both pediatric and adult injury prevention presentation tracks. Topics will include prescription drug overdose, ATV safety, older adult falls, child poisoning, sexual violence prevention and car seats for children with special needs. Register at <http://2016ipac.eventbrite.com>
- * The Safe States Alliance hosted its annual meeting in Albuquerque, NM, from April 12-14. Jessica Schultz, Injury Prevention Epidemiologist Consultant at the Indiana State Department of Health, presented on April 13th during a breakout session. Jessica's presentation, entitled "Health Communication: Cutting through the communication barriers," discussed initiating, developing and advancing a state-specific injury prevention resource guide and strategies for developing an injury prevention mobile application. This app, available on Android and IOS systems, allows health professionals to have data and intervention strategies in the palm of their hand. The annual meeting highlighted the concept of a culture of safety and the diversity and unity of the injury and violence prevention field.



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