

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

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- 3/20 National Poison Prevention Week
- 4/15 ISTCC Meeting
- 4/15 ITN Meeting
- 4/28 District 10 Trauma Regional Advisory Council

## Indiana State Trauma Care Committee begins year focused on improving statewide trauma system

The Indiana State Trauma Care Committee (ISTCC) got straight to work with a packed agenda to start the first meeting of the year on February 19. Led by state health commissioner Jerome Adams, meeting attendees congratulated St. Vincent Indianapolis on becoming a level 1 trauma center. Dr. Jacobson from St. Vincent said of the verification, "Overall it is good for the state and it helps with preparedness." In order to continue the trauma system growth the committee reviewed the application submitted by Union Hospital, Terre Haute to become a level III in the process trauma center. After further review of the documentation, ISTCC voted to support that application. The EMS Commission will now take this recommendation and determine if Union Hospital will become the ninth Indiana in the process trauma center.

Deputy State Health Commissioner, Dr. Walthall updated the committee on Naloxone intervention strategies for drug overdoses in Indiana. Currently Eskenazi and Indianapolis EMS are working to get patients administered naloxone into treatment. Dr. Walthall shared preliminary data reveals more than 8,000 administrations of naloxone have been given in 2015 and this is known to be underreported.

ISTCC continued to show support for the regional development of each district in Indiana. District 10 has established quarterly meetings to discuss the regional progress as well as data reports. ISTCC has continued to encourage other districts to follow suit and District 1 announced that their group is moving forward to do just that. The group from District 1 will reconvene in March to draft a plan and extend invitations to the initial meeting scheduled for April. Dr. Adams concluded that he is happy to attend any of those meetings if given notice and ISDH can be an objective voice that would be happy to help get the regional meetings up and running.

The performance improvement (PI) subcommittee identifies areas of opportunity in the statewide trauma system and uses the Indiana Trauma Registry data to track and trend results of improving the overall system. The PI subcommittee does this by offering support to non-trauma hospitals in order to improve patient transport from those EDs by reviewing data and discussing what the barriers to transport are in order to offer recommendations to the hospitals. The subcommittee is currently working on a draft letter to be sent to hospital administrators and hospital ED managers of non-trauma centers regarding timely ED transfer from Dr. Adams and Director Kane.

After the fall meeting in 2015, it was recommended that the designation subcommittee update the triage and transport rule. The subcommittee has since met multiple times and at the February ISTCC meeting Dr. Gomez presented the recommended updates to the rule. After discussion the committee decided to send the recommendations back to the subcommittee to investigate further best practices in regards to triage and transport.

The next committee meeting will be April 15 from 10 -12 p.m. 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](mailto:indianatrauma@isdh.in.gov) during the meeting.

## Noteworthy:

- St. Vincent Indianapolis became verified by the American College of Surgeons as a Level 1 Trauma Center on February 17. It is now the third verified adult Level 1 Trauma Center in Indiana joining IU Health- Methodist and Eskenazi Health. Congratulations St. Vincent for all your hard work!
- Union Hospital Terre Haute was approved as an in the process Level III Trauma Center on February 26 by the Indiana Department of Homeland Security Emergency Medical Services Commission.
- The division of Maternal and Child Health (MCH) at the Indiana State Department of Health launched the MCH MOMs Helpline on March 1. This helpline will offer information and referral assistance on locating health care providers, health coverage enrollment, care for a baby and resources for moms that include housing assistance, nutrition education, behavioral health services, transportation services and free testing. The website address is [www.MOMSHelpLine.isdh.in.gov](http://www.MOMSHelpLine.isdh.in.gov) and the phone number is 1-844-MCH-MOMS.



*The key to a healthy baby and a happy mom*

- The next Injury Prevention Advisory Committee (IPAC) meeting and Indiana Violent Death Report System Advisory Board (INVDRS) meeting will be combined from 1 - 3 p.m. on Friday March 18 In Rice Auditorium. Each group will meet separately from 12:30 - 1 p.m. for any updates and announcements the groups may have before the joint meeting. The decision to join IPAC and INVDRS meetings stems from trauma center feedback of the need to discuss injury prevention programs; additionally, the INVDRS Advisory Board members expressed interest in learning more about current violence prevention programs.
- The annual Indiana Spinal Cord and Brain Injury Research Conference will be held Friday, April 15 from 8 a.m. –1:30 p.m. at the IU Health Neuroscience Center. The objectives of this conference are to acquaint interested parties, clinicians and scientists as well as consumers with the research supported by the Indiana Spinal Cord and Brain Injury Fund (ISCBIRF) and to provide a forum for researches funded by the ICBIRF to learn about each other's work and facilitate research. Registration for this event is free. For more information please visit: <https://www.eventbrite.com/e/2016-indiana-spinal-cord-and-brain-injury-research-conference-tickets-20034605043>

## New faces at ISDH

### Tanya Barrett

Tanya Barrett, CMP, CEM relocated to Indianapolis in January 2016 from the Washington DC area. Tanya's 15-year career in conference management includes supervision at some of the nation's top destinations on behalf of leading professional organizations. Tanya has managed meetings, conventions, workshops, galas and events for U.S. Pharmacopeia, The American Institute of Architects, Belmont Country Club and The Ritz-Carlton. Tanya holds a Bachelor's of Arts degree in communication studies from University of Maryland University College and Masters of Science in sport management from Drexel University. In her spare time, the Richmond, VA native enjoys traveling, amusement parks, sports, dancing, good food, live concerts and theatre.



### Ryan Cunningham

Ryan Cunningham is a native of Detroit Michigan, where he was a student at the Center for Creative Studies. There he focused his education on Illustration and Sculpture and created projects that emphasized the victims of violent acts and crimes. His study of both the physiology of injury and the psychological impact of such trauma led to the creation of pieces that endeavored to inform the public and provide solace to victims. Ryan is a commissioned artist, painting and sculpting in both private and commercial works, as well as provided graphic design to clients and businesses.

## Traveling the state one Trauma Center at a time

During January and February, the Division of Trauma and Injury Prevention met with staff from 14 verified and in process trauma centers to discuss injury prevention efforts. The meetings provided an opportunity for Katie Hokanson, Lauren Savitskas and Jessica Schultz to be introduced to new staff and new program initiatives. At the meetings, the staff shared the top three leading causes of injury at each trauma center and what programs the facilities are implementing to reduce injury and violence related morbidity and mortality. The two leading causes across all facilities are older adult falls and motor vehicle crash-related and the third leading cause varied by region, but included penetrating trauma, ATV injury, pedestrian and bicycle related, struck by/against and traumatic brain injury.

The Division also used the meetings to discuss the state's initiatives related to child passenger safety and older adult falls prevention. Lauren Savitskas, Injury Prevention Program Coordinator, discussed opportunities for trauma centers to become more involved with permanent fitting stations in their local communities and the opportunities for trauma centers to spearhead child passenger safety outreach programs within their injury prevention program.

The Division thanks the trauma center staff for their time and hospitality. In the future the division will take what was discussed at the meetings to compile a list of statewide programs and future initiatives in the hopes to bolster communication between facilities and reduce injury and mortality rates across the state.

## A new year brings a new president to the Indiana Trauma Network

Bekah Dillon, IU Health Ball Memorial's trauma program manager, conducted her first meeting as the new Indiana Trauma Network (ITN) president on February 19 at the Indiana State Department of Health. ITN includes trauma program managers, coordinators, clinical nurse specialists, nurse practitioners, case managers, trauma epidemiologists and registrars with the mission to "promote optimal trauma care to all people locally, regionally and statewide through education, injury prevention, outreach, mentoring and collaboration with other agencies/ associations."

The February 19 meeting included a presentation on the effectiveness of a trauma center's blood transfusion coordinator. Sarah Hoepfner from Parkview detailed that the implementation of a blood transfusion coordinator position in the hospital setting can directly improve massive blood transfusion 1:1:1 transfer and reduce overall blood loss. A recent study at Parkview found a projected savings of \$12,533 in five months. Nurses and trauma managers in other hospitals have also seen the benefits of having a massive blood transfusion system. Amanda Rardon, trauma program manager from IU Health Arnett, said about their system, "We have had to do some spot education with our physicians but we have used the opportunity to practice. We also work with a blood bank downtown to send unused thawed blood so that it doesn't get wasted." The American College of Surgeons has best practice guidelines for massive transfusion protocol that trauma centers are encouraged to consult when setting up their own procedures.

Also discussed were ACS site visits at trauma centers. St. Vincent of Anderson recently had a site visit and said that while the ACS does not expect perfection the reviewers expect the hospital to know their weaknesses and have a performance improvement plan. Other trauma program managers mentioned that reviewers made comments on SBIRT elements, transfusion protocols, and advanced practice nurse training and PI improvement. St. Vincent Indianapolis recently became a level one verified trauma center. Judi Holsinger, trauma program director said of the process, "Reviewers come with a very good sense of what they are getting from PRQ. They expected our PI to start from the time the patient was touched in the field."

The next ITN meeting will be held on April 15 from 12:30 —2 pm in Rice Auditorium at the Indiana State Department of Health. 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](mailto:indianatrauma@isdh.in.gov) during the meeting.



Secretary Jennifer Konger and president Bekah Dillon

# Trauma Center spotlight: IU Health– Methodist



Photo Courtesy of IU Health

In 1910, IU Health Methodist, located in the heart of Indianapolis, became the first hospital to have a motorized ambulance. IU Methodist has continued to grow in developing the trauma system and injury prevention programs offered at the facility. With a commitment to treating injured patients, advancing research and serving the community, IU Methodist continues to advance the face of medicine in Indiana.

One way Methodist exemplifies the qualities of level one trauma centers is through excellence in staff. New to the team is Trauma Medical Director Dr. Stephanie Savage. Dr. Savage completed medical school at the University of Wisconsin, general surgery residency at the University of Texas and a surgical critical care fellowship at the Presley Trauma Center in Memphis. In addition, Dr. Savage has extensive military clinical experience and was awarded the Meritorious Service medal (Operation Iraqi Freedom), Army Commendation medal and the NATO Operation Enduring Freedom medal.

Another new addition is Tara Roberts as the trauma program manager. Roberts graduated from Indiana University School of Nursing with a baccalaureate degree in 2003 and a master's degree in 2010. Roberts worked at IU Health Methodist Hospital in the intensive care unit for six years and has been an acute care nurse practitioner for Trauma Services and Critical Care for five years.

Jill Castor will transition to a new role as the trauma educator and Catana Philips will serve as the new injury prevention coordinator. Castor has been with Methodist Hospital for six years with extensive training in disaster management and forensic nursing.

In order to reduce injury in Marion and surrounding counties, IU Methodist is involved with a variety of programs. Beth's Legacy of Hope is a program created after a nurse at IU Health died from a domestic violence attack by her ex-husband. The training is aimed at educating healthcare providers on intimate partner violence by increasing staff awareness of, and reaction to, victims of domestic violence to help improve serving survivors. The program also offers wrap-around services to patients or peers of victims of domestic violence.

A program called "Rachel's First Week" is offered in order to prepare and educate high school seniors on issues they may encounter in college. Two days after Rachael Fiege started college, she attended a party with some friends from high school where she fell down a flight of stairs and hit her head. Her friends did not realize she had suffered a traumatic brain injury and by the time she was en route to the hospital, her heart had stopped beating. She never woke up, and was pronounced dead the next morning. Rachel's First Week is designed to educate students on making smart choices and help transition them into young adults.

Another program IU Methodist offers is "Think First for Teens," a program of the Think First National Injury Prevention Foundation, an award-winning public education effort targeting this high-risk age group. The program is designed to educate teens on safety such as wearing a seatbelt, not drinking and driving and wearing a helmet when cycling. For more information on any of these programs, please contact Tara Roberts (troberts@iuhealth.org) at IU Health Methodist.

## Importance of pediatric emergency care coordinators in Indiana Hospitals

In 2013, Indiana Emergency Medical Services for Children (IEMSC), a federally funded program that focuses on improving the quality of emergency care for children, participated in the National Pediatric Readiness Project. The IEMSC National Resource Center states, "The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children."

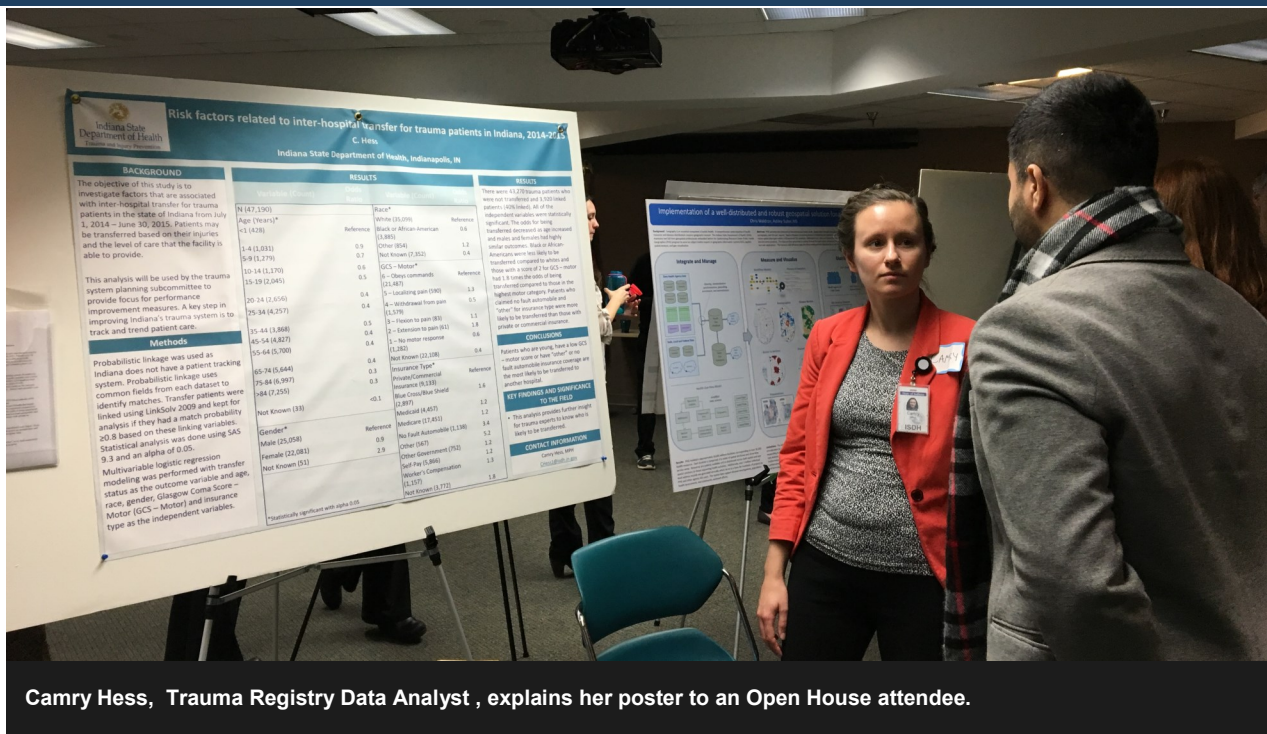
83% of U.S. emergency departments voluntarily participated in this comprehensive assessment of care capabilities for children. Each participating hospital was provided with a pediatric readiness score. This readiness was gauged using a weighted score of the components of the 2009 joint ACEP/AAP policy statement "Guidelines for Care of Children in the Emergency Department." Nationally the average score was 69 out of a possible 100 points, up from 55 points in 2003.

## Importance of pediatric emergency care coordinators in Indiana Hospitals continued...

While Indiana hospitals had a higher participation compared to the national average, the average total score was lower than the national average. 87% of Indiana's hospitals participated in this survey with the average hospital score being 66 out of 100 total points. The median score was 67. The lowest score in the state was a 29 but the highest score was a 98. This demonstrates the opportunities for improvement in Indiana with the wide variability in ED scores.

Analysis of the national results demonstrated that hospitals with a dedicated pediatric emergency care coordinator (PECC) were significantly more prepared to care for children in emergencies as demonstrated by higher pediatric readiness scores. This PECC may be filled by a physician or nurse or both and may be shared across facilities. Regardless of how the role is executed, PECCs dedicate time to pediatric care, training and quality improvement.

The pediatric readiness project has provided important benchmarks for hospital capability in Indiana to provide optimal care for the ill or injured child. Over the next year, Indiana EMSC has committed to building a network of PECCs from EDs around the state to improve upon current capabilities. If you are interested in becoming involved, have questions or would like support in establishing this position at your institution, please contact Indiana EMSC at [Courtney.vanIJelgerhuis@indianapolisems.org](mailto:Courtney.vanIJelgerhuis@indianapolisems.org). For more information on Indiana EMSC, please visit [indianaemsc.org](http://indianaemsc.org).



Camry Hess, Trauma Registry Data Analyst, explains her poster to an Open House attendee.

## Epidemiology Open House: Bridging the gap from data to action

State employees gathered for the second annual ISDH Epidemiology Open House on February 17, allowing state and local health department epidemiologists to present current work and findings. Amanda Raftery, a coordinator of the event said, "The goal is to increase awareness of what epidemiologists do to provide a foundation for data-driven decisions affecting public health program planning, surveillance and investigation." This year, Camry Hess, Division of Trauma and Injury Prevention, submitted a poster on "risk factors related to interhospital transfer for trauma patients in Indiana 2014-2015."

The preliminary results show that 43,270 trauma patients were not transferred to another facility from July 1, 2014 to June 30, 2015. During that time period, the odds of being transferred decreased as age increased. Males and females had highly similar outcomes but African Americans were less likely to be transferred compared to whites (OR=.6). Hess also compared transfer status to Glasgow Coma Score- Motor (GCS- Motor) and insurance type. From the analysis, Hess concluded that the patients most likely to be transferred to another hospital were young, had a low GCS- motor score or have "other" or no-fault insurance coverage.

Hess plans to continue analysis of the data in order to get a better understanding of the risk factors associated with transfer of trauma patients. Hess fully supports the Epidemiology Open House as a great way to move data to action in all areas of public health. "The epi open house showcases the huge variety in our work and this is a good way for people to see what we do," Hess said.

# Poison prevention tips for spring safety

National Poison Prevention Week is the third week in March each year and is designated to highlight the dangers of poisoning and how to prevent them. The need for awareness can be seen nationally but also here in the Hoosier State. In 2015, the Indiana Poison Center received 56,123 requests for assistance which is an average of 154 cases per day. As a result of these calls, the staff of the Poison Center placed 84,201 calls to patients and health care professionals for follow up, an average of 230 calls per day. This year, the National Poison Prevention Week is March 20— 26.

As a young child's mobility increases, so does his or her ability to reach for a dangerous product. "Young children constantly explore the world around them, touching and tasting everything they see," says Dr. James Mowry, Director of the Indiana Poison Center. "The goal of National Poison Prevention Week is to raise awareness about what kinds of things can potentially be poison and to teach ways to keep children and others safe from poisons."

The Indiana Poison Center encourages individuals to take some simple steps to help keep their family safe. These precautions include:

- Choose products and medicines with child resistant packaging whenever available
- Replace child-resistant caps tightly *every time* a medicine is given or taken or a product is used
- Lock medicines and household products away from children – products placed up high may not be secure since children climb
- Always read the label before giving or taking a medicine or using household products – never guess about how to use a product
- Take medicines where children can't watch – they learn by imitating
- Put the number for the **Indiana Poison Center, 1-800-222-1222** on or near every telephone. Program the number into your cell phones and caregivers cell phones.

Items commonly found in and around the home can easily become a danger to young children if they are left in the open within easy reach. It can take only seconds for a child to reach for cleaners, pesticides or medications, possibly resulting in serious injury or even death. Call the Poison Center experts at **1-800-222-1222** even if you just *think* that someone has been poisoned. Don't wait to see if the person gets sick. The Poison Center serves the hearing impaired and non-English speaking populations. To request a free magnet, phone sticker or wallet card and to learn more about poison safety, call the Indiana Poison Center at **1-800-222-1222**, or visit the Center's website at [www.indianapoison.org](http://www.indianapoison.org).



## Contact Us

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