Designation Subcommittee Update

Dr. Gerardo Gomez, MD, *Trauma Medical Director*
Eskenazi Health

Email questions to: indianatrauma@isdh.in.gov
Trauma Designation Subcommittee Update

August 30, 2015
Gerardo Gomez, MD, FACS
Committee Chair

Dr. R. Lawrence Reed, Dr. Lewis Jacobson, Spencer Grover, Wendy St. John, Jennifer Mullen, Lisa Hollister, Amanda Elikofer, Katie Hokanson, Ramzi Nimry, Missy Hockaday, Teri Joy, Art Logsdon, Judy Holsinger, Jennifer Conger, Dr. Emily Fitz, Dr. Matthew Sutter, Dr. Christopher Hartman
Indiana
"In The Process"
Process

Hospital

EMS Commission

Homeland Security

State Health Commissioner
(Dr. Adams)

ISDH

Indiana State Trauma Care Committee
2015 Committee Meetings

- January 28, 2015
- April 20, 2015
- July 2, 2015
- August 13, 2015
- September 30, 2015
- October 2, 2015
- October 19, 2015

- Meeting minutes available on-line:
  - http://www.state.in.us/isdh/25400.htm
October 2, 2015
In-process Indiana Trauma Centers
1 year progress reviews

• Methodist Northlake
  • ACS Consultation on October 7-8, 2015
October 19, 2015
In-process Indiana Trauma Centers Applications

- Terre Haute Regional Hospital (Level II)
- Reid Hospital (Level III)
- Franciscan St. Anthony – Crown Point (Level III)
Issues identified requiring clarification

- Trauma registrar training and certifications
- Attendance to PI Committee
- ATLS certifications for surgeons in trauma panel
- Trauma related CMEs
- Contact ACS COT in Chicago
1. Can the Trauma Medical Director be board certified by the American Osteopathic Associations or the American Osteopathic Board of Surgery? (CD 5-5, 6-2,) (Page 36, 45, 167,169)
Yes the TMD can be board-certified by the American Osteopathic Association or the American Osteopathic Board of Surgery.

2. The trauma program must demonstrate the surgeon’s presence is compliant at least 80 % of the time for highest level of trauma activation. (CD 2-8) (page 19, 165)

Question: Is this an average of all surgeons responding or does this apply to each individual surgeon? 
This applies to each surgeon
Preventing Injuries in Indiana
Injury Prevention App

Jessica Schultz, MPH, Injury Prevention Epidemiologist
Division of Trauma and Injury Prevention

Email questions to: indianatrauma@isdh.in.gov
Why Prevent Injuries?

• Injuries are not accidents!
• Injuries can be devastating,
• Injuries can be deadly,
• Injuries are costly, and
• Injuries are preventable.

“Prevention is the vaccine for the disease of injury” – American College of Surgeons-Committee on Trauma

Email questions to: indianatrauma@isdh.in.gov
Primary Goals of Project

1. Create a document that can provide easily accessible and understandable data and information on the size and scope of specific injury problems in Indiana.

2. Highlight evidence-based solutions to the problem of injury

Email questions to: indianatrauma@isdh.in.gov
10 topics in initial launch

- Alcohol & Injury
- Child Maltreatment
- Distracted Driving
- Infant Safe Sleep
- Sexual Assault
- Suicide Prevention
- Older Adult Falls
- Rx Overdose
- Trauma & Trauma Systems
- Traumatic Brain Injury

Email questions to: indianatrauma@isdh.in.gov
Future Injury Topics

TRAFFIC SAFETY
POISONING
ASSAULT & HOMICIDE
INTIMATE PARTNER VIOLENCE
OCCUPATIONAL SAFETY
TEEN DRIVING SAFETY
CHILD PASSENGER SAFETY
ATV SAFETY
RURAL HEALTH
CARBON MONOXIDE & HOME FIRES
BULLYING
Outline per Injury Prevention Topic

1. Short description of problem
2. U.S. data
3. Indiana data
4. How do we address this problem?
   a. Evidence-based solutions
   b. Policy, data collection, education, interventions, collaborations, measures
5. Additional Resources (state and national)

Email questions to: indianatrauma@isdh.in.gov
Visit: www.indianatrauma.org
The Indiana State Department of Health (ISDH) Division of Trauma and Injury is pleased to provide the first edition of this comprehensive Resource Guide on injuries affecting Hoosiers. By accessing, analyzing and compiling data and evidence-based resources from a wide variety of sources, the Resource Guide describes some of the issues related to injury and the strategies to address the immense toll that injuries take on the lives of Indiana residents. Injuries are a major public health problem and require resources and programming to reduce this toll. This Resource Guide aims to inform injury prevention interventions.


Injury Topics:

<table>
<thead>
<tr>
<th>Trauma &amp; Trauma System</th>
<th>Older Adult Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; Injury</td>
<td>Child Maltreatment</td>
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<tr>
<td>Prescription Drug Overdose</td>
<td>Sexual Violence</td>
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<tr>
<td>Infant Safe Sleep</td>
<td>Distracted Driving</td>
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<tr>
<td>Traumatic Brain Injury</td>
<td>Suicide Prevention</td>
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</table>

Appendices:

<table>
<thead>
<tr>
<th>A: Glossary of Injury &amp; Violence Terms &amp; Acronyms</th>
<th>C: State, Regional &amp; National Injury Prevention Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>B: ISDH Vital Statistics and Hospital Discharge Data</td>
<td>E: Indiana Injury Prevention Reports &amp; Information</td>
</tr>
<tr>
<td>C: Resources to Find Evidence-Based Programs</td>
<td></td>
</tr>
</tbody>
</table>
Resource Guide App

• Injury Prevention at your fingertips

• Free download for iOS & Android
  • phone & tablet capabilities

• Available NOW!!

Email questions to: indianatrauma@isdh.in.gov
App Stores

• Android:

• Apple:

Email questions to: indianatrauma@isdh.in.gov
Preventing Injuries in Indiana

Bob Clarke  Education

Everyone 10+

⚠️ You don’t have any devices

Add to Wishlist  Install

The public health approach to prevention follows four main steps to prevent injuries and violence and minimize their consequences when they occur. The systematic processes are: 1) describe the problem and perform surveillance; 2) identify causes and risk and protective factors; 3) develop

Indiana DNR
Bob Clarke

Travel Advisory
Bob Clarke
Preventing Injuries in Indiana: Injury Prevention Resource Guide

By Indiana Office of Technology

Open iTunes to buy and download apps.

Description

The public health approach to prevention follows four main steps to prevent injuries and violence and minimize their consequences when they occur. The systematic processes are: 1) describe the problem and perform surveillance; 2) identify causes and risk and protective factors; 3) develop, implement, and evaluate prevention strategies; and 4)

Preventing Injuries in Indiana: Injury Prevention Resource Guide Support

Screenshots

The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as, at a minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or e...

United States Data

Indiana Data

How do we address this problem?
A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific hospitals with trauma care staff, equipment, and capabilities to provide the needed comprehensive care. The ultimate goal of an efficient and effective trauma system is to get the right patient the right care, at the right place, at the right time. Research indicates there is a 25% reduction in deaths for severely injured patients who receive care at a American College of Surgeons (ACS) verified level I trauma center rather than a non-trauma center.1 However, not all injured patients can or should be transported to a level I center, therefore Emergency Medical Service (EMS) providers must perform field triage to assist in determining the most appropriate level of care needed for the patient. Injuries and violence have a significant impact on the well-being of Americans by contributing to premature death, disability, poor mental health, high medical costs, and lost productivity. The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, employers, and communities.2
A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific...
A trauma system is an organized, coordinated approach to treating individuals who have sustained severe injuries requiring rapid evaluation and transport to specific...

Data collection

population, statewide process improvement activities, and research.

The Indiana Trauma Registry requires the National Trauma Data Bank (NTDB) data elements for each incident submitted and follows strict inclusion/exclusion criteria. The Indiana Trauma Registry Data Dictionary can be accessed here: http://www.in.gov/isdh/25407.htm
Any drug has the potential to be misused or abused, and may be even more dangerous when used in combination with other drugs or alcohol. The most...

Cost data

Fatal unintentional poisoning costs were about $68 million in 2010. Of this amount, the combined cost of work loss and medical costs was an average of $653,429 per fatality. (see #14)

Opioid abuse costs in 2007. Of this attributable to lost healthcare costs (e.g., % to criminal justice...
The Indiana Trauma Registry requires the National Trauma Data Bank (NTDB) data elements for each incident submitted and follows strict inclusion/exclusion criteria. The Indiana Trauma Registry Data Dictionary can be accessed here: [http://www.in.gov/isdh/25407.htm](http://www.in.gov/isdh/25407.htm)

Trauma & Trauma System
A trauma system is an organized, coordinated approach to treating individuals who have sustained severe...
To: indianatrauma@isdh.in.gov

Subject: ISDH Injury Prevention...
PREVENTING INJURIES IN INDIANA

INJURY PREVENTION RESOURCE GUIDE
2015 EDITION

INDIANA INJURY PREVENTION RESOURCE GUIDE
Indiana State Department of Health
Jerome M. Adams, MD, MPH
State Health Commissioner
Indiana Injury Prevention Advisory Council

• Mission: To reduce the number and severity of preventable injuries in Indiana through leadership and advocacy.

• Vision: Working together to create a safe and injury free Indiana.

• IPAC Website: http://www.in.gov/isdh/25395.htm

Email questions to: indianatrauma@isdh.in.gov
Next Meetings

• Thursday, December 10, 2015: 1 p.m.-3 p.m. EST
  – Rice Auditorium at ISDH

• New 2016 Dates: 3rd Friday of the month
  – 10 a.m.-12 p.m. EST in Rice Auditorium
    – March 18
    – July 15
    – September 16
    – November 18

Email questions to: indianatrauma@isdh.in.gov
Next Meeting: December 10

- Sally Thigpen, MPA, Health Scientist, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- Understanding Evidence & Evaluation Project in the Division of Violence Prevention

Email questions to: indianatrauma@isdh.in.gov
Contact

Jessica Schultz, MPH
Injury Epidemiologist
JSkiba@isdh.in.gov
317-233-7716

Emails: indianatrauma@isdh.in.gov
INVDRS@isdh.in.gov

@INDTrauma #SafetyIN
Healthy Hoosier Foundation

Scott Zarazee, Executive Director
Healthy Hoosier Foundation

Email questions to: indianatrauma@isdh.in.gov
Healthy Hoosiers Foundation

[Image of a baby in an incubator, a pregnant woman, and a child laughing]

www.in.gov/isdh.hhf.com

Email questions to: indianatrauma@isdh.in.gov
The Healthy Hoosiers Foundation (HHF) is dedicated to a wide range of health care issues. We seek to improve the health of our citizens so they can have better, productive, and more active lives. In particular, we are dedicated to preventing infant deaths in Indiana. To reduce infant mortality, the HHF focuses on funding programs at the Indiana State Department of Health that promote smoking cessation, reduce obesity and increase immunizations.
Healthy Hoosiers Foundation

- Created in 2013 by Gov. Pence and General Assembly
- Registered 501(c)(3) nonprofit in March 2015
- Funds ISDH programs
Focus Areas

• Reducing Infant Mortality
• Reducing Obesity
• Reduce Smoking
• Increase Immunization rates

These are articulated in the bill, but are not limited to these issues.

Email questions to: indianatrauma@isdh.in.gov
Infant mortality in Indiana: Where we stand

![Infant Mortality Rates 2007-2013 Graph]

<table>
<thead>
<tr>
<th>Year</th>
<th>Marion County</th>
<th>Indiana</th>
<th>U.S.</th>
<th>HP 2020 Goal</th>
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<tbody>
<tr>
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<tr>
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<td>2013</td>
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<td>7.15</td>
<td></td>
<td>6.0</td>
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</table>

Note: U.S. 2013 rate is not available.
Infant mortality in Indiana: Where we stand

**Causes of Infant Mortality**

- Marion County:
  - 54.1% Other
  - 18.9% SUIDs
  - 17.3% Assaults/Accidents
  - 9.0% Other
  - 0.8% Other

- Indiana:
  - 21.7% Congenital Malformations
  - 15.3% Perinatal Risks
  - 14.0% Other
  - 1.4% Other

Email questions to: indianatrauma@isdh.in.gov
Percent smoked during pregnancy, 2007-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Indiana</th>
<th>United States</th>
<th>Healthy People 2020 Goal</th>
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<tr>
<td>2012</td>
<td>16.5</td>
<td>8.7</td>
<td>1.4</td>
</tr>
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</table>

Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [June 6, 2014]
United States Original: Centers for Disease Control and Prevention National Center for Health Statistics
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team
Overview of the BABY & ME-Tobacco Free™ Program

• The program models the *Clinical Best Practice Guidelines for Treating Tobacco Use* and uses a cessation support approach specific to pregnant women.

• Women are referred to the program via physicians, community groups, pregnancy centers, word of mouth, etc.

• Intervention is conducted in 4 sessions throughout the pregnancy.

Email questions to: indianatrauma@isdh.in.gov
BABY & ME-Tobacco Free™
How it works:

• The client must set a quit date, stop using tobacco before the third or fourth class and remain tobacco free for the rest of her pregnancy. Up to one qualifying support partner for each primary participant may also enroll.

• After the client delivers, she returns and blows into a CO monitor. If she registers as smoke-free, she is eligible to receive a $25 voucher for diapers at Wal-Mart or participating CVS locations.

• Women can receive these vouchers for up to 12 months.
BABY & ME-Tobacco Free™ program in Indiana

- The program was first implemented in Indiana in October 2013, when ISDH funded 8 pilot sites.

- By the spring of 2015, those 8 sites had enrolled 588 pregnant women.

- 60 percent of those women were still not smoking 6 months after delivery.

Email questions to: indianatrauma@isdh.in.gov
BABY & ME-Tobacco Free™ program in Indiana

- Partnership with Anthem, CVS, and March of Dimes allowed the BABY & ME – Tobacco Free program to expand. Now have 18 funded locations.

- After nine months, more than 300 additional women have enrolled at one of these new locations and the observed quit rate is almost 70 percent.

- Indiana is also piloting the inclusion of support partners into the program.

Email questions to: indianatrauma@isdh.in.gov
ISDH, Anthem, and March of Dimes Sites for BABY & ME-Tobacco Free™

Email questions to: indianatrauma@isdh.in.gov
How HHF fits

- ISDH has incredible data capacity
- Foundation’s mission-driven work expands capacity
- Statewide capacity
Why a Foundation?

- Raise money from private sector.
- Health funds are being cut
- Flexibility
- Form partnerships

The Healthy Hoosiers Foundation is the first of its kind in the US
Healthy Hoosiers
Foundation

Scott Zarazee
szarazee@isdh.in.gov
317-234-8940

Email questions to: indianatrauma@isdh.in.gov
Updates