

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 5, Issue 11

November 2014

## Upcoming Events

### *Indiana State Trauma Care Committee meeting*

November 14, 10 a.m. Rice  
Auditorium

### *Indiana Injury Prevention Advisory Council meeting*

November 20, 1 p.m. Rice  
Auditorium

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## Improving Patient Care Through Trauma System Collaboration

*By Amanda Elikofer, MSN, RN, NE-BC, Department Manager for Trauma Services, IV Therapy and WOCN Services at Deaconess Hospital, Evansville and Lisa Gray, BSN, RN, CPN, Director, Trauma Services at St Mary's Adult and Pediatric Trauma Centers, Evansville*

Trauma systems are responsible for saving lives by ensuring that severely injured patients receive the care they need in a timely fashion. Perhaps more simply stated: right patient, right place, right time. Very few individual facilities can provide all resources to all patients in all locations. This reality enforces the development of an inclusive trauma system for care instead of simply developing trauma centers. As trauma systems mature, most hospitals will seek trauma center designation or withdraw from treatment of acute traumatic injury. In most trauma systems, a combination of levels (I, II, & III) co-exist with other acute care facilities. Regional trauma systems are beneficial as they bring the coordinated power of systems to the local level where it can best be used, while at the same time functioning within the overall statewide trauma system.

Regional trauma system plans are the cornerstone in the development of a state trauma system. The overarching goal of the District 10 Regional Trauma System Plan is to engage every hospital and pre-hospital service within our geographical region to ensure the rapid flow of injured patients to the proper facility for best patient care for optimal outcomes.

Serving a population of approximately 400,000 people in 12 counties, the District 10 Trauma Regional Advisory Council (D10TRAC) has evolved as a result of the local interests and grassroots efforts of approximately 90 EMS units, 500 EMS providers and the 10 hospitals that represent southern Indiana.

## Improving Patient Care Through Trauma System Collaboration (Cont'd)

As charged by the ACS-COT, verified trauma centers must have meaningful participation in state and regional trauma system planning, development, and operations. It is the responsibility of St. Mary's Medical Center and Deaconess Hospital, the Level II Trauma Centers in District 10, to build a regional trauma system plan.

With the goal of achieving the recommendations from the American College of Surgeons-Committee on Trauma State Consultative visit in 2011, an invitation was extended to all trauma stakeholders to participate in the work required to develop and implement a regional trauma system plan. Modeling states with mature regional and state trauma system plans (i.e. Texas, Ohio, Pennsylvania), the first success of D10TRAC was the development of formal by-laws and establishment of an executive committee. The co-chairs of the committee are trauma medical directors, Dr. Stephen Lanzarotti and Dr. W. Matthew Vassy. D10TRAC meetings are held on a quarterly basis and the location of the meeting rotates among hospitals in the district. A case study with opportunity for improvement and/or education is presented by the hosting facility.



An accomplishment for District 10 is inclusive participation in the state trauma registry. To align with the goals and work of the ISDH Department of Trauma and Injury Prevention, the staff at the local trauma centers worked closely with staff from each of the non-trauma centers to deliver additional hands-on training and education. As a result, District 10 has 100% hospital participation in the state trauma registry. We now have the ability to look at data specific to District 10 to guide performance improvement initiatives at the local and regional level. Those performance improvement initiatives directly align with those of the IN State Trauma PI Committee. In addition, an education sub-committee has been established to provide technical assistance and education to regional hospitals and providers for the purposes of improving system performance.

Some additional goals and ideal functions of D10TRAC include ensuring collaboration among all trauma providers and related agencies, the promotion of regional and the state trauma system initiatives, and system-wide performance improvement.

Because of the commitment, dedication and contribution of our trauma colleagues, D10TRAC is making great strides in trauma care in Indiana. We are very proud of the work we have accomplished thus far and hope this information will be useful for other districts in the state as we strive to improve the trauma care of Hoosiers and reduce the number of preventable deaths in Indiana.

For more information: <https://sites.google.com/site/dist10trauma/>

## Rehabilitation Hospital of Indiana Provides Nationally Recognized Statewide Service

*By Lance E. Trexler, PhD, HSPP, FACRM, Clinical Neuropsychologist and Executive Director, Departments of Rehabilitation Neuropsychology and Resource Facilitation, Rehabilitation Hospital of Indiana*

Clinical researchers at Rehabilitation Hospital of Indiana (RHI) are implementing a statewide program to assist people with acquired brain injury (traumatic brain injury, stroke, and other brain injuries/illnesses) with returning to school or work.

Resource Facilitation (RF) is a service developed several decades ago to provide system navigation to people with brain injury and their families. The path to return to work after a brain injury has many gaps in the continuum of care and often involves different providers, state agencies and funding mechanisms. Only about 30-40% of people with acquired brain injuries (ABI) typically return to school or work. RF is a process that identifies needs and resources, isolates barriers, facilitates access to resources, and ensures coordination of services on an individualized basis. RF is provided by a multidisciplinary team of brain injury rehabilitation professionals.



Initial research on resource facilitation was conducted by Dr. Jim Malec, now the RHI Director of Research, when at Mayo Clinic. Dr. Malec and colleagues studied what they referred to as vocational case coordination and found that subjects had significantly better vocational outcomes.

Through funding from the Health Resources Services Administration (HRSA) to the Indiana Vocational Rehabilitation Services (VRS) in 2006, RHI's Dr. Lance Trexler and coworkers conducted the first randomized controlled trial of RF and found that 64% of those subjects who got RF returned to work compared to 36% of the controls. Further, RF subjects also demonstrated significant improvement in participation in activities in the home and community.

An economic impact study was performed by the Ball State University Center for Business and Economic Research. This demonstrated that if people were provided RF, Indiana would avoid \$31 million annually in lost wages, not including the \$15 million loss associated with business and tax revenues nor the positive impact of return to work for disability carriers, Medicaid and Medicare. Dr. Trexler then received HRSA funding again in 2009.

Based on the 2006 HRSA grant success, the Indiana Bureau of Vocational Rehabilitation (IBVR) again funded RHI to develop a state-wide RF services infrastructure. Simultaneously, RHI researchers were funded by the Indiana Spinal Cord and Brain Injury Research Board to conduct a second RF trial. Further, RHI conducted a clinical cohort RF study, both of which corroborated findings that between 64 to 69% of RF recipients return to work or school. Based on the research findings, the IBVR decided to provide RF services for people in Indiana with ABI to return to work or school.

From 2006 to 2014, RF evolved from research to practice to policy in Indiana. Through RHI, and thanks to leadership from the Indiana VRS, including Kylee Hope, Theresa Koleszar, and Peri Rogowski, Indiana is the first state to provide RF. RF in Indiana is the result of public/private collaboration through federal and state funds in addition to the RHI Foundation. Hoosiers with ABI now have a better chance of returning to school or work. Lastly, RHI has recently been funded by another HRSA grant through the Indiana Department of Corrections to determine if RF can reduce recidivism and improve employment outcomes for ex-offenders in Indiana.

## Rapid Improvement Event (RIE) held September 8-12 at IU Health Bloomington

*Written by Lindsey Williams, RN, BSN Trauma Program Manager, Indiana University (IU) Health Bloomington*

The Indiana University Bloomington Hospital held a Rapid Improvement Event (RIE) regarding length of stay (LOS) for trauma transfer patients. A benchmark of <120 minutes has been identified as the goal for all trauma transfer patients by the Indiana State Trauma Care Committee (ISTCC).

Critical patients are identified as those who have the following:

- A Glasgow Coma Scale of  $\leq 12$  at any time during their ED stay
- An Injury Severity Scale  $> 15$
- A Shock Index (Heart Rate  $\div$  Systolic Blood Pressure)  $> 0.9$

There are many factors that contribute to the ED LOS including disposition decision, radiology read times, physician response, transfer arrangements, transportation availability and weather are all contributing factors. During our RIE, we were able to decrease ED LOS during our experimental phase of the event by a significant amount of time. We have altered our standard work at IU Health Bloomington for the RN, physician and ancillary staff as well as involving the IU Health Transfer Center in organizing the transfer of our patients. We conducted the RIE with participation from IU Health Bloomington,, representatives from IU Health LifeLine, IU Health Transfer Center, IU Health Bedford, IU Health Bloomington Emergency Medical Transport Services, IU Health Bloomington Chief Medical Officer and incorporated many Emergency Department employees' input into this process. We are currently in the sustainment phase and have identified other areas for improvement which we were unable to predict with "rapid experiments".

The Indiana State Department of Health submitted a successful application for the Centers for Disease

## Indiana Violent Death Reporting System

Control and Prevention funding opportunity to establish the Indiana Violent Death Reporting System (INVDRS). As part of the grant requirements, the ISDH hosted the first Indiana Violent Death Reporting System Advisory Board meeting September 30. The meeting was attended by more than 50 people representing a range of interested agencies and organizations.

The meeting included an overview of the CDC's National Violent Death Reporting System, which collects aggregate data on violent deaths from state-based partnerships. In order to participate in the national registry, the ISDH will maintain the Indiana Violent Death Reporting System. The purpose of the project is to collect, maintain, and disseminate complete and comprehensive surveillance data on violent deaths that occurred in Indiana beginning January 1, 2015. Information on violent deaths will be collected through coroner reports, death certificates, law enforcement for the purposes of better informing local, state, and national violence prevention efforts. The presentation included discussing other state's success stories and the potential for county funding for record submission.

The next Advisory Board meeting is December 9 from 1 p.m. to 3 p.m. This meeting will include information from the INVDRS staff's reverse site visit at the CDC, such as data confidentiality, data collection, and steps moving forward.

To learn more about the INVDRS and stay up to date about the project, visit: <http://www.state.in.us/isdh/26539.htm>

## Trauma Nursing Core Course, November 6-7

The Trauma Nursing Core Course (TNCC) provides cognitive, core-level trauma knowledge and psychomotor skills experience through an interactive format. The course is intended for registered nurses with at least six months of clinical nursing experience in an emergency, critical care, or peri-operative setting prior to taking this course.

Course highlights include:

- Teamwork and Trauma Care
- Initial Assessment
- Airway, Ventilation, Shock
- Brain, Cranial, Facial & Spinal Trauma
- Thoracic, Abdominal, Pelvic & Extremity Trauma
- Trauma nursing skills station

To learn more visit: <http://www.in.gov/isdh/25966.htm> and click Trauma Nursing Core Course for the registration form and send to:

Wendy Hums, MSN, RN, CEN  
Elkhart General Hospital, Trauma Services  
600 East Blvd., Elkhart, IN 46514

## 2nd Annual Ortho Trauma Symposium, November 7

The Indiana University Health Methodist Orthopedic Trauma Service will hold its 2nd Annual Ortho Trauma Symposium November 7 at the Indiana Convention Center in Indianapolis.

Greg Osgood, MD will be the Symposium's keynote speaker. He is an assistant professor of orthopaedic surgery at the Johns Hopkins School of Medicine. His areas of expertise include orthopaedic trauma, with a special focus on fracture non-unions, pelvis and acetabular injuries, and fractures and surgical infections.

This activity has been approved for 7 AMA PRA Category 1 Credits by IU Health Ball Memorial Hospital. The meeting is intended for caregivers from first responders through rehab therapists. The meeting features nationally recognized faculty from IU Health System as well as other renowned trauma centers throughout the country. The meeting includes breakfast, lunch, and a cocktail reception. There will also be an Exhibition Hall with the latest technology from vendors supporting the event.

Please use the following link to register for the event - [www.iuhealth.org/ots](http://www.iuhealth.org/ots) If you have any questions please contact: Beth Thompson ([ethompson1@iuhealth.org](mailto:ethompson1@iuhealth.org)).

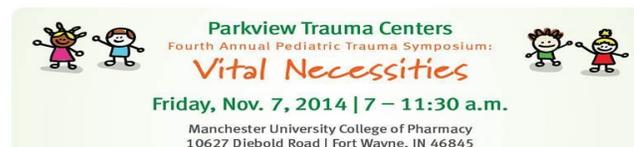


## 4th Annual Pediatric Trauma Symposium, November 7

The Parkview Adult and Pediatric Trauma Centers are hosting the 4th Annual Pediatric Trauma Symposium, November 7 entitled, "Vital Necessities" at the Manchester University College of Pharmacy in Fort Wayne.

This symposium is free with 2.75 nursing CEU's offered for those who take care of pediatric trauma patients. The presentation topics on Friday will include Vital Signs in Children, Lethal Triad of Trauma and Pediatric Shock, Myths and Warning Signs of Children Abuse, Case Studies in Injury Prevention Failure and the Use of CT Imaging in the Pediatric Population.

Use the following link to register for the symposium - <https://events.r20.constantcontact.com/register/eventReg?oeidk=a07e9tdcczz84688dca&oseq=&c=&ch=> . For more information, contact Kellie Jacobs, Pediatric Trauma Coordinator, Trauma Services, at ([kellie.jacobs@parkview.com](mailto:kellie.jacobs@parkview.com)).



## 17th Annual Deaconess Trauma Conference, November 14

Deaconess Hospital and Deaconess Regional Trauma Center will host the 17th Annual Deaconess Trauma Conference, November 14 from 7:45 a.m. to 4:15 p.m. at the University of Southern Indiana in Carter Hall, which is located at 8600 University Blvd. in Evansville.

Speakers include Dr. Matt Vassy, Dr. Gina Huhnke, Dr. Todd Burry and Dr. Timothy Pohlman. Other presenters include Kristina Brown, BSN, RN; Donna Cobb, RN, MSN, CCRN, CNRN; Sam Preston, BSW, MS; and Tony Toopes.

This conference is ideal for emergency department and critical care nurses, pre-hospital providers, EMS medical directors and emergency medicine physicians. During the conference, participants will learn the following:

- Management of multiple traumatic injuries
- How to improve the care provided for traumatically injured patients
- Injuries resulting from frequently seen mechanisms of injury in a Level II Trauma Center

For more information and to register online, please visit [www.deaconess.com/profcalendar](http://www.deaconess.com/profcalendar) and use keyword: "trauma conference." If you have any questions, please call 812-450-2961.



## Drowsy Driving Prevention Week November 2-9

The National Sleep Foundation declared November 2-9 to be Drowsy Driving Prevention Week. This annual campaign aims to educate the public about the under-reported risks of driving while drowsy and provide information on countermeasures to improve safety while driving. The National Highway Traffic Safety Administration estimates that drowsy driving contributes to more than 100,000 crashes a year, resulting in 40,000 injuries and 1,500 deaths. Young drivers, shift workers and people working long hours, commercial drivers, business travelers, and people with untreated sleep disorders are at the most risk. Signs of sleepiness include trouble focusing, yawning or rubbing eyes repeated, daydreaming, drifting from driving lane, tailgating, or missing signs, feel restless and slower reaction time.

Risk factors for drowsy-driving crashes include the following chronic predisposing factors and acute situational factors:

- Sleep loss
- Driving patterns
- Use of sedation medications
- Untreated or unrecognized sleep disorders
- Consumption of alcohol

These factors also have a cumulative effect and a combination of one or more substantially increases crash risk.

For more information, visit: <http://drowsydriving.org/resources/drowsy-driving-prevention-week-toolkit/>



## International Survivors of Suicide Loss Day is November 22

November 22 is the International Survivors of Suicide Loss Day. This event began in 1999. Senator Harry Reid, a survivor of his father's 1971 suicide, introduced a resolution into the US Senate. With its passage, the U.S. Congress designated the Saturday before Thanksgiving "National Survivors of Suicide Day," a day on which friends and family of those who have died by suicide can join together for healing and support.

This year's event includes screening of the American Foundation for Suicide Prevention's new documentary, *The Journey*. This documentary shares the stories of a diverse group of suicide loss survivors. The film can be viewed during an online screening for those who cannot attend the event in person.

To find an event closest to you, visit: <http://www.survivorday.org/find-an-event/>

For more information, visit: <http://www.survivorday.org/>



## EMS Providers Reporting to the Trauma Registry

The Trauma Registry rule, signed into law by Governor Pence last October, requires all EMS transport providers, hospitals with emergency departments and the State's seven rehabilitation hospitals to report trauma cases to the ISDH trauma registry. The rule has been effective since November 24. The following EMS services have submitted data to the Indiana Trauma Registry:

A&A Township VFD	Fayette County EMS
Aboite Township VFD	Fishers Fire Department
Adams County EMS	Fountain County Ambulance Service
Adams Markleville Fire Protection Territory	Fulton County EMS
Advance Vol Fire Department	Gas City Rescue Squad– Grant County
Air Methods Corporation / UCAN	Gaston VFD
Air Methods—Kentucky	Gibson County EMS
Albany EMS	Goshen FD
Alcoa EMS Warrick	Grace on Wings
Alexandria FD	Grant County EMS
American Medical Response (AMR)	Greenfield FD
Argos Community Ambulance Services	Harrison County Hospital EMS
Batesville Volunteer Fire & Rescue Department	Hoagland EMS & VFD
Beech Grove FD	Hobart FD
Boone County EMS	Honey Creek FD
Brownsburg Fire Territory	Huntertown VFD
Burns Harbor FD	Indianapolis EMS
Care Ambulance Service (Indianapolis)	IU Collegiate EMS
Carlisle Lions Community Ambulance Service	IU Health—Bedford Hospital EMTs
Carroll County EMS	IU Health—Bloomington EMTs
City of Gary FD	IU Health—Lifeline
City of Lawrence FD	IU Health—Paoli Hospital EMTs
City of Nappanee EMS	Jay County EMS
City of Rushville FD	Jefferson Center FD/Whitley County
Cleveland Township Fire Department	Jefferson Township Ambulance Service
Columbus Regional Hospital Ambulance Service	Keener Township EMS
Crawford County Ambulance Service	King's Daughters' Health EMS
Crown Point Fire Rescue Department	Knox County EMS
Culberson Ambulance Service	Lake Hills VFD
Decatur County EMS	Lake of the Four Seasons
Decatur Township FD	Lake Station Ambulance
DeKalb EMS	Lakeshore EMS
Dublin VFD Inc.	LaPorte County EMS
Eli Lilly & Company	Lutheran Hospital EMS

## EMS Providers Reporting to the Trauma Registry

Madison Township FD	Seelyville Fire
Marion General Hospital EMS	Sheridan FD
Memorial MedFlight	South Bend FD
Midwest Ambulance Service	Southwest Fire District
Milan Rescue 30	Southwest Medical Services
Mittal Steel Indiana Harbor	Southern Ripley County Emergency Life Squad
Monticello FD	Spencer County Emergency Ambulance Services
Moral Township VFD	Spirit Medical Transport
Morgan County Emergency Management	St. Joseph Township FD
Multi-Township EMS	St. Mary's LifeFlight
New Carlisle Area Ambulance Service	St. Mary's Warrick EMS
New Castle/Henry Co EMS	Steuben County EMS
Newton County EMS	Sugar Creek Township FD
New Washington VFD	Sullivan County Ambulance Service
Noblesville FD	Sullivan FD
North East Allen Co. Fire & EMS	Sunman Area Life Squad
North Webster/Tippecanoe Township EMS	Superior Air-Ground Ambulance Service
Northwest Ambulance Service	Terre Haute FD
Osolo Emergency Medical	The Methodist Hospitals
Parkview Huntington Hospital EMS	Three Rivers Ambulance Authority
Parkview LaGrange Hospital EMS	Thunderbird Fire Protection Territory
Parkview Noble Hospital EMS	Tippecanoe Emergency Ambulance Service
Parkview Regional Medical Center EMS	Town of Plainfield/Plainfield Fire Territory
Perry County Memorial Hospital EMS	Town of Schererville
Pike county EMS	Town of St. John FD
Porter Memorial Hospital EMS	Trans-Care
Posey County EMS	Tri-Creek Ambulance Service
Prompt Ambulance Central	Turkey Creek Fire Territory
Putnam County Operation Life	Wabash FD
Randolph County EMS	Warren County EMS
Richmond FD	Washington Township/Avon FD
Ripley County EMS	Wayne Township Fire Department
Rush Memorial Hospital EMS	Wells County EMS
Salem Township EMS	Westfield Fire Department
Scott County EMS	Whiting FD
Scott Township VFD	Whitley County EMS
Seals Ambulance Service	

## Hospitals Reporting to the Trauma Registry

The following hospitals have submitted data to the Indiana Trauma Registry for 2014:

Cameron Memorial	IU Health—Blackford	Parkview Randallia	St. Vincent Indianapolis
Clark Memorial	IU Health-Bloomington	Parkview RMC	St. Vincent Mercy
Columbus Regional	IU Health—Goshen	Parkview Whitley	St. Vincent Salem
Community Anderson	IU Health—LaPorte	Perry County Memorial	St. Vincent Williamsport
Community Bremen	IU Health—Methodist	Portage Hospital	Sullivan County Community
Community East	IU Health—Morgan	Porter—Valparaiso	Terre Haute Regional
Community Howard	IU Health—North	Pulaski Memorial	Union (Clinton)
Community North	IU Health—Paoli	Putnam County	Union (Terre Haute)
Community South	IU Health—Riley	Reid Hospital	Witham
Daviess Community	IU Health—Tipton	Rush Memorial	Witham at Anson
Deaconess Gateway	IU Health—White Memorial	Schneck Medical Center	Woodlawn Hospital
Deaconess Hospital	Jasper County	Scott County Memorial	
Dearborn County	Jay County	St. Anthony—Crown Point	
DeKalb Health	Johnson Memorial	St. Anthony—Michigan City	
Dukes Memorial	King's Daughters' Health	St. Catherine (Charlestown)	
Dupont Hospital	Kosciusko Community	St. Elizabeth—Central	
Elkhart General	Lutheran Hospital	St. Elizabeth—Crawfordsville	
Eskenazi Health	Major Hospital	St. Elizabeth—East	
Floyd Memorial	Margaret Mary Hospital	St. Francis—Indianapolis	
Gibson General	Marion General	St. Francis—Mooresville	
Good Samaritan	Memorial Hospital (Jasper)	St. Joseph RMC—Mishawaka	
Greene County	Memorial (Logansport)	St. Joseph RMC—Plymouth	
Hancock Regional	Memorial South Bend	St. Margaret—Dyer	
Harrison County Hospital	Methodist—Northlake	St. Margaret—Hammond	
Hendricks Regional	Methodist—Southlake	St. Mary's of Evansville	
Henry County Memorial	Monroe Hospital	St. Mary's Warrick	
IU Health—Arnett	Parkview Huntington	St. Vincent Anderson	
IU Health—Ball Memorial	Parkview LaGrange	St. Vincent Clay	
IU Health—Bedford	Parkview Noble	St. Vincent Frankfort	

**\*\*NEW\*\*** These rehabilitation hospitals have submitted data to the Indiana Trauma Registry for 2014:

Community Health Network	Community Howard	Rehabilitation Hospital of Fort Wayne	Rehabilitation Hospital of Indianapolis
Franciscan St. Elizabeth			

## Injury Prevention Advisory Council State Plan and Conference

The Injury Prevention Advisory Council (IPAC) works to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. IPAC meets quarterly to network and learn more about injury prevention. Currently, IPAC is drafting a state injury prevention plan and will host an injury prevention conference in 2015. Jessica Skiba, ISDH injury prevention epidemiologist, currently sends all interested partners bi-weekly email updates with important injury prevention articles, news, and resources.

The IPAC Terms of Reference were approved. Lisa Davis, the American Foundation for Suicide Prevention Indiana Chapter Chair, gave a presentation for National Suicide Prevention week and World Suicide Prevention day.

The last meeting of the year will be on November 20 from 1 p.m.-3 p.m. EST. The 2015 meetings will be from 1 p.m.-3 p.m. in Rice Auditorium on the following days:

- March 12
- June 18
- September 17
- December 10

Those who are working in injury prevention and have an interest in creating a safe and injury-free Indiana are welcome to join IPAC.

If you are interested in becoming a member of IPAC or would like more information about IPAC, contact Jessica Skiba at [jskiba@isdh.in.gov](mailto:jskiba@isdh.in.gov) or at 317-233-7716.

## Calendar of Events

The Division of Trauma and Injury Prevention calendar of events can be found here: <http://www.in.gov/isdh/26125.htm>. A calendar of educational events from around the state can be found here: <http://www.in.gov/isdh/25966.htm>

## Trauma Times Survey

Trauma Times wants your feedback! Please take this short survey to help us serve your needs: <http://www.surveymonkey.com/s/WYY6TRJ>

## \*New\* Trauma Registry Reports

The Indiana Trauma Registry produces regular reports on a monthly, quarterly and annual basis. In addition, certain ad hoc reports are produced upon request. These reports are archived on our web page and can be accessed at <http://www.in.gov/isdh/25581.htm>.

*Jerome Adams, M.D., MPH—  
State Health Commissioner  
Art Logsdon—Assistant Commissioner, Health  
and Human Services*

*Katie Gatz—Director  
Jessica Skiba—Injury Prevention Epidemiologist  
Camry Hess—Database Analyst Epidemiologist  
Murray Lawry— EMS Registry Manager  
Ramzi Nimry — Trauma System Performance  
Improvement Manager*

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