Trauma Registry Rule: Training Events Around the State Completed

The Trauma Registry rule, signed into law by Governor Pence on October 25, 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 full text of the Trauma Registry rule can be found here (website: http://www.in.gov/legislative/iac/20131120-IR-410120617FRA.xml.pdf)

The ISDH Trauma and Injury Prevention Division planned statewide training events for all those required by the rule to submit data. In February, ISDH staff traveled to Terre Haute, Evansville, Scottsburg, Columbus, and Indianapolis. We trained 52 users from 26 facilities on the hospital side and 34 users from 20 services on the EMS side on submitting data to the Registry. During March, staff traveled to Anderson, Fort Wayne, South Bend, Crown Point, and Lafayette. We trained 46 users from 28 facilities on the hospital side and 44 users from 30 service providers on the prehospital side for the Registry. The division is still hosting training events at the ISDH building at 2 North Meridian Street in Indianapolis. If you are interested in attending a training event, visit: http://www.in.gov/isdh/26127.htm.

Attendees at the training event in Fort Wayne on March 25
Upon beginning my position as Trauma Program Coordinator just under a year ago, I spent a lot of time watching what happened in different situations and asking questions about processes that were in place. It didn’t take too long to hone in on a few areas that needed immediate attention—one of them being the time it took to transfer a patient to a higher level of care. The suggestion that we could do this better was met with “but that’s the way we always do it” aka. the dreaded BitTyWADI.

The hospital had been contributing data to the Indiana Patient Registry for a few months so we put pen to paper and used the limited data we had to create a baseline. After all, you only know what you know, right? When we first started collecting data, our average time to transfer to an outside hospital was three-and-a-half hours. These transfers included transferring patients both to our sister campus and to a higher level of care. The data was met with surprise by our providers.

At the same time we were evaluating our baseline the Indiana PI Subcommittee started a dialogue about statewide quality metrics, one of them being ED length of stay prior to transfer time. The goal set by the state of two hours or less, together with our baseline data, has created awareness with our staff and providers to streamline our processes and to initiate transfer and transport earlier in the resuscitation to get the patient to tertiary care. Our current door-to-transfer time for patients in need of a higher level of care is fluctuating but averaging about two-and-a-half hours. We still have work to do, but not bad for a start.

Regardless of the type of hospital you are—trauma, community, “in the process”—the Patient Registry can be used to drive change. The devil is in the details and data can support where efforts should be focused regarding policy and procedure development and staff education.

Trauma Kits for Police Officers

On Monday, March 10, The Father’s House, a non-denominational Christian church in Indianapolis, and local first responders assembled the remaining 950 of 1500 Trauma Kits for Indianapolis Metro Police Department Officers. This completes their goal of equipping every IMPD officer with a Trauma Kit. The Father’s House created a Facebook Group, “Trauma Kits for Police Officers,” where they share how they assembled the kits, including specifically where they purchased each item because they do not recommend ready-made kits. The items in these custom Trauma Kits were researched by a team consisting of police officers, firefighters, and EMTs. The kits consist of: small medical pouch, large trauma shears, a C-A-T tourniquet, 6” OLAES Modular Bandage and an oral airway. Each kit costs about $100. On the same Facebook group page, there are examples of the positive impact these kits have had on local communities. If you are interested in finding out how you can bring Trauma Kits to your local first responders, contact FOP Lodge #86 at 317-637-1195 or visit www.fop86.org.

Volunteers assemble trauma kits on March 10
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.

EMS Response Times

The ISDH Division of Trauma and Injury Prevention presents a quarterly trauma registry report to the EMS Commission. For the January report, we analyzed data from 84 providers that submitted 96,410 incidents occurring between Jan. 1, 2013 and Jan. 25, 2014. Data quality is important to the ISDH and for this particular graph, dates and times were included for more than 99% of the runs reported. A graph that shows the representation of public health preparedness districts appears below.

Response Time: Difference in Time from Dispatch to Arrival on Scene

EMS Services Reporting (Per District)
Prescription Drug Take-Back Event

The National Prescription Drug Take-Back Event on April 26 provides an opportunity to safely, conveniently and responsibly dispose of prescription drugs at different locations around the state of Indiana. The drop-off sites prevent improper disposal of unwanted, unneeded, or expired prescription drugs by providing an alternative to flushing down the toilet, placement in regular trash or leaving them in the home and susceptible to unintended or illegal use. The event also aims to educate the public on the potential for abuse of medications. This is the eighth Drug Take-Back Event in which the Indiana State Police have participated. According to Drug Enforcement Administration Diversion Control Program, the October, 2013 event collected more than 647,211 pounds (324 tons) of prescription medications from more than 5,683 locations around the country, of which Indiana’s 88 locations contributed 22,000 pounds (11 tons). Information to locate collection sites near you can be found here (after April 1, 2014) http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

Firework Injuries Reporting Form

All hospitals, medical facilities, and private medical practices are mandated by law to report firework injuries and deaths to ISDH to be published in an annual report. The 2014 Indiana Firework-Related Injury Report will be assembled and published this fall. The reporting cycle for 2014 lasts from Sept. 13, 2013 through Sept. 12, 2014. Per Indiana Code 35-47-7-7, reports must be completed within 5 business days after examination of the injury. The 2013 Firework-Related Injury Report can be found here: http://www.in.gov/isdh/files/ISDH_FireworksReport_2013.pdf. Forms can be found at http://www.state.in.us/isdh/19042.htm#Fireworks. Forms can be faxed to: (317) 233-8199 Attn: Injury Prevention Epidemiologist or mailed to:

Indiana State Department of Health
Division of Trauma and Injury Prevention
2 North Meridian Street
Indianapolis, IN 46204

Injury Prevention Advisory Council Update

The Injury Prevention Advisory Council (IPAC) held its first meeting of 2014 on March 20, in Rice Auditorium at the ISDH offices. More than 30 injury prevention partners from across the state attended. The meeting had three important goals, which included networking and program sharing, discussing the current state of injuries in Indiana, and discussing the future of the group in terms of specific items to help achieve a reduction of injury-related morbidity and mortality. The IPAC is still interested in increasing membership to include more stakeholders from across the state and new members are always welcome.

IPAC will meet three more times in 2014 in Rice Auditorium at ISDH:

Thursday, June 12: 1 p.m.-3 p.m.
Wednesday, September 10: 10 a.m.-12 p.m.
Thursday, November 20: 1 p.m.-3 p.m.

If you are interested in becoming a member of IPAC or would like more information about IPAC, contact Jessica Skiba, Injury Prevention Epidemiologist, by email jskiba@isdh.in.gov, or by phone 317-233-7716.
April is Distracted Driving Awareness Month: Drive Now, TXT L8R Social Media Contest

Distracted driving is any activity that diverts a motorist’s attention away from the primary task of driving. These distractions include texting, using cell phones or smartphones, using a navigation system, grooming, talking to passengers, and eating and drinking. As part of April’s Distracted Driving Awareness Month, the Indiana Bureau of Motor Vehicles, Indiana Criminal Justice Institute, Indiana Department of Labor, Indiana Department of Transportation and Indiana State Police have partnered to create the “Drive Now. TXT L8R” social media contest for Indiana high school and college students.

The Indiana State Police identified the majority of the text message citations and warnings issued in 2013 were to drivers under the age of 30. Students will be judged on the most creative and viral social media posts on Twitter, Instagram and Vine, using the hashtag #TXTL8RIN. For more information about the contest, visit www.txtl8r.in.gov. In Indiana in 2012, there were 36,570 emergency department visits due to motor vehicle traffic collisions. The U.S. Department of Transportation indicates in 2012 alone, 3,328 Americans died due to distracted driving crashes. The Indiana Department of Transportation recommends five keys to crash prevention:

1) Buckle Up!
2) Never Drive Impaired.
3) Drive Attentively.
4) Drive Defensively.
5) Share the road.


Senate Enrolled Act 227: Lifeline Law

The Lifeline Law encourages those under the age of 21 to call 911 in the event that someone suffers alcohol poisoning by providing legal immunity to the caller from criminal charges related to underage drinking. The Senate Enrolled Act 227, sponsored by Senator Jim Merritt, expands the Lifeline Law to extend immunity to underage callers seeking help for others for other types of medical emergencies, such as concussions, sexual assault, or drug overdose, if alcohol is involved. In addition, the legislation permits first responders to administer naloxone to reverse the effects of opioid drug overdose. It will remove legal barriers to first responders utilizing the medication to save lives.

Car Seat Clinic

The Automotive Safety Program, Safe Kids Indiana, and Dorel Juvenile Group present a free car seat clinic at the Indianapolis Zoo (1200 W. Washington St., Indianapolis, IN 46222) on Monday, April 7, from 5-7 p.m.

At the clinic, you can have your child safety seat inspected for free by a certified child passenger safety technician. Child safety seats will be provided on a first come, first serve basis to children who need a seat and who demonstrate financial need. In order to be eligible for a car seat, the caregiver, child, and vehicle MUST be present. If you are unable to attend the car seat clinic, the Automotive Safety Program has established a network of 121 Child Safety Seat Inspection Stations across the state of Indiana. These stations are places where parents and caregivers can make an appointment. This is a free service and we encourage all parents and caregivers to schedule an appointment.

For a location nearest you or for more information, call 1-800-KID-N-CAR or visit www.preventinjury.org.
Please join Parkview Adult & Pediatric Trauma Centers in Fort Wayne, at their 25th Annual Trauma Symposium: Back to the Future (of trauma care). This special event is scheduled for Friday May 2 at Ceruti’s Summit Park in Fort Wayne. This year’s symposium offers outstanding learning and networking opportunities. Reconnect with past speakers, and enjoy a look at the progress in trauma care in the past 25 years. Speakers and presentations include:

· The Top Ten Trauma List
  Mary O. Aaland, MD, FACS, Clinical Assistant Professor, University of North Dakota School of Medicine and Health Sciences, Fargo, N.D.

· Twenty-five Years of Ortho Implants
  Jason J. Heisler, DO, Orthopedic Trauma Surgeon, Ortho NorthEast (ONE), Fort Wayne

· The Future of Spinal Fusion
  Walter P. Jacobsen, DO, Neurosurgeon, Fort Wayne Neurological Center, Fort Wayne

· Trauma Care in Emergency Medicine: Then and Now
  Thomas P. Dykstra, MD, FACEP, Emergency Medicine Physician, Professional Emergency Physicians, Inc. (PEP), Fort Wayne
  Tyler G. Johnson, DO, Emergency Medicine Physician, PEP, Fort Wayne

· “I was so much older then. I’m younger than that now.”
  R. Lawrence Reed II, MD, FACS, FCCM, Director, Trauma Services, Indiana University Health Methodist Hospital, and Professor of Surgery, Indiana University School of Medicine, Indianapolis

· Old School versus New School Trauma Care
  Steven A. Santanello, DO, General Surgeon, Parkview Physicians Group – Surgical Specialists, Fort Wayne

The cost of the event is just $25 (includes breakfast, lunch and snacks) if registered by April 21st. To Register: [http://events.constantcontact.com/register/event?llr=l6fwt7iab&oeidk=a07e8ssrq4waa2a713b](http://events.constantcontact.com/register/event?llr=l6fwt7iab&oeidk=a07e8ssrq4waa2a713b).

For more information please contact Diane Hunt at (260)266-1270.

Trauma Staffing Changes

The Division of Trauma and Injury Prevention congratulates Brian Carnes, previously the director of the division, on his move to become the Director of the Office of Vital Records. The Office of Vital Records serves the important function of maintaining state birth, death and marriage records and has records dating back to 1907. Katie Gatz, the Trauma Registry Manager for the last two years for the Division of Trauma and Injury Prevention, will serve as the interim division director until a new director is hired. Art Logsdon, Assistant Commissioner for the Health and Human Services Commission, oversees the Division of Trauma and Injury Prevention.
Indiana University Health Trauma Topics 2014

Please join Indiana University Health Methodist Level I Trauma program and the state's only Level I Pediatric Trauma Program for their Annual Trauma Topics conference, April 18. The conference is unique in that it will have tracks for all types of professionals. There will be three different tracks, each one for pre-hospital providers, pediatric trauma and adult trauma. There will be a general session focusing on traumatic amputations which will feature experts from the Indiana Hand to Shoulder Center which is newly located at Indiana University Health Methodist hospital. To register: http://www.cvent.com/events/trauma-topics/event-summary-1a4255547aff4c35bae78c66af41e1e4.aspx

The keynote speaker for the Annual Trauma Topics conference is Dr. Ben Zarzaur. Dr. Zarzaur attended medical school at the University of Alabama and did his General Surgery residency at The University of Tennessee, and completed a Surgical Critical Care fellowship at the University of North Carolina-Chapel Hill. He earned a Master’s of Public Health in Epidemiology from the School of Public Health. Dr. Zarzaur is currently the Principal Investigator of 11 multi-institutional studies funded by the National Trauma Institute to determine long-term outcomes after blunt spleen injuries in adults. Dr. Zarzaur is actively involved with pre-hospital care serving as the medical team manager for the Tennessee Task Force 1 Urban Search and Rescue Team. He will be relocating to Indianapolis to assume the role of the Director of Outcomes research for Indiana University School of Medicine Surgery Division as well as doing clinical time at Indiana University Health Methodist Hospital. He will be one of the five new trauma and surgical critical care surgeons recruited to Methodist for 2014.

ISDH Division of Trauma and Injury Prevention: Calendar of Events

To see a list of trauma and injury prevention events for 2014, visit: http://www.in.gov/isdh/26125.htm. The calendar will be updated throughout the year and if you have a trauma and/or injury prevention event, contact Interim Division Director Katie Gatz, kgatz@isdh.in.gov, 317-234-7321 or Jessica Skiba, jskiba@isdh.in.gov, 317-233-7716, to have your event added to the page.

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

Division of Trauma and Injury Prevention:
Katie Gatz—Interim Director
Jessica Skiba—Injury Prevention Epidemiologist
Camry Hess—Trauma Registry Data Analyst
Murray Lawry—EMS Registry Manager
William C. VanNess II, M.D.—State Health Commissioner
Art Logsdon—Assistant Commissioner, Health and Human Services