Volume 3, Issue 1
February, 2010

"THE HEARTBEAT OF INDIANA"

TRAUMA TIMES

In this issue:

INTERESTING FACTS:

- Indiana is first among states for miles of interstate highway per land area.
- Indiana is ranked 50th among states for per capita public health funding.
- The cost to Hoosiers for injuries is estimated to be in the tens of billions of dollars.
- Indiana has 129 acute care hospitals with emergency departments.
- Sixteen of the 92 Indiana counties do not have a hospital.
- Thirty-five Indiana hospitals are designated as Critical Access Hospitals.
- Indiana's Trauma System Advisory Task Force has more than 100 members.

Governor Signs Trauma Executive Order

On November 6, 2009, Governor Mitch Daniels signed Executive Order 09-08 for creation of the Indiana State Trauma Care Committee. This order incorporates much of the language from Senator Tom Wyss' 2009 SB464, which did not survive the 2009 legislative session. Appointments to the committee are currently in progress.

The Committee membership as described in the Order:

The Committee shall include the following members appointed by and serving at the pleasure of the Governor:

a. The State Health Commissioner or the Commissioner's designee.
b. The Executive Director of the Department of Homeland Security or the Executive Director's designee.
c. One physician licensed under IC 25-22.5 from each hospital in Indiana that has an accredited level I or level II trauma center.
d. One emergency medicine physician licensed under IC 25-22.5 recommended by the Indiana Chapter of the American College of Emergency Physicians.
e. One emergency medical services provider.
f. One individual representing fire rescue services appointed by the Governor.
g. Two nurses licensed under IC 25-23 who are employed as trauma care coordinators appointed by the Governor.
h. Two physicians licensed under IC 25-22.5 affiliated with a hospital that
    1) is not accredited as a level I or level II trauma care center; and
    2) is located in either a rural area or Gary; recommended by the Indiana State Medical Association.
i. A representative from the Indiana Hospital Association who is not from Marion County.

A link to the full text of the order can be found at:
http://www.in.gov/gov/files/Press/EO_09-09.pdf.

INDIANA TRAUMA SYSTEM

TRAUMA REGISTRY UPDATE

Tracie Pettit, RN

- There are now nearly 17,000 records in the state trauma registry. The goal of 20,000 records, which will provide a more statistical relevance for comparative studies, is now within reach.
- The Memorandum of Understanding between the Indiana State Department of Health (ISDH) and the hospitals is very close to completion of the ISDH legal review process. This agreement outlines the State's commitment to data security and privacy.
- Thanks to every participating facility in the state for your efforts in making the registry a success. For hospitals interested in hearing more about the trauma registry, Tracie can be contacted at 317-234-2888 or tpettit@isdh.in.gov.

EMS Update

Indiana State Trauma Field Triage and Transport Destination Protocol

I am pleased to announce that after much discussion at the EMS Commission meeting in September, it was decided to refer the draft protocol to the Commission's (forming) Technical Advisory Committee and allow them to work with me and IDHS legal counsel in order to draft it into rule language that could be accepted by the Attorney General's office. That will be brought back to the Commission for approval, and their approval will start the rule promulgation process. In the interim, they agreed that the word draft may be removed and the protocol distributed to providers and medical directors across the state to be used as guidelines in the forming of their own protocols, policies, and procedures.

Thank you for your passion and your contributions thus far. I will be forwarding the protocol on to those persons of interest later this afternoon. If you have any questions, comments, or suggestions, feel free to forward those to me at any time.

Jason Smith

District Programs Specialist

Indiana Department of Homeland Security

Field Services Division

302 West Washington Street - Room E208

(Full text of the current draft of the protocol on pages 4-5)

Lutheran Hospital Receives Verification as a Level II Trauma Center and a Level II Pediatric Trauma Center

Lutheran Hospital has been verified as a Level II Trauma Center and a Level II Pediatric Trauma Center by the Committee on Trauma (COT) of the American College of Surgeons (ACS). This achievement recognizes a trauma center's dedication to providing optimal care for injured patients.

Established by the ACS in 1987, the COT's Verification/Consultation Program for Hospitals promotes the development of trauma centers in which participants provide not only the hospital resources necessary for trauma care, but also the entire spectrum of care to address the needs of all injured patients. This spectrum encompasses the prehospital phase through the rehabilitation process.

"Achieving verification as a Level II Trauma Center for both adult and pediatric patients clearly demonstrates our ongoing commitment to providing the highest quality trauma care," said Joe Dorko, chief executive officer, Lutheran Hospital. "Successfully completing this voluntary process is yet another example of Lutheran's belief that we need to measure ourselves against external standards in order to continue improving the care we deliver to patients. As the regional leader in specialized care, we have an important responsibility to utilize our talents and resources to their fullest extent."

Verified trauma centers must meet the essential criteria that ensure trauma care capability and institutional performance, as outlined by the American College of Surgeons' Committee on Trauma. An important step towards verification is the appointment of a trauma medical director, a requirement that was fulfilled at Lutheran in 2007 when Donald N. Reed, Jr., MD, joined the medical staff.

"This verification process is rigorous and personnel requirements extend well beyond having trauma-trained surgeons as the medical directors of both adult and pediatric trauma centers," said Dr. Reed. "The total hospital commitment includes specially-trained emergency room physicians and nurses; surgical and medical specialists who meet very particular administrative and educational requirements; dedicated nurses in the pediatric and adult intensive care units; not to mention the many dedicated technicians in various departments. I have been very impressed by our progress over the past couple of years and the Committee on Trauma of the American College of Surgeons has now officially recognized that as well."

A former professor of surgery at Michigan State University, Reed has exemplified service on multiple levels during his career including several faith-based medical missions abroad and two tours of duty as a trauma surgeon in Iraq.

Level II Pediatric Trauma Centers must also meet essential criteria, which includes having a medical director who is board certified in pediatric surgery. David A. Smith, MD, a member of the medical staff at Lutheran Children's Hospital, is the trauma medical director for Lutheran Hospital's Level II Pediatric Trauma Center. Dr. Smith's skills have been an important asset to northeastern Indiana and to the evolution of Lutheran Children's Hospital during its first decade in existence.

"Verification by the Committee on Trauma demonstrates our dedication to the care of injured children from the initial stabilization and surgical care to the emotional recovery of the child and family," said Dr. Smith. "The entire Lutheran Children's Hospital staff of doctors, nurses, therapists, child life specialists, and chaplains works as a team to bring about the healing of the whole child."

There are four separate categories of verification in the COT's program. Each category has specific criteria that must be met by a facility seeking that level of verification. Each hospital has an on-site review by a team of experienced trauma surgeons, who use the current "Resources for the Optimal Care of the Injured Patient" manual as a guideline in conducting the survey.

Lutheran's on-site review took place in March. Hospital officials describe the support of first responders and physicians from across the region as being invaluable during the pursuit of this important objective.

For more information, visit www.lutheranhospital.com.

Injury Prevention

STRIKE OUT

(Dr. Dawn Daniels)

Booster seat use among children between the ages of four and seven years reduces the risk of serious injury and death by 59 percent. Unfortunately, data show appropriate use of child safety seats decreases with age, peaking at 30 percent of children four years old and dropping significantly by the age of six years. An initiative known as "Strike Out Child Passenger Injury" was implemented in four Indiana communities this past spring with the purpose of increasing the number of children using booster seats. Using T-ball and instructional baseball as the "messenger", the program increased community awareness about booster seats, educated children and family on booster seat usage, and increased the number of child passenger safety technicians. A total of 403 seats were distributed throughout the spring and early summer in Bedford, Washington, New Carlisle, and Wakarusa.

Strike Out was created by staff at Arkansas Children's Hospital and the University of Arkansas for Medical Sciences under the direction of Dr. Mary E. Aitken at Arkansas Children's Hospital. During this past year, Illinois, Arkansas, Alabama, and Indiana participated in the Centers for Disease Control and Prevention funded initiative. Dr. Dawn Daniels, RN of Riley Hospital for Children Trauma Center coordinated Indiana's efforts with the assistance of Alice Blakesley, RN at Memorial Leighton Trauma Center in South Bend and Mary Raley, RN at St. Mary's Hospital Trauma Center in Evansville.

Violence and Injury Prevention Core Competency Training

(Jodi Hackworth Epidemiologist , Indiana State Dept of Health)

Efforts to reduce the burden of injury and violence require a workforce that is knowledgeable and skilled in prevention. However, until recently, there had not been any initiative in Indiana to ensure that professionals possessed the necessary competencies in injury and violence prevention.

The Indiana Injury Prevention Advisory Council and the Indiana Trauma Taskforce offered a four-day Violence and Injury Prevention Core Competency Training Course for the first time in September and October 2009. The course was designed to meet the national core injury competencies adopted by the State and Territorial Injury Prevention Directors' Association (STIPDA) and the Society for the Advancement of Violence and Injury Prevention Research (SAVIR). The curriculum for the class was based on the World Health Organization TEACH-VIP curriculum. The instructors were Dr. Dawn Daniels of Riley Hospital for Children and chair of the injury prevention committee on the Indiana Trauma Taskforce and Indiana Injury Prevention Advisory Council, Jodi Hackworth, Injury Prevention Epidemiologist for the Indiana State Department of Health and Indiana Violence Prevention Partnership, and Dr. Joseph O'Neil, Developmental Pediatrician of Riley Hospital for Children and co-medical director of the Indiana Violence Prevention Partnership.

The class was targeted to injury prevention specialists throughout the state and at least one representative from every Level 1 and Level 2 Trauma Center in Indiana participated. Fifteen participants completed the training course and all showed improvement from the pre-test to the post-test. Topics taught included general principles of injury prevention and public health; injury epidemiological principles; measurement of injuries and injury surveillance; injury research methodology; program planning and evaluation; dissemination and communication of injury prevention; and public policy and advocacy.

The four-day class offered a foundation to ensure that individuals and teams who work to prevent injury and violence possess core competencies, utilize best practices, and are able to apply the results of their research.

Shows latest revisions – Final revision date September 10, 2009

A. Legal Authority:

Senate Enrolled Act No. 249

Section 1. 1C 16-31-2-7: Sec. 7. The commission shall do the following:

(4) Adopt rules concerning triage and transportation protocols for the transportation of trauma patients consistent with the field triage decision scheme of the American College of Surgeons Committee on Trauma.

B. Purpose:

To ensure that injured patients in the pre-hospital setting are transported to the most appropriate hospital facility within the Indiana State Trauma System based on field assessment of the potential severity of injury by EMS providers and available transportation and hospital resources.

C. Field Triage Decision Scheme:

All EMS providers shall use the latest Field Triage Decision Scheme as published by the American College of Surgeons Committee on Trauma in "Resources for Optimal Care of the Injured Patient" to determine the potential severity of injury and transport destination of all trauma patients in Indiana.

D. Exclusions:

EMS providers who are transporting trauma patients from one acute care hospital to another are not bound by these rules.

E. Transport Destination Protocols

1. Scene time. Following patient extrication and ascertainment of scene safety, the on-scene time should be limited to 10 minutes or less, except where there are extenuating circumstances (e.g. mass casualty events). Prehospital personnel should not extend on-scene time beyond 10 minutes waiting for air transport to arrive unless the on-scene waiting time is shorter than the ground transport time to the closest acute care facility. If the anticipated waiting time is longer than the ground transport time to the closest acute care facility, the air medical provider may be diverted to the receiving acute care facility. For the purposes of this document "appropriate acute care facility" implies a hospital that provides in-patient services and has an Emergency Room staffed 24 hours per day by an in-house physician with an unrestricted Indiana medical license.

2. Closest Trauma Center. Level I and II Trauma Centers are able to provide equivalent care for injured patients and patients should be transported by ground or air to the closest Level I or Level II Trauma Center as measured by the shortest estimated transport time.

• Exceptions:

a) transport to a Level I or II Trauma Center other than the closest center is permitted if the difference in transport time is less than five minutes.

b) the closest center is on ambulance or trauma diversion.

(continued on page 6)

3. Ground transport time < 30 minutes. If ground transport time to a Level I or II Trauma Center is anticipated to be less than 30 minutes, all trauma patients meeting Step One, Two or Three criteria in the Field Triage Decision Scheme should be transported to the closest American College of Surgeons (ACS) Verified or State Designated Level I or II Trauma Center.

• Exception:

1) airway or ventilation concerns that cannot be adequately stabilized for the anticipated transport time by available EMS providers should be transported to the closest appropriate acute care facility.

4. Ground transport time > 30 minutes. If ground transport time to a Level I or II Trauma Center is anticipated to be greater than 30 minutes:

a. **Total air transport time < 45 minutes.** If total air transport time (from dispatch to Trauma Center) is anticipated to be less than 45 minutes, Step One and Two patients should be transported by air to the closest Level I or II Trauma Center.

• Exceptions:

1) weather or other local conditions prohibit air travel to the scene or to the closest Level I or II Trauma Center.

2) scene wait time would exceed time required to transport the patient to the closest appropriate acute care facility by ground. In this situation the air medical provider may be diverted to the receiving acute care facility.

3) airway or ventilation concerns that cannot be adequately stabilized for the anticipated transport time by available EMS providers.

4) patients in cardiac arrest at the scene after blunt trauma should not be transported by air. (For further information regarding transportation of patients in traumatic cardiopulmonary arrest see "Guidelines for Withholding or Termination of Resuscitation in Prehospital Traumatic Cardiopulmonary Arrest: Joint Position Statement of the National Association of EMS Physicians and the American College of Surgeons Committee on Trauma" J Am Coll Surg, 196:106-112, 2003). All exceptions should be transported to the closest appropriate acute care facility.

b. **Total air transport time > 45 minutes.** If total air transport time is anticipated to be greater than 45 minutes, Step One and Two patients should be transported by ground to the closest ACS Verified or State Designated Level III Trauma Center or, if there is no Level III Trauma Center within 30 minutes by ground transportation, to the closest appropriate acute care facility.

c. Step Three patients should be transported by ground to the closest ACS Verified or State Designated Level III Trauma Center or, if there is no Level III Trauma Center within 30 minutes by ground transportation, to the closest appropriate acute care facility. Step Three patients should be transported by ground to the closest ACS Verified or State Designated Level III Trauma Center or, if there is no Level III Trauma Center within 30 minutes by ground transportation, to the closest appropriate acute care facility.

5. Children. Pediatric trauma patients (< 15 years) should be transported to a Level I or II Pediatric Trauma Center if one is available within the following transport time criteria.

a. **Ground transport time < 30 minutes**: Step One, Two, and Three patients should be transported by ground to the closest ACS Verified or State Designated Level I or II Pediatric Trauma Center.

(5. Children, cont.)

b. **Ground transport time > 30 minutes and total air transport time <45 minutes:** Step One and Two patients should be transported by air to the closest Level I or II Pediatric Trauma Center.

c. If there is no Pediatric Trauma Center within the above transport time criteria, pediatric trauma patients meeting the criteria in 5.a. and 5.b. above, should be transported to the closest non-pediatric Level I or II.

Trauma Center using the same transport time criteria.

d. If transport times exceed the above parameters, pediatric trauma patients should be transported by ground to the closest ACS Verified or State Designated Level III Trauma Center, or if there is no Level III Trauma Center within 30 minutes by ground transportation, to the closest appropriate acute care facility.

The same exceptions listed under E.2, E.3 and E.4 also apply to pediatric patients.

6. **Burns**. Patients with isolated burns involving > 10% total body surface area should be transported to the closest ACS Verified or State Designated Burn Center using the above transport time criteria. Patients with burns due to a traumatic mechanism should be transported to the closest Trauma Center.

7. **Pregnancy**. Pregnant trauma patients who are beyond 20 weeks gestation should be transported using the above transport time criteria. If not being transported to an ACS Verified or State Designated Trauma Center, the closest facility that provides both Emergency Medicine and Obstetrical Services should be selected.

8. **Multiple Casualties**. If a traumatic event results in multiple casualties which, in the judgment of the EMS providers in the field and in consultation with local medical control, would result in the over whelming of medical resources at the closest Trauma Center or appropriate acute care facility, less severely injured patients may be transported to the next closest Trauma Center(s) or appropriate acute care facilities as necessary.

9. **Patient Choice**. Under Indiana law, the patient has the right to determine to which hospital they choose to be taken. If the patient is a minor or incompetent, the parent or legal guardian has the right to exercise that authority. If a protocol provides for transport to a specific facility, the patient (or parent or legal guardian) has the right to select the facility of their choice, even if it's different than the facility identified in the protocol.

10. **Transport Across State Lines**. The same trauma field triage and transport destination protocols should be used for patients being transported across state lines.

11. **EMS Provider Judgment/Local Medical Control**. EMS providers may decide independently, or in association with on-line medical direction, to transport a patient not otherwise meeting the criteria in Steps One through Three, or not otherwise specified in this protocol, to a Trauma Center.

12. **Advance notification.** EMS providers should provide advance notification to the receiving facility whenever possible to allow appropriate activation of resources prior to patient arrival.

Injury Prevention



Indiana's New Graduated Drivers Licensing Law	
Applies to probationary license issued July 1, 2009 and after	
Cell Phones/ Texting	Prohibits persons under age 18 from using any type of telecommunication device while operating a vehicle except for making emergency 911 calls
Restrictions on Passengers	No passengers for the first 180 days unless accompanied by a licensed instructor or driver 25 years or older. **Exemptions:** a sibling and/or a child of the driver OR a spouse and/or child of the driver. (Allows for an unlicensed parent, guardian or stepparent who is at least 21 years of age and in the front seat).
Nighttime driving prohibited	10 p.m. to 5 a.m. for first 180 days of driving. After first 180 days: Sun – Thurs, 11 p.m. to 5 a.m.; Sat and Sun, 1 a.m. to 5 a.m. **Exception:** Work, school or church related functions if accompanied by a licensed driver 25 years or older
Moving Traffic Violations/Crashes	Probationary drivers will no longer qualify for court diversion program.

Announcement:

St. Mary's Receives Verification as a Level II Pediatric Trauma Center

(Debbie Poole, MSN, RN, St. Mary's)

CONGRATULATIONS to the NEWLY verified Pediatric Level II Trauma Center at St. Mary's. St. Mary's received confirmation in September that they achieved this verification. St. Mary's is the first Pediatric Level II Trauma Center in the country to be verified using the alternate pathway for a pediatric surgeon. When the "green book" was published, St. Mary's remained committed to the need for pediatric trauma resources in outlying regions of the state. They worked closely with the American College of Surgeons—Committee on Trauma over the past year to meet alternate requirements for pediatric verification. They believe that this improves the level of care for pediatric patients in the region and helps provide care closer to home for families in the southern Indiana region as well as western Kentucky and southern Indiana.

St. Mary's Trauma Services provides trauma and emergency medical services 24 hours a day, 7 days a week. Trauma specialists provide rapid response to all trauma patients, around the clock. For the most seriously ill or injured patients -- including children, infants and newborns - St. Mary's LifeFlight, provides helicopter transport.

St. Mary's is proud to be a leader in the efforts to prevent trauma and injury and enhance the quality of life and health in our community. We work to help ensure that each trauma patient receives consistently high quality, coordinated care from the pre-hospital phase through hospitalization, rehabilitation and recovery.

Upcoming Events

Indiana Trauma Network

Mar. 16, June 15, Sept. 21, Dec. 21 – Methodist Hospital

Officers:

Jill Buttry, MSN, RN (Deaconess Hospital) - president

Debbie Poole, MSN, RN (St. Mary's) - secretary

Indiana Emergency Nurses Association State Council Meeting

Feb. 25, Apr. 22, June 17, Aug. 19, Oct. 21, Dec. 2 - Loon Lake Lodge

Time: 1200 - 1500 - Lunch provided.

Annual Symposium: June 16, 2010

www.indianaena.org

2010 Indiana Trauma System Advisory Task Force Meetings:

- **February 5, 2010**
- **May 7, 2010**
- **August 6, 2009**
- **November 5, 2009**

If you are interested in attending or have questions regarding trauma care in Indiana, please contact:

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If you have information to include in future newsletters, please e-mail Debbie.

(Contributing editor, Susan Perkins, RN)

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