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Trauma Times Newsletter (April 2015)

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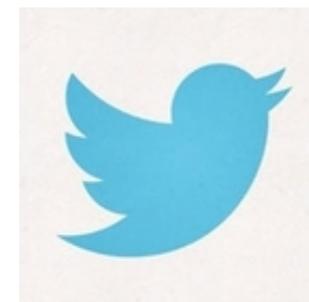
Volume 6 Issue 4

April 2015

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Social Media: #SafetyIN



April is National Child Abuse Prevention Month. How will you commit to keep kids safe in your community? #CommitToPrevent #CAPM2015

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#SafetyIN

Distracted driving is any activity that diverts a person's attention away from the primary task of driving. All distractions endanger driver, passenger, and bystander safety. #JustDrive #SafetyIN

According to a study by the Virginia Tech Transportation Institute (VTTI), sending or receiving a text takes a driver's eyes off the road for an average of 4.6 seconds, the equivalent of driving blind at 55 mph for the length of an entire football field #JustDrive #SafetyIN

Check out your local playgrounds. If there is hard surfacing, such as asphalt, concrete, dirt, or grass underneath play equipment, call the owner and politely voice your concern. Ask if there is anything you can do to help with the transformation to safe surfacing. #SafetyIN

2015 Injury Prevention 101 Conference Summary



EMS Providers and Hospitals who have submitted data to the registries (under the Trauma Registry Rule-update): <http://www.in.gov/isdh/25942.htm>

Trauma Times Newsletter Survey:

<https://www.surveymonkey.com/s/36RH393>

We want to hear from you! Please fill out our survey in order to help us continue to provide the best product and content to you the

reader.



Jessica Skiba, M.P.H., Injury Prevention Epidemiologist at the Indiana State Department of Health opens the 2015 Injury Prevention 101 Conference

Submitted by Jessica Skiba, M.P.H., Injury Prevention Epidemiologist at the Indiana State Department of Health

The Injury Prevention Advisory Council (IPAC) hosted the Injury Prevention 101 Conference on March 13 at the Indiana Government Center-South with 61 attendees participating. This day-long conference featured speakers from around the state discussing strategies to build injury prevention programs.

The conference featured six sessions and one panel discussion. Session 1 outlined new injury prevention program requirements from the American College of Surgeons Committee on Trauma, and session 2 included information on what are and where to find evidence-based programs. The third session and panel discussion featured three presenters from different backgrounds (level I pediatric trauma center, level III trauma center, and research institute) discussing how they have used data to form and inform their programs. Dr. Jennifer Walthall, M.D., M.P.H., Deputy Health Commissioner,

welcomed the group and highlighted the importance of community-based injury prevention programs.

After lunch, session 4 featured two presenters sharing about the importance of evaluations and how to use literature evaluations to inform programs. Session 5 featured two presenters discussing strategies to fund programs. The final session also featured two presenters shared community buy-in strategies and connections to community partners their injury prevention activities. In addition to listening to great talks, meeting attendees were able to network and ask questions of the presenters and other attendees. This was the first conference of its kind and will be repeated next year!

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 or at 317-233-7716.



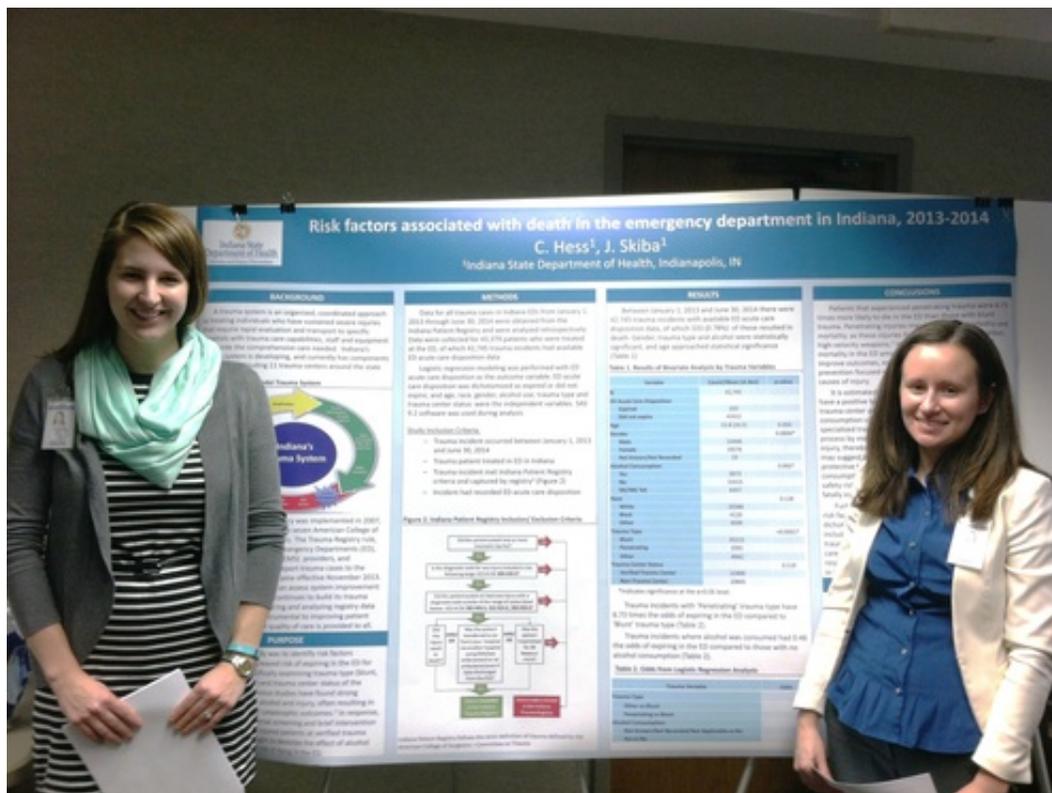
Dr. Jennifer Walthall, M.D., M.P.H., Deputy Health Commissioner, welcomes conference attendees



First Annual Epidemiology Open House at ISDH

Submitted by Camry Hess, M.P.H., Database Analyst Epidemiologist at the Indiana State Department of Health

The first annual Epidemiology Open House: Bridging the Gap from Data to Action was held Monday, March 16 at the Indiana State Department of Health in Rice Auditorium. The health commissioner, Dr. Adams, and the state epidemiologist, Pamela Pontones, led the opening ceremony. They both thanked the epidemiologists for doing their behind the scenes work and gave a special thank you to Amanda Raftery for creating the idea of the open house so people could see what epidemiologists do.



Jessica Skiba, M.P.H. (L) and Camry Hess, M.P.H. (R) represent the Division of Trauma and Injury Prevention

Following the opening ceremony attendees had the opportunity to view posters on projects by 13 presenters from a wide variety of state programs. One of the presenters even had the Super Bowl trophy from the Indianapolis Colts on display. Their project focused on a public health collaborative with the Indianapolis Colts for initiatives such as hand washing and getting your vaccines.

2015 Division of Trauma and Injury Prevention's Summer Trauma Tour

The Indiana State Department of Health (ISDH) is back on the road again this summer for a statewide Trauma Tour. The Division of Trauma and Injury Prevention staff, along with local stakeholders, will hold “open house” style meetings in all 10 Indiana public health preparedness districts for Hoosiers to talk about the progress the state has made

in developing a statewide trauma system, how a trauma system could help the state and how state and local agencies currently respond to trauma on a regional level. The State Health Department wants to work with the public and its many stakeholders to advance Indiana towards a formal trauma system.

Traumatic injury is the leading cause of death for Hoosiers under the age of 45; the same is true across the country and worldwide. Traumatic injuries kill young people in the prime of their lives, impacting society as a whole in health costs, lost productivity, and emotional distress. Where trauma systems are in place, they save lives. Trauma systems correctly identify patients who need trauma care, anticipate needed resources for trauma treatment, route patients to the correct facility, and improve care through a quality improvement process.

Below are the dates and location of each stop on the Trauma Tour. The public are invited to attend at any time from 2-5 p.m. and talk with the State Health Department Division of Trauma and Injury Prevention staff and local stakeholders. There will be a brief presentation followed by a question & answer session. The open-house style meeting also has information and displays staffed by state and local trauma experts.

For more information about the 2015 trauma tour, you can find it on the ISDH website at: <http://www.in.gov/isdh/26642.htm>.



District 10 trauma tour event Spring 2013

Data Requests and the Trauma Registry Rule

Submitted by Hilari Sautbine, J.D., M.P.H., Staff Attorney, Office of Legal Affairs

The Indiana State Department of Health (ISDH) has received questions regarding data release, including what information it can collect and how it complies with the Health Insurance Portability and Accountability Act (HIPAA).

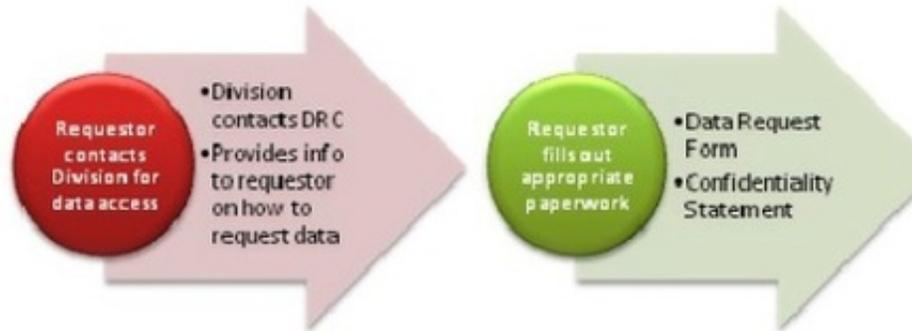
Indiana Code 16-19-3-28 provides the ISDH with the authority to adopt rules for the development and implementation of a state trauma registry. The Trauma Registry Rule (the Rule) is found at 410 IAC 34. The Rule requires certain entities to submit information to the registry, and pursuant to the requirements of IC 4-1-6-8.6 (referred to in the Rule), grants persons involved in legitimate research activity access to confidential information.

Health Insurance Portability and Accountability Act, Business Associate Agreements, and Data Share Agreements

The ISDH is a “hybrid” entity, meaning that some of its programs are HIPAA-covered entities while others are not. The Trauma and Injury Prevention Division (the Division) is not a covered entity because it does not meet the criteria: it is not a health care provider, a health plan, or a health care clearinghouse. Although submission of identifiable data is not required under the Rule, the ISDH can collect it because covered entities may submit protected health information to the agency under the general public health activities exception (45 CFR 164.512(b)(1)(i)). Entities submit data to the registry as required by Indiana law and the Rule. For those reasons, and because the ISDH is not a Business Associate (BA) of the entities that submit data to the registry, neither a BA agreement nor a data share agreement (DSA) is required. Covered entities may need a BA agreement or DSA when they share trauma data with organizations such as the ACS National Trauma Data Bank because the ACS is not a public health authority; therefore, disclosure does not qualify under HIPAA’s public health activities exception.

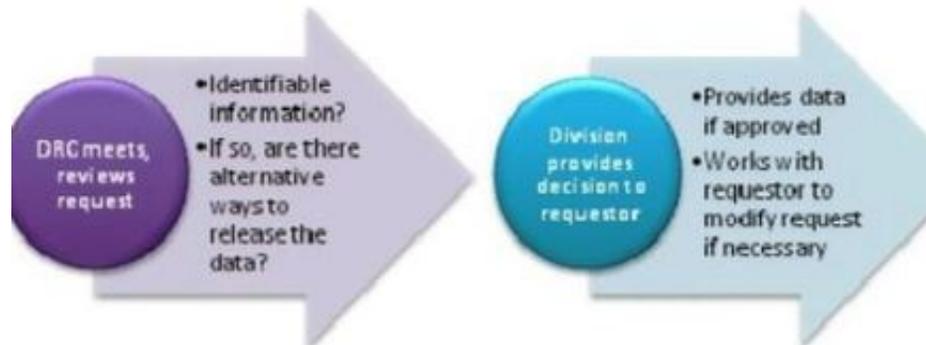
Confidentiality of Records

The ISDH must balance the duty of transparency to the public with safeguarding confidential records. Indiana law (IC 4-1-6-8.6) requires an agency with a personal information system to release confidential data for legitimate research activities and places certain requirements on the researcher. The Access to Public Records Act (APRA, IC 5-14-3) classifies almost everything created, held, or produced by a state agency as a “public record,” but the question under APRA is whether the record is open to public inspection. Records declared confidential by law or rule are excepted from disclosure. Although the Division is not a covered entity, the ISDH does generally refer to HIPAA’s list of “identifiable elements” as a best practice for purposes of determining what data is identifiable or potentially identifiable. Data submitted to the registry is confidential per the Rule, and much of the information provided is confidential by state law as part of a medical record (IC 16-39).



ISDH Data Release Committee

The Data Release Committee (DRC) at the ISDH reviews many data requests to the agency. Anyone who wants to access registry data contacts the Division and fills out the appropriate paperwork. The Division contacts DRC, who reviews the request and discusses whether the data can be released. Epidemiologists on the DRC provide expertise to determine whether the data could be combined or manipulated to identify an individual. If the request is for identifiable data, the DRC considers whether there is an alternative way to release the data, such as in aggregate form or by providing different data fields. The DRC also addresses any concerns committee members or the Division has with the request. The Division then communicates the DRC's decision to the requestor and provides the data if approved.



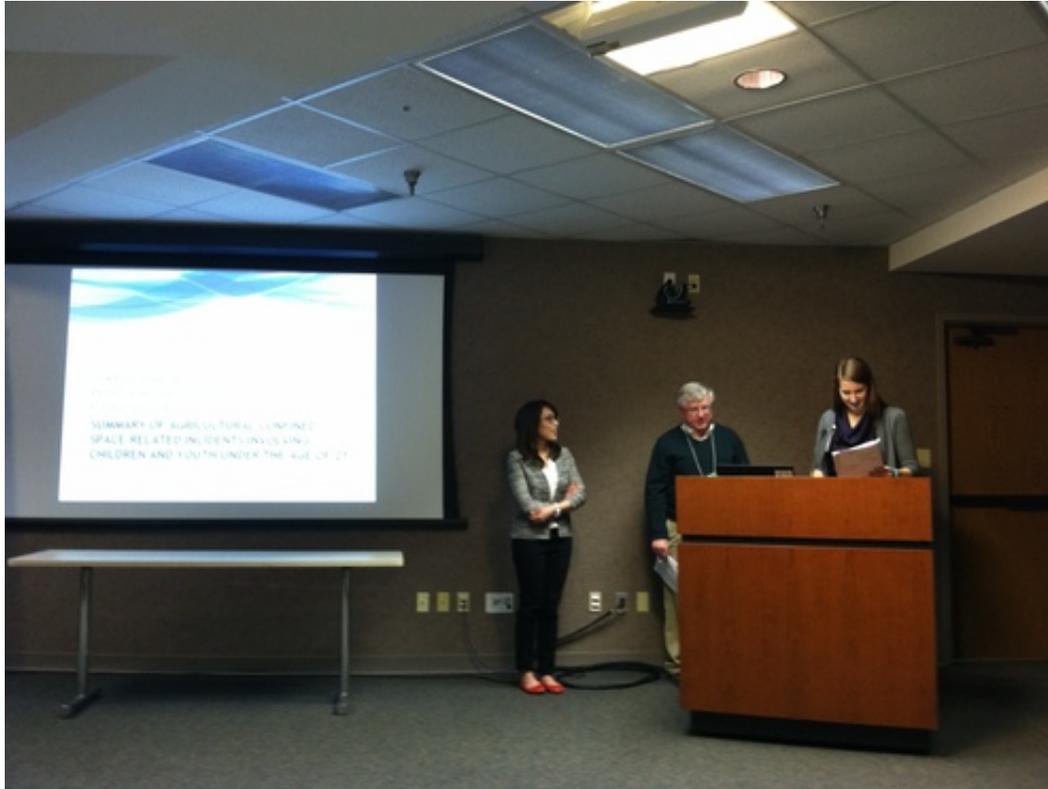
April is National Distracted Driving Prevention Month

Distracted driving is any activity that diverts a person's attention away from the primary task of driving. All distractions endanger driver, passenger, and bystander safety. According to a 2014 special article in the New England Journal of Medicine, the risk of a crash or near-crash among novice drivers increased with the performance of many secondary tasks, including texting and dialing cell phones. The latest data from the National Highway Traffic Safety Administration indicates that nationwide in 2013, 3,154 people were killed and an estimated additional 424,000 were injured in motor vehicle crashes involving distracted drivers. This represents a 6.7% decrease in the number of fatalities recorded in 2012.



In recognition of National Distracted Driving Prevention Month, from April 10 to April 15, 2015, law enforcement personnel nationwide will be using a combination of traditional and innovative strategies to crack down on motorists who text and drive. This effort is a part of the national U Drive. U Text. U Pay. high-visibility enforcement campaign that combines periods of intense anti-texting enforcement coupled with advertising and media outreach to let people know about the enforcement and convince them to obey the law.

Injury Prevention Advisory Council Meeting



Jessica Skiba, M.P.H., Injury Prevention Epidemiologist at the Indiana State Department of Health introduces William Field, Ed.D. and Charlene Cheng, M.S. from Purdue University

Submitted by Jessica Skiba, M.P.H., Injury Prevention Epidemiologist at the Indiana State Department of Health

The Injury Prevention Advisory Council (IPAC) works to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. The IPAC held the first meeting of 2015 on March 12 and three guest speakers presented. The first presentation was from Indiana University- Purdue University Indianapolis Professor Maria Brann and her Health Communication Dissemination class. They shared their progress for developing a strategic communication for the injury prevention resource

guide to be developed by the ISDH. There will be a special meeting for the Strategic Communication Plan for the Indiana Injury Prevention Guide on April 24 at 10 a.m. EST in Rice Auditorium at ISDH offices where the class will present the resource guide to IPAC.

The second presentation was from Purdue University Professor William Field, Ed.D. and PhD student Charlene Cheng. They presented their findings on grain related incidents involving those under the age of 21. Approximately one out of five fatalities or injuries involves children and youth under the age of 21 with nearly all the victims being male. The most frequent type of entrapments include free flowing column, bridging/crusted horizontal surface, vertically crusted grain surface, free standing, grain transport vehicles, grain vacuums and structural failures.

The third presentation was from Dannielle Gilyan, Injury Prevention Coordinator at Eskenazi Health presented Prescription for Hope, an evidence-based violence and crime prevention program that focuses on reducing repeated violence related personal injury and criminal activity. Enrollees of this program must have been admitted to the Smith Level I Shock Trauma Center as a result of a gunshot, stabbing or assault. This program promotes empowerment, creates wrap around services and links to community programs, addresses risk factors and develops protective factors.

IPAC meets quarterly and the next meetings are June 18, September 17 and December 10 at 1 p.m. Eastern in Rice Auditorium at the ISDH offices.

IPAC meeting notes, handouts, and presentations can be accessed at the IPAC website: <http://www.in.gov/isdh/25395.htm>



Did you Know? Statement on Bicycle and the Promotion of Bicycle Helmet Use

The American College of Surgeons (ACS) and its Committee on Trauma recognize the importance of injury prevention in the spectrum of care of the trauma patient. Cycling remains an important means of transportation and recreation; however, the bicycle rider can be at significant risk of serious injury. The ACS supports efforts to promote, enact

and sustain universal bicycle helmet legislation and enforcement.

For more information: <https://www.facs.org/about-ac/s/statements/bicycle-safety>

From the CDC: What is Shaken Baby Syndrome?

Shaken Baby Syndrome (SBS) is a preventable, severe form of child abuse that results from violently shaking an infant by the shoulders, arms, or legs, or from impact. SBS is a form of abusive head trauma (AHT)—an inflicted traumatic brain injury—that is often triggered by a caregiver’s frustration or anger over crying. Crying—including long bouts of inconsolable crying—is a normal developmental behavior in infants. The problem is not the crying, but occurs in the caregiver’s response. Inconsolable crying and limited social supports are primary risk factors for shaking a baby.

AHT is a leading cause of child abuse deaths in the United States. According to a study of North Carolina AHT cases, as many as three to four children a day experience severe or fatal head injury from child abuse in the United States. Nearly all victims of AHT suffer serious health outcomes, and at least one of four infants will die from this form of abuse.

Everyone can help prevent AHT. It is important to provide parents and caregivers with the tools to recognize the triggers, and ways to cope when they find themselves angry or frustrated. Helping people understand the consequences of shaking, throwing, or hitting an infant may help reduce the number of children and families affected by AHT.

**Know the Facts:**

- **AHT is a leading cause of child abuse deaths in the United States**
- **Babies (newborn to 4 months) are at the greatest risk of injury from shaking**
- **Crying is a primary trigger for shaking a baby**

Signs and Symptoms

Babies, newborn to one year (especially 2 to 4 months), are at greatest risk of injury from shaking. SBS signs are not always visible; however, babies may display outward signs. Parents, family members, caregivers, or others in close, regular contact with the infant should seek medical attention right away if they notice any of the signs and symptoms listed below.

- Significant changes in sleeping patterns or inability to be awakened
- Vomiting (more than usual)
- Convulsions or seizures
- Increasing irritability
- Uncontrollable crying
- Inability to be consoled, and
- Inability to nurse or eat

- In more severe cases, babies may be:
- Unresponsive
- Unconscious

Babies should be taken to the emergency department immediately if they are experiencing any of these severe signs and symptoms.

Diagnosing SBS

Health care providers may be alerted to a possible SBS injury by any of the following:

- Any infant or young child who presents with a history that is not plausible or consistent with the presenting signs and symptoms,
- The presence of a new adult partner in the home,
- A history of delay in seeking medical attention,
- A previous history or suspicion of abuse,
- The absence of a primary caregiver at the onset of injury or illness,
- Physical evidence of multiple injuries at varying stages of healing, or
- Unexplained changes in neurologic status, unexplained shock, and/or cardiovascular collapse.

There are a number of diagnostic tools that health care providers can use to assess the possibility of SBS in injured babies. In addition to a thorough history and physical exam, including ophthalmologic examination, physicians may use computerized tomography, magnetic resonance imaging, skeletal surveys, and other medical tests to diagnose SBS.

Resources

Preventing Shaken Baby Syndrome: A Guide for Health Departments and Community-Based Organizations http://www.cdc.gov/Concussion/pdf/Preventing_SBS_508-a.pdf

The Period of Purple Crying <http://purplecrying.info/>

Heads Up: Prevent Shaken Baby Syndrome

<http://www.cdc.gov/concussion/HeadsUp/sbs.html>

National Playground Safety Week - April 20-24



National Playground Safety Week is a time to focus on children's outdoor play environments. Each year, more than 200,000 children are injured on playgrounds. Although some measures have been initiated to address the growing problems associated with playground safety, there has been no nationally coordinated effort in this area. In recognition of this need, the National Program for Playground Safety (NPPS) was created in October 1995 to help communities across the nation examine the critical issues surrounding playground safety. Check to make sure children are S.A.F.E. when playing on playground equipment: Supervision, age-appropriate, fall surfacing, and equipment.



1. Provide proper supervision of children on playgrounds. Supervision is a critical component to the safety of children, and can assist in ensuring safety and preventing injuries. Play areas need to be designed so that supervisors can see all areas.
2. Design age-appropriate playgrounds. NPPS recommends that adults be proactive in selecting age appropriate equipment and requesting separate play areas for different age groups - 6 months through 23 months, ages 2 to 5, and 5 to 12.
3. Provide proper fall surfacing under and around playgrounds. Surfaces such as asphalt, cement, dirt and grass are not acceptable surfaces under and around playground equipment.
4. Properly maintain playground equipment. Maintenance routines should be determined for each specific playground.

The National Program for Playground Safety Kid

Checker: <http://playgroundsafety.org/sites/default/files/Kid%20Checkerform.pdf>

For more information, visit: <http://playgroundsafety.org/safety-week/introduction>

Fireworks 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 2015 Indiana Firework-Related Injury Report will be assembled and published this fall. The reporting cycle for 2015 lasts from Sept. 13, 2014 through Sept. 12, 2015. Per Indiana Code 35-47-7-7, reports must be completed within five business days after examination of the injury.

The 2014 Firework-Related Injury Report can be found here:

http://www.in.gov/isdh/files/ISDH_FireworksReport_2014.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

Indiana Emergency Medical Services for Children (iEMSC) New Program Manager

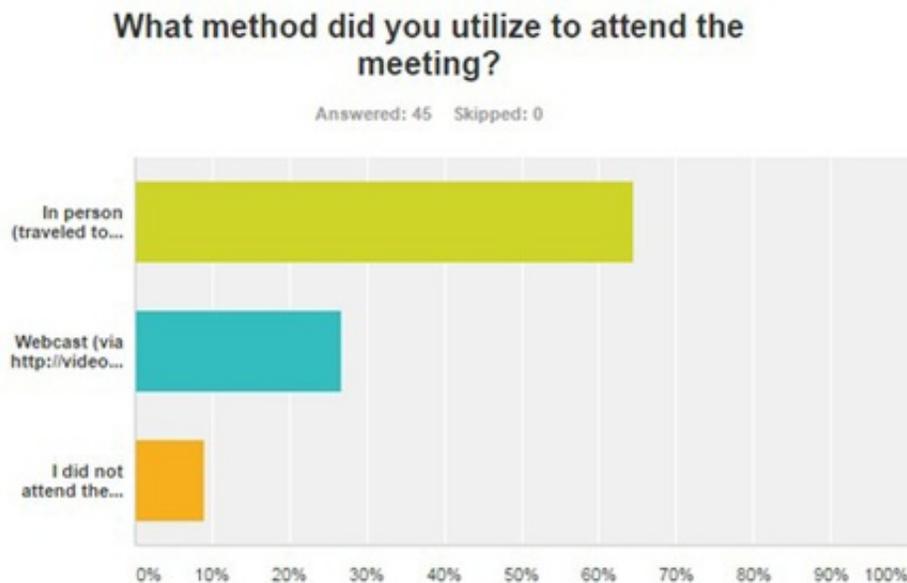
The Indiana Emergency Medical Services for Children (iEMSC) welcomes Courtney VanJelgerhuis as the new Program and Grants Manager. Prior to joining the Indiana

EMSC, Courtney worked with the MESH Coalition. She has experience in building community partnerships, grants management and program development.

Indiana State Trauma Care Committee Survey Results

The Indiana State Department of Health (ISDH) division of trauma and injury prevention sent out a survey to all Indiana State Trauma Care Committee (ISTCC) meeting attendees after the February 20 meeting for receive feedback regarding all aspects of the meeting. Forty-five people participated in the survey, giving us a lot of feedback that can be used to better plan future ISTCC meetings. Some highlights of the survey results:

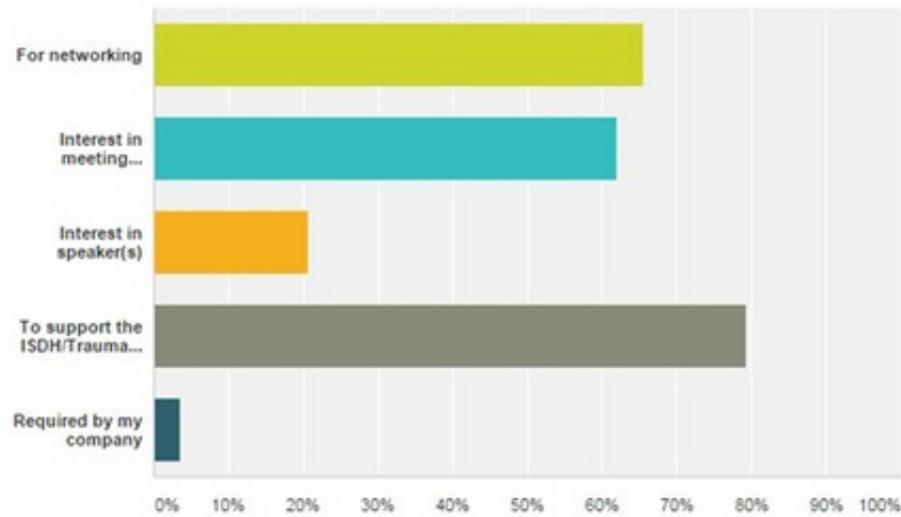
- 86% of those responding said that they are satisfied with the ISTCC meetings.
- 65% of those responding attended the meeting in person.
- 27% of those responding attended the meeting via webcast.



- o Out of those that attended the meeting in person, 79% said it was to show support of the ISDH/Trauma system development.

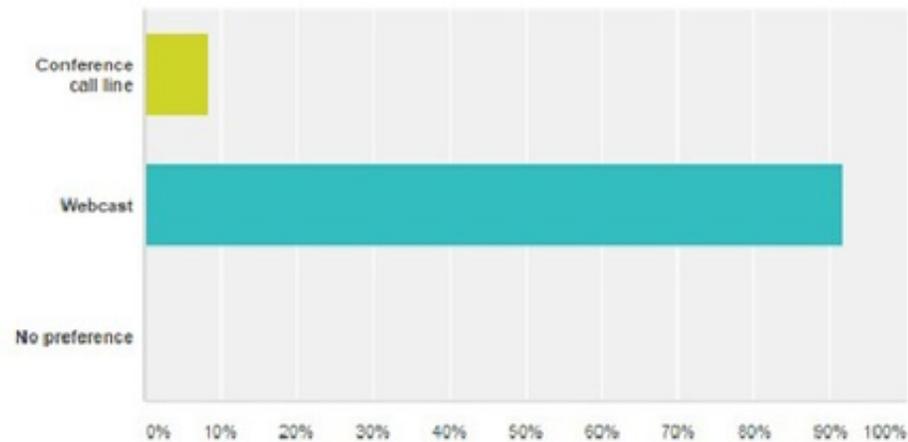
Why did you attend this meeting in person?

Answered: 29 Skipped: 16



What do you prefer?

Answered: 12 Skipped: 33



- o Out of those that attended via webcast, 100% were satisfied with the sound quality, visual aids (PowerPoint), and ease of accessing the webcast.
- o 92% preferred the webcast over the conference line.

If you are interested in submitting an agenda topic, please email:

khokanson@isdh.in.gov so the topic can be reviewed in advance by the division staff.



Indiana State Trauma Care Committee (ISTCC) Members and Subcommittees

The Indiana State Trauma Care Committee (ISTCC) serves as an advisory group for the Governor and State Health Commissioner regarding the development and implementation of a comprehensive statewide trauma system. The ISTCC is established through Executive Order. Every committee member is appointed by the governor and fulfills the role listed in the Executive Order.

Executive Order Role:	Role/Representing	Member	Representing
a. The State Health Commissioner or the Commissioner's designee.	Chair	Jerome M. Adams, MD, MPH	ISDH
b. The Executive Director of the Department of Homeland Security or the Executive Director's designee.	Vice Chair	David Kane	IDHS
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.	Level I Trauma Center Physician	Gerardo Gomez, MD	Eskenazi Health
	Level I Trauma Center Physician	R. Lawrence Reed, MD, FACS, FCCM	IU Health – Methodist Hospital
	Level I Trauma Center Physician	Thomas M. Rouse, MD	IU Health – Riley Hospital for Children
	Level II Trauma Center Physician	Lewis E. Jacobson, MD, FACS	St. Vincent Indianapolis Hospital
	Level II Trauma Center Physician	Stephen Lanzarotti, MD	St. Mary's Hospital
	Level II Trauma Center Physician	Donald Reed, MD, FACS	Lutheran Hospital
	Level II Trauma Center Physician	Scott Thomas, MD	Memorial Hospital of South Bend
	Level II Trauma Center Physician	W. Matthew Vassy, MD	Deaconess Hospital
	Level II Trauma Center Physician	Mitchell Farber, MD	Parkview Regional Medical Center
One emergency medicine physician licensed under IC 22-22.5 recommended by the Indiana Chapter of the American College of Emergency Physicians.	Emergency Medicine Physician	Chris Hartman, MD	St. Francis Hospital and Health Centers
One emergency medical services provider.	Emergency Medical Services Provider	Ryan E. Williams, RN, BSN, EMT-P	Reid Memorial Hospital
One individual representing fire rescue services appointed by the Governor.	Fire Rescue Services Representative	Tim Smith, Fire Chief	Vincennes Township Fire Department
Two nurses licensed under IC 25-23 who are employed as trauma care coordinators appointed by the Governor.	Nurse	Meredith J. Addison, RN, MSN, CEN	Terre Haute Regional Hospital
	Nurse	Lisa Hollister, RN	Parkview Regional Medical Center
Two physicians licensed	Physician – Rural	David J. Welsh, MD	General Surgeon

under IC 22-22.5 affiliated with a hospital that is 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			
	Physician – Gary	Michael A. McGee, MD	Methodist Hospital of Gary
A representative from the Indiana Hospital Association who is not from Marion County.	IHA Representative	Spencer Grover	Indiana Hospital Association
	Ex-Officio	Tony Murray	Professional Fire Fighters' Union of Indiana

The ISTCC meets on a quarterly basis at the Indiana State Department of Health (ISDH) located at 2 North Meridian Street in Indianapolis. As the development of the statewide trauma system has evolved and picked up momentum, several subcommittees have formed:

1. Designation Subcommittee

a. The ISTCC designation subcommittee was established in 2012. It advises the ISDH on all matters regarding state designation. It helped the EMS Commission create the guidelines for the “in the process of ACS verification” trauma center status, reviews applications and 1 year review documents, and makes recommendations to the ISTCC. The ISTCC designation subcommittee will also help draft the state’s trauma center designation rule.

2. Performance Improvement Subcommittee

a. The performance improvement subcommittee was established January 2013. They identify areas of opportunity in the statewide trauma system utilizing aggregate data from the Indiana Trauma Registry to track and trend results of their efforts in improving the overall system.

3. Trauma System Planning Subcommittee

a. The trauma system planning subcommittee was established the summer of 2014. They assist the ISDH Division of Trauma and Injury Prevention in identifying priorities and establishing deadlines for trauma system development initiatives.

All of these subcommittees are open to new members. As an active participant of the subcommittee, you will be tasked with projects and responsibilities that will help drive the development of the statewide trauma system. If you are interested in becoming a key member of any of these subcommittees, please contact Katie Hokanson, ISDH director of trauma and injury prevention, at khokanson@isdh.in.gov.

More information about the subcommittees, including previous meeting agendas and notes can be found on the division's website at: <http://www.in.gov/isdh/25400.htm>.



Indiana Emergency Medical Services for Children (EMSC) Education and Pediatric Related Events

- **Free Pediatric Online Training:**

http://www.emscnrc.org/EMSC_Resources/Online_Training.aspx

- **Indiana First Responder: Online Training Program by IDHS.**

This platform hosts courses on emergency management, specialty training, communications and fire.

<http://indianafirstresponder.org/>

- **Start and Jump Start Courses by MESH.** [Click here for details.](#)
- **Haz Mat Operations and Awareness by MESH.** [Click here for details.](#)
- **ICS/NIMS Courses by MESH.** [Click here for details.](#)

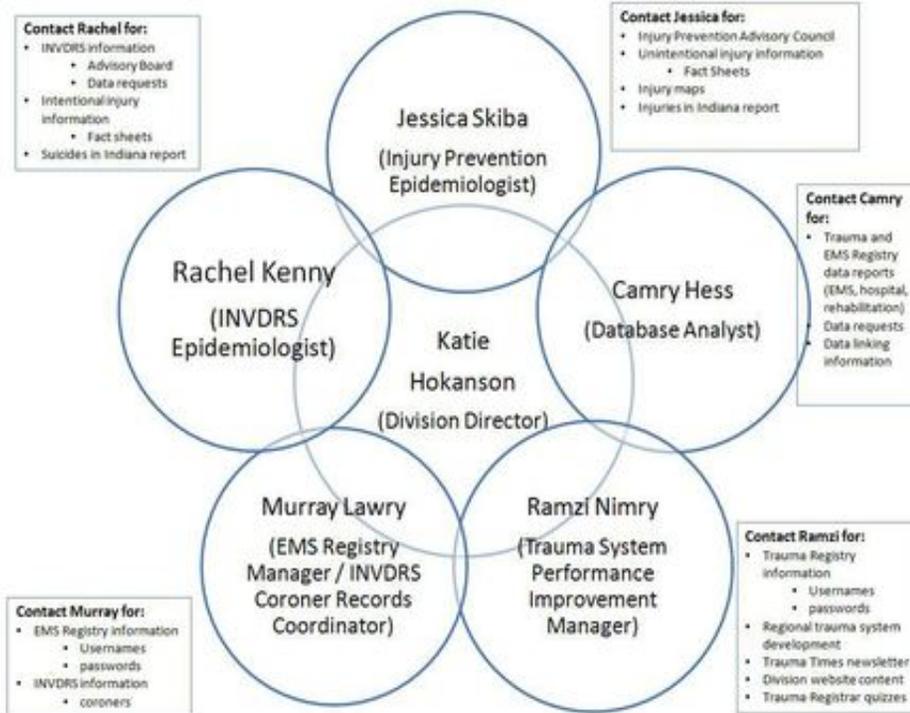
Trauma Staffing Changes - Rachel Kenny

The Division of Trauma and Injury Prevention is pleased to announce the addition of a new staff member:

Rachel Kenny, INVDRS Epidemiologist, graduated from Syracuse University with a Bachelor of Arts in Anthropology and Forensic Science. She is currently working towards a Master's degree in Epidemiology at the IU Richard M. Fairbanks School of Public Health. She worked at the University of Indianapolis prior to joining ISDH.

Rachel can be reached via email rkenny@isdh.in.gov or by phone, 317-233-8197

Division Staff Responsibilities



Katie Hokanson — Director

Jessica Skiba, M.P.H. — Injury Prevention Epidemiologist

Contact Jessica for:

- Injury Prevention Advisory Council
- Unintentional injury information (including fact sheets)
- Injury maps
- Injuries in Indiana report

Murray Lawry, M.P.A. — EMS Registry Manager

Contact Murray for:

- EMS Registry Information (including usernames and passwords)
- INVDRS Information Coroners

Camry Hess, M.P.H. — Database Analyst Epidemiologist

Contact Camry for:

- Trauma and EMS Registry data reports (EMS, hospital and rehabilitation)
- Data requests
- Data Linking information

Ramzi Nimry — Trauma System Performance Improvement Manager

Contact Ramzi for:

- Trauma Registry information (including usernames and passwords)
- Regional Trauma System Development
- Trauma Times newsletter
- Division website content
- Trauma registrar quizzes

Rachel Kenny — INVDRS Epidemiologist

Contact Rachel for:

- INVDRS information (including usernames and passwords)
- Intentional injury information (including fact sheets)
- Suicides in Indiana report

Jerome Adams, M.D., M.P.H. — State Health Commissioner

Jennifer Walthall, M.D., M.P.H. — Deputy Health Commissioner

Art Logsdon, J.D. — Assistant Commissioner, Health and Human Services

Katie Hokanson — Director

Jessica Skiba, M.P.H. — Injury Prevention Epidemiologist

Murray Lawry, M.P.A. — EMS Registry Manager

Camry Hess, M.P.H. — Database Analyst Epidemiologist

Ramzi Nimry — Trauma System Performance Improvement Manager
Rachel Kenny — INVDRS Epidemiologist

indianatrauma@isdh.IN.gov

Indianatrauma.org

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