

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention *Indiana State Department of Health*

Volume 6 Winter Issue

December 2015 / January 2016

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January 2016 Calendar of Events:

January 12 - Indiana State Performance Improvement (PI) Subcommittee meeting,(Indiana State Department of Health, 2 North Meridian Street, Indianapolis, IN 46204)

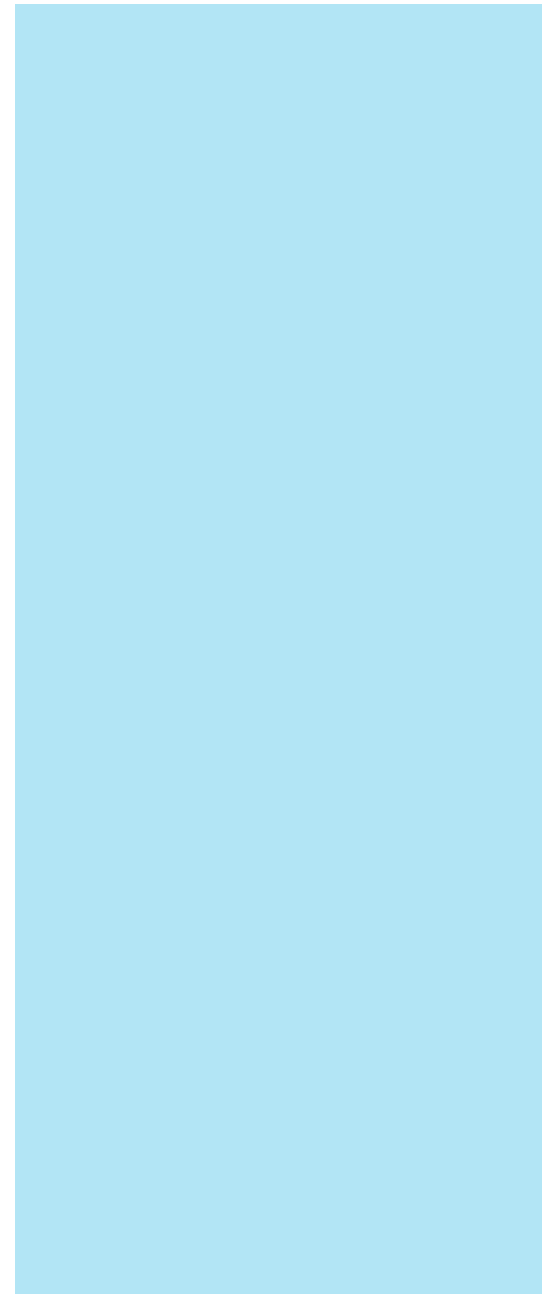
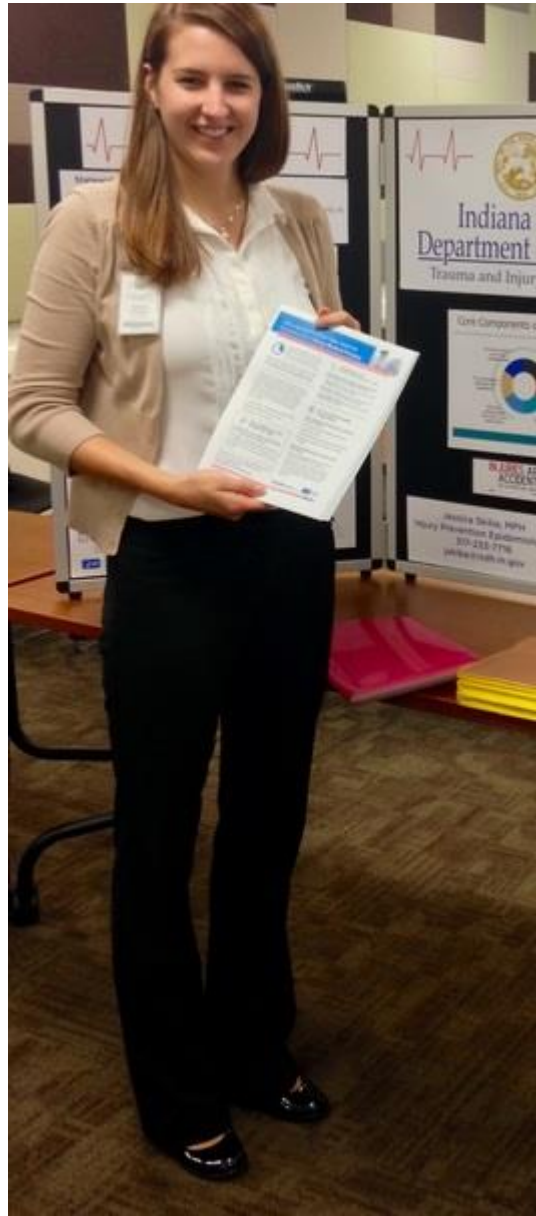
Social Media:



[@INDTrauma](#)

Thank you Jessica Schultz (Skiba)!





Jessica Schultz (Skiba)

By Katie Hokanson, ISDH Trauma Director

The Indiana State Department of Health Division of Trauma and Injury Prevention would like to thank Jessica Schultz (Skiba) for all of her hard work and dedication to injury prevention in Indiana. Over the past two and a half years, Jessica has accomplished a variety of activities, projects and events that have increased the awareness of injury prevention efforts not just within Indiana, but across the nation.

Some of the highlights of Jessica's ISDH career includes: Preventing Injuries in Indiana Resource Guide and smartphone application, establishing the annual statewide injury prevention conference, leading the successful grant application for the Centers for Disease Control and Prevention (CDC) National Violent Death Reporting System (NVDRS) project – a five-year grant that has allowed the division to expand in infrastructure and data collection, creating and expanding upon the CDC Special-Emphasis Reports while working with a variety of divisions throughout state government, and leading the Injury Prevention Advisory Council (IPAC) that continues to support our injury prevention coordinators and organizations in Indiana.

As the director of trauma and injury prevention, I could go on and on about the great work that Jessica has done for the ISDH, but I would be remiss if I did not mention the leader that Jessica is stepping up at a moment's notice to take on anything that comes her way, along with the team player that she is, always taking time to assist others, whether it is writing SAS code or working on new programmatic work in injury prevention. Jessica will be greatly missed at the ISDH, but we know that her heart will always be in Indiana and the work that she has done in Injury Prevention. Jessica will be moving to Florida to live with her husband, Eric, who will be working on a six-month post-doctorate at the University of Florida at Gainesville. We are working to retain Jessica's services

through a contract with her. Please join us in wishing Jessica the best of luck in her future endeavors!

Indiana State Trauma Care Committee (ISTCC)

The Indiana State Trauma Care Committee (ISTCC) meeting on December 11 started with Art Logsdon, Assistant Commissioner, Health and Human Services providing clarification that hospitals considered "in the process of ACS verification" trauma center status are allowed to advertise as a trauma center since State law defines "in the process" facilities as trauma centers and since there is no specific prohibition against them advertising. Once the Emergency Medical Services (EMS) Commission approves "in the process" facilities, they are a trauma center per Indiana law.

Jessica Schultz, Injury Prevention Epidemiologist with the Division of Trauma and Injury Prevention, provided an injury prevention update that included a discussion of Indiana's role in the Children's Safety Collaborative Improvement and Innovation Network (COLIN) to Reduce Childhood Injuries. Indiana joins 20 other states and territories in this effort.

Jessica also discussed the Core State Violence and Injury Prevention Program (Core SVIPP) which the ISDH Trauma program intends to apply for. The Core SVIPP, is a five-year grant which provides resources and support to focus on implementation, evaluation and dissemination of injury and violence prevention programs, practices and policies. The average award given is \$250,000.

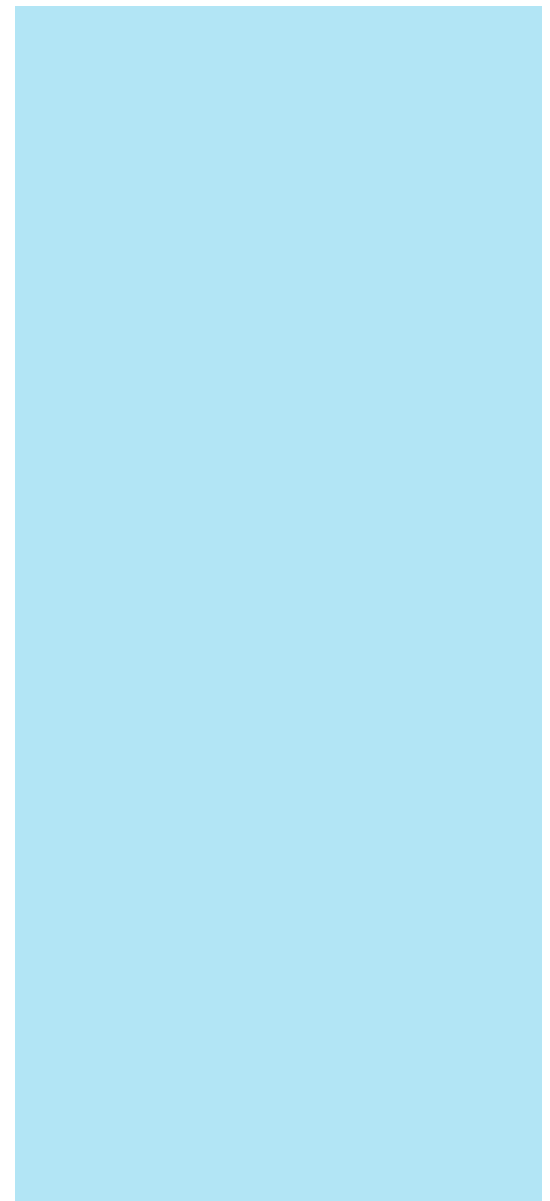
Katie Hokanson, Trauma Director and Injury Prevention and Ramzi Nimry, Trauma System PI Manager with the Division of Trauma and Injury Prevention, presented on the regional trauma road map for trauma system development. The road map was created from the District 10 Trauma Regional Advisory Council (TRAC) and the Resources for Optimal Care of the Injured patient 2014 (also known as the Orange book). The goals for the road map are to help increase communication in

among all regions of the state, address regional PI issues and achieve better utilization of regional councils. Katie and Ramzi then invited Public Health Preparedness Districts 1, 3, 6, 7 and 8 to provide initial updates on their regional trauma developments.



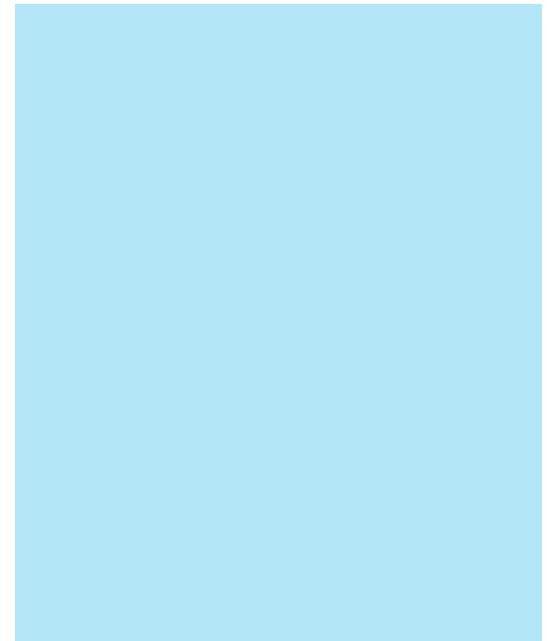
The 10 Public Health Preparedness Districts in Indiana

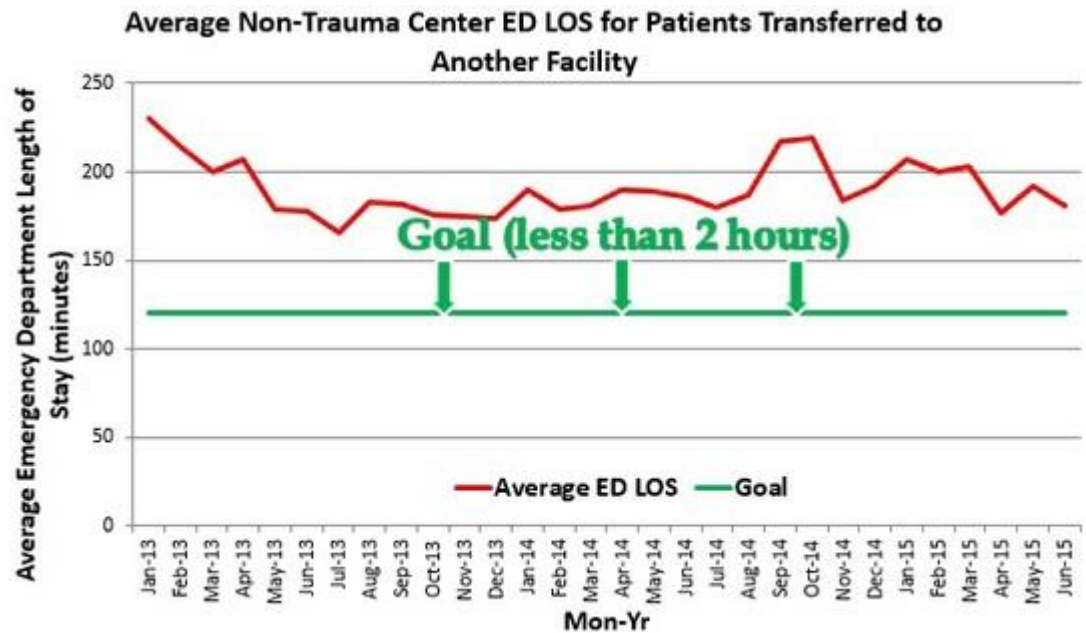
Katie also discussed risk-adjusted benchmarking as currently the American College of Surgeons Committee on Trauma (ACS COT) requires that ACS verified trauma centers participate in a risk-



adjusted benchmarking program to measure performance and outcomes and that as of Jan. 1, 2017 all centers must be enrolled in the Trauma Quality Improvement Program (TQIP).

Dr. Larry Reed, Trauma Medical Director at IU Health Methodist Hospital, provided the Performance Improvement (PI) Subcommittee update. The committee met on November 11 to discuss increasing the number of hospitals reporting to the registry, decreasing the average emergency department length of stay at non-trauma centers for transferred patients (graph below), increasing EMS run sheet collection and the discussion of potentially new metrics to judge system performance. During the group's December 9 meeting, the committee discussed emergency department length for patients transferred from non-trauma centers, regional trauma system development and reviewed other states' performance improvement measures. The PI Subcommittee will continue their 2015 measures, adding a focus of data quality to the registry.





Dr. Lewis Jacobson, Trauma Medical Director at St. Vincent Hospital in Indianapolis, provided the Designation Subcommittee update. The committee looked at the in the process one year updates for Methodist Hospital- Northlake, Good Samaritan Hospital and Community Hospital of Anderson and with that the Designation Subcommittee wanted to advise the Indiana State Trauma Care Committee recommend continued approval of those three centers.

[Injury Prevention Advisory Council \(IPAC\)](#)

The Indiana Injury Prevention Advisory Council (IPAC) met for the final time in 2015 on Dec. 10, from 1-3 p.m. at the ISDH offices. The meeting featured a presentation on program evaluation from Sally

Thigpen, MPA, Health Scientist from the Division of Analysis Research and Practice Integration (DARPI) in the Injury Center at the Centers for Disease Control and Prevention (CDC). Sally's presentation began with a walk through the CDC's A Framework for Program Evaluation, specifically focusing on the importance of evaluation design and gathering credible evidence. Sally's presentation described strategies on how to fold these skills into program evaluation for continuous quality improvement. The interactive presentation included drafting a logic model for child passenger safety activities and discussing strategies to draft S.M.A.R.T. objectives.

IPAC members also received an update about the progress of the Indiana Violent Death Reporting System (INVDRS) from Rachel Kenny, INVDRS Epidemiologist. Jessica Schultz shared that Indiana successfully applied to be a part of the Child Safety Collaborative Innovation & Improvement Network (CollIN), which is an opportunity to work with other states and a panel of injury and violence prevention advisors to increase the adoption of evidence-based programs, policies, and practices. The ISDH is preparing to apply for the CDC Core State Violence and Injury Prevention funding opportunity and applications are due April 8, 2016.

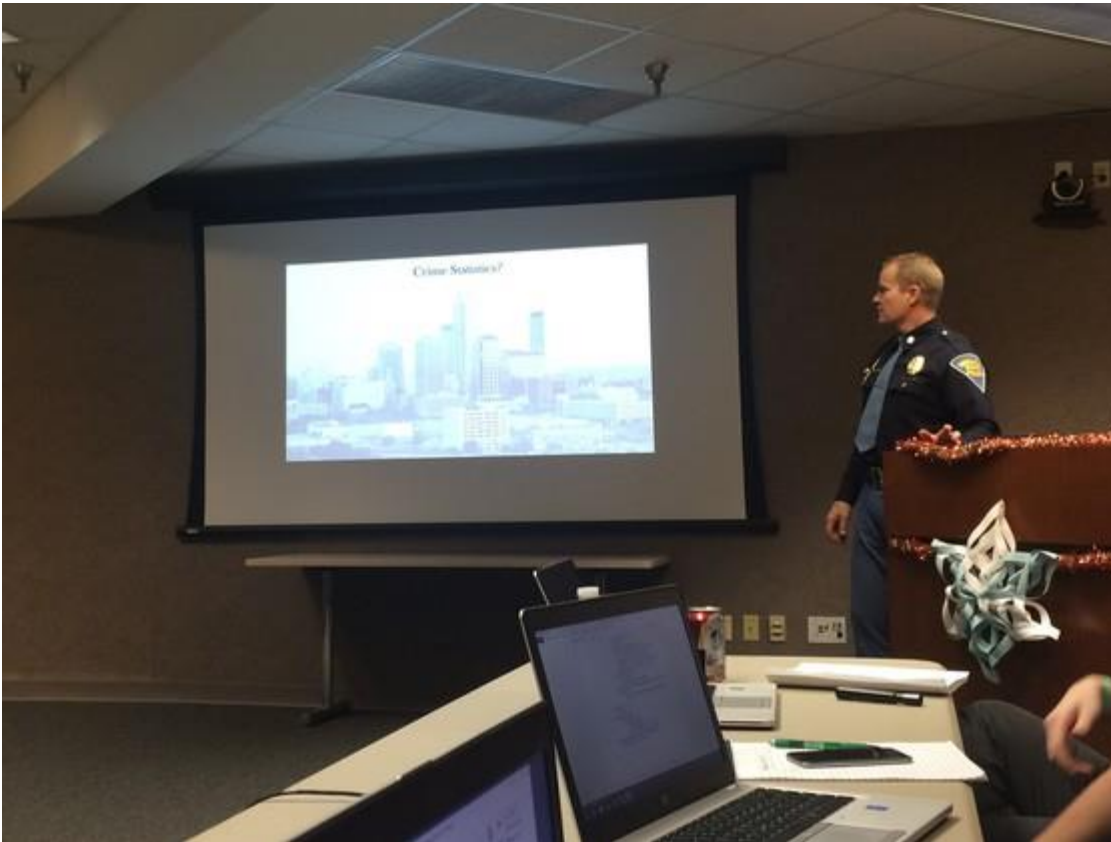
IPAC will meet in 2016 on March 18, July 15, September 16 and November 18 from 10 a.m. – 12 p.m. in Rice Auditorium at ISDH offices.

Meeting notes, handouts and presentations can be found on the IPAC website:

<http://www.in.gov/isdh/25395.htm>

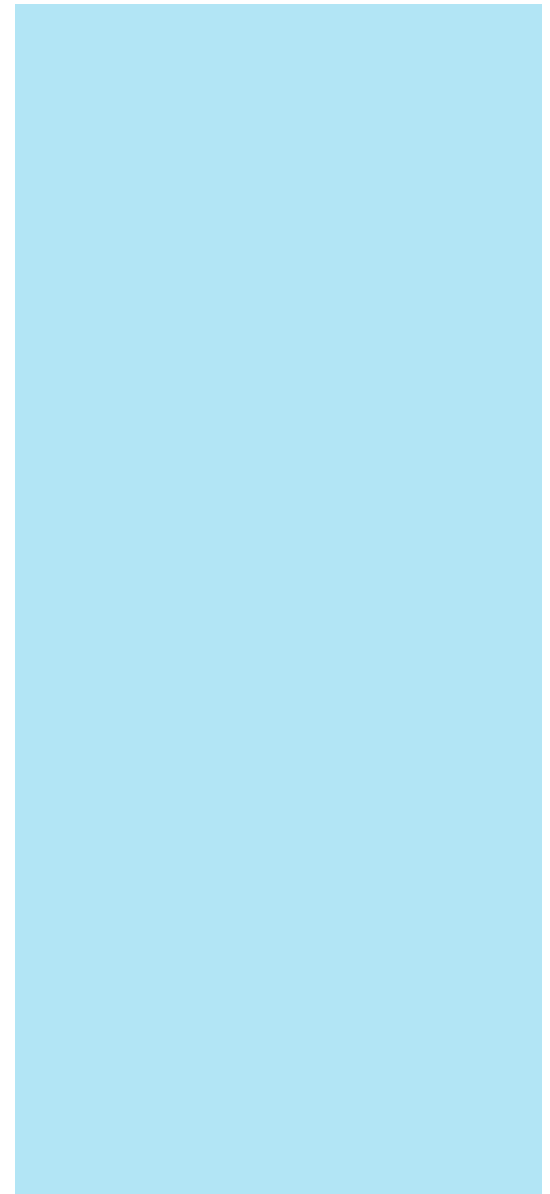
The IPAC meeting webcast can be viewed here: <http://videocenter.isdh.in.gov/videos/video/1925/>

[Indiana Violent Death Reporting System \(INVDRS\)](#)



First Sergeant Rob Simpson, Indiana State Police, presents on the C.R.I.M.E. project

On Dec. 15, 2015, the last Indiana Violent Death Reporting System (INVDRS) Advisory Board meeting of 2015 was held at ISDH. Rachel Kenny, INVDRS Epidemiologist, presented preliminary INVDRS data for 2015. Rachel further discussed challenges and successes in regards to Law Enforcement and Coroner records collection.



The Advisory Board discussed possible solutions INVDRS' challenges. The INVDRS staff is gearing up for 2016 as data collection begins for all 92 Indiana counties. First Sergeant Rob Simpson, Indiana State Police Information Technology Unit Commander, gave a presentation on ISP's Criminal Records Incident & Management Exchange (C.R.I.M.E.) which aims to develop a centralized database of law enforcement records. Jessica Shultz, Injury Prevention Epidemiologist, presented on the Injury Prevention App and the recently released Core State Violence and Injury Prevention Program grant.

The next INVDRS advisory board meeting will be **March 18, 2016 from 1-3 p.m.** at the ISDH. If you are interested in joining the INVDRS advisory board please contact Rachel Kenny at rkenny@isdh.in.gov.

CMS Announces New Ambulance Rules

Per the Kentucky Hospital Research and Education Foundation Emergency Preparedness Update

On Nov. 16, 2015, the Centers for Medicare & Medicaid Services (CMS) published the Final 2016 Physician Fee Schedule Rule (link is external) in the Federal Register. The Final Rule (link is external) contains several notable ambulance-specific provisions, which [PWW](#) excerpted [HERE](#). The final rule does three main things:

1. Updates Medicare Regulations to Account for Bonus Payment Extensions

In July of 2008, Congress increased the Medicare ambulance fee schedule amounts for ground ambulance services. These so-called “ambulance bonus payments” have been extended several times since then, and most recently, they were extended until Dec. 31, 2017, by the Medicare Access and CHIP Reauthorization Act (MACRA). In this Final Rule, CMS is revising the Medicare regulations to reflect the most recent extension of the bonus payments.

The regulations will now state that the ambulance fee schedule will be increased until Dec. 31, 2017 as follows:

- 2% for ground transports originating in urban areas
- 3% for ground transports originating in rural areas
- 22.6% for ground transports originating in super-rural areas

These increases will go away for ground transports performed on or after Jan. 1, 2018 unless Congress chooses to extend them beyond that date.

2. Continues the New Geographic Delineations

CMS is sticking to the geographic changes (the ZIP code changes) that went into effect on Jan. 1, 2015. These changes stay in place for 2016 and beyond under the Final Rule.

Last year, CMS updated the way that geographic area delineations are made for ambulance fee schedule purposes. This had the effect of changing some ZIP codes from urban to rural and substantially more ZIP codes from rural to urban. This is significant because for pickups in rural areas, CMS increases the mileage rate by 50 percent for each of the first 17 miles (42 CFR §414.610(c)(5)(i)), and the rural bonus is 3 percent. For air ambulance services where the point of pick-up is in a rural area, the total payment (base rate and mileage rate) is increased by 50 percent (42 CFR §414.610(c)(5)(i)). So, if a point of pickup (POP) ZIP code changed from rural to urban, an ambulance service receives less Medicare reimbursement (and vice-versa if a POP ZIP code changed from urban to rural).

CMS looked at the number of ZIP codes that changed urban/rural statuses after CY 2014 and found that:

- Geographic designations for approximately 95.22 percent of ZIP codes are unchanged.
- More ZIP codes have changed from rural to urban (1,600 or 3.73 percent) than from urban to rural (451 or 1.05 percent).
- The state of Ohio has the most ZIP codes that changed from urban to rural with a total of 54, or 3.63 percent of all ZIP codes in the state.
- The state of West Virginia has the most ZIP codes that changed from rural to urban (149 or 15.92 percent of all ZIP codes in the state).

For the latest information from CMS, and a state-by-state list of ZIP codes that changed, click [HERE](#) (link is external) (list of ZIP codes are located in the “Downloads” section). Any future changes to geographic delineations should come through rulemaking. For now, the changes from 2015 are here to stay.

3. Revisions to the Ambulance Staffing Regulations

Finally, CMS is revising the ambulance staffing regulations in three ways. CMS maintains it is trying to promote compliance with all applicable laws and ensure consistency and accuracy in the Medicare regulations through these revisions.

Source: http://www.emsworld.com/news/12140370/centers-for-medicare-medicaid-services-announce-new-ambulance-rules?utm_source=EMS+World+News+Recap&utm_medium=email&utm_campaign=CPS151114005

[Cost of Motor Vehicle Crash Deaths](#)

INDIANA

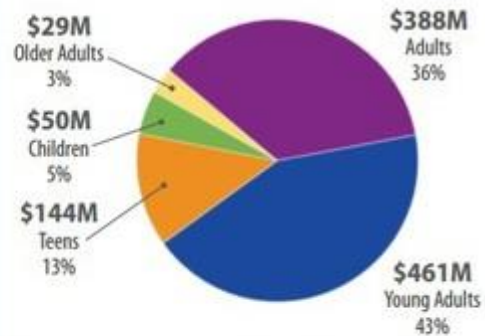
\$10 Million + **\$1.06 Billion** = **\$1.07 Billion**
Medical costs Work loss costs Total cost of crash-related deaths
in Indiana in one year.

BY TYPE OF ROAD USER



In Indiana, \$540 million (50%) were categorized as "other/unspecified."
*Cost is based on fewer than 20 deaths and may be unstable.

BY AGE GROUP



Children: 0-14, Teens: 15-19, Young Adults: 20-34, Adults: 35-64, Older Adults: 65+

The CDC recently release new state fact sheets on the cost of motor vehicle crash deaths. In the United States, motor vehicle crashes are among the top 10 causes of death for people aged 1-54, and more than 30,000 people are killed in crashes each year. In Indiana in 2013, crash death also resulted in \$1.07 billion in medical and work loss costs. Young adults ages 20-34 years contributed the most to the total cost. To see the full fact sheet, visit:

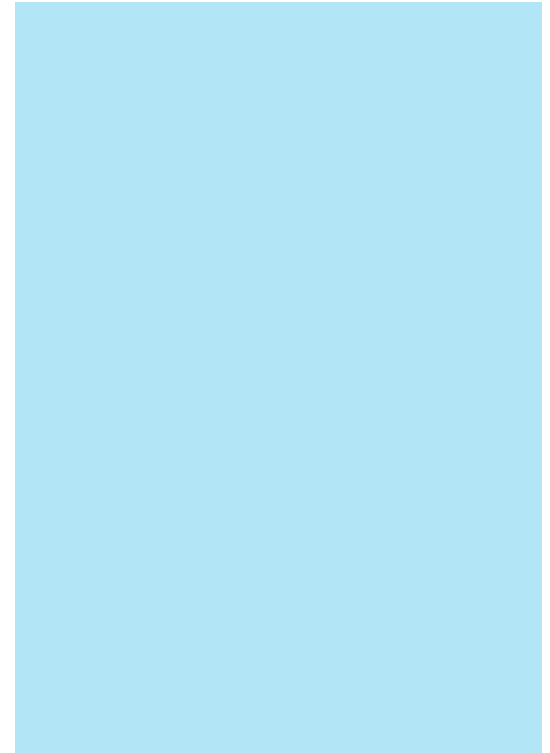
<http://www.cdc.gov/motorvehiclesafety/pdf/statecosts/in-2015costofcrashdeaths-a.pdf>

Children's Museum Family Free Night

Submitted by Lauren Savitskas, MPH, injury prevention coordinator, ISDH Trauma Division

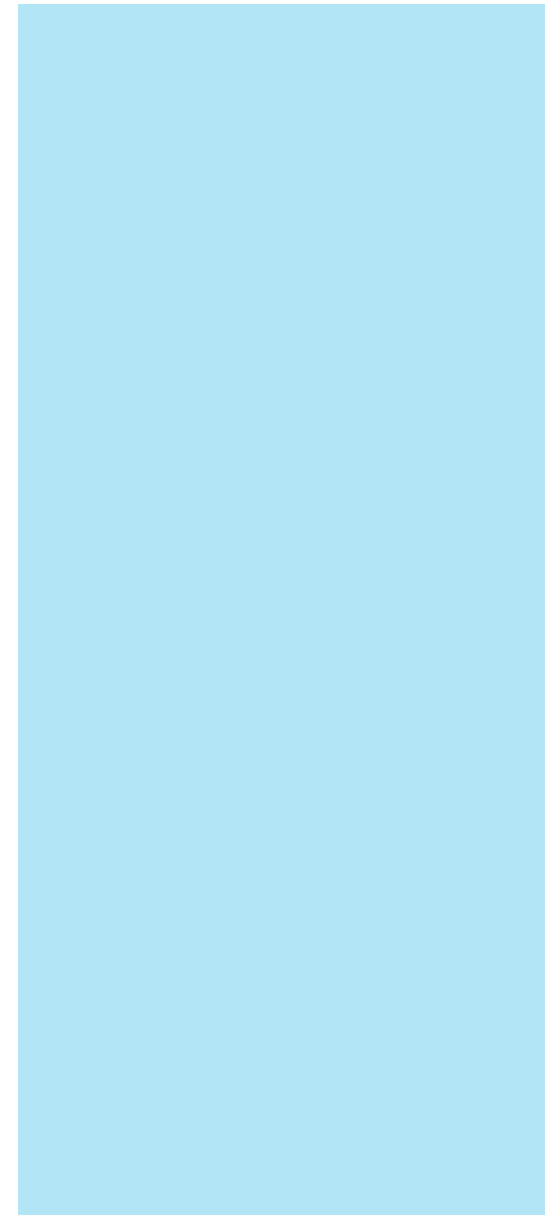
The first Thursday of the month marks a magical night for families in Indianapolis because they can visit the Indianapolis Children's Museum for free. Sponsored by Target since 2007, families who may not have a membership to the museum can enjoy the displays in the half million square feet exhibit space. Outside groups are also invited to exhibit, and one of the information booths presented this month was one that I manned.

Our ISDH exhibit booth helped educate parents on car seat safety in winter months and what type of car seat is most appropriate for each age group. Many parents had car seat specific questions on what type of safety restraint was best for their child. Each individual car seat will have specific height and weight guidelines for the child using the seat which is how a parent should decide what type of car seat to use. It is best to rear face a child as long as possible as it is the safest way to travel.





The booth offered not only brochures for the parents but also offered different types of coloring and activity books for the children to take home. These books are safety and car seat themed to remind the children to buckle up with every trip. The parents were also given material about how to be safe in car seats this winter. With the cold weather brings fluffy coats that are not crash tested in car seats



and often lead to the harness straps on the car seat being too loose and not protecting the child in the event of a collision.

Of the families who attended the December Family Free Night at the Children's Museum, 100 children received coloring books, 50 parents took brochures on Winter Child Passenger Safety, 12 individuals stopped to ask car seat specific questions, 20 parents took Automotive Safety brochures on "The Right Seat" which has guidelines how to fit a child in each specific seat and 50 children grabbed stickers reminding them to "buckle up on every trip." The Trauma and Injury Prevention Division looks forward to future opportunities to provide information on child passenger safety to more Hoosier families. Stay Safe Indiana and remember to buck up every person on every trip!

Winter Child Passenger Safety

Nothing is more important than keeping a child safe, but sometimes parents don't even realize that what they think is helpful might potentially be harmful to their baby. According to NHSTA around 73% of child restraints are used incorrectly. With the winter months, this rate increases due to misuse of winter coats and aftermarket products. Here are a few tips and tricks to keep your child safe in these chilly winter months.

1. Take off winter coats before putting children in car seats. Nothing should come between a child and the car seat harness. Buckling in a bulky winter coat adds a cushy layer between the harness straps and the body. In a car collision, this puffy gap will compress and the child could fly out of the car seat as a result of not being tightly secured.
2. Use a blanket to keep the child warm. Parents resist removing winter coats because their child will get cold. Use a blanket over the harness or place the jacket on the child backwards (over the

harness) after the child is buckled in. It is important for children to stay warm and there are some other products such as a poncho or car seat cover that are safe alternatives.

3. Fall in love with fleece! Fleece is a warm alternative that can be used under the car seat straps. Fleece does not have the same cushy space that would compress in a car collision, so it is safe to use. Just make sure the fleece jacket is tight when adjusting the harness.
4. Sleeping bags are not for the car. Most car seat manufacturers prohibit the use of sleeping bags in child restraints because the extra layer that goes between the child and the back of the car seat is not safe.
5. Keep snowsuit use for the outdoors! Snowsuits- just like winter jackets- can compress in a car crash, creating a loose car seat harness that may result in the injury of a child.
6. Bunting and swaddling can be used to keep a child warm if done correctly. The bunt or swaddle can go over a harness but never behind the child in the seat. Avoid buntings that thread through the harness straps of a car seat. There are no federal guidelines governing after-market car seat accessories. These types of bunting could interfere with the function of a car seat. Leave no space between a child and their harness or car seat.
7. Get checked out by a child passenger safety technician. <http://www.preventinjury.org/Child-Passenger-Safety/Child-Safety-Seat-Inspection-Stations> shows where there are inspection stations in counties in Indiana. They will check to make sure a car seat is properly installed as well as answer any questions that might come up in regards to child passenger safety.

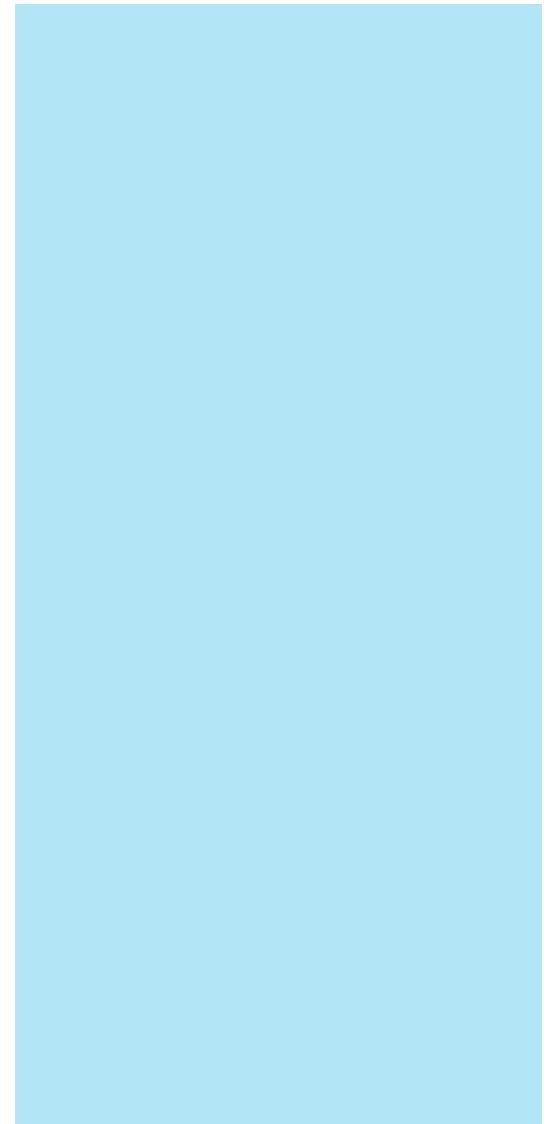
A quick do-it-yourself “Pinch Test” can also help check proper fit on a car seat. With a thumb and pointer finger, pinch the harness fabric at the collarbone of the child. If there is no extra webbing between the two fingers the harness is considered snug enough. For toddlers, teenagers and even adults, it is best to take off winter jackets before securing a seat belt to allow for the tightest –and safest– fit possible. Keep everyone safe this winter by using car restraints in the proper way.

Fall Prevention for Older Adults in Winter Months

While winter gusts bring snow and ice to the front door, there are some easy ways to help ensure safety for Hoosier seniors. The CDC reports that one in three adults age 65 and older will experience a fall this year. With six out of 10 of those falls happening around the house, it is important to take stock of surroundings now and make some adjustments to avoid falls this winter inside the house:

1. Keep the slippery conditions outside. Once entering the house, remove all outdoor footwear so that the snow and ice attached to the soles does not melt on the floor. If a puddle does form, make sure to clean it up immediately.
2. Improve strength and balance. Simple exercises can be done at home to build strength and balance. Try marching in place, standing at a counter and doing knee bend or standing up from a chair then sitting back down and then standing up again. Practicing Tai Chi is also a known balance and gait training program that has a 55 percent rate of reduction in falls. Consult with a physician for additional resources on what workouts to do at home.
3. Begin or maintain a Vitamin D regimen. Vitamin D supports muscle and bone development. Taking Vitamin D can help with prevention of osteoporotic fractures due to reduced bone density. Consult with your physician to know correct dosages.
4. Wear non-skid shoes indoors, too. Proper footwear is just as important inside as it is outside. Avoid walking around in socks, bare feet or slippers. Wearing shoes with treaded soles are an easy way to stay stable at home.

CDC Parenting Tips on Pinterest





CDC has launched a Pinterest board, [Positive Parenting](#), to help parents interact with two- to four-year-olds and get answers to common challenges.

Pins give expert advice for moms, dads, and caregivers to build a happy and healthy relationship with kids. Start accessing free articles, practicing skills, and downloading charts today.

Check out and re-pin [Positive Parenting](#) images, “how-to” videos, and graphics on:

- [Communicating](#)
- [Creating Structure](#)
- [Giving Directions](#)
- [Using Discipline & Consequences](#)
- [Using Time-Out](#)

[Indiana Emergency Response Conference](#)

Indiana Emergency Response Conference

Sheraton Indianapolis Hotel at Keystone Crossing

8787 Keystone Crossing, Indianapolis, Indiana 46240

FIRE • EMS • LAW ENFORCEMENT • HAZMAT • SPECIAL OPS • EMERGENCY MGMT.

DEADLINE : March 1, 2016

Submit your class for the Indiana Emergency Response Conference, August 24 - 27, 2016 at the Sheraton, Keystone at the Crossing!

We are looking for EMS, Fire, Emergency Management, Law Enforcement, Special Operations classes that would give the IERC attendee an excellent and worthy educational opportunity at the 2016 Indiana Emergency Response Conference.

Please share this link with any other professionals that would be appropriate to present at the IERC!

If you have any questions, please contact Dale Henson at dhenson@indfirechiefs.org or 317-856-1850 or Megan Thiele at mthiele@indfirechiefs.org or 317-371-5259

The entire form must be complete to be considered.

[Click here to submit a proposal](#)

Submit your class for the Indiana Emergency Response Conference, Aug. 24-27, 2016 at the Sheraton, Keystone at the Crossing!

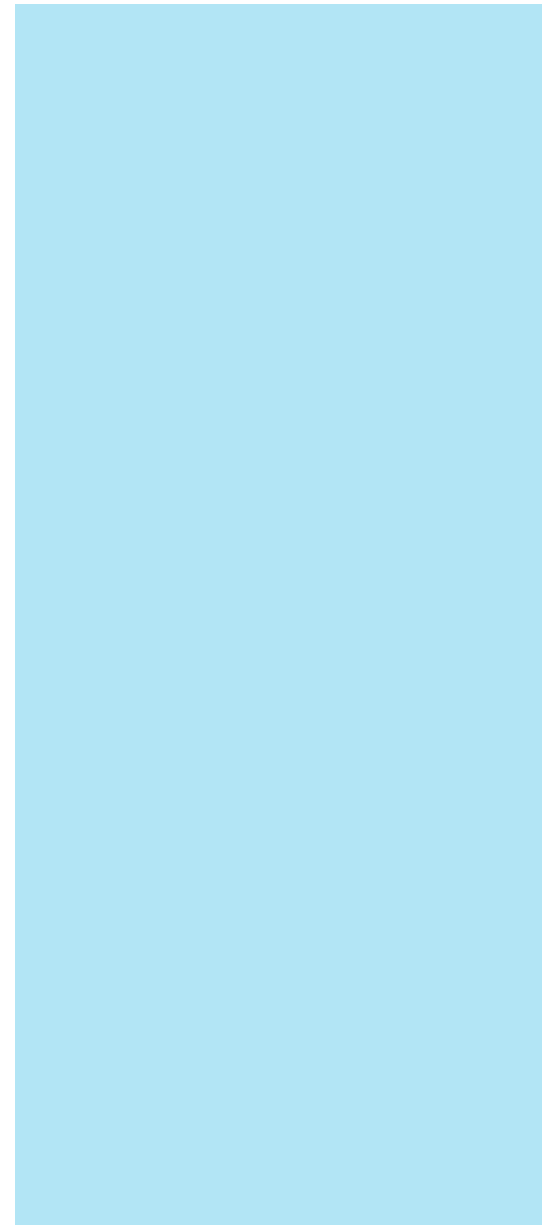
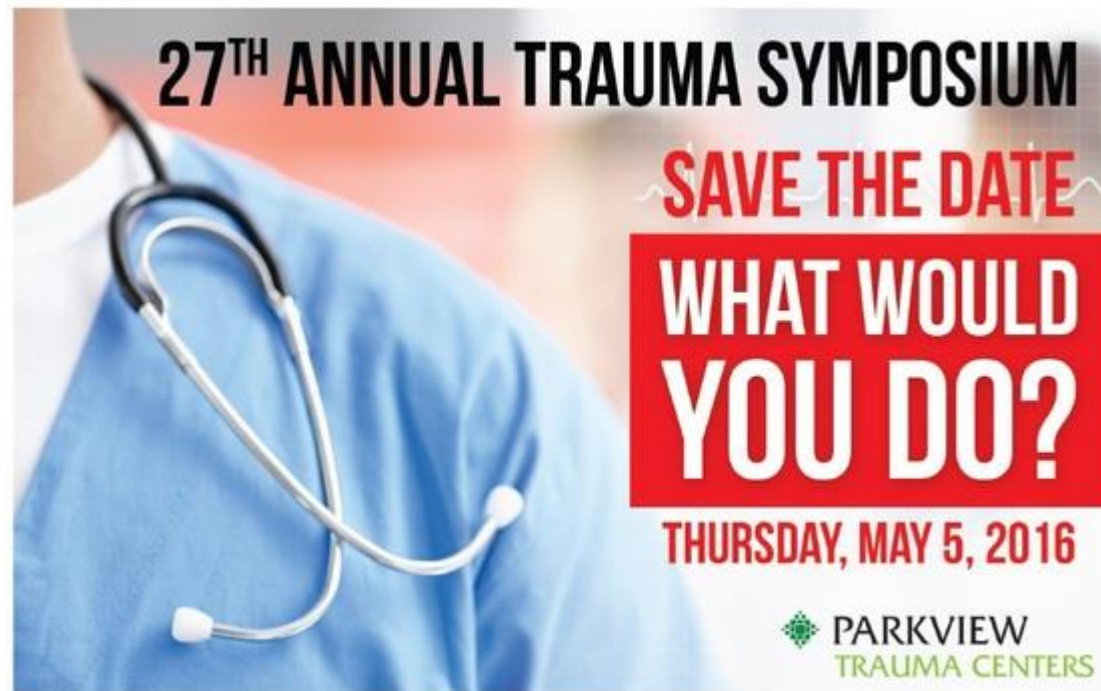
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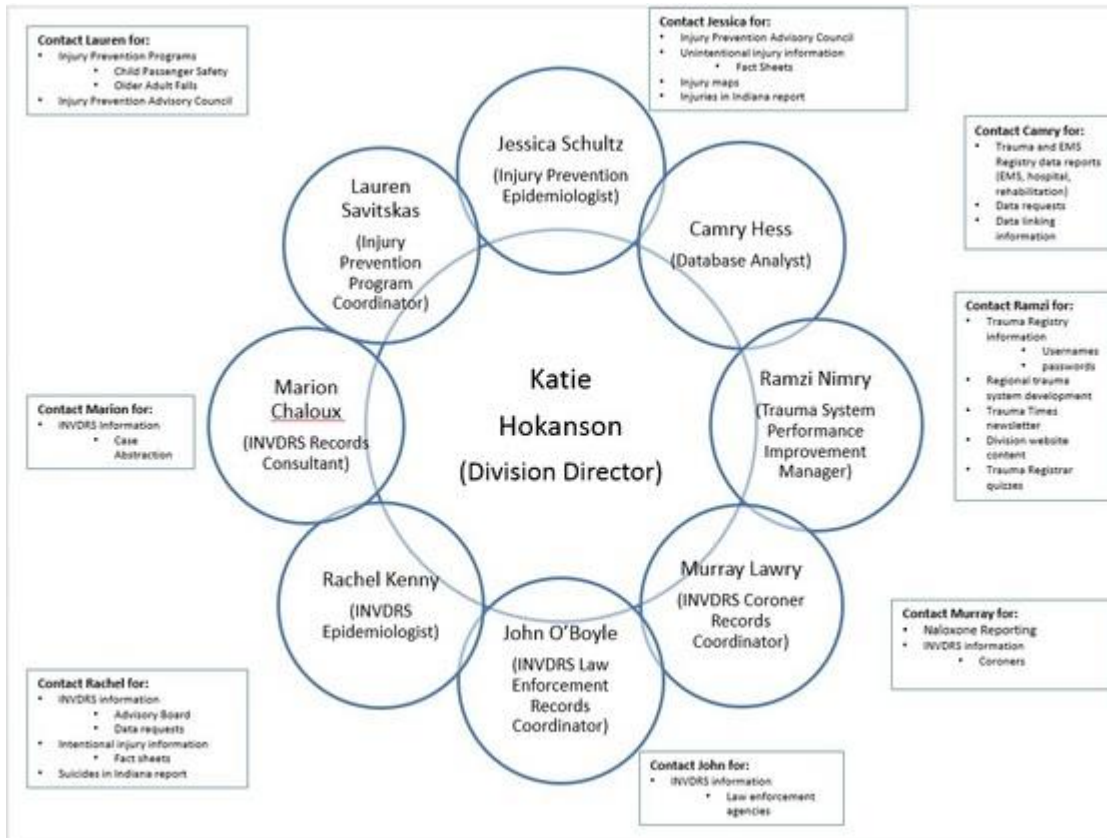
The entire form must be complete to be considered.

[Click here to submit a proposal](#)

[Save the Date - 27th Annual Trauma Symposium](#)



ISDH Trauma Division Staff Responsibilities



Katie Hokanson, Director

khokanson@isdh.in.gov

317-234-2865

Jessica Schultz, M.P.H. Injury Prevention Epidemiologist

jskiba@isdh.in.gov

317-233-7716

Contact Jessica for:

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

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

chess1@isdh.in.gov

317-234-3265

Contact Camry for:

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

Murray Lawry, M.P.A., INVDRS Coroner Records Coordinator

Mlawry@isdh.IN.gov

317-233-7695

Contact Murray for:

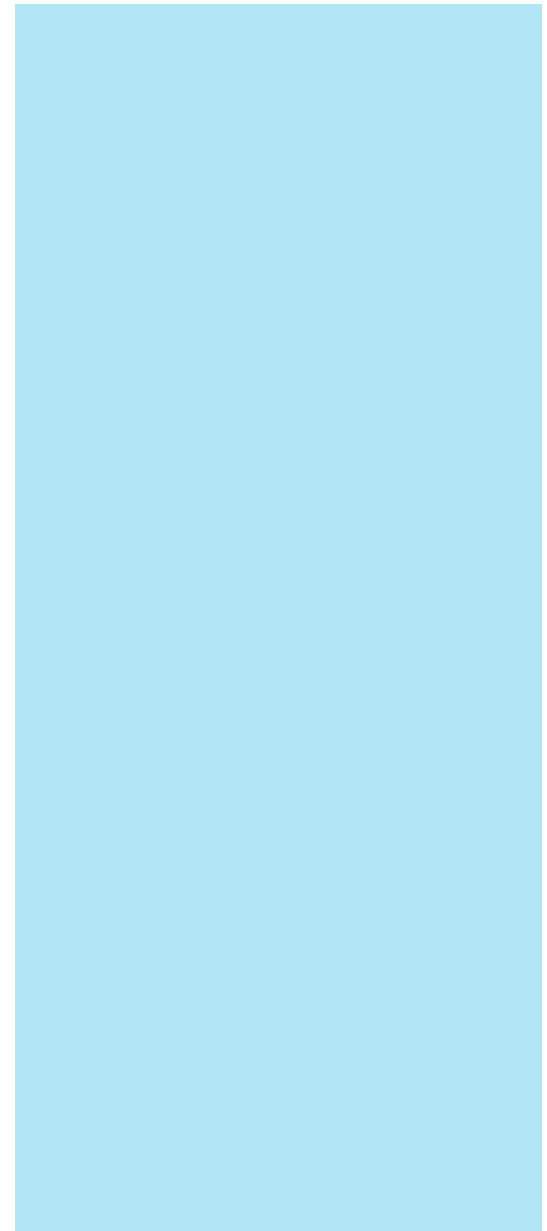
- Naloxone Reporting
- INVDRS information, coroners

Ramzi Nimry, Trauma System Performance Improvement Manager

rnimry@isdh.in.gov

317-234-7321

Contact Ramzi for:



- Trauma Registry information (usernames, passwords)
- Regional trauma system development
- Trauma Times, monthly newsletter
- Division website content
- Trauma registrar quizzes

Rachel Kenny, INVDRS Epidemiologist

rkenny@isdh.in.gov

317-233-8197

Contact Rachel for:

- INVDRS information (Advisory Board, data requests)
- Intentional injury information (fact sheets)
- Suicides in Indiana report

John O'Boyle, INVDRS Law Enforcement Records Coordinator

joboye@isdh.in.gov

317-233-7987

Contact John for:

- INVDRS information, law enforcement agencies

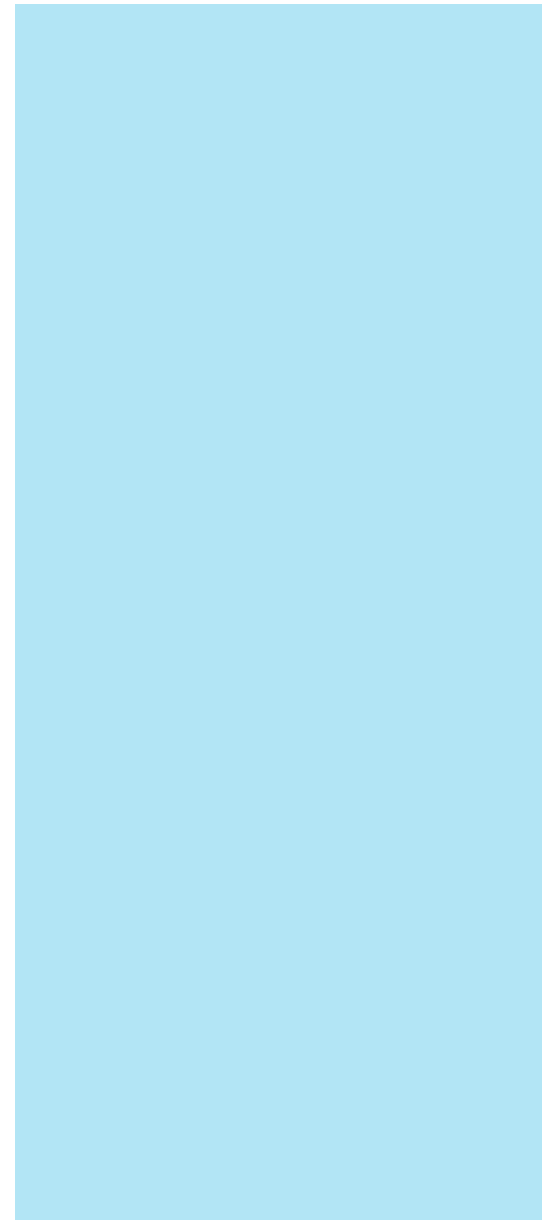
Marion Chaloux, MS INVDRS Records Consultant

mchaloux@isdh.in.gov

317-233-8460

Contact Marion for:

- INVDRS information (case abstraction)



Lauren Savitskas, MPH Injury Prevention Program Coordinator

lsavitskas@isdh.in.gov

317-234-9657

Contact Lauren for:

- Injury Prevention Programs (Child passenger safety, older adults falls)
- Injury Prevention Advisory Council

Additional Information

New Year's Eve:

- Before you attend a #NYE party, make a plan to get home safely. Use a #designateddriver or save the number local taxi service in your phone.
- Keep your holiday plans happy and safe. #DriveSober or Get Pulled Over. #SafetyIN
- If you see someone you think is about to drive while impaired, take their keys and help them get home safely. #SafetyIN

Winter Freeze prevention:

- Get ahead of the winter freeze! Prepare your home to prevent home injuries #SafetyIN <http://www.nfpa.org/~media/files/safety-information/safety-tip-sheets/top10winterfreezetips.pdf?la=en>
- Test each smoke alarm in your home and make sure they are working. #SafetyIN
- Learn how to make a home escape plan: <http://www.nfpa.org/~media/files/safety-information/safety-tip-sheets/escapeplanningtips.pdf?la=en> #SafetyIN

National Drug Facts Week (January 25-31):

- National #DrugFacts Week is January 25-31 and helps Teens Shatter the Myths about Drugs <https://teens.drugabuse.gov/national-drug-facts-week> #NDAFW
- #NDFW is a week-long observance that links teens with experts to dispel the myths about drugs & drug abuse. #SafetyIN

Indiana Trauma Network has many events throughout the year. Visit our webpage <http://bit.ly/1HKSfkj> to find which events interest you the most!

Hospitals who have submitted data to the registries

(under the Trauma Registry Rule-update) <http://www.in.gov/isdh/25942.htm>

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

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

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

Division of Trauma and Injury Prevention Staff

Katie Hokanson — Director

Jessica Schultz, 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

John O'Boyle — INVDRS Law Enforcement Records Coordinator

Marion Chaloux, M.S. — INVDRS Records Consultant

Lauren Savitskas, M.P.H. — Injury Prevention Program Coordinator

indianatrauma@isdh.IN.gov

Indianatrauma.org