

TRAUMA TIMES

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Upcoming Events

- 2/1—2/28 Teen Dating Violence Awareness Month
- 2/17 Indiana Trauma Care Committee meeting
- 2/17 Indiana Trauma Network meeting

Trauma and Injury Prevention Division honored with Grosfeld Trauma Recognition Award

The Indiana State Department of Health Trauma and Injury Prevention Division was presented with the Jay L. Grosfeld Trauma Recognition Award on November 4th for its contribution and dedication to the care of injured patients in Indiana. The award was presented at Eskenazi Health's 23rd annual Trauma and Surgical Critical.

The Jay L. Grosfeld Trauma Recognition Award is named for the physician who helped establish the trauma program at Eskenazi. Dr. Grosfeld was appointed Professor and Director of Pediatric Surgery at Indiana University in 1970 and was the first Surgeon-in-Chief of the Riley's Children's Hospital. He held that role for 33 years. Dr. Grosfeld set the standard for surgical care of infants and children in the state and pioneered the development of pediatric surgery. This is only the second time in the award's 12-year history that a group has been recognized with this award.



Pictured, left to right: Ramzi Nimry and Camry Hess, ISDH; Gerardo Gomez, MD, Eskenazi; Indiana State Health Commissioner Jerome Adams, MD, MPH; Wendy St. John, RN, Eskenazi.

Deconstructing the American College of Surgeons consultation and verification process from the viewpoint of trauma centers

By Jamie Dugan, Trauma Coordinator at Good Samaritan and Michelle Moore, Trauma Program Manager at St. Vincent Anderson Regional

Preparing and completing the American College of Surgeons' Consultation/Verification review process is one of the most challenging, yet professionally rewarding, experiences. As first-time verified trauma centers, the State of Indiana's newest Level III Trauma Centers, St. Vincent Anderson Regional Hospital and Good Samaritan Hospital, Vincennes, were asked to share their experiences. Below, St. Vincent Anderson discusses preparation of the PRQ and details the process, while Good Samaritan provides a personal look at the verification journey of a rural Indiana hospital.

St. Vincent Anderson Regional Hospital

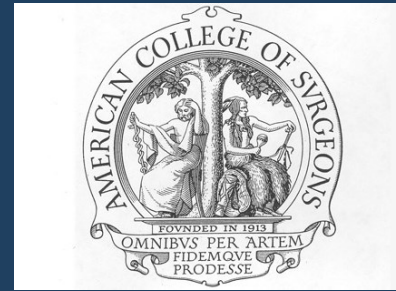
Planning for a verification visit begins months in advance, starting with the pre-review questionnaire (PRQ). One of the main differences with the Orange Book is that the new PRQ is designed to coincide with the chapters. It is very important to be as thorough as possible when completing the PRQ. Based on the response given, potential deficiencies are flagged on the surveyors' reports. The PRQ not only serves as the first snapshot into your program, but also provides the surveyors with potential deficiencies before your site visit even begins.

The review agenda, given by the Verification Review and Consultation program, is a very helpful and accurate summary of how the two-day visit is going to progress. Day one is full of chart reviews, with the Trauma Medical Director (MD) and Trauma Program Manager (TPM) on standby for any questions. Even though we operate from an electronic medical record, we also printed off charts and placed them in binders separated into specified categories. A computer specialist was available in the room to assist the surveyors with any additional data needed from the EMR, and Picture Archive Communication System was also available if the surveyors wanted to view any imaging. You need to have any and all materials (performance improvement, education, outreach, injury prevention, trauma manual, back-up call schedules) available in the room also.

The pre-review dinner should be held in a quiet environment and will last approximately two hours. We had a large, private conference room in our hospital cafeteria tastefully decorated, and dinner was catered. This worked very well and eliminated any travel time or confusion of location for the dinner attendees. Be prepared for the surveyors to go through the entire PRQ and ask each member, based on his/her specialty, questions directly from the PRQ.

Day two starts early with a quick breakfast and a tour of your facility. The surveyors split up with a member of your team and go to pre-determined areas decided by the lead surveyor. They will talk to the staff, and they want to hear from them, not you. This is where all the planning, preparation and education will pay off. After the tour, the surveyors may have a few charts to finish reviewing or will go straight to their private meeting to discuss their findings.

Quick Facts about the American College of Surgeons (ACS) and verification of a trauma center



- The creation of the Consultation/Verification Program for trauma care was established in 1987.
- The ACS does not designate a trauma center but instead verifies the presence of the resources listed in *Resources for Optimal Care of the Injured Patient*. The ACS also does not certify a trauma center
- The on-site review requires six to eight hours during the verification visit.
- Nothing is off limits! All trauma care areas of the hospitals may be visited.
- A hospital has the power to appeal the review process, reviewers' findings and final report.
- The annual fee for verification and reverification is \$17,000 for an Adult level I and II Quality Program and \$12,000 for an Adult Level III Quality Program. Pediatric Level I Quality Program is \$17,000.
- A site visit application must be turned in 13 to 14 months in advance.
- A hospital's request determines the number of reviewers the ACS sends.

Deconstructing the American College of Surgeons consultation and verification process from the viewpoint of trauma centers continued...

The exit interview takes place by mid-morning, with the surveyors presenting the executive summary. The lead surveyor will identify any deficiencies, strengths and/or weaknesses and discuss them at length with your team. Based on their findings, you will have a good idea if the verification visit was a success; however, the executive summary has to be approved by the VRC Committee before verification is official. This process is said to take up to 10-12 weeks but it is taking much longer at this time.

Thinking back on the experience, one of the most important things to mention to someone preparing and planning to go through the verification process is to remember the ACS does not expect perfection. The ACS expects you to be aware of your weaknesses and have plans in place to correct those weaknesses in order to give the best care possible to the critically injured patient. And please also try to remember to take a deep breath and enjoy the journey!

Good Samaritan Hospital

We were at the very beginning stages of preparing to become a Level III Trauma Center when Amanda Rardon, Trauma Program Manager, IU-Arnett so eloquently summed up the American College of Surgeons consultative visit as, "It's like sitting around listening to people talk bad about your kids for two days straight." Little did we know that these words would ring true.

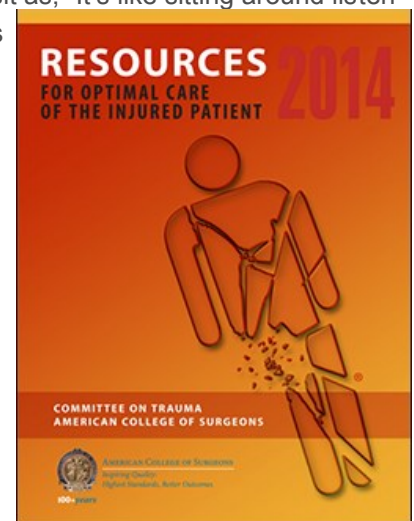
After being designated as "in the process" by the State of Indiana in 2013, Good Samaritan still had a lot of work to complete. We had one full-time Trauma Registrar, one seasoned ER nurse for performance improvement, one medical student who would intern on breaks, a Trauma Program Manager who also served as the ED Nurse Manager, a dynamic Emergency Department, an enthusiastic Acute Care Director and a dedicated Trauma Medical Director who was willing to take the leap because it was "the right thing to do for our community." We knew we were going to be one of the first trauma centers to attempt to be verified under the Orange Book, so we would still have multiple layers of work to be done beyond what we had been learning from visiting and soliciting advice from newly verified and veteran Level III centers in our regional area.

Our consultative visit in May 2015 was eye-opening. The ACS surgeons and nurse consultant scrutinized every department to which a trauma patient might be exposed. They kept our CEO in a private meeting for 45 minutes. However, in the conference room with just our group, which they could see was making every effort to make the changes within our hospital to comply with their requirements, they were very complimentary and even asked what we needed them to say at closing remarks to help us achieve our goal. At the end of the day, we ended up with 37 deficiencies, 8 weaknesses and 14 strengths. It felt like an insurmountable task ahead.

Immediately following, a new ED Nurse Manager was hired so the Trauma Program Manager could focus solely on trauma. Working closely with the Health Information Management program at Vincennes University, we also added a 0.4 FTE registrar with good knowledge of ICD-10 to our team. Our monthly Peer Review meetings continued to grow, and we received compliments that they were the "best meetings in the hospital" and "a meeting I actually look forward to attending each month." Big changes were being made quickly, and we were able to cite the ACS consultative report to get them implemented. We joked that physicians would turn and walk away quickly when they saw the TMD, TPM or Nurse Coordinator headed in their direction.

Our ACS verification visit exactly one year later went a little smoother. Despite our near nervous breakdowns, thousands of emails and texts all hours of the day and night, and our local gastroenterologist on speed dial, the ACS surgeons began our closing remarks with "We are delighted with the incredible amount of work that has been completed in one short year here." They followed with their report of 0 deficiencies, 5 weaknesses and 11 strengths.

Our ACS surgeon reviewer during our consultative visit mentioned that most of the time, you sense an energy from a hospital, especially during the tour. "You watch the way people interact, the way they talk about the patients and you can tell whether they will be a good trauma center." Touring the hospital in May 2016, the reviewers saw that Good Samaritan Hospital had gained that energy, and Good Samaritan Hospital became a Level III Trauma Center verified through May 24, 2019.



The "Orange book" used to assess the current "in the process" trauma centers.

The Division of Trauma and Injury Prevention assumes ownership of OptIN

The Overdose Prevention Therapy-Indiana (OptIN) reporting process and website will now be operated by the Division of Trauma and Injury Prevention. OptIN is a website used to monitor the administration of an overdose intervention drug called naloxone. Entities in Indiana that sell or distribute naloxone must register with OptIN and submit information on the number of units sold or distributed, the form used for delivery of the naloxone and the number of people trained to administer the drug. Data from this website will be used to monitor and analyze naloxone usage and number of entities distributing the medication to lay people.

Naloxone is the antidote that is used to rapidly treat an opioid-based drug overdose. Opioids are a class of drugs that include legal painkillers (oxycodone and hydrocodone) and illicit drugs (heroin). Naloxone works to temporarily reverse the effect of an opioid overdose and assist in re-establishing breathing. Naloxone comes as a solution that can be injected intravenously, intramuscularly or subcutaneously. The drug can also be dispensed via intranasal in the form of a spray.

An individual can buy naloxone through a doctor's prescription or through the ISDH's standing statewide order, which eliminates the need for a prescription. "Indiana knows all too well the toll that the national opioid epidemic is taking on communities and families," said Jerome Adams, M.D., M.P.H., Indiana's state health commissioner. "By getting naloxone into the hands of emergency responders and lay people, we can save lives and give people who are struggling with addiction a second chance." People who can get the medication include a person at risk of experiencing an opioid-related overdose or a family member, friend or any other individual or entity in a position to assist an individual who may be at risk of experiencing an overdose.



Snapshot of the interactive map on OptIN showing which locations distribute Naloxone to laypersons.

Ice and snow means take it slow: Use these tips to stay safe this winter



Have you taken the time to ensure that your vehicle is ready for traveling this winter season? Although proper vehicle maintenance and travel planning is important year-round, it is especially crucial in the winter months. Winter driving can oftentimes be hazardous, so it is important to remember the three P's of safe winter driving: Prepare, protect and prevent.

The National Highway Traffic Safety Administration says there are several ways to prepare for a trip in the winter. One easy way to safeguard your travels is to prepare a kit of proper equipment in case of an emergency. A driver should have on hand a flashlight, jumper cables, an ice scraper, blankets, food, water, medications and a charged cell phone. Planning your route ahead of time can help you identify what you and your family might need access to. Allow yourself plenty of time to get to your destination, and be familiar with the directions that you will be following. Always tell someone where you are heading and what time you should arrive.

In order to protect yourself and prevent crashes, drivers and passengers both must always use the proper precautions. Always buckle up with your seat belt and use child safety seats in the proper manner. Children are always safer in the backseat. Smaller children in car seats should remove their winter coats before being harnessed in. The coat can then be placed over the straps to keep the traveler warm. In order to prevent crashes, remember to stay alert and cautious. Get plenty of rest before your trip and attempt to make pit stops along the way. Always keep an appropriate distance between cars on the road and always keep your eyes open for pedestrians. Be alert for environmental factors that could lead to an accident (such as inclement weather, animals and congested traffic).

Use these tips this winter to prepare for traveling, protect yourself against the weather on the road and prevent any crashes before they happen.

SAVE THE DATE

The 4th Annual
EMS Medical Directors' Conference,
organized by the
IN State Department of Health (ISDH),
will be held at our
INACEP Conference Hotel on

Friday April 28

Send questions to:
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Indiana State
Department of Health



Contact Us

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