

TRAUMA TIMES

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Q1 Program Pitched to Trauma Care Committee

The Indiana State Trauma Care Committee (ISTCC) met on June 17. It heard a presentation from the Michigan Trauma Quality Improvement Program (MTQIP) and discussed regional development. Dr. Mark Hemmila, Jill Jakubus and Judy Mikhail of MTQIP presented their program to the ISTCC. The program consists of 29 Level 1 and 2 trauma centers, funded by Blue Cross Blue Shield of Michigan, and is voluntary. The program aims to measure and improve the quality of care administered to trauma patients through a collaboration of trauma centers in Michigan (mtqip.org). Through the program, serious complications decreased by 40% and resulted in a cost savings to Blue Cross Blue Shield Michigan of \$6.5 million from 2010 to 2011.

In terms of regional development, four of the seven districts embarking on regional development provided updates to the committee. District 1 had its first official meeting in May with representatives from the in-process trauma centers, medical staff, EMS, Indiana State Department of Health and Chicago centers. The district plans to have bi-monthly meetings, which will include working on facilitating its first regional trauma symposium in October. District 5 has its initial meeting scheduled for August 17 with key stakeholders at which participants will go over bylaws and regional performance improvement. Both "in the process" trauma centers in District 7 are currently prepping for their consultation visits but planned to work on finalizing their bylaws. District 10 is working on expanding its reach into Kentucky and Illinois by inviting representatives to its district meetings. The district is also looking at creating a sub-group of its regional council composed of trauma nursing leaders to help support the improvement of trauma care.

Q1 Program Pitched to Trauma Care Committee (Continued)

Designation Subcommittee Updates:

The EMS Commission reviewed changes to the triage and transport rule and approved the recommendations from the EMS Commission Technical Advisory Committee proposed by the designation subcommittee previously. The subcommittee also was tasked with determining whether to keep St. Elizabeth Lafayette East as in the process until December due to some deficiencies found by the American College of Surgeons (ACS). In the end, since these deficiencies were corrected or are being corrected, the subcommittee determined to keep them in process until their focus review in December. This recommendation was approved by the ISTCC.

Indiana Shines at the CDC NVDRS Reverse Site Visit

The Indiana Violent Death Reporting System (INVDRS) was recognized by the Centers for Disease Control and Prevention for the timeliness of its case initiation. The CDC-recommended timeline for case initiation is 6 months from the day of death. Working with the Division of Vital Records at ISDH, INVDRS was able to initiate 98.7% of cases within the CDC timeline. Indiana tied for 1st with two other newly funded states. Rachel Kenny, INVDRS epidemiologist, and Murray Lawry, INVDRS coroner records coordinator, were presented with a certificate of achievement by CDC leadership, Janet Blair, Ph.D., and Alex Crosby, M.D., M.P.H. (pictured below).



Left: Alex Crosby, MD, MPH, Center: Rachel Kenny and Murray Lawry, Right: Janet Blair, PhD

Rachel and Murray attended the 2016 Reverse Site Visit for states funded for the National Violent Death Reporting System (NVDRS) in San Antonio. The three-day meeting included representatives from the CDC and all 32 funded states. Other presentations and discussions focused on data provider buy-in, using the Prescription Drug Overdose Module, working with stakeholders and self-care for data abstractors.

New face at ISDH

Kayley Dotson

Kayley Dotson is the new Prescription Drug Overdose (PDO) Epidemiologist at the ISDH, Division of Trauma and Injury Prevention. Kayley graduated from Purdue University with a bachelor of science degree in environmental health and a master's degree from East Tennessee State University in public health with a concentration in epidemiology. She worked at East Tennessee State University in community service programs prior to joining ISDH. Fun fact: She loves parrots and has a 3-year-old cockatiel named Chico, as well as a 16-year-old blue and gold macaw named Scooter.



Kayley Dotson (above) has joined the Trauma and Injury Prevention team

Child Passenger Safety Refresher Course

Are you a child passenger safety technician who would like some extra practice to revitalize your skill set? Automotive Safety Program and Safe Kids Indiana has developed a training program just for this purpose! A refresher course was designed in an effort to keep Indiana technicians current on the most up-to-date information in child passenger safety. This course is free of charge and lasts approximately eight hours with a combination of lectures and hands-on vehicle installation practice. This allows child passenger safety technicians to earn CEU's and complete seat checks that are needed for recertification. The following dates and locations are offered around the state for this year's refresher course.

- **Tuesday, August 2, 2016,**
8:30 a.m. – 5 p.m. (EDT) at
Community Hospital North
(space is limited to the first 85
participants so register early)
- **Friday, August 19, 2016,**
8:30 am – 5 p.m. (EDT) at
Schneck Medical Center

Please contact April Brooks with the Automotive Safety Program at apbrooks@iu.edu to register. Any questions about these courses can be directed to April, Judith or Marsha with Automotive Safety Program at 1-800-543-6227.

Be Safe This Summer!

As the temperature rises, so do the number of unintentional injury-related deaths in America. According to the University of Washington School of Medicine, almost half of all of these types of injury among children ages 14 and younger occur during the summer. Help protect your loved ones by following these safety tips:

- Window screens do not keep children from falling. Most screens are designed to pop out for fire safety and can be pushed out by the weight of a toddler. Always keep an eye on children and keep windows closed in upstairs rooms where children play.
- Lawn mowers are not a toy for children and should not be operated when children are present. Do not let your child ride on a mower, even with an adult present.
- When using the grill, check to make sure all bristles are cleaned from the grill top. The brush bristles used to clean the grill can get left behind and become imbedded in food.



- Get outside and ride bikes and in-line skates, but make sure to wear a certified helmet and other protective gear. Never bike in sandals; instead, switch to a sturdier shoe.
- When at the pool, watch your children as they swim. Make sure children have the appropriate life jacket and floating devices for their swimming level.
- Teach children never to run after a ball or toy that has rolled into the street. Children under the age of 10 should never cross the street alone. Young children have a hard time judging speed, spatial relations and distance.
- When teens get behind the wheel, help them learn better driving skills by practicing in safe, calm and controlled situations. New drivers carrying two friends in the car triples the risk of a crash. Discuss limiting distractions and putting the cell phone down.

3rd Annual EMS Medical Directors' Conference 2016!



The intent of the EMS Medical Directors' Conference is to orient EMS medical directors to evidence-based guidelines and overall EMS best practices. Though the event is specifically geared toward EMS medical directors and those in EMS leadership, anyone is welcome to attend. **Earn up to 4.75 hours of CME or EMS credit hours.**

OBJECTIVES

At the completion of this event, the participant will be able to:

- Discuss the most up-to-date standards of care for emergency medicine.
- Develop a strategy for practicing emergency medicine using the most up-to-date standards of care.
- Discuss the results of recent outcome-based research in prehospital emergency medical care.

Register at: <https://3rdemsmeddirectors.eventbrite.com>

Agenda: http://www.in.gov/isdh/files/2016_EMS_Conf_Agenda.pdf

Website: <http://www.in.gov/isdh/26674.htm>

All-Terrain Vehicle (ATV): A New Urgency in ATV Safety

By Mary Raley, injury prevention coordinator at St. Mary's Medical Center in Evansville

Compared with other sports such as snowboarding, wrestling, football, basketball and skateboarding, ATV (all-terrain vehicle) riding has one of the highest risks of injury requiring hospitalization. Children riding ATVs are in danger of suffering disabling or even fatal head injuries.

According to the Consumer Product Safety Commission, 92 percent of all ATV-related fatalities are the result of warned-against behaviors, such as youth riding on adult-sized ATVs. Every year, injury prevention coordinators across the country focus on educating the public about these behaviors and encouraging children and their parents to receive hands-on *ATV* training where riders will learn about the proper operation of their machines. Additionally, they will learn about helmets and other protective gear and ways to dramatically reduce risk.

To better understand the risks of ATV use for young people, a group of researchers studied 185 pediatric patients admitted to the St. Louis Children's Hospital for ATV-related injuries between 1993 and 2003. Sixty-two suffered at least one neurological injury; 37 had skull fractures, 39 experienced bleeding in the brain and 11 suffered spinal fractures. Two-thirds of the patients required in-patient rehabilitation treatment, while two died of their injuries.



There are no federal regulations on ATV use, and only a few states have laws on the books regarding recreational vehicles. State laws in some parts of the country require that a person be at least 16 to drive an ATV, and that drivers younger than 18 must wear a helmet. However, this group of patients studied included drivers as young as 4 years old, and passengers as young as 3. The average age for injured drivers was 12, while passengers' average age was 9. Just 22 percent of the injured drivers wore helmets.

Many groups in Indiana and other states are advocating for increased awareness of the dangers of ATV injuries, including a mother whose daughter died in an ATV roll-over and helped found "Play for Kate," a Warrick County organization that uses softball to raise awareness about the dangers of ATVs, especially for children. St. Mary's and Deaconess hospitals and the Vanderburgh County Health Department are also joining the effort in the southwest region including Evansville. The Indiana Department of Natural Resources is also working to increase awareness and will have an ATV safety booth at this year's Indiana State Fair.

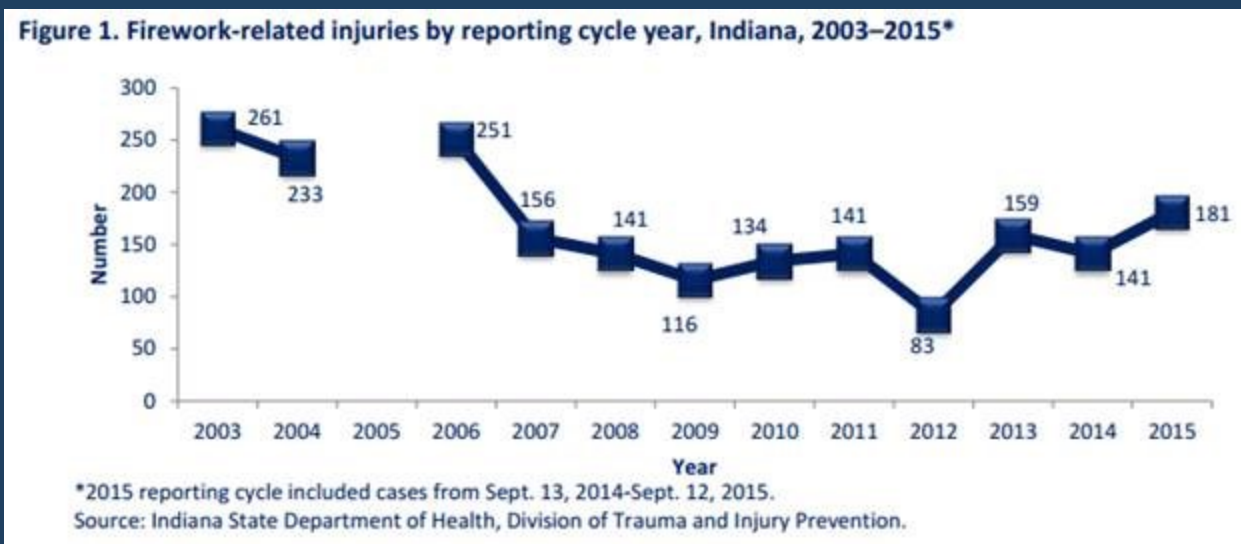
Fireworks Injury Reporting to the Indiana State Department of Health

All hospitals and private medical practices are mandated by law to report firework injuries and deaths to the ISDH to be published in an annual report. The 2016 Indiana Firework Related Injury Report will be assembled and published this fall. The reporting cycle for 2016 runs from Sept. 13, 2015, through Sept. 12, 2016. Per Indiana Code 35-47-7-7, reports must be completed within five business days after examination of the injury. **Please note the new fax number: 317-232-1265**

The 2015 Firework-Related Injury Report can be found at: http://www.in.gov/isdh/files/ISDH_FireworksReport_2015_final.pdf

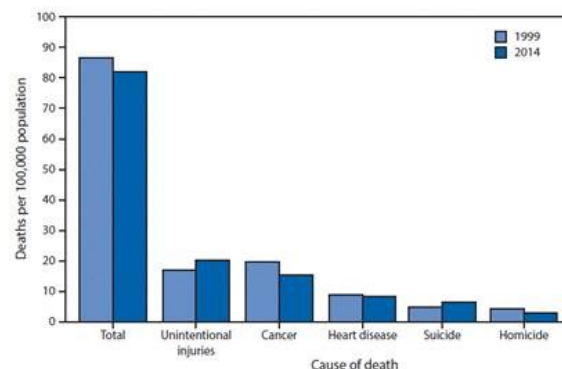
Forms can be found at <http://www.state.in.us/isdh/19042.htm#Fireworks>.

The law requiring reporting can be found at <http://www.in.gov/legislative/ic/code/title35/ar47/ch7.html>.



Age-Adjusted Death Rates for Females Ages 15-44 Years, by the Five Leading Causes of Death, U.S. 1999 and 2014

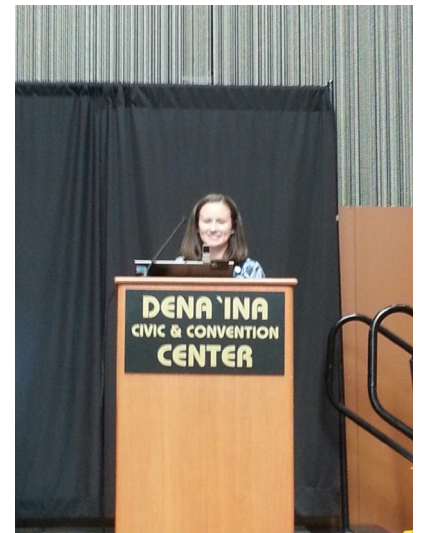
A new Morbidity and Mortality Weekly Report (MMWR) QuickStats report indicates the age-adjusted death rate for females ages 15 to 44 years was 5 percent lower in 2014 than in 1999. Among the five leading causes of death, the age-adjusted rates of three leading causes were lower in 2014 than in 1999, including cancer, heart disease and homicide. The age-adjusted death rates for two of the five causes were higher in 2014 than in 1999, including unintentional injuries and suicide. There was an 18 percent and 35 percent increase in unintentional injuries deaths and suicide, respectively. Additionally, unintentional injuries replaced cancer as the leading cause of death in this demographic group.



For more information, visit: http://www.cdc.gov/mmwr/volumes/65/wr/mm6525a6.htm?s_cid=mm6525a6_e

Trauma and Injury Prevention staff updates:

- * The fifth annual CTSE Conference was held June 19-23 in Anchorage, Alaska. The conference, held every year since 2012, connects more than 1,400 public health epidemiologists through workshops, breakout sessions and poster presentations. This year, Camry Hess, M.P.H, trauma registry data analyst (right), attended to present the Roadmap for Using Probabilistic Matching Software. Her presentation focused on determining the appropriate software for linking based on criteria such as what the database would be linking, whether the ability to customize variables exists, the cost of ownership and documentation, and other set criteria.



Contact Us

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