

# NORTH DAKOTA STATE TRAUMA COORDINATORS NEWSLETTER

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## Tidbits on the North Dakota State Trauma Registry

By Lindsey Narloch, Research Analyst,  
Division of EMS, NDDoH

As many of you know, 2008 is an important year for the North Dakota trauma system. With the upcoming American College of Surgeons (ACS) visit, the trauma registry will be put to the test. In order to prepare, we are asking everyone to send a sweep of their systems after uploading the 2006 update, which will make your system up-to-date. The 2006 update is imperative in preparing your system for the sweep and for the upcoming 2007 update.

We have been working to streamline the state data submission process. One recurring problem in the exporting process is that system updates are not being installed. When sent out, the updates need to be installed as soon as possible. Keep us updated of any contact or email changes to ensure you continue to receive updates. If there is a problem in the installation of the updates, please contact Clinical Data Management (CDM) support hub at 303.670.3331 x 2.

When going through the exporting process, saving the export file with a different name is very useful, especially if you are sending multiple exports. If a file is saved as the default ndexport.txt, it is easy to send a previous quarter's export. A step-by-step process will be emailed to everyone explaining how to change the name of the file.

We have decided to use an FTP site for data submission, rather than email. The FTP site is considered more secure and is a direct link between the hospital and CDM. Thanks to everybody for using the secure website. If you have any questions regarding the FTP site, please contact the CDM support hub.

The trauma website address has changed to [www.ndhealth.gov/trauma/](http://www.ndhealth.gov/trauma/). The new data dictionary can be found on the website under the statistics tab. Thanks to everybody for their hard work on the data dictionary, especially Deanna and Jenny. I like to use the online version to find things fast. Helpful Hint—



Use Ctrl-F (which is find function) to locate a data point quickly.

Finally, all ACS-verified trauma centers need to submit data directly to the NTDB. State licensed trauma centers (Level IVs and Vs) do not need to submit to the NTDB. The NTDB is looking at creating another database that would house all state trauma registry data.

Please contact me if you have any questions or comments. I can be reached at 701.328.1062 or [lindseybnarloch@nd.gov](mailto:lindseybnarloch@nd.gov).

Best wishes for the New Year!

Lindsey

## The Cure for Trauma

By Shelly Arnold, Trauma Services,  
Medcenter One

As healthcare professionals working in trauma care, we continually ask ourselves, "What can I do to make a difference?" We have all heard it before.....the only cure for trauma is to prevent it. So how do we do that? I am hoping to provide you with some resources that will allow you to do safety and injury prevention activities without recreating the wheel.

Some of you may be involved in your local coalitions such as Safe Communities, Safe Kids, or maybe you work with local ambulance services or school systems. There are so many safety and prevention aware-

ness activities that are available I thought it would be nice to highlight some of the upcoming notices and to provide at least a couple of web sites that have fact sheets, ideas and other resources for prevention activities. Below I have listed the awareness activities for March and April.

March is National Inhalants and Poison Awareness – here are some websites with information.

<http://www.aap.org/advocacy/releases/poisonpreventiontips.cfm>

<http://www.ndpoison.org/>

<http://www.inhalants.org/nipaw.htm>

National Poison Control Number is 1.800.222.1222.

April is Alcohol Awareness, Child Abuse Prevention, and National Playground Safety week

Alcohol Awareness information:

<http://www.ena.org/ipinstitute/fact/ENAIIPFactSheet-Alcohol.pdf>

In 2004, 16,694 people in the US died in alcohol-related motor vehicle crashes, representing 39% of all traffic-related deaths. (Page 2)

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## The Cure for Trauma, con't.

Alcohol-related motor vehicle crashes kill someone every 31 minutes and non-fatally injure someone every two minutes.

21 to 24 year olds have the highest rate of alcohol-impaired driving and the highest percentage of fatal alcohol-related crashes.

I received a request from one of the physicians I work with; he was interested if children and young adults that present to our trauma center with injuries had been using alcohol. After collecting our data, I thought it would be interesting to ask the other Level II and III trauma centers in North Dakota the same questions and to combine the information. The following trauma centers provided information for the report: Medcenter One, Trinity, Meritcare, St. Joseph's, Altru and St. Alexius. This report includes the patients within the trauma registries in 2004 and 2005 that stated they had used

alcohol, had the smell of alcohol, had chart documentation of partying/drinking, or may have had an alcohol level drawn.

I understand this is just a quick glance at some data, but it is clear to see that the prevalence of alcohol use among children/young adults and sustaining traumatic injuries is an issue in

the State of North Dakota.

North Dakota Attorney General Wayne Stenehjem is trying to make a difference with drinking and driving, by initiating a new sobriety program titled "24/7 Sobriety Program". This new program was highlighted in the Bismarck Tribune on December 20, 2007

and states that starting January 1, 2008 anyone charged for a second or subsequent driving under the influence offense in South Central Judicial District will be required to submit to twice daily breathalyzer tests in order to stay out of jail on bond.

Child Abuse prevention information <http://>

Year	Age 8-20	Age 21-25	Age 25-75
2004	72 of 530 = 13.6%	89 of 251 = 35.5%	264 of 1440 = 18.33%
2005	99 of 568 = 17.4%	80 of 239 = 33.5%	320 of 1517 = 21.1%

[www.preventchildabuse.org/publications/cap/index.shtml](http://www.preventchildabuse.org/publications/cap/index.shtml)

This website has a community resource packet. At this time the packet is the 2007 information, but hopefully they will have an updated version on the site soon.

National playground safety information

<http://www.uni.edu/playground/>  
<http://www.playgroundsafety.org/safetyweek/index.htm>

I will try to provide you with resources that you can utilize

in your community with little preparation. If you have done a great prevention activity and would like to share it with the group, please feel free to write it up and send it to Shelly Arnold at [sarnold@mohs.org](mailto:sarnold@mohs.org) or call me at 701.323.6501, we love to hear success stories.

## North Dakota Trauma Foundation

Did you know that North Dakota has a Trauma Foundation that is dedicated to providing trauma education, equipment and training? Hopefully you said yes and are a current member of the Trauma Foundation. Individual memberships are only \$20.00 per person per year. Let me tell you what your contribution can do.....

Every year the ND Trauma

Foundation, along with the Level II and III Trauma Centers and the ND Department of Health Trauma Program, coordinate the statewide trauma conference that provides trauma education for physicians, mid-levels, nurses, and other advanced level health-care providers. The Eleventh Annual Statewide Trauma Conference will be held in

Grand Forks in 2008.

The Trauma Foundation also provides grants to ambulance services and/or hospitals to support trauma education, injury prevention projects, or purchase trauma equipment.

Please consider becoming a member of the Trauma Foundation and support the advancement of excellent trauma care in

the State of North Dakota. If you are interested in becoming a member please contact one of the following:

President – Vicky Black at 701.780.5337

Treasurer – Deb Syverson at 701.234.6378

Secretary – Shelly Arnold at 701.323.6501



### Dates to Mark on Your Calendar

1. Trauma, Critical Care, and Acute Care Surgery 2008 in Las Vegas March 24—26, 2008
2. Society of Trauma Nurses 11th Annual Conference Challenges and Controversies in New Orleans April 9—11, 2008
3. 34th Annual ND EMS Association Conference in Minot April 17—19, 2008
4. State Emergency Nurses Association (ENA) Conference in Grand Forks April 22, 2008
5. Advanced Trauma Care for Nurses (ATCN) in Fargo April 25—26, 2008
6. American College of Surgeons Consultation Exit Presentation in Bismarck April 30, 2008
7. 11th Annual North Dakota Statewide Trauma Conference in Grand Forks October 1—2, 2008 (Pre-conference will be September 30, 2008)
8. Statewide Injury Prevention Conference in Mandan October 28—30, 2008

## Trauma System to Undergo Consultation

By Amy Eberle, State Trauma Coordinator, NDDoH

Greetings and Happy New Year to all of you! It's hard to believe another year has passed. 2008 is going to be a busy year for the State Trauma System. As most of you are aware, the North Dakota Trauma System will be going through a consultation by the American College of Surgeons, which will be made up of a team of national trauma experts. The consultation will take place April 27 through 30, 2008.

The purpose of the Trauma System consultation is to provide recommendations at a community, county, regional and state level. The team typically is comprised of two trauma surgeons, an emergency medicine physician, a trauma coordinator, a state Emergency Medical Services director, and two trauma consultants. The consultation process will consist of a pre-review questionnaire and briefings and dialogue with system participants. The team will then provide a critical analysis of our current system status and

provide recommendations for system improvement and enhancements. The credibility of the team members and the objectivity of the process may help to facilitate and assist with changes and securing additional resources for the trauma system.

Everyone will be invited to the exit presentation given by the review team on April 30, 2008. A place and specific time have not yet been determined. As the date gets closer, an e-mail with specific details will be sent to all trauma stakeholders. If

you have any questions, please feel free to contact me at any time at [aeberle@nd.gov](mailto:aeberle@nd.gov) or 701.328.1026.

The North Dakota Department of Health would like to thank all of you for your dedication, commitment and the trauma care you provide to the citizens of North Dakota. All of you have played a big part in the accomplishments and successes thus far, and I am looking forward to working with all of you in the coming year on continually improving and enhancing our trauma system.

## Getting to Know You...

**Name:** Eric Heupel

**Hospital:** Ashley Medical Center

**How long have you been at the facility:** Since 2000

**Family:** One daughter Lindsey age 13

**Hobbies:** Working on old vehicles and riding motorcycle

**Experience as Nurse / Paramedic / EMT:** As a paramedic I get to see all aspects of patient care. The best part is being able to stay involved in patient care from initial injury all the way to the Level II trauma center. Due to our rural area, it's very rewarding to know that the patient's life can be sustained for 2—3 hours until definitive care can be reached.

**Favorite thing about trauma:** I like the unpredictability of a trauma patient.

**Advice to other Trauma Coordinators:** Learn as much as you can. You never know what task your day will have you doing.



## Injury Prevention Update

By Diana Read, Injury/Violence Prevention Program Director, NDDoH

The Division of Injury Prevention and Control is dedicated to reducing the frequency and severity of intentional and unintentional injuries to North Dakotans. It is located within the Community Health Section of the North Dakota Department of Health. The division consists of many different prevention and intervention programs. They include the Injury/Violence Prevention program, the Child Passenger Safety program, the Suicide Prevention program and the Domestic Violence/Rape Crisis program. A multifaceted approach is employed to achieve

this goal. The programs use best practice strategies including primary prevention theories, data collection and analysis, designing and developing interventions, training and technical assistance, policy advocacy, and evaluation.

Many injury prevention partners also participate in a statewide Injury Prevention Coalition which meets four times a year. This coalition is made up of a group of partners from state agencies such as Department of Public Instruction and Emergency Medical Services, local coalitions such as Safe Communities, Safe Kids and the ND Council on Abused Women's Services/Coalition Against Sex-

ual Assault in ND, businesses such as AAA, North Dakota Farm Bureau and hospitals, Law Enforcement agencies such as ND Highway Patrol and Game and Fish.

Recently three committees have been formed to develop plans to strategize the improved use of seatbelts among part time users as well as nonusers, gather injury data from a multitude of sources, and look at ATV injuries and safety.

The number one injury death for North Dakotans in 2006 was motor vehicle crashes, followed by suicide with falls coming in as a close third. In 2006, 98 ND residents died as a result of car/van/pickup crashes while 13

died in ATV related incidents. Falls resulted in 82 deaths and 91 people committed suicide. We are committed to reducing injury and death in North Dakota. There are many local coalitions dedicated to injury prevention. Please consider joining one to be a part of the solution. For more information, visit our website at <http://www.ndhealth.gov/injury> or call Diana at 701.328.4537.



## Emergency Medical Services for Children's Inter-facility Transfer Guidelines & Agreements for Pediatric Patients Survey

By Kelli Rice, EMSC Manager, NDDoH

North Dakota Emergency Medical Services for Children (EMSC) Program is housed in the North Dakota Department of Health, Division of Emergency Medical Services. The EMSC program's mission states: *From the time emergency medical services are activated through the hospital stay, North Dakota children must receive the care needed.* Therefore, strengthening the delivery of pediatric emergency services is essential.

EMSC is funded by a noncompetitive federal grant from the Maternal and Child Health Bureau and Department of Health and Human Services Health Resources and Services Administration (HRSA). HRSA developed specific performance measures for all states in order to improve and ensure each state's operational capacity to provide pediatric emergency care. One such performance measure is Performance Measure #66d. The measure's goal states, by 2011, the State/Territory has ensured the operational capacity to provide pediatric emergency care: 90% of hospitals in the State/Territory have written pediatric inter-facility transfer *guidelines and agreements*.

The ND EMSC program will be distributing a survey specific to these performance measures to all North Dakota hospitals in January 2008. It is imperative that all North Dakota hospitals participate and complete the entire survey

honestly. It is the goal of the EMSC program to have 100 percent participation from the hospitals in order to provide accurate data to HRSA.

Gaps currently exist in the pediatric emergency care system. For example, while pediatric patient care protocols and equipment guidelines are available, standardized adoption and use of the guidelines among providers is problematic. These gaps can result in poor pediatric outcomes (e.g., increased morbidity and mortality). Performance measures 66d and 66e will ensure that providers across the pre-hospital and hospital settings are delivering optimal pediatric emergency care based on a standardized set of guidelines, which ultimately will improve the quality and adequacy of pediatric emergency care.

### Other EMSC updates

Risk Watch is a school-based injury prevention program that teaches children how to recognize and avoid injuries. Teachers are linked with community safety advocates and caregivers. Risk Watch targets the eight areas in which kids are at greatest risk for injury: motor vehicle, fire and burns, choking, poisoning, falls, firearms, bike and pedestrian safety, and water safety. Currently, 14 schools and nine head starts have participated in the Risk Watch program. Unfortunately, North Dakota did not receive funding to continue the Risk Watch program in 2007. As a result, the program has been put on hold to establish a foun-

dation and home for the program for the next accessible grant period. If you have questions regarding the Risk Watch program or the future of the program, contact Kelli Rice at 701.328.2953 or Diana Read at 701.328.4537.

During 2007, the EMSC program reestablished the EMSC Advisory Committee. The establishment of an EMSC Advisory Committee is another performance measure required by HRSA. Approximately 15 people compose the committee. The committee is working on a five-year plan for the EMSC program that will include all the required HRSA performance measures.

If you would like any other information regarding the EMSC program, contact Kelli Rice at 701.328.2953 or [krice@nd.gov](mailto:krice@nd.gov).

### North Dakota



