

PARKVIEW TRAUMA 2017

ANNUAL REPORT



**SHARE
THE ROAD.**

 **PARKVIEW
TRAUMA CENTERS**



 **PARKVIEW
ADULT TRAUMA CENTER**

 **PARKVIEW
PEDIATRIC TRAUMA CENTER**

INTRODUCTION

Parkview Trauma Centers are focused on all aspects of trauma care. From registry data and performance improvement to disaster preparedness and prevention, Parkview is committed to promoting safety and education in our region.

With a strong focus on disaster preparedness in 2016, Parkview Trauma Centers worked within the health system in support of the American College of Surgeon's "Stop the Bleed" campaign. Specifically, the Emergency Preparedness Department, in collaboration with ED and Trauma Services, implemented Combat Application Tourniquets (CATs) for Parkview Regional Medical Center as well as other Parkview locations. Together with robust training and education, the CATs are included in disaster totes, which are located in departments throughout the hospital.

Working across the Parkview Health system, Trauma Services partners with departments to engage them in all aspects of preparation, trauma prevention and patient care. The goal is to implement evidence-based best practices to improve patient satisfaction outcomes.



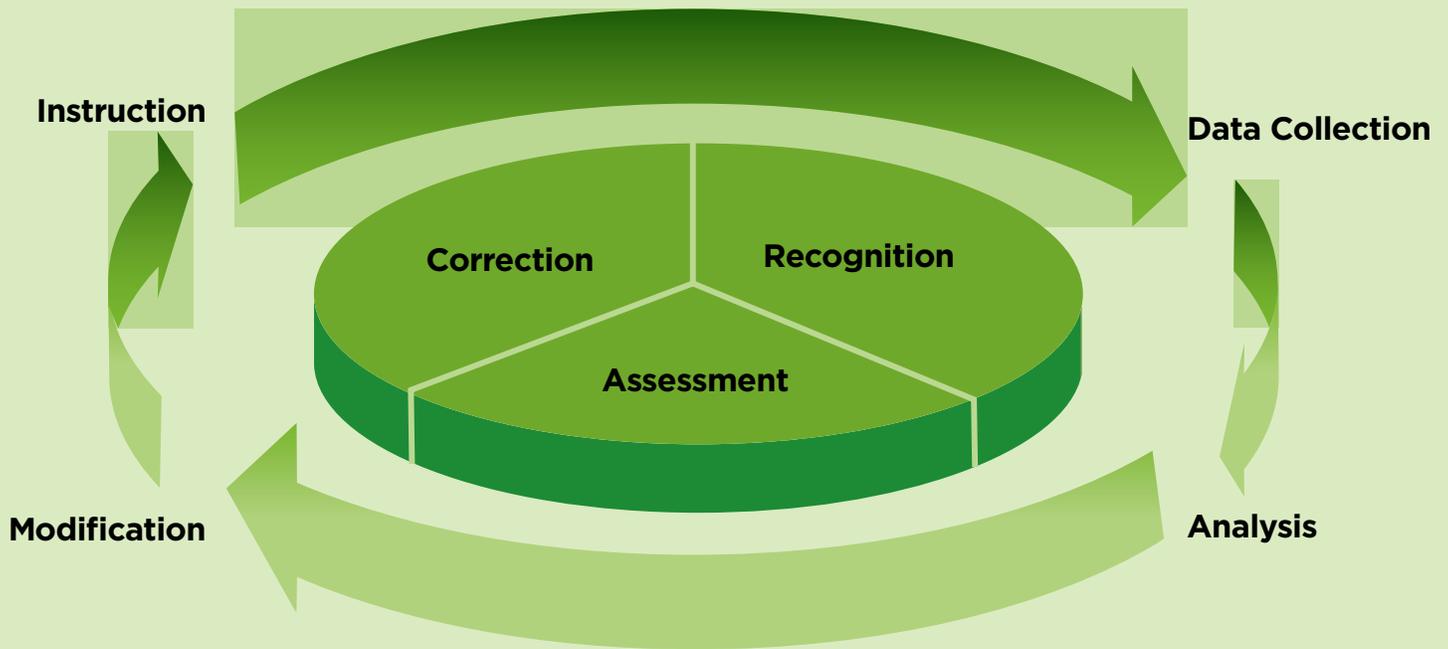
TABLE OF CONTENTS

4	TRAUMA PERFORMANCE IMPROVEMENT AND PATIENT SAFETY
6	REGISTRY
16	SIMULATION LAB
17	EMERGENCY DEPARTMENT
17	DISASTER PREPAREDNESS
18	OUTREACH AND EDUCATION
20	TRAUMA RESEARCH
24	PREVENTION
27	COMMUNITY HOSPITALS

MISSION STATEMENT

Our multidisciplinary team is dedicated to the treatment of victims of trauma, education of the community and prevention of injury. We strive for optimal outcomes by providing efficient, quality care, and are committed to supporting the caregivers in the crisis arena.

TRAUMA PERFORMANCE IMPROVEMENT AND PATIENT SAFETY



American College of Surgeons: Committee on Trauma (2014). Resources for optimal care of the injured patient.



The concurrent data collection provides the necessary information to identify opportunities for improvement and allows the PIPS program staff to closely monitor and continually improve internal and external structures, processes and outcomes on a real-time basis.

Sarah Hoepfner, RN, BSN, PIPS Coordinator

Trauma Performance Improvement and Patient Safety (PIPS) is a concurrent, robust patient and system care review process that provides safe, efficient and effective care to injured patients while reducing unnecessary variation in care and preventing adverse outcomes. The trauma program at Parkview Regional Medical Center seeks to reduce unnecessary variations in care through practice guidelines, protocol, and algorithms derived from evidence-based, peer-reviewed and validated resources.

Parkview Regional Medical Center (PRMC) Adult and Pediatric Trauma Centers currently use the Performance Improvement and Patient Safety (PIPS) model for measuring quality. The PIPS model consists of a continuous and concurrent process of monitoring, assessing and managing trauma care using a multidisciplinary approach to consistently measure, evaluate and improve the process of care and its outcomes.

The PRMC PIPS program is supported by a trauma registry in existence at Parkview for more than 20 years. The concurrent data collection provides the necessary information to identify opportunities for improvement and allows the PIPS program staff to closely monitor

and continually improve internal and external structures, processes and outcomes on a real-time basis.

Risk-adjusted benchmarking is pertinent to improving performance and outcomes through comparative analysis across appropriately risk-adjusted populations. PRMC is an active participant in risk-adjusted benchmarking programs. Trauma Quality Improvement Program (TQIP) is a national risk-adjusted benchmarking program geared toward improving trauma patient care and outcomes. PRMC is a proud participant of TQIP and demonstrates commitment to the continuous pursuit of improving the care of the injured patient through a well-defined and utilized PIPS process. ■



Parkview Trauma Centers introduced the Trauma Clinical Nurse Specialist (CNS) program in 2016. The Trauma CNS is an advanced practice nurse with education and clinical experience in the care of the trauma patient. The Trauma CNS influences nurses, the healthcare system and the patients, with the goal of improving patient outcomes such as optimizing nurse-sensitive indicators through the implementation of evidence-based practice. Currently, the program is focused on patient mobility, urinary catheter use and multi-modal pain management.

Kellie Girardot, RN, MSN, Trauma Clinical Nurse Specialist

REGISTRY

A trauma registry is an electronic database with uniform data elements that describe the injury event, demographics, prehospital information, diagnosis, care, outcomes and cost of treatment. The database is used to collect, organize and analyze information on the trauma patient population and is essential to providing a trauma service.

Raymond Cava, MD, FACS, Trauma Medical Director, Pediatric Trauma Medical Director and Pediatric ICU Co-medical Director, Parkview Regional Medical Center; and Acute Care/Trauma Surgeon, Parkview Physicians Group — Surgical Specialists

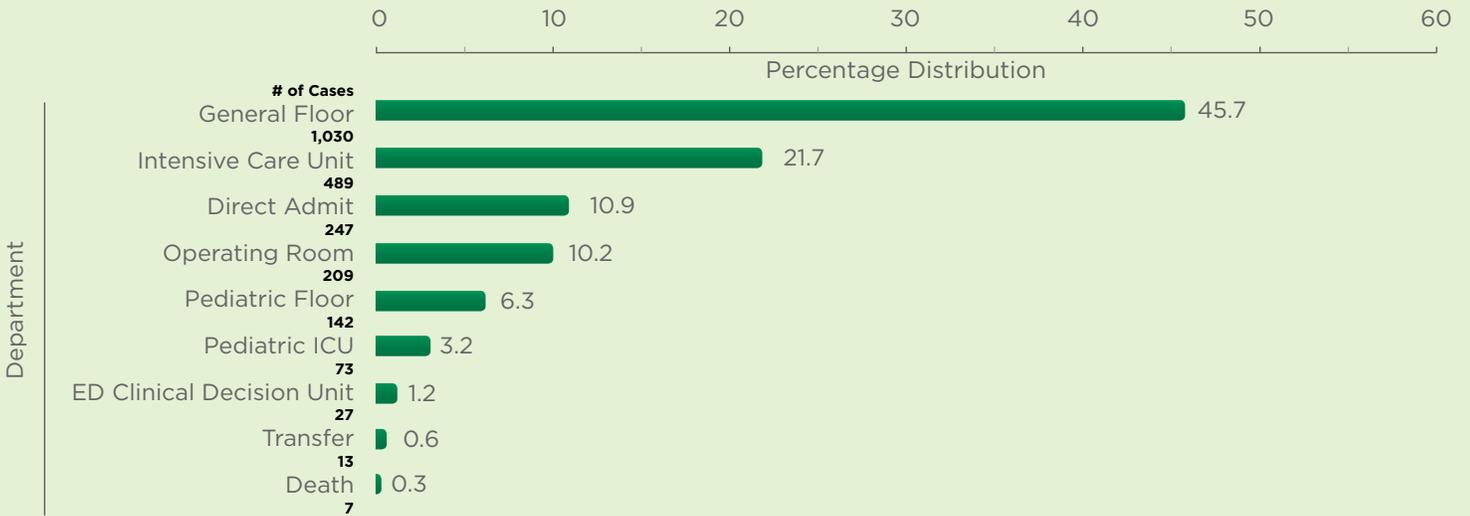
The data has many uses, but is primarily used to monitor the continuum of care, from injury prevention through outcomes measurement. Currently, the Parkview trauma registry manages data for more than 47,500 patients. The Parkview trauma registry contributes clinical information to staff on a daily basis and quarterly to the National Trauma Data Bank, Indiana State Department of Health and Trauma Quality Improvement Program (TQIP). Contribution to a larger database allows Parkview to identify trends in quality measurements, shape public policy and benchmark at national, state and regional levels. ■



Marcy Rogers, RN, MBA, Vice President, Surgical and Ancillary Services, Parkview Regional Medical Center

ER Disposition, All Ages

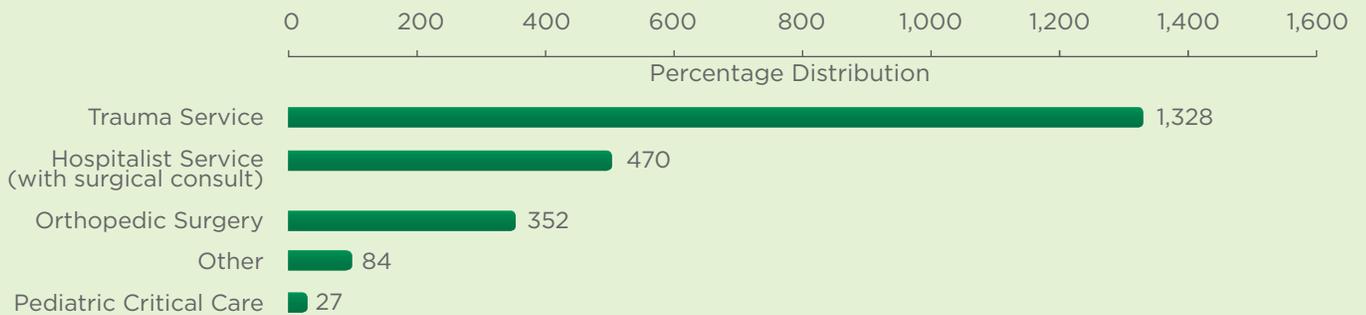
2016*



* Excludes 22 cases with NA.

Admission Service, All Ages

2016 (n=2,279)

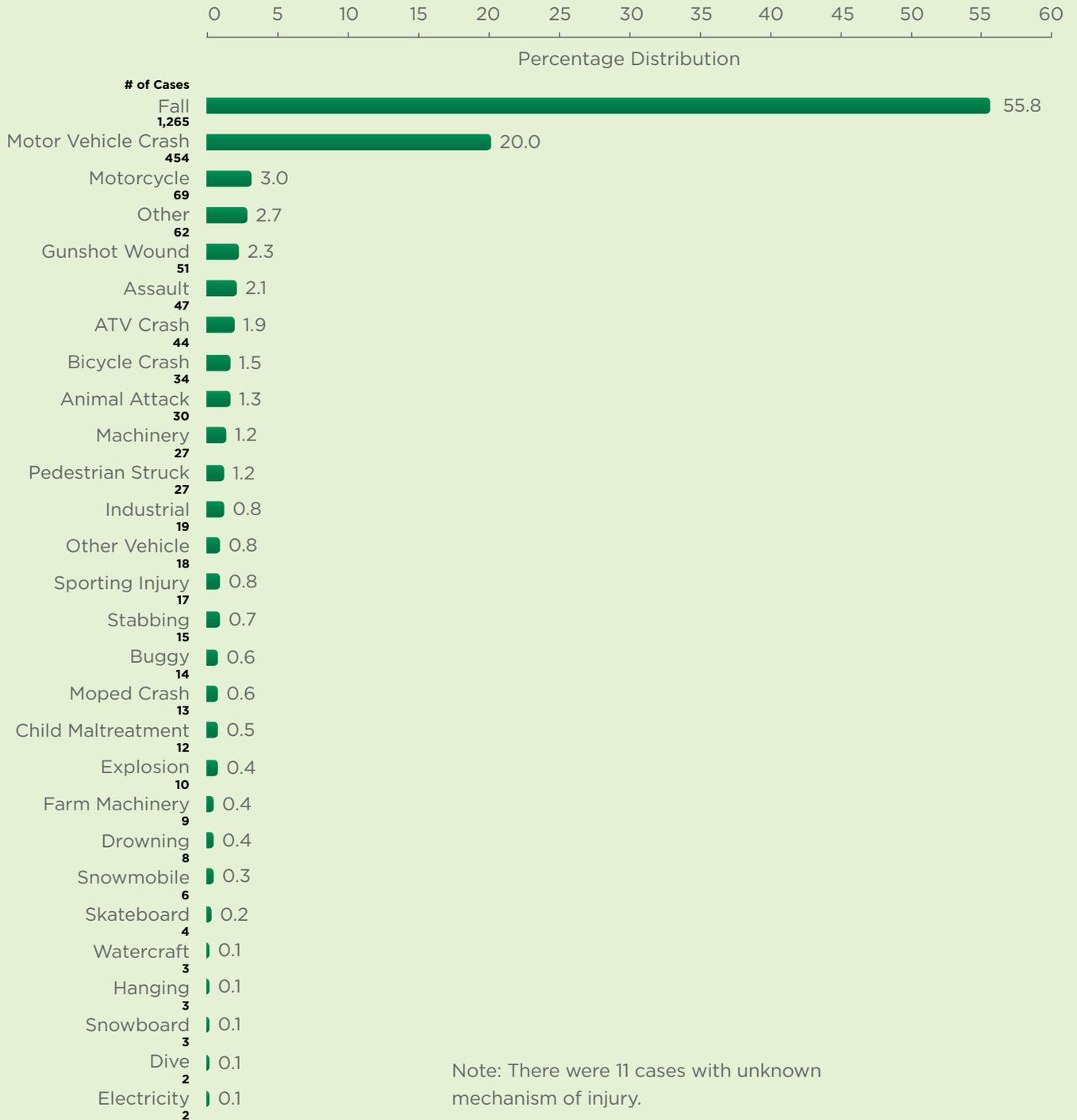


Note: Sixteen cases were not admitted; these patients either expired or transferred out from the Emergency Department.

REGISTRY *continued*

Mechanism of Injury, All Ages

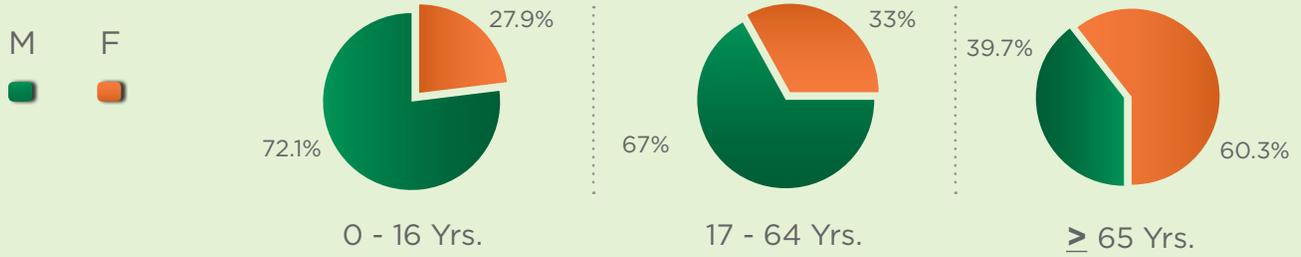
2016



Note: There were 11 cases with unknown mechanism of injury.

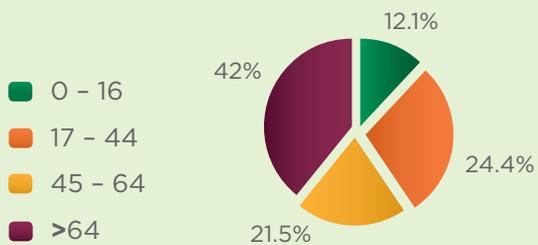
Age and Sex, All Patients

2016



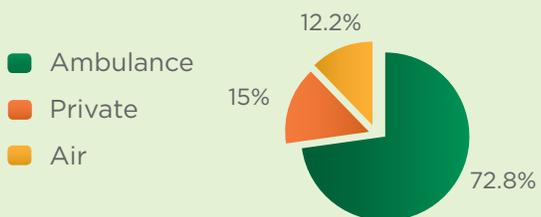
Ages of All Patients

2016



Mode of Transportation

2016

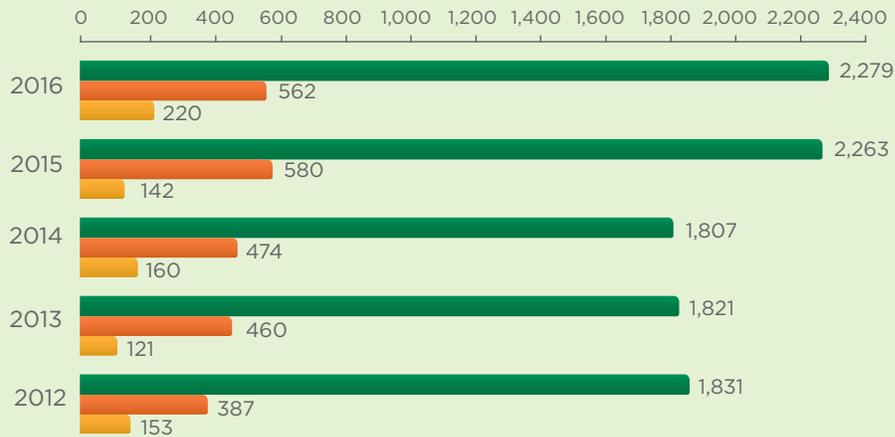


REGISTRY *continued*

Volume of All Ages Admitted from ER to ICU and OR

2012 - 2016*

■ All Trauma
 ■ ER-ICU/PICU
 ■ ER-Surgery



* Excludes cases with isolated hip fractures from 2012-2014.

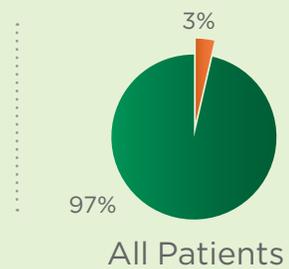
Trauma Type

2016

All Trauma

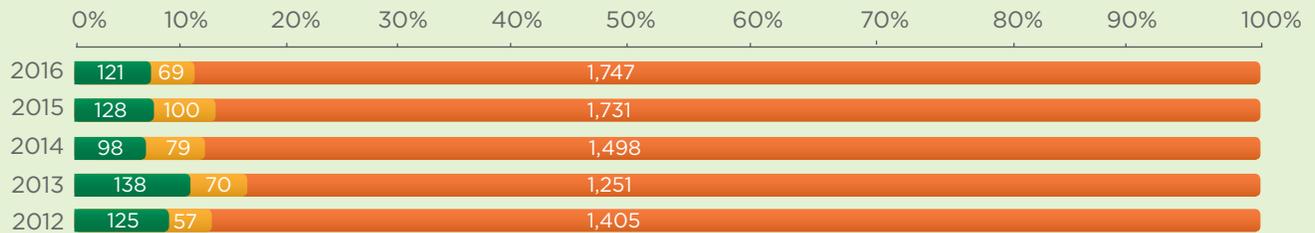
■ Blunt Trauma

■ Penetrating Trauma



Volume (and Percentage) of All Patients by Admit Glasgow Coma Score (GCS) Value 2012 - 2016*

■ GCS 3-8 ■ GCS 9-13 ■ GCS 14-15



GCS 3-8 = Possible severe head injury

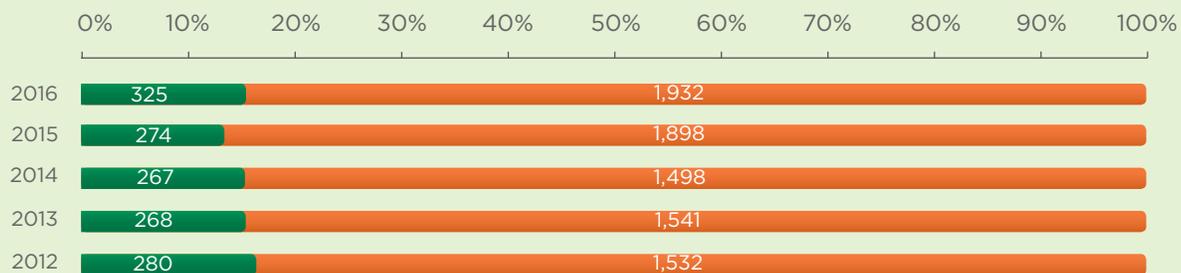
GCS 9-13 = Possible moderate head injury

GCS 14-15 = Possible mild head injury

* Excludes cases for which GCS is unknown. Excludes cases with isolated hip fractures from 2012-2014.

Volume (and Percentage) of All Ages by Injury Severity Score (ISS) Value 2012 - 2016*

■ ISS > 15 ■ ISS < 15



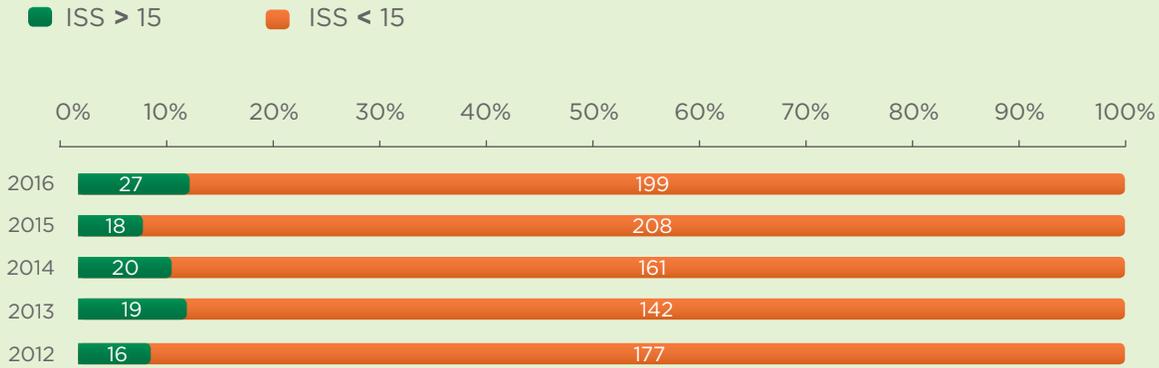
ISS > 15 can include life-threatening, critical or fatal injuries.

* Excludes cases for which ISS is unknown. Excludes cases with isolated hip fractures from 2012-2014.

REGISTRY *continued*

Volume (and Percentage) of Pediatric Patients (Ages 0 - 14) by Injury Severity Score (ISS) Value

2012 - 2016*

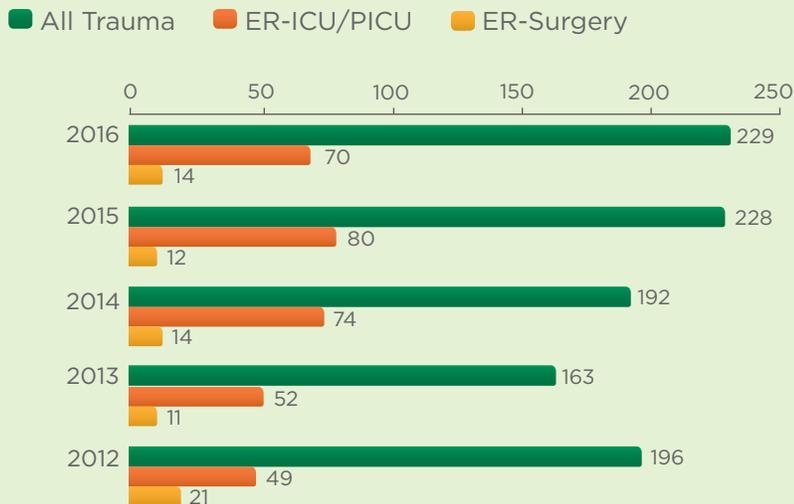


ISS > 15 can include life-threatening, critical or fatal injuries.

* Excludes cases for which ISS is unknown.

Volume of Pediatric Patients (Ages 0 - 14) Admitted from ER to ICU or Surgery

2012 - 2016

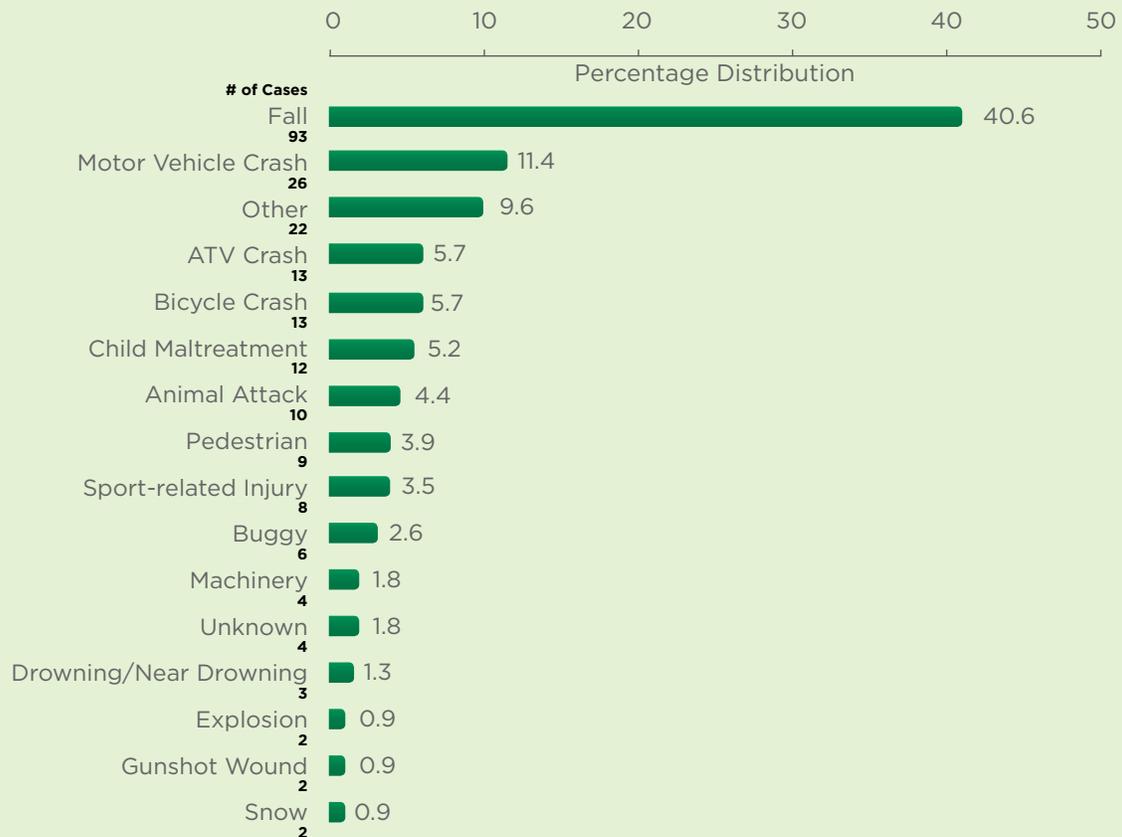


Trend of Trauma Admission by Type 2012 - 2016

■ All Trauma ■ Trauma Services Patients



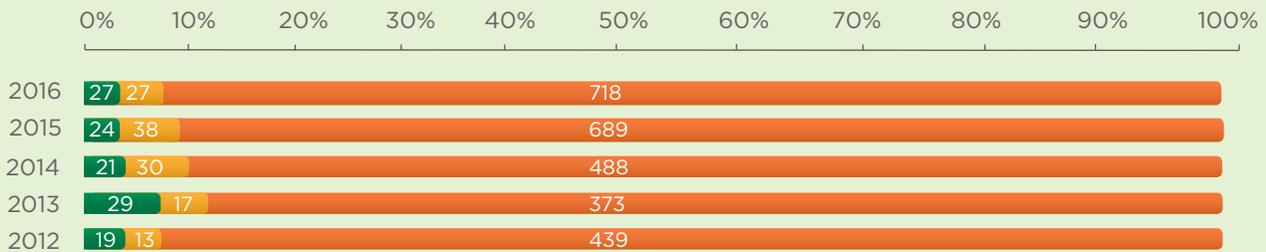
Mechanism of Injury, Pediatric Patients (Ages 0 - 14) 2016



REGISTRY *continued*

Volume (and Percentage) of Geriatric Patients (Ages ≥ 65) by Admit Glasgow Coma Score (GCS) Value 2012 - 2016*

■ GCS 3-8
 ■ GCS 9-13
 ■ GCS 14-15

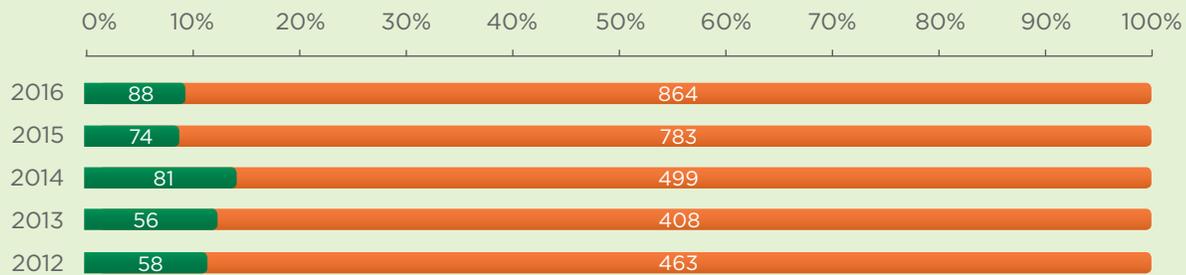


GCS 3-8 = Possible severe head injury
 GCS 9-13 = Possible moderate head injury
 GCS 14-15 = Possible mild head injury

* Excludes cases for which GCS is unknown. Excludes cases with isolated hip fractures from 2012-2014.

Volume (and Percentage) of Geriatric Patients (Ages ≥ 65) by Injury Severity Score (ISS) Value 2012 - 2016*

■ ISS > 15
 ■ ISS < 15

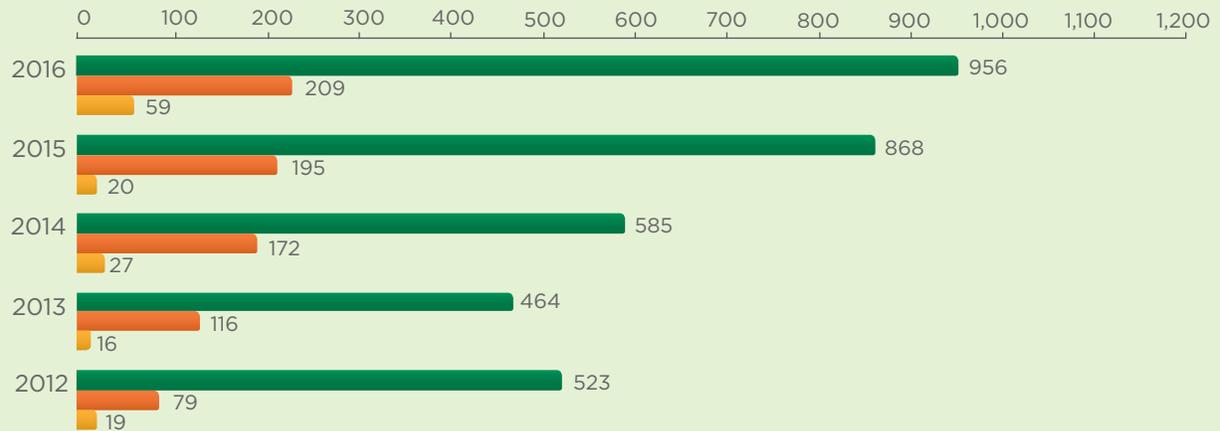


ISS > 15 can include life-threatening, critical or fatal injuries.

* Excludes cases for which ISS is unknown. Excludes cases with isolated hip fractures from 2012-2014.

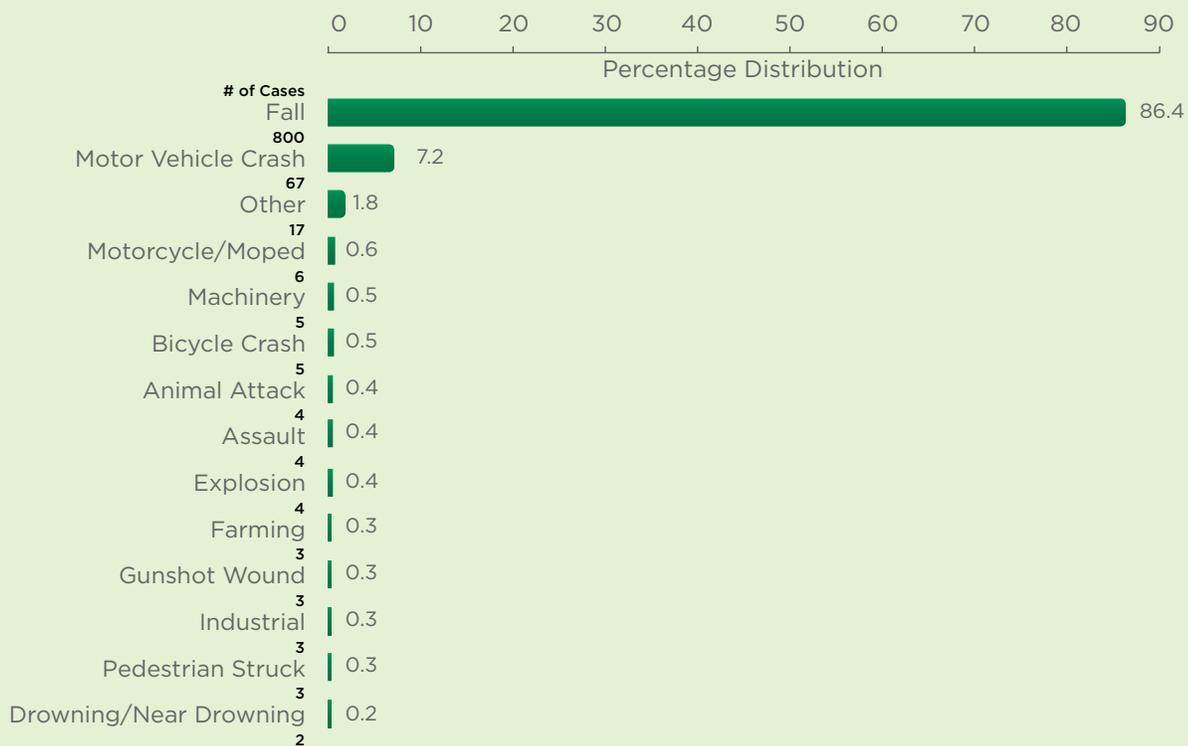
Volume of Geriatric Patients (Ages ≥ 65) Admitted from ER to ICU or Surgery 2012 - 2016*

■ All Trauma
 ■ ER-ICU/PICU
 ■ ER-Surgery



* Excludes cases with isolated hip fractures from 2012-2014.

Mechanism of Injury, Geriatric Patients (Ages ≥ 65) 2016



SIMULATION LAB



The Advanced Medical Simulation Lab at the Parkview Mirro Center for Research and Innovation works with many different teams of healthcare professionals to provide high-quality, in-situ multidisciplinary simulations for the care of emergent trauma and medical situations. Some of these teams include:

- Trauma Services
- Professional Emergency Physicians, Inc.
- Trauma and Acute Care Surgery physicians
- Trauma Surgery physicians
- Clinical Educators from the Emergency Department (ED) and Surgical Trauma Intensive Care Unit (STICU)

In 2016, ED multidisciplinary simulations were provided at the Mirro Center. After the city of Wabash donated an ambulance for use as a mobile medical simulation lab, simulations were moved to the Emergency Department. This allowed many more disciplines to be represented at the simulations than were available for simulations in the lab at the Mirro Center.

Mirro Sim Lab coworkers worked with area vendors to place equipment in the mobile lab for simulation, and the Professional Emergency Physicians (PEP) group sponsored a new design for the vehicle. The Wabash Fire Department, the first prehospital provider to receive training with the Mobile Sim Lab, experienced simulations related to infant and child emergent scenarios.

The Mobile Sim Lab has provided other opportunities for community outreach to prehospital care providers, such as area Emergency Services Personnel (EMS) and the Fort Wayne Fire Department (FWFD). Efforts to provide high-fidelity simulations to the FWFD began in 2016 when a member of the Samaritan Flight Crew, Mike Brown, asked the lab to help with extrication scenarios for a class of FWFD firefighters. The firefighters extricated the manikin, and a Three Rivers Ambulance Authority (TRAA) crew was called to the scene to care for the manikin during and after extrication.

In 2017, coworkers from the Mirro Sim Lab have been working with basic Emergency Medical Technicians (EMTs) and paramedics in the FWFD. For 12 days during the first quarter, the Mobile Sim Lab traveled between two to three FWFD stations to deliver trauma and medical situations using high-fidelity manikins. In these high-fidelity simulations, participants could assess the manikins as they would patients, deliver medications and insert breathing tubes. Debriefings after the simulation events help participants identify knowledge and skill gaps. Sim Lab personnel also work with other area EMS providers, such as New Haven and DeKalb. ■

EMERGENCY DEPARTMENT

Since 2000, Parkview Emergency Departments have cared for injured patients as a verified Level 2 trauma center. At Parkview Regional Medical Center (PRMC), we have designated trauma rooms for adult patients and a pediatric trauma room featuring child-friendly colors, graphics and equipment. The physical design of PRMC's Emergency Department puts the care of the injured patient at the forefront of what we do. From the layout of our trauma rooms, which places supplies, blood, equipment and technology at our fingertips, to the close proximity to imaging, the OR and critical care areas within the hospital, all aspects were strategically planned to streamline the flow of the patients from both ground and air ambulances to our trauma team within minutes of arriving on our campus.

Advanced technology with point-of-care testing and bedside ultrasound allows for fast diagnostic results, and our physicians receive those results quickly to assist them in making further decisions. We continuously prepare the staff with bedside simulations with the trauma team, an in-depth preceptor program and a multitude of classes and certifications. The Emergency Department is in a state of constant readiness for the most critically injured patients. Our board-certified emergency physicians, trauma surgeons and highly trained registered nurses are always prepared to take care of the region's critically injured patients. ■

DISASTER PREPAREDNESS



The Emergency Preparedness Department, in collaboration with ED and Trauma Services, implemented Combat Application Tourniquets (CATs) for Parkview Regional Medical Center as well as other Parkview locations. Studies have shown that many mass shooting victims die from exsanguination (bleeding out), not their injuries. Because of this, CATs have been strategically placed throughout the hospital and other Parkview facilities. The accessibility of the CATs enables coworkers and visitors to provide rapid care to victims in the event of an active shooter after the scene has been cleared. These CATs are located in departments throughout the hospital in disaster totes, which contain supplies and minor equipment to assist coworkers in the event of a disaster or other emergency. ■

OUTREACH AND EDUCATION



Parkview provides educational opportunities featuring industry experts. Trauma-related educational events are presented throughout the year to area community hospitals, fire departments and emergency medical service providers. Presentations are customized to the audience, with the objective of improving the care of injured victims. Since 1989, Parkview Trauma Centers have provided trauma-related education to area physicians, nurses, prehospital providers and other allied health providers.

The learning events have been held at organizations in 30 counties across northeast Indiana, northwest Ohio and south-central Michigan. Parkview Trauma Centers offer the trauma team-building Rural Trauma Team Development Course (RTTDC) to area community hospitals. The goal of this educational course is to equip clinical and emergency services personnel to provide quality trauma care in a rural setting.

Parkview Trauma Services offer the Advanced Trauma Care for Nurses (ATCN) course. The clinically rigorous course is offered annually in conjunction with the Advanced Trauma Life Support (ATLS) course for physicians.

Other ongoing education programs include:

- Annual Prehospital Emergency Response Symposium
- Annual Trauma Symposium

- Annual Pediatric Symposium
- Annual Child Maltreatment Symposium
- Trauma Grand Rounds, live monthly education
- Trauma simulations, live monthly in the trauma bay
- Prehospital skills workshops, offered monthly
- Trauma MD newsletters

Another source of feedback to providers outside of Parkview includes our follow-up outreach letters, which are sent to prehospital and community hospital personnel. The purpose of these letters is to assist in the continuum of care by identifying injuries, procedures, outcomes and opportunities for improvement. In 2016, 885 were sent to providers.

TRAUMA RESEARCH



The trauma research personnel of the Parkview Adult and Pediatric Level II Trauma Center upgraded the study methods to be on par with the current advanced statistical methodology in the literature. We improved our knowledge base by contacting senior research scientists in academic institutions on concepts and practices applicable to our research studies. We disseminated our research findings at an international congress and provided technical support to other projects.

Project 1: Application of a methodologically robust approach to demonstrate a substantial improved survival benefit in scene trauma patients by helicopter transport (HT) in comparison with ground ambulance transport (GT)

A recent formal systematic review (Cochrane Database Syst Rev, 2015) recommended that propensity score methods (PSM) should be used as the method of choice for estimation of effect measures in future HT vs GT studies. In addition to PSM, we upgraded our study design in case selection by restricting admission criteria to scene of injury in a *rural* area within a *distance* of similar transportation radius for HT and GT to a *single* verified trauma center. This is to prevent or reduce the confounding factors due to effect of distance, urban areas and treatment variability among multiple trauma centers on trauma survival when large databases such as the National Trauma Data Bank or state trauma registry data are used.

Original and multiply datasets with imputed missing covariates were developed to create PS-matched datasets for well-balanced covariates for treatment assignment between HT vs GT. Standard and conditional logistic regression analyses were used on these datasets. The results are shown in Table 1.

Table 1

OR = Odds Ratio; CI = Confidence Interval

	Dataset	Covariates that were controlled for	Effect Measures			Comments
			OR	95% CI	P-value	
1	Original	CDC national trauma triage criteria and other covariates such as sex, prehospital intubation, EMS time, injury severity score, prehospital pulse rate, ICU admission, urgent surgery and mechanical ventilation	3.85	1.32 - 11.24	.014	Missing covariates could overestimate the effect
2	Multiply-Imputed		2.66	1.29 - 5.48	.008	The unwell-balanced covariates between the treatment assignment could distort the "true" effect estimates
3	Propensity Score — matched with .18 caliper width	Four preadmission vital signs, ICU admission, urgent surgery and mechanical ventilation	2.69	1.21 - 5.97	.015	Results are most valid and reliable with this analysis

Our best point OR value was 2.69. Conversely, it is equivalent to a mortality reduction of 63%. In the similarly associated large dataset studies, the point ORs ranged from 1.12 to 1.78 and are equivalent to 12% to 44% mortality reduction, respectively. In other words, our study revealed 19% or more survival benefit at a verified trauma center, not reported in studies that used other study methodologies.

PPG — Trauma & Acute Care Surgery



Raymond Cava, MD, FACS



Dawood Dalaly, DO



Janette Holub, MD



Joseph Muller, MD, FACS



Dustin Petersen, MD, FACS



Lindsay Riegler, MD, FACS



Steven Santanello, DO

TRAUMA RESEARCH *continued*

Project 2: Acquisition of advanced statistical methodology at non-academic Level II trauma center

We communicated with a number of experienced research scientists in academic institutions for improvement of our knowledge base in topics of interest that are applicable to our studies, especially in data analysis. See Table 2.

Table 2

	Name	Subject	Remarks
1.	Felix J Thoemmes, PhD Professor of Social Science, Cornell Univ., New York, NY	Propensity score matching (PSM) in SPSS software	Explained issues including correction of glitches while running on technical/programming aspects PSM in SPSS. Available at: https://www.human.cornell.edu/hd/qml/upload/Thoemmes_2012.pdf .
2.	Joshua B Brown, MD, MS General Surgeon Resident & Trauma Research Fellow, Pittsburgh Univ. Medical Center, Pittsburgh, PA	Topics of interest in his more than 20 published trauma articles	Gave practical/applicable aspects of PSM in multiply-imputed datasets. Computation of NNT from odds ratios. Available at: http://www.cebm.net/number-needed-to-treat-nnt/ . Other clinical topics of interest for abstraction and interpretations.
3.	Thomas E Love, PhD Professor of Medicine, Epidemiology and Statistics, Case Western University, Cleveland, OH	Sensitivity analysis for hidden bias due to unknown confounding	Illustrated construction of a two-by-two table in Excel for the helicopter vs. ground ambulance transport study on survival for estimation of sensitivity parameter Γ (Gamma) value. Available at: http://www.chrp.org/propensity .
4.	Ben B Hansen, PhD Professor of Statistics, University of Michigan, Ann Arbor, MI	Study design vs statistical data analysis	He referred importance of study design to Donald B Rubin's article, "For objective causal inference: design trumps analysis." <i>The Annals of Applied Statistics</i> 2008;2(3):808-840.
5.	Mohamed H Rahbar, PhD Professor of Statistics, University of Texas Health Center at Houston, TX	General discussion on statistical methods	Significance of using non-stepwise regression and statistical interaction in regression analysis, <i>Epidemiology (Open Access Journal)</i> 2016;6(1):1-7.
6.	Phyo Than Htoo, MBBS, PhD Student, University of North Carolina at Chapel Hill, NC	General discussion on statistical methods	Determination of confidence interval width as ratio of upper to lower 95% confidence limits. Available at: http://www.tc.umn.edu/~alonso/Poole_Epidemiology_2001.pdf .
7.	Robert G Newcombe, PhD Retired Professor of Statistics, Cardiff University, Wales, UK	95% CI estimation for proportions in matched samples and injury rates	Provision of templates with explanations for computations in Excel. RG Newcombe, <i>Confidence intervals for proportions and related measures of effect size</i> . Chapman & Hall/CRC Biostatistics Series 2013.

Project 3: Dissemination of research findings and provision of technical support/advice to other projects at Parkview

- 3.1 A poster on the rural epidemiologic study was displayed at the 4th International Epidemiologic Congress for the Americas in June 2016 in Miami, Florida. The meeting was attended by over 1,500 epidemiologists/statisticians from 41 countries.
- 3.2 Statistical analysis was done on “Hand Washing on MRSA and C difficile,” an important nursing project for the nursing Magnet Recognition program.
- 3.3 Assistance was provided for a research protocol development including a detailed plan of data analysis on “Pain effectiveness of IV Acetaminophen in Geriatric Hip Surgery Patients,” a nursing research project.
- 3.4 Statistical analysis on the “Use of cardioverter defibrillator associated with heart failure with reduced ejection fraction” to prepare an abstract for submission to the annual American College of Cardiology conference.
- 3.5 Statistical analysis was done on Parkview 2015 Employee Injury Database to generate patterns of injury/illness by hospital, department and type of injury/illness with some preliminary Pareto graphs to help reduce employee injuries/illnesses. ■



Left to right:
Dazar Opoku, MPH, Trauma Data Specialist, Trauma Services, Parkview Regional Medical Center; **Thein-Hlaing Zhu, MBBS, DPTM, FRCP, FACE**, Trauma Epidemiologist, Trauma Services, Parkview Regional Medical Center

PREVENTION

**SHARE
THE ROAD.**
GIVE 3 FEET, PLEASE.

 **PARKVIEW
TRAUMA CENTERS**



Parkview Trauma Centers and Fort Wayne Outfitters & Bike Depot promote the "Share the Road" message for both adults and youth.

Lisa Hollister, RN, MSN, Director, Trauma and Acute Care Surgery

Trauma prevention programs reveal the Parkview Adult and Pediatric Trauma Centers' continuing commitment to reducing the number of lives impacted by life-threatening injuries.

Don't Text & Drive

Parkview's Don't Text & Drive (DT&D) campaign raised awareness about the dangers of distracted driving years before national campaigns proliferated. Parkview Trauma Centers have been deeply involved in the program, which continues to mature year after year. The program is an outreach to the community to help save lives by raising public awareness.

Parkview continues to collaborate with Evans Toyota, Fort Wayne, as well as the Indiana State Police to share the messages of the Don't Text & Drive and Share the Road campaigns.

Don't Text & Drive Seminars for Teens and Parents

Parkview Trauma Centers periodically sponsor free seminars to help equip young drivers and their parents with the tools they need to become more focused, safer drivers. Powerful testimonials from people who have lost loved ones to distracted driving crashes prompt frank conversation.

Laws governing distracted driving are also discussed, and seminar participants experience the dangerous nature of

distracted driving firsthand while using a driving simulator provided by Drive Alive.

Share the Road

Parkview Trauma Centers have implemented the growing Share the Road program to help protect and prevent injuries within the community. With increased traffic on the roads, motorists and other travelers need to become more alert and aware of the variety of commuters. Parkview has been working closely with the City of Fort Wayne and surrounding communities to magnify the importance of sharing the road with pedestrians, bicyclists, motorcyclists and Amish buggy passengers. Public outreach includes public service announcements and billboards designed with runners, motorcyclists, cyclists and Amish buggies in mind. Look for several vehicles that are wrapped with the message.

Bike Helmet Safety and the Parkview Safety Store

The Parkview Safety Store, located at the Carew Medical Building, offers injury-prevention merchandise and safety supplies to enhance public safety. The store also provides safety-certified bike helmets and fittings to ensure the proper fit for each individual. Apparel and other items supporting Parkview's Don't Text & Drive and Share the Road campaigns are available for purchase at the store.

Parkview Safety Store

(260) 373-7201

1818 Carew Street, Suite 140
Parkview Hospital Randallia campus
Fort Wayne, IN 46805
Tuesdays, 10 a.m. – 1 p.m. and 4 – 7 p.m.

Don't Drink and Drive

In order to reduce the number of deaths and severe, long-term disabilities from crashes due to drinking and driving, Parkview Trauma Centers offer free presentations and displays to schools and community organizations. Presentations offer a personal story involving loss of life due to drunk driving. The powerful presentations are known for capturing the attention of even restless teens. "Fatal vision" goggles are also available for participants, enabling them to safely experience the sensation of driving drunk to fully understand how intoxication impairs vision and reflexes.

Multiplier Effect

Trauma prevention is a collaborative effort that reaches across departments and disciplines. Parkview Trauma Centers collaborate with numerous community partners. Trauma staff members and a prevention specialist are available to provide education on all of these programs.

Child Maltreatment Team

Parkview has an expert team whose members are available at a moment's notice when abuse, neglect or other maltreatment is suspected. The trauma pediatric coordinator serves as a liaison to the team, which includes child life specialists and members from pediatric critical care, pediatric emergency medicine, trauma surgery and pediatric psychiatry.

Safe Sleep

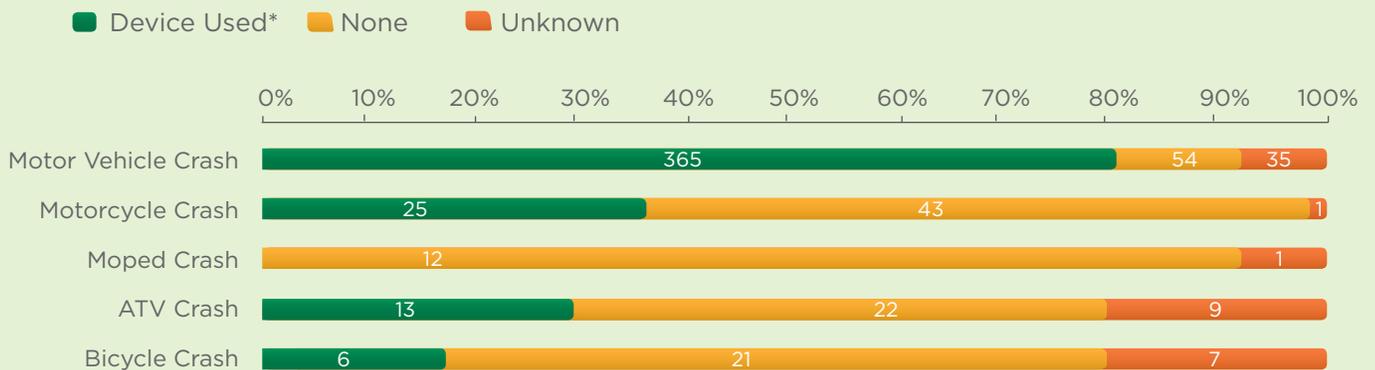
In recent years, SIDS (Sudden Infant Death Syndrome) has been linked to unsafe sleep practices such as co-sleeping (infants sleeping with their parents in bed) and suffocation from inappropriate bedding. Under the guidance of Parkview's Safe Slumber program, registered nurses from Parkview Community Nursing educate parents-to-be on the hazards of unsafe sleep practices and provide tips on creating a safe sleep environment. The program also supplies cribs to families who need a safe place for their infant to sleep.

Car Seat Safety

Parkview provides free car seat inspections to help parents ensure their children are properly restrained in safety-approved car seats whenever they're on the road. Inspections are offered by appointment and at community events.

Protective Devices Used in Selected Crashes, All Trauma

2016



*Note: Multiple devices used in a single vehicle crash are counted as one.

PREVENTION *continued*

Safety Camps

Parkview collaborates with emergency services providers as well as health and wellness organizations in several counties of its service area to provide one-day safety camps for youngsters. These camps provide fun, interactive activities that teach grade-school children about safety with regard to water, fire, household hazards, recreation, strangers and pets. They also give the children a chance to learn about basic health topics and talk with first responders and law enforcement officers.

Driver Rehabilitation

Medical conditions, effects of aging and other factors can erode a person's ability to safely operate a vehicle. Parkview Outpatient Therapy's Driver Rehabilitation program helps older adults and others regain their driving skills and avoid accidents. Occupational therapists, who are certified driver

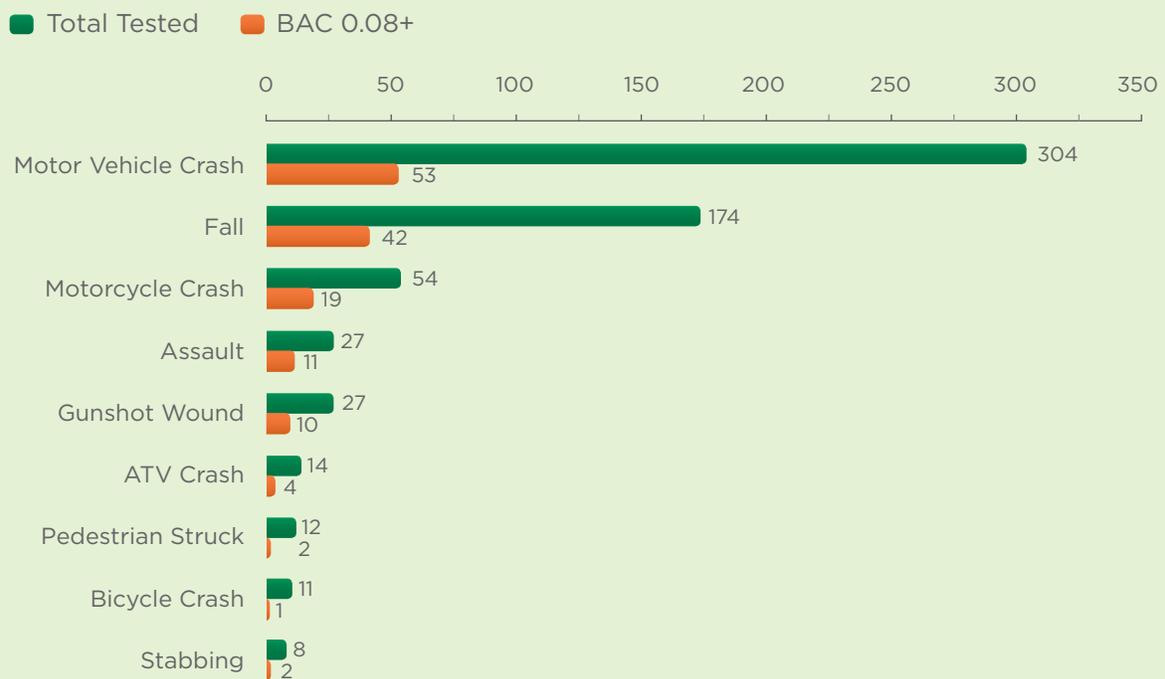
rehab specialists, evaluate each person's physical condition and cognition, provide on-the-road driving assessments and make recommendations for any education, equipment or other resources needed. These may include driving aids, behind-the-wheel training, vehicle modification and alternative transportation.

Fall Prevention

Many older adults restrict their activities because they are concerned about the possibility of falling. Falls are the number one injury mechanism that present at Parkview Trauma Centers. A designated geriatric trauma coordinator oversees a geriatric program to help better educate this population with inpatient and outpatient follow-up.

Parkview Center on Aging & Health offers a fall prevention program enabling patients to determine their risk for a fall. ■

Blood Alcohol Concentration (BAC) Level in Selected Patients that Were Tested 2016



Note: BAC equal to or greater than 0.08 level is considered legally intoxicated.

COMMUNITY HOSPITALS



From their beginning in Allen County in 1953 to the newest addition in Kosciusko County in 2016, Parkview Hospitals serve as primary access for injured patients in northeast Indiana. Parkview Community Hospitals apply standardized American College of Surgeons (ACS) *Optimal Resources for the Injured Patient* criteria and utilize a collaborative multidisciplinary trauma team approach to systematically triage patients to identify injuries in a timely manner. The trauma team evaluates and stabilizes traumatically injured patients utilizing evidence-based medicine and innovative technology while efficiently working towards each patient's disposition of admission, transfer or discharge home with follow-up care, all in a timely manner.

Parkview Community Trauma strives to build and unify the approach to, care of and process improvement for the trauma care provided by all community hospitals within Parkview Health by providing feedback during community hospital committee meetings and educational opportunities, such as the Rural Trauma Team Development Course (RTTDC).

Parkview Community Hospitals span a large portion of the District 3 region of northeastern Indiana and include Allen, Huntington, Kosciusko (District 2), LaGrange,

Noble, Wabash and Whitley counties. The Parkview facilities include:

Parkview Randallia Hospital

Parkview Huntington Hospital

Parkview Warsaw

Parkview LaGrange Hospital

Parkview Noble Hospital

Parkview Wabash Hospital

Parkview Whitley Hospital



Jennifer Konger, RN, BSN, *Community Trauma Program Manager, Parkview Trauma Centers*

TRAUMA SERVICES TEAM

Raymond Cava, MD, FACS, Trauma Medical Director, Pediatric Trauma Medical Director and Pediatric ICU Co-medical Director, Parkview Regional Medical Center; Medical Director, Surgical Trauma ICU; Acute Care/Trauma Surgeon, PPG — Trauma & Acute Care Surgery

Dawood Dalaly, DO, Associate Medical Director, Surgical Trauma ICU; Trauma Surgeon, PPG — Trauma & Acute Care Surgery

Richard A. Falcone, Jr., MD, MPH, Pediatric Trauma Consultant, Parkview Pediatric Trauma Center; and Pediatric Trauma Medical Director, Cincinnati Children's Hospital Medical Center

Lisa Hollister, RN, MSN, Director, Trauma & Acute Care Surgery

Melissa Crance, Trauma Administrative Assistant

Kellie Girardot, RN, MSN, Trauma Clinical Nurse Specialist

Thein Hlaing-Zhu, MB BS, DPTM, FRCP, FACE, Trauma Epidemiologist

Sarah Hoepfner, RN, BSN, Adult Trauma Coordinator and Trauma Performance Improvement Specialist

Jennifer Konger, RN, BSN, Manager, Community Trauma Program

Shanna Lemen, RN, BSN, Trauma Program Nurse

Holly Lynch, RN, BSN, Geriatric Trauma Coordinator

Dazar Opoku, MPH, Trauma Data Specialist

Christopher Scheumann, RN, BSN, Trauma Outreach Coordinator

Jacqueline Yates-Feller, NREMT-P, NCEE, BSM, Community Trauma Program Coordinator

Janette Holub, MD, Trauma Surgeon, PPG — Trauma & Acute Care Surgery

Joseph Muller, MD, FACS, Trauma Surgeon, PPG — Trauma & Acute Care Surgery

Dustin Petersen, MD, FACS, Trauma Surgeon, PPG — Trauma & Acute Care Surgery

Lauren Quandt, RN, MSN, Pediatric Trauma Coordinator

Lindsay Riegle, MD, FACS, Trauma Surgeon, PPG — Trauma & Acute Care Surgery

Steven Santanello, DO, Trauma Surgeon, PPG — Trauma & Acute Care Surgery

Beth Burns, NP

Elizabeth Daseler, NP

Megan Hamilton, NP

Taylor Hill, NP

Bryan Mathieson, NP

Grant Tyler, NP

Nicole Underwood, NP

Brandy Young, NP

LeeAnn Booher, LPN, Nurse Extender

Jennifer Dowd, RN, BSN, Nurse Extender

Danielle Kammer, RN, BSN, Nurse Extender

Melanie McClain, RN, BSN, Nurse Extender

Brittany Rogers, RN, BSN, Nurse Extender

Samantha Vergara, RN, BSN, Nurse Extender