

# TRAUMADISPATCH

A publication of Memorial Hospital of South Bend Leighton Trauma Center

Spring 2015

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## LEADERSHIP:

### **Scott Thomas, M.D., FACS**

Chief of Trauma Services,  
Beacon Health System

### **Bryan Boyer, M.D.**

Orthopaedic Trauma  
Medical Director,  
Trauma Services

### **Dustin Roe, MSN, R.N.**

Director, Trauma Services

### **Rodney Logan, R.N.**

Director of MedFlight and  
Pediatric Transport

### **Keith Sherry, M.D., FACEP**

MedFlight/EMS  
Medical Director

## Welcome to TraumaDispatch

Welcome to the Spring 2015 edition of TraumaDispatch, a newsletter brought to you by Memorial Trauma Services, EMS and MedFlight. We welcome all your feedback, so please submit your input to **TraumaServices@beaconhealthsystem.org**. For more information about Memorial Trauma Services, visit **QualityOfLife.org/Trauma**.



Scan with smartphone to sign up for the newsletter.

## 15 Years and Counting...

The 15th Annual Trauma Symposium was held at the Jordan Hall of Science on March 14. This was another great year with speakers presenting on various topics in the world of trauma. The keynote speaker this year was David Feliciano, M.D., FACS, who is the Chief of Surgery for Indiana University Medical Center, in Indianapolis. He has been one of three authors of *Trauma*, the textbook on trauma which is currently in its seventh edition. Dr. Feliciano shared three case presentations and tied the cases to lessons learned. He also referenced historical pearls that he has used throughout his extensive surgical history. The presentation was titled "For the Patient" because Dr. Feliciano believes that many of his greatest experiences and learning opportunities have come from patient interactions.

This year, we were fortunate to have two featured speakers with dynamic topics. Samir Mehta, M.D., from the University of Pennsylvania, who has a vast history of volunteerism, presented his perspective and lessons learned from trying to bring first-class medicine to third-world



countries. Dr. Mehta, an orthopedic surgeon, also focused on his experience of developing a geriatric fracture program at the University of Pennsylvania. This topic is relevant to aging patients who have special needs that require a dedicated service.

The second featured speaker was Martin Schreiber, M.D., FACS, Professor of Surgery from the Oregon Health and Science University. Nationally known and well published on the topic of hemorrhagic control and blood product management, Dr. Schreiber gave a detailed presentation titled "Novel strategies in Blood Transfusion." His presentation took the audience through the importance of hemorrhagic control in trauma patients

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and all the different approaches that have been developed to deal with this deadly circumstance. Dr. Schreiber draws on his experience in the military and frontline hospitals, along with his civilian practice.

Other speakers included a group from Indianapolis that presented two sessions on the Indianapolis State Fair disaster of 2011. The group consisted of Edward Barkus, M.D., an ER physician at Methodist Hospital and medical director of EMS in Indianapolis; Ben Rogers, M.D., neurosurgeon at Goodman, Campbell Brain and Spine and who covered Methodist ED at the time of the disaster; David Kelly, Division Chief of Indianapolis Fire; and Carl Rochelle, Chief of Indianapolis EMS. This group presented the first session from the perspective of the hospital response and the treatment of victims while the second session was an EMS perspective on mass casualty management and lessons learned. Overall, both sessions presented useful information for any medical personnel who may be involved in disaster and mass casualty management planning.

Jonathan Eash, M.D., and Todd Nickoles, R.N., had separate breakout sessions in the afternoon. Dr. Eash's presentation, "Management of Acute Pain in the Trauma Patient," featured the modalities used in acute pain management and the pros and cons of each. He also discussed placement of epidural catheters, rib blocks, and fascial iliaca blocks for specific pain control. Chronic pain patients with new acute pain due to trauma present their own special circumstances and require special attention.



*Joan Madsen, Memorial Trauma Services; Bryan Boyer, M.D., Beacon Medical Group Orthopaedic Trauma Surgery; and Jayne Mitton, former Executive Director, Surgical and Trauma Services.*

Todd Nickoles, Program Manager for Pediatric Trauma at Helen DeVos Children's Hospital in Grand Rapids, used three cases to highlight different hallmarks of pediatric trauma care, including prehospital and intrahospital management. Trauma is the No. 1 killer among children, and having a speaker such as Nickoles present on modalities and standards of care is important for everyone.

Most presentations from this year's symposium and past symposiums can be viewed at **[QualityOfLife.org/Trauma](http://QualityOfLife.org/Trauma)**.



## Dr. Thomas Joins Beacon Medical Group

Long-time trauma surgeon, Scott Thomas, M.D., FACS, is now part of Beacon Medical Group Trauma & Surgical Services. Board-certified in surgery, Dr. Thomas is Chief of Trauma Services for Beacon Health System and serves as Medical Director of Trauma Services at Memorial Hospital of South Bend.

"Beacon Medical Group is very fortunate to be able to have Dr. Scott Thomas as a partner," says Kreg Gruber, interim Beacon Medical Group President. "Scott is known locally, nationally and internationally for his work and leadership in the development of trauma services and improvements in care. Dr. Thomas joining the medical group will allow him to focus more of his time and energy on the trauma program at Memorial Hospital and devote some of his time to the efforts to bring Elkhart General Hospital to a level III trauma designation."

Dr. Thomas received his medical degree from Indiana University School of Medicine and completed his residency

in general surgery at St. Joseph Mercy Hospital in Ann Arbor, Michigan, and The Royal North Shore Hospital in Sydney, Australia. He also completed his trauma fellowship at The Royal North Shore Hospital in Sydney.

He has been instrumental in strengthening the quality and expanding the capabilities of the area's leading trauma program. Dr. Thomas is a member of the American Trauma Society and a fellow of the American College of Surgeons. Dr. Thomas, who has served on numerous medical committees and councils, has conducted a variety of presentations and panel discussions regionally, statewide and internationally.

## “A Story of Hope”

### *New Position Aims to Address Rising Violence*

The percentage of people who are either shot or stabbed is higher in South Bend than in the larger metropolitan areas of Fort Wayne and Kalamazoo, Michigan. That disturbing trend has been on the rise in recent years, generating increasing concern among the medical staff at Memorial Leighton Trauma Center. In 2013, there were 106 trauma cases involving a stabbing or shooting.

Memorial Hospital Community Health Enhancement and Memorial Trauma Services have partnered to address the matter head-on. The role of Community Trauma Liaison was created this spring to work with local government and community agencies to curb violence and promote a safer environment in South Bend.



Lynn Coleman

Memorial tapped a familiar face to serve in this newly created role. Born and raised on South Bend’s west side, Lynn Coleman served for 23 years with the South Bend Police Department, including as commander of the juvenile division. After retiring from the South Bend Police, he served as an assistant under South Bend Mayor Steve Luecke in the role of public safety and neighborhood liaison.

“I’m excited about this opportunity and the chance to help my community,” says Lynn. “We have far too many people being

victimized by violence. I applaud Memorial Hospital for being an advocate to help reduce violence in our community.”

Lynn will play an instrumental part in developing relationships with South Bend Police, St. Joseph County Prosecutor’s Office, St. Joseph County Juvenile Justice Center, St. Joseph Probate Court, schools and community agencies. He will also work with victims and perpetrators of violence.

When an act of violence occurs, so many people are affected, including family members, schools, employers, police and the court system, among others. “The negative ripple effect on society of one act of violence is mind boggling. We want to create a positive ripple effect in which families are stable and citizens act in a responsible manner,” says Lynn.

“This is a story of hope for our community,” says Margo DeMont, Ph.D., Executive Director of Memorial Community Health Enhancement. “Violence prevention is an important component of a population health strategy; it is crucial for building a healthy community. A community without violence is our hope for the future.”

The position is being funded through Memorial Hospital’s titling program. For more than 20 years, Memorial has allocated (or titled) a percentage of excess revenues (usually over \$1 million dollars annually) to help develop innovative programs that address a wide range of community health issues. Lynn, who began in his position on April 6, is located in Memorial Trauma Services offices.

#### **The goals of the Community Trauma Liaison program are to:**

- Reduce recidivism of violence-related injury and readmission to Memorial Hospital.
- Reduce repeated criminal activity.
- Provide community education and information on violence and crime prevention to create safer homes and neighborhoods.
- Create a network of community health agencies and groups to serve as partners.





# National Trauma Awareness Month

## *Inside Injury Prevention Numbers*

### Children

- Car crashes, suffocation, drowning, poisoning, fires and falls are some of the most common ways children are hurt or killed. Though death rates for most of these are dropping, suffocation and poisoning rates are on the rise. About one in five child deaths is due to injury.
- Every four seconds, a child is treated for an injury in an emergency department.



### Falls

- Each year, one in every three adults age 65 and older falls. Among older adults (those 65 or older), falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.
- Falls are the most common cause of traumatic brain injuries. In 2000, TBI accounted for 46 percent of fatal falls among older adults.



### Vehicular Crashes

- Motor vehicle crashes are the leading cause of death among those aged 5–34 in the U.S. The economic impact is also notable: the lifetime costs of crash-related deaths and injuries among drivers and passengers were \$70 billion in 2005.
- U.S. adults drank too much and got behind the wheel about 112 million times in 2010. Alcohol-impaired drivers are involved in about one in three crash deaths, resulting in nearly 11,000 deaths in 2009.
- Motor vehicle crashes are the leading cause of death among those aged 5–34 in the U.S.
- Adult seat belt use is the most effective way to save lives and reduce injuries in crashes. Yet millions of adults do not wear their seat belts on every trip.
- Motor vehicle crashes are the leading cause of death for U.S. teens, accounting for more than one in three deaths in this age group. In 2009, eight teens ages 16 to 19 died every day from motor vehicle injuries. Per mile driven, teen drivers ages 16 to 19 are four times more likely than older drivers to crash.
- In 2008, 4,378 pedestrians were killed in traffic crashes in the United States, and another 69,000 pedestrians were injured. This averages one crash-related pedestrian death every two hours, and a pedestrian injury every eight minutes.



## Distracted Driving

- Each day, more than 15 people are killed and more than 1,200 people are injured in crashes that were reported to involve a distracted driver.
- There are three main types of distracted driving: visual—taking your eyes off the road; manual—taking your hands off the wheel; and cognitive—taking your mind off what you are doing.
- In 2009, more than 5,400 people died in crashes that were reported to involve a distracted driver and about 448,000 people were injured. Among those killed or injured in these crashes, nearly 1,000 deaths and 24,000 injuries included cell phone use as the major distraction.
- Twenty-five percent of drivers in the United States reported that they “regularly or fairly often” talk on their cell phones while driving.
- Nine percent of drivers in the United States reported texting or e-mailing “regularly or fairly often” while driving.
- Prevention works: Seat belts have saved an estimated 255,000 lives between 1975 and 2008; School-based programs to prevent violence have cut violent behavior among high school students by 29 percent; Sobriety checkpoints have been shown to cut alcohol-related crashes and deaths by about 20 percent.



## MedFlight Launches Mobile Alert App

A new mobile application is available through

Memorial MedFlight that will enhance service to area responders. Using the “Helo Alert” function, first responders can use MetroAlert to instantly notify MedFlight and send accurate GPS coordinates for the landing zone. The app does not bypass or replace the local air-medical response protocols, but rather serves as an enhancement in the overall communication process.

MetroAlert was developed by MedFlight’s aviation partner, Metro Aviation, and has been in use in other parts of the country. MedFlight recently activated the app in LaPorte County and is looking for further

implementation within northern Indiana and southern Michigan.

The free app, registered through Memorial MedFlight, is available to users approved by area Fire and EMS agencies. Upon activation by a responder, real-time updates are provided on the estimated arrival time of MedFlight to the incident scene. The responder has the capability through the app to update MedFlight with new GPS coordinates if the landing location is changed.

MetroAlert is also available for use by the 911 Emergency Communication Centers to assist in the dispatch of MedFlight as an enhancement to normal verbal communications

by using encrypted SSL transmissions through a desktop application.

MetroAlert is free and is currently in the app store for the iPhone and Android devices, and may be used by any Fire and EMS partner working within local protocols and approved by MedFlight.

MedFlight is also looking to install and activate a similar app within Memorial Hospital and Elkhart General Hospital to notify MedFlight when patients need to be transported by air to other hospitals. In both applications, MetroAlert is HIPAA compliant.

For more information about the app, please contact Rebecca Lahti at [Rlahti@BeaconHealthSystem.org](mailto:Rlahti@BeaconHealthSystem.org).



## Advanced Trauma Course Offering

One of Memorial Trauma Center's premier educational offerings is the Advanced Trauma Care for Nurses (ATCN) course under the auspices of the Society of Trauma Nurses. ATCN was developed in response to a need for advanced trauma education for nurses. The ATCN course has been operational in the United States since 1984 and is also offered in countries across the globe.

ATCN is taught concurrently with an approved Advanced Trauma Life Support (ATLS) course. It is designed for the experienced trauma nurse, such as those working in a flight program, ED, operating room or ICU/PICU. Nursing participants attend didactic lectures with the physician attendees then participate in small nursing skill stations to practice critical management skills. The ATCN course promotes critical thinking processes and a collaborative team approach to trauma care. Thus, physicians and nurses caring for trauma patients have the opportunity to share a common language and approach to trauma care.

Additional information can be found on [QualityOfLife.org/Trauma](http://QualityOfLife.org/Trauma).

### REGISTER FOR TRAUMA NURSING CORE COURSE

**Elkhart General Hospital TNCC**  
**Courses: July 23 and 24, Sept. 24 and 25, Nov. 5 and 6**

The course is intended for registered nurses (R.N.) with at least 6 months of clinical nursing experience in an emergency, critical care or peri-operative setting prior to taking the course. It is recommended that nurses read the entire manual and complete the online case studies and learning activities prior to attending the course.

For more information or to register, contact **Wendy Hums, MSN, R.N., CEN**, at **574.523.7958**. For information on Memorial TNCC courses, contact **Jan Howard, MSN, R.N.** at **574.647.3221** or [jhoward@BeaconHealthSystem.org](mailto:jhoward@BeaconHealthSystem.org).

## All Aboard!

### *Car Seat Program Expands to Help Children with Special Needs*



#### **Wendy Nash, BSN, R.N.**

*Certified Child Passenger Safety Technician/Course Instructor*

Car seat installation specialist for children who have special health care needs.

I am known to many in this community and within the Beacon Health System as the “Car Seat Nurse.” I have been a nurse in Pediatrics at Memorial Children’s Hospital for 15 years and I am also the mother of three children: 13, 10 and 6.

It’s through my experiences that I developed a passion for all aspects of injury prevention, especially car seat safety. I have worked with child passenger safety for 10 years, and I’ve been coordinating this program for six years. It continues to be a passion of mine, leading to the growth and improvement of our program to better serve children with special health care needs. Many families have commented on how wonderful it is to get help with their car seat, closer to home.

Memorial Children’s Hospital, in collaboration with Memorial Trauma Services and the South Bend Fire Department, offers the region’s only hospital-based certified car seat program. Research shows that 3 out of 4 child safety seats are installed or used incorrectly, which decreases safety. The American Academy of Pediatrics states, “Motor vehicle crashes are the No. 1 cause of death among children and adolescents ages 1 to 21.”

Child safety seat inspections are performed by certified child passenger safety technicians at the vehicle. Education on installation and correct use of the child safety seat is a primary focus.

*(continued)*





## MORE INFORMATION

574.647.4286

Car Seat Appointment Line

574.647.3796

Car Seat Appointment Line  
(Spanish Speaking)

In 2014, 576 children benefited from the program. Of those children, 255 needed new child restraints, which our program provided for a small donation, otherwise the installation education is offered for free. All parents and caregivers were educated on safe installation and use of the child restraints and safety belt use.

Our program continues to grow to ensure safe vehicle travel for children with special medical or behavioral conditions.

Here are just a few examples of the special health care needs we can assist with:

- Autism
- Cerebral palsy
- Developmental hip dysplasia
- Femur fractures resulting in a hip spica cast or other long lower leg casts.
- Premature newborns
- Scoliosis
- Severe ADHD

## Grateful Patient Letter

Below is a letter written by the spouse of a patient who received care at Memorial Hospital following a major accident in northwest Indiana.

To: Kreg Gruber, President, Memorial Hospital of South Bend

*My husband, Richard Lewis, was injured severely when he fell fifteen feet from his deer stand on October 5th. He was moved from the site of the fall and airlifted to Memorial Hospital. From the time he arrived at the hospital he was given very considerate attention, and he received the best care and medical treatment he could have received anywhere, in our opinion. He is doing therapy now and is recovering wonderfully.*

*I was with him the whole time he was in the hospital, which is sixty miles from our home in Hobart, Indiana. I was a little uneasy, being in a strange area, and not knowing anyone, but I was treated with the utmost dignity, friendliness, and helpfulness by everyone involved in Richard's care. I was made to feel safe and secure.*

*I am writing this letter to bring attention to our experience with the entire staff on floor 9. It became our home away from home during this most difficult time. We were made to feel like part of a loving and caring family. Please extend our feelings of gratitude and appreciation to all who were involved with us in any capacity during our stay at Memorial Hospital.*

*I have attempted to list the names of those involved. If I have left any name off the list it was a regretfully unintended mistake.*

*May God richly bless the staff on floor 9.*

Respectfully,  
Valerie Lewis

### R.N.s

Gail, R.N.  
Katy, R.N.  
Amy, R.N.  
Lauren,  
R.N.  
Philisity,  
R.N.  
April, R.N.

Sheila, R.N.  
Evelin, R.N.  
Ashlee, R.N.  
Julianne, R.N.  
Purity, R.N.  
Kate, R.N.  
Amanda, R.N.  
Melanie, R.N.

### PCAs

Patty  
Kaylynn  
Kelly  
Elise  
Mary Kate  
Ayana  
Erin

Kelsey  
Kathleen  
Danielle

### Front Desk

Kim