

Trauma Program Manager Webinar

Updates from the State

Disaster Behavioral Health by Karen Hyatt

May 26, 2023

Sarah Eason, RN, BS, CEN, EMT
Trauma System Coordinator
Bureau of Emergency Medical & Trauma Services

Jill Wheeler, RN, BSN, CCRN, SCRN, TCRN
Trauma Program Manager
Bureau of Emergency Medical & Trauma Services

Happy EMS Week – May 21-27



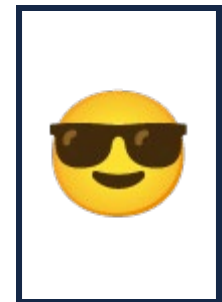
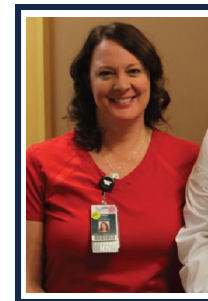
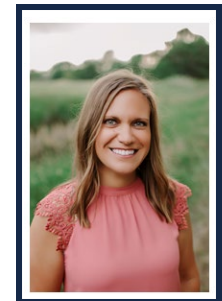
Happy {belated} Nurses Week



Updates from the State

Trauma Program Staff

- Bureau Chief – Margot McComas
- Trauma Executive Officer / TPM – Jill Wheeler
- Trauma System Coordinator – Sarah Eason
- Trauma, EMS, & Health Statistics Epidemiologist - vacant
 - Position open until June 4th – Apply [HERE](#)



ImageTrend Update

- ImageTrend update from AIS08 to AISI5 happening soon



Education from BEMTS

- AAAM AIS courses to TPMs/Coordinators/Registrars
 - Registrations are submitted! (and being paid for)
 - Virtual course May 30-31 (21 registrants)
 - Virtual course June 26-27 (22 registrants)
 - On-demand self-pace update course in June (12 registrants)
 - **PLEASE let us know if you are unable to participate in the course in which you are enrolled...** we have 14 more people on the wait list and may be able to slide someone into your spot



Upcoming Events

And Injury Prevention Materials



- Tuesday, May 30, 2023 from 0845-1615
- In-person @ IHA Conference Center, 100 E. Grand Ave, Des Moines or Virtual via Zoom
- Register online @ www.ihaonline.org - ITC members: \$135
- Agenda:
 - Firearm Injuries – Jonathan Thompson, MD
 - IPEAC Hospital Recognition Program – Vicki Petersen
 - Trauma Verification Journey – Jill Wheeler & Sarah Eason
 - Transfusions in Trauma – Shelly Williams, MD
 - Life or Limb: EMS Systems Approach to Field Amputations – Azeemuddin Ahmed, MD
 - Crisis Response Canines Provide Aid to First Responders – Justin & Rebecca Smith



- “Click it or Ticket” campaign May 22 - June 4
 - In 2022, 55% of Iowa’s traffic fatalities were unbelted or unknown
 - In 2023 (so far), that number is about 60%
- 4th of July Impaired Driving Prevention Campaign
- “Move Over – It’s the Law”
- Speed Prevention Campaign July 10-31

SANE Scholarship Opportunity

- Sexual Assault Nurse Examiner (SANE) training
 - Scholarships available within the public health network through IowaCASA
 - www.iowacasa.org/scholarship



Next Monthly TPM Webinar

- Friday, June 23, 2023 10:00-11:00
- Guest speaker: Monica Goedken, Violence Prevention Coordinator
- Topic: Interpersonal Violence & Sexual Violence survivors in the ED
- (Not so) fun fact: Since 2006, sexual assault survivor visits to EDs have increased by **1,533%**
- Pre-registration info will be coming via “Iowa DPH” GovDelivery



JAMA Network | **Open.**

Original Investigation | Emergency Medicine
Trends in US Emergency Department Use After Sexual Assault, 2006-2019
Emily L. Vogt, BA, Charley Jiang, MS; Quinton Jenkins, MPH; Maya J. Millette, BS; Martina T. Caldwell, MD, MS; Kathleen S. Mehari, MD; Erica E. Marsh, MD, MSCI

Abstract

IMPORTANCE Adult sexual assault (SA) survivors experience numerous emergent health problems, yet few seek emergency medical care. Quantifying the number and types of survivors presenting to US emergency departments (EDs) after SA can inform health care delivery strategies to reduce survivor morbidity and mortality.

OBJECTIVE To quantify ED use and factors that influenced seeking ED care for adult SA from 2006 through 2019.

DESIGN, SETTING, AND PARTICIPANTS This cross-sectional study used SA data from the Nationwide Emergency Department Sample from 2006 through 2019, which includes more than 35.8 million observations of US ED visits from 989 hospitals, a 20% stratified sample of hospital-based EDs. The study also used the Federal Bureau of Investigation's Uniform Crime Reporting Program, which includes annual crime data from more than 18 000 law enforcement agencies representing more than 300 million US inhabitants. The study sample included any adult aged 18 to 65 years with an ED visit in the Nationwide Emergency Department Sample coded as SA. The data were analyzed between January 2020 and June 2022.

MAIN OUTCOMES AND MEASURES Annual SA-related ED visits, subsequent hospital admissions, and associated patient-related factors (age, sex, race and ethnicity, income quartile, and insurance) were analyzed using descriptive statistics.

RESULTS Data were from 120 to 143 million weighted ED visits reported annually from 2006 through 2019. Sexual assault-related ED visits increased more than 1533.0% from 3607 in 2006 to 55 296 in 2019. Concurrently, admission rates for these visits declined from 12.6% to 4.3%. Female, younger, and lower-income individuals were more likely to present to the ED after SA. Older and Medicaid-insured patients were more likely to be admitted. Overall, the rate of ED visits for SA outpaced law enforcement reporting.

CONCLUSIONS AND RELEVANCE This cross-sectional study found that US adult SA ED visits increased from 2006 through 2019 and highlighted the populations who access emergency care most frequently and who more likely need inpatient care. These data can inform policies and the programming needed to support this vulnerable population.

JAMA Network Open. 2022;5(10):e2236273. doi:10.1001/jamanetworkopen.2022.36273

Introduction

Sexual assault (SA) is a disturbing and prevalent issue in the US, with a new assault occurring every 68 seconds.¹ Based on data from the Federal Bureau of Investigation (FBI), national reported rapes and SAs have increased from 93 000 in 2006 to 139 815 in 2019, peaking at 143 765 in 2018.² Studies have revealed that SA survivors are at greater risk for suicidal ideation, posttraumatic stress disorder,

Key Points

Question What are the trends and disparities in US emergency department use by adult sexual assault survivors from 2006 to 2019?

Findings This cross-sectional study of 120 to 143 million weighted emergency department visits made annually from 2006 through 2019 revealed a significant 1533.0% increase in sexual assault emergency department visits, outpacing the growth of law enforcement reporting. Concurrently, there was a significant 8.3% decrease in admission rates for sexual assault.

Meaning Seeking emergency medical help after sexual assault increased markedly in the past decade and warrants expansion of outpatient health care support for adult sexual assault survivors.

Editorial

Author affiliations and article information are listed at the end of this article.

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Special Guest Presentation

Karen Hyatt

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