

ISTCC - Trauma System Planning Subcommittee – Meeting Agenda

Time: Friday, August 16, 9am EST

Location: Indiana Government Center – South, Conference Room 26

Called by: Dr. Matt Vassy, Co-Chair & Dr. Scott Thomas, Co-Chair

I. Attendees

ISTCC Trauma System Planning Subcommittee Members	
ISTCC Members	
Dr. Scott Thomas – <i>Co-Chair</i>	Dr. David Welsh
Dr. Matt Vassy – <i>Co-Chair</i>	Lisa Hollister
Andy VanZee	Ryan Williams
Bekah Dillon	Tim Smith
Dr. Chris Hartman	
Subcommittee Participants	
Annette Chard	Dr. Kevin McConnell
Carrie Malone	Lindsey Williams
Dr. Christine Toevs	Lisa Gray
Dr. Erik Stribe	Merry Addison
Jason Kennard	Regina Nuseibeh
Jennifer Homan	Roberto Iglesias
Jennifer Konger	Kelly Blanton
Jill Swearer	
Judi Holsinger	
ISDH Staff	
	Ramzi Nimry
Katie Hokanson	Trinh Dinh

II. Agenda Topics

1. Gun safety.
 - a. ACS brochure.
 - i. Katie still waiting on editable format from ACS.
2. TQIP Collaborative.
 - a. Vassy/Thomas update.
 - b. Vassy – a couple of months ago Jill Castor and I worked on the collaborative request form for state regional collaboration. There are medical and administrative parts to the form. We have not sent it in yet. He wanted to make sure he had permission.
 - c. Thomas - At the national level this is for level I's and II's but we do not want to be exclusive and leave out level III's.

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- d. Vassy – We want the level III’s included. We were going to kick this off with level I’s and II’s and have III’s participate in the meetings.
 - e. Thomas – By sharing information through the COT we can make this a patient-centered instead of a political meeting.
 - f. Katie – Can you all give an update on an annual basis? Answer – Yes. Katie – OK once you get started we can talk more about what that would look like.
 - g. D6 – We are using our data to be meaningful. We share what is happening and it can be uncomfortable but this is how we get better.
 - h. Thomas (?) – When we have case studies we have one with a good outcome and one with a not so good outcome. This is how we are transparent.
3. Makeup of other state’s trauma committees
- a. See attached
 - b. Thomas – other states have EMS and trauma together, others have people on their committees who completely waste their time. I have been pretty happy with where we are. Our people on the committee are passionate. I would tweak some things on who is on the committee but overall the makeup is pretty good. We have talked about adding level III centers. We could also have some regional representation.
4. Additional Discussion

Trauma Committee makeup – December 2018 data

- 16 states responded (Alabama, Arizona, Arkansas, Idaho, Illinois, Kansas, Kentucky, Maryland, Maine, Minnesota, Montana, New Hampshire, New Mexico, Ohio, Oregon, Pennsylvania)
- 3-4 year terms
- 8-36 committee members

Position	Number of States with this position
EMS Advisory Council	9
State Hospital association	8
American College of Emergency Physicians, State Chapter	7
Consumer representative	6
Emergency Nurses Association (ENA)	6
Trauma Nurse Coordinator	6
Air Medical	5

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State Health Officer	5
Licensed physicians	5
Regional Trauma Councils	5
Statewide ambulance association	5
American College of Surgeons, State Chapter	4
Medical Director of Trauma and EMS	4
EMT	4
Statewide fire district association	4
Trauma Centers	4
Trauma Surgeon	4
Department of Health	3
Director of the department of Public Safety	3
EMS provider	3
Federal Indian health services organization	3
Licensed provider in the ED - Rural - trauma, stroke or heart attack designation	3
Medical Association	3
National association of orthopedic Trauma	3
Neurosurgeon	3
Emergency Nurse	3
Pediatric Trauma	3
Private EMS provider	3
Regional EMS Coordinating Councils	3
Rural EMS	3
Pediatric organization	3
Trauma Rehabilitation Specialist	3
EMS Medical Director	2
Injury Prevention	2
Licensed provider in the ED - Urban - trauma, stroke or heart attack designation	2
Paramedic Association	2
President Pro Tempore of the Senate	2
Speaker of the House of Representatives	2
State Medical Examiner	2
Surgeons representing trauma-related subspecialties	2

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Department of Transportation	2
Trauma Medical Director	2
Trauma Registry Workgroup	2
Urban EMS	2
Volunteer First Responder	2
Anesthesiologist Organization	1
Association of Critical Care Nurses	1
Board of Medical Licensure	1
Board of Nursing	1
Board of Physicians	1
Brain Injury Association	1
CEO - critical access - trauma, stroke or heart attack designation	1
CEO - trauma, stroke or heart attack designation	1
Critical Care Nurse	1
Emergency Nurse	1
Fire department in a county with a population of 500,000+	1
General Surgeon	1
Heart Attack Center	1
Hospital	1
Hospital administrator knowledgeable in the management & delivery of EMS	1
Hospital administrator - small	1
Hospital administrator - medium	1
Hospital administrator - large	1
Hospital administrator - level III or IV trauma center	1
Hospital Administrator - trauma center	1
Hospital Administrator - non-trauma center	1
Legislator	1
Level I Trauma Center	1
Level II Trauma Center	1
Level III Trauma Center	1
Level IV Trauma Center	1
Licensed osteopathic provider	1
Minority Health Commission	1
National association of retired persons	1

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National Study Center for Trauma & EMS	1
Nurse Practitioner or Physician Assistant - Level IV or rural	1
Oral / Maxillofacial Surgeon	1
Physician knowledgeable in EMS	1
Police	1
Public EMS provider	1
Rural ALS base hospital that is NOT a trauma center	1
Rural hospital - trauma or non-trauma	1
Society of Trauma Nurses	1
Statewide neurosurgical society	1
Provisional Trauma Centers	1
Statewide rehabilitation facility	1
Stroke Center	1
Trauma surgeon - urban	1
Trauma surgeon - rural	1
TraumaNet	1
Tribal Health organization	1
University	1
Urban ALS base hospital that is NOT a trauma center	1
Urban hospital - trauma or non-trauma	1

V. Next Meeting: October 11, 2019