

ISTCC - Trauma System Planning Subcommittee – Meeting Agenda

Time: Friday, August 17, 9am EST

Location: Indiana Government Center – South, Conference Room 3

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>	Lisa Hollister
Dr. Matt Vassy – <i>Co-Chair</i>	Ryan Williams
Bekah Dillon	Spencer Grover
Dr. Chris Hartman	Tim Smith
Dr. David Welsh	
Subcommittee Participants	
Andy VanZee	Jill Swearer
Annette Chard	Judi Holsinger
Carrie Malone	Dr. Kevin McConnell
Dusten Roe	Lindsey Williams
Erik Stribe	Lisa Gray
Jason Kennard	Merry Addison
Jennifer Homan	Missy Hockaday
Jennifer Konger	Roberto Iglesias
Jennifer Mullen	
ISDH Staff	
Camry Hess	Ramzi Nimry
Katie Hokanson	

II. Agenda Topics

1. ISTCC meeting attendance requirements
2. Division of Trauma and Injury Prevention strategic plan
3. ACS Site Visit to Indiana?
4. Additional Discussion

III. Goals

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IV. Assignments

V. Next Meeting: October 19, 2018

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Priority Recommendations Summary

This report contains more than eighty recommendations. The site visit team identified the following twelve as the most important for the trauma system's short and long-term success.

1. Statutory Authority and Administrative Rules
 - a. Amend PL 155-2006, the trauma system law, to include the establishment of a Governor-appointed, multi-disciplinary, state trauma advisory board to advise the Indiana State Department of Health in developing, implementing and sustaining a comprehensive statewide trauma system.
2. System Leadership
 - a. Develop an Office of Emergency Care within the Indiana State Department of Health that includes both the trauma program and emergency medical services (EMS).
3. Lead Agency and Human Resources Within the Lead Agency
 - a. Hire sufficient staff based on the recommendations identified in the trauma system plan.
4. Trauma System Plan
 - a. Develop a plan for statewide trauma system implementation using the broad authority of the 2006 trauma system legislation.
5. Financing
 - a. Develop a detailed budget proposal for support of the state trauma system infrastructure within the trauma system plan.
6. Emergency Medical Services
 - a. Recruit and hire a qualified State Trauma/EMS Medical Director who will provide clinical expertise, oversight, and leadership for the state's Trauma and EMS systems.
7. Definitive Care
 - a. Perform a needs assessment to determine the number and level of trauma hospitals needed within the state.
8. System Coordination and Patient Flow
 - a. Develop, approve, and implement prehospital trauma triage guidelines as well as inter-facility transfer criteria.
9. Disaster Preparedness
 - a. Involve the State Trauma/EMS Medical Director in statewide disaster planning initiatives.
10. System-wide Evaluation and Quality Assurance
 - a. Create a performance improvement (PI) subcommittee of the Trauma System Advisory Task Force (TSATF) to develop a trauma system performance improvement plan:
 - i. Develop a PI process template as a resource tool for all trauma centers and participating hospitals
 - ii. Standardize a subset of trauma PI activities for each trauma center and participating hospital
 - iii. Implement regional PI processes that feed into the statewide trauma PI processes
11. Trauma Management Information Systems
 - a. Amend or create a statute with specific language to ensure the confidentiality of the trauma registry and of trauma system performance improvement activities and to protect both from discoverability.
 - b. Create and implement a Trauma System Information Management Plan.