

Indiana State Trauma Care Committee (ISTCC) – Designation Subcommittee Meeting Notes

Time: Monday, August 14, 2017, 2pm EST

Location: St. Vincent Indianapolis, 86th Street

Called by: Dr. Lewis Jacobson, Chair, ISTCC Designation Subcommittee

I. Attendees

ISTCC Designation Subcommittee Members	
ISTCC members	
Lewis E. Jacobson, MD, <i>Chair</i>	St. Vincent Indianapolis Hospital
Ben Zarzaur, MD	Smith Level I Shock Trauma Center at Eskenazi Health
Lisa Hollister	Parkview Regional Medical Center
Scott Thomas, MD	Memorial Hospital South Bend
Spencer Grover	Indiana Hospital Association
Stephanie Savage, MD	IU Health – Methodist Hospital
Subcommittee participants	
Amanda Pickett	St. Vincent Indianapolis Hospital
Emily Fitz, MD	Indiana American College of Emergency Physicians
Gerardo Gomez, MD	IU School of Medicine
Jennifer Konger	Parkview Regional Medical Center
Jennifer Mullen	Methodist Hospitals, Northlake Campus
Judi Holsinger	St. Vincent Indianapolis Hospital
Kelly Blanton	St. Vincent Indianapolis Hospital
Kevin Loeb, MD	Indiana American College of Emergency Physicians
Matthew Sutter, MD	Indiana American College of Emergency Physicians
Melissa Hockaday	IU Health – Methodist Hospital
Teri Joy	Smith Level I Shock Trauma Center at Eskenazi Health
Wendy St. John	Smith Level I Shock Trauma Center at Eskenazi Health
ISDH Staff	
Art Logsdon	Assistant Commissioner, Health & Human Services Commission
Katie Hokanson	Director, Trauma and Injury Prevention
Ramzi Nimry	Trauma System Performance Improvement Manager

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I. Agenda

1. Welcome & Introductions
2. 1 Year Reviews
 - a. Community Hospital Anderson
 - i. Discrepancy with ATS Certificate date.
 - ii. Follow-up
 1. Trauma Surgeon Response Times
 - a. Need a copy of the more current response times for the months of May & June 2017.
 - b. Dr. Wakim and Dr. Ritchison: Provide CMEs by the meeting (August 18) then approval will go through.
 - c. If CMEs are not provided by August 18, CMEs need to be provided within the next 3 months. If the facility is not able to submit CMEs at that time and the ACS deems the facility as not verified, then Community Anderson will lose the designation status.
 2. Operational Process Performance Improvement Committee
 - a. Recommendation: Increased attendance/involvement by physicians/trauma medical director to Operational Process Performance Improvement Committee meetings.
 3. Trauma Volumes
 - a. ISS > or= 25 – please clarify these numbers. “Number of Deaths from Total Trauma Admissions” = 2, but in the next section below “Total # of Trauma Patients admitted to your facility with an ISS > 25” = 2. Which one is it?
 - b. Continue to work on reducing ED LOS.
3. Additional Discussion/Topics
 - a. Discussion of 1 year review process. Committee agreed to continue with current process.