

## Trauma System Planning Subcommittee Meeting - Notes Monday, December 8, 2014

### 1. Welcome and Introductions

Scott Thomas, David Welsh, Matt Vassy, Spencer Grover, Ryan Williams, Carrie Malone, Amanda Elikofer, Katie Hokanson, Murray Lawry, Annette Chard, Jessica Skiba, Camry Hess

### 2. ACS Advocacy update

- ISDH is wanting to have the ACS Advocacy folks come to an ISTCC meeting in early 2015.
- Amanda looked on the website for the advocacy contact information and reached out to Tara Leystra who said they would love to help out Indiana.
- Katie: Was Dr. Welsh part of the conversation when Dr. Thomas talked to the ACS Advocacy people in the fall?
  - David: No. One of the other doctors and I put in a resolution in the Indiana Chapter asking the Indiana State Medical Association (ISMA) to put funding for the trauma program. It is on their advocacy radar. I have had initial conversations with legislators, Representative Randy Frye, Representative Cindy Ziemke, and Senator Jean Liesing. We would have our best bet in establishing funding through traffic violations. We need to create a list of our top 3 priorities regarding funding.
    - **Action:** Joey Fox is the new legislative director at the ISDH. I'm going to share with him who you have been in contact with so he is in the loop.
    - **Action:** If anyone from the subcommittee makes contact with any other legislators, please let Katie know so she can share that with Fox.
- Scott: We want to learn what we can from states that have been successful in establishing funding for a trauma system. ACS was very excited about coming to Indiana and will send the regional representative as well as the national director to the ISTCC in February.
  - Katie: Dr. Thomas, do they have a standard presentation?
    - Scott: They will bring in information about what rudimentary systems that are out there and are making progress, what mature systems are out there, what has not worked, what has worked, etc. We talked with Representative Charlie Brown a number of years ago. He wanted all the money to be directed at Gary. That was not popular with others in the state. The ACS puts out a quarterly report on what is going on in every state. We can tell them what is happening in our state. More importantly, we should listen to their ideas for Indiana.
  - Spencer: I like the idea of going after super-speeders for fund-raising. Can we connect that in to incremental tax financing? That revenue goes to the region to develop the regional trauma center. Maybe they could do a local effort for their area. That could be replicated for trauma centers in other areas.
    - Scott: We can look at that.
  - Katie: Should the ACS visit be part of the ISTCC meeting or an extension of the TCC meeting?

- **Action:** Dr. Thomas and ISDH will meet beforehand and establish some goals for their visit.
- The ACS could present for a half hour and then after the meeting those who want to stick around could meet with the ACS for another 30 minutes to focus on more specific details. We could pick their brain. I want to get as much information as possible. They will come to our fall and winter meetings if I ask them to.
  - Katie – I think that is a good plan. At the state, we took the information from the first two trauma system planning meetings and added concrete thoughts towards those goals. I don't want to make a published document until the ACS has their visit. Hearing about other states will be helpful in establishing our goals. After the ACS visits, I will put together a draft document to be shared with the trauma system planning subcommittee to review.
    - Scott: That's great. That will help set up what 2015 will look like.
      - **Action:** Katie will write up a draft. Jessica will draft the Injury Prevention section.
      - Jessica led IPAC and organized their goals. Those goals will be a part of this draft.

### 3. Orientation Packet

- Scott: The orientation for the new members will be helpful. A quick orientation will save time at the ISTCC meetings. What is your target date to use the orientation?
  - Katie: I created the packet in PowerPoint, but Art suggested a newsletter-like format.
  - **Action:** Katie will draft the orientation packet and hopes to have it available for the next ISTCC meeting in February.
    - Scott: What about a folder that could have the orientation information, newsletter, history of the ISTCC, a list of all the subcommittees and the chair person(s), opportunities to get involved with the development of the statewide trauma system, etc.
      - David: I like the idea of a packet/folder. We should give this to the groups who are coming to present their applications.
      - Scott: We want to look like we have our stuff together when the 'In the Process' hospitals come in.
      - Amanda: If we hand it to them the day of, they will still ask questions. Can we send the folders before they come/when they turn in their applications?
    - Carrie: I would recommend putting up a couple of slides before the ISTCC, asking attendees to reference their packet for the history of the ISTCC and statewide trauma system.
      - Scott: I would include a list of people with their phone numbers to talk to after the meeting if they have questions. We need to have a closed agenda to have effective meetings.

- **Action:** Katie will share these suggestions with Art and Tami and work to include them in the next ISTCC meeting.

#### 4. Like Comparisons

- Katie: We have had questions about some of the details in the Orange book, for example, Trauma Centers will be required to do ‘like comparisons’. Have you heard any further discussions about that? Is that something the state can provide?
  - Amanda: Regarding the risk adjustment data, I went to the Trauma Quality Improvement Program (TQIP) conference this year and they are trying to establish what data sets are risk-adjusted, because the National Trauma Data Bank (NTDB) is not.
  - Katie: A lot of in process folks have questions, such as “Are we supposed to join TQIP for level III?” My response has been that it is coming, but not in the works yet.
  - Amanda: They could use regional or state data, but that is not risk adjusted.
    - Matt: The state data is a starting point. But it isn’t risk adjusted.
    - Carrie: I reached out to Michigan. They were all for using the state data as a stepping stone.
    - Amanda: When we get more level III trauma centers, we should compare level I and II trauma centers together and then level III trauma centers.
      - Carrie: What if you put ‘in the ACS verification process” trauma centers in with verified level III trauma centers.
        - Matt: I support Carrie’s comment.
          - **Action:** ISDH will do that in the next report (I and II together, III and in process together)
  - Katie: The “in the ACS verification process” application revisions were approved at the November ISTCC meeting. We will present that information at the EMS commission meeting.
    - Matt: I looked over the application. It was a much better document. It asked for more detail, which made it better. Now people know exactly what is needed and it makes sense to me.
    - Amanda – I completely agree. We made this document so people would know what to turn in.