



# Indiana State Department of Health

**Project:** Indiana State Trauma Care Committee (ISTCC)

**Date:** April 21, 2017

**Attendance:** **Committee members present:** Jerome M. Adams, MD, MPH; Michael Garvey (Proxy for Director Bryan Langley, Vice Chair); Matthew Vassy, MD; Stephanie Savage, MD; Ryan Williams, RN, BSN, EMT-P; Bekah Dillon, RN, MSN, CEN; Lewis E. Jacobson, MD, FACS; Spencer Grover; Lisa Hollister, RN; Thomas Rouse, MD; Ben Zarzaur MD; Donald Reed MD; David Welsh MD; Tim Smith; Raymond Cava, MD; Tony Murray (via webcast)

**Committee members not present:** Bryan Langley (Vice Chair); Michael A. McGee, MD; Scott Thomas, MD; Chris Hartman, MD; Kevin McConnell, MD and Jay Woodland, MD

**ISDH Staff Present:** Art Logsdon; Katie Hokanson; Camry Hess; John O’Boyle; Rachel Kenny; Tanya Barrett; Lauren Savitskas; Preston Harness; James Carroll; Kayley Dotson; and Ryan Cunningham

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
<b>1. Welcome and Introductions – Art Logsdon</b>	Art Logsdon, Assistant Commissioner, Health and Human Services Commission, opened the meeting at 10:05 am. He welcomed all attending and asked for introductions from Committee members and others in attendance.	N/A	N/A
<b>2. Approval of Minutes from the February 17, 2017 ISTCC Meeting – Art Logsdon</b>	Art asked for approval of the minutes of the February 17, 2017 Indiana State Trauma Care Committee meeting. Hearing no changes or corrections, he entertained a motion for approval. Dr. Welsh made a motion to approve the minutes as distributed, it was seconded by Tim Smith and passed unanimously.	Minutes approved as distributed	N/A
<b>3. Division Updates – Katie Hokanson &amp; Art Logsdon</b>	Katie provided an update on the <b>Child Safety Collaborative Innovation &amp; Improvement Network (COIIN)</b> . The ISDH has participated with this group for the past 1.5 years, and has been invited to continue our participation because of our outstanding work thus far on child passenger safety and the Automotive Safety Program with the Indiana Criminal Justice Institute (ICJI).  <b>Trauma Legislation Update</b> The following pieces of legislation have been reported to being en route to the Governor for signature:	N/A	



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	<p>SB 119 – Air ambulance service standards for use of air medical transport from scene to trauma centers. This bill also mandates the re-evaluation of the Indiana triage and transport protocols. Art stated the IDHS and ISDH will be involved with this process for several months.</p> <p>HB 1145 – Stroke protocols for EMS and hospitals.</p> <p>HB 1200 – ATV bill requiring those under 18 years of age to wear helmets.</p> <p>SB 156 – Requires FSSA, with assistance from ISDH, to develop a comprehensive plan to increase the number of inpatient and residential beds used for detoxification, treatment and rehabilitation.</p> <p>SB 226 – Limits the amount of an opioid prescription a prescriber may issue for a child or an adult who is being prescribed an opioid for the first time.</p> <p>SB 392 – Emergency medication in schools (including Naloxone).</p> <p>Dr. Vassy mentioned a piece of legislation regarding an obligation of coroners to report overdose cases. Katie will ask the Legislative Affairs Director to research this and report to the Committee.</p> <p><b>ISDH Staff Update:</b> Annie Hayden – Resources and Records Consultant Angela Adel – PDO Records Consultant Meghan Davis – PDO Records Consultant James Carroll – PDO Community Outreach Coordinator</p> <p>The <b>2017 EMS Medical Directors’ Conference</b> will be held on Friday, April 28, 2017 at the Indianapolis Marriott North. Katie reviewed the topics to be covered as well and thanked all the sponsors and presenters who will be at the conference – IU Health and Community Health Network. Katie noted there is still time to register. She mentioned there will be 5.25 CEUs available with this conference.</p>		<p>To be presented at the next ISTCC meeting</p>
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	<p>For more information regarding this Conference please contact Tanya Barrett at the ISDH.</p> <p><b>The 3<sup>rd</sup> Annual Injury Prevention Advisory Council Conference</b> will be held on Monday, May 15, 2017 at Connor Prairie in the Welcome Center. To register, visit: <a href="https://www.eventbrite.com/e/third-annual-ipac-conference-making-connections-community-programs-and-progress-tickets-32274358475">https://www.eventbrite.com/e/third-annual-ipac-conference-making-connections-community-programs-and-progress-tickets-32274358475</a>. There will be 5 CEUs available.</p> <p>Preston Harness, the Injury Prevention Program Coordinator reported to the Committee on the Child Passenger Safety Technician Scholarship Program. He stated the purpose and goal of this project is to increase the number of active technicians in trauma centers, hospitals and community organizations in the state.</p> <p>Each scholarship will be \$250 for organizations and future technicians to attend the classes. The cost of the class will be \$85 with the remainder to be used for travel and lodging expenses. Seven scholarships have been awarded.</p> <p>Preston then reported on the <b>Booster Bash</b> initiative which provides toolkits and booster seats to organizations. The organizations identified to hold these events include schools, community centers or existing community events that serve children between the ages of 4 to 8 years of age who present a financial need.</p> <p>He concluded his update by sharing completed Booster Bash events to date and upcoming events which include:</p> <ul style="list-style-type: none"><li>• Completed event in Vanderburgh County</li><li>• Completed event in Lawrence County</li><li>• Upcoming event in Vigo County on 4/25/17</li><li>• Upcoming event in Cass County on 5/10-12/17</li><li>• Upcoming event in Clinton County 5/20/2017</li></ul> <p>To date 225 booster seats have been distributed.</p>		
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	<p>Rachel Kenny, INVDRS Epidemiologist, provided an update on the <b>Indiana Violent Death Reporting System (INVDRS)</b>. She shared data from 2015 stating there were 1,581 cases reported and through March of 2017, 1,706 violent deaths had been reported as well as 1,383 accidental overdoses.</p> <p>She also shared with the Committee that at the present time, 69 of Indiana's 92 county coroners are sharing data with the ISDH – 75%. Also, 356 of 400 law enforcement agencies or 89% are sharing data as well, which prompted a request to encourage those county coroners or law enforcement agencies who are not reporting to begin this practice as soon as possible. Rachel also reported the 2015 completed cases. In 2015, there were 818 pilot cases reported from Marion, Lake, Allen, St. Joseph, Madison and Vanderburgh counties as well as all child deaths. To date, 328 of those cases have been completed with 771 cases with at least one (1) source document. The closeout date for this data is June 30, 2017. Rachel next reported to the Committee on recently released suicide data. This report is available online at <a href="http://www.indianatrauma.org">www.indianatrauma.org</a>.</p> <p>Katie then shared information regarding the distribution of Naloxone kits. She again stated the purpose is to distribute Naloxone kits across the state to:</p> <ul style="list-style-type: none"><li>• Increase education about the state law that provides immunity for lay responders to carry and administer Naloxone</li><li>• Counties were selected based on criteria outlined in a request for proposal (RFP)</li></ul> <p>During the first distribution in the Fall of 2016 3,472 kits were distributed to 20 local health departments. The second round distribution was in March of 2017 with 2,106 kits sent to 22 local health departments statewide. Katie will keep the Committee updated on this initiative.</p>		
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	<p>The <b>Epidemiology Resource Center (ERC) Statistics Explorer</b> provides quick access to publically shared health statistics as well as morbidity and mortality data. The TIP Program has shared opioid profile information for this site. Katie also reported that real time data will be shared via this site. The link to this site is: <a href="https://gis.in.gov/apps/isdh/meta/stats_layers.htm">https://gis.in.gov/apps/isdh/meta/stats_layers.htm</a>.</p> <p>Beginning in January of 2018, the meetings of the Indiana State Trauma Care Committee will be held at the Indiana Government Center South – Conference Room B. This move was necessitated due to the large numbers of attendees at the meetings. The meetings will continue to be webcast beginning at 10 a.m. Parking and other logistical information will be shared at a later date, but all were asked to please save the 2018 meeting dates and locations on their calendars.</p> <p>-February 16, 2018                      -August 17, 2018      -April 20, 2018                         -October 19, 2018      -June 15, 2018                         -December 14, 2018</p>		
<p><b>4. Regional Updates</b></p>	<p><b>District 1</b> – No report</p> <p><b>District 2</b> – Reported the second meeting was held with double the attendance. The group is working hard on recruitment with more hospitals and EMS providers attending. Productive discussions were had regarding regional issues specific to document retrieval. The next meeting will be in June in Plymouth with data review on the agenda which will be sent prior to the meeting.</p> <p><b>District 3</b> – Dr. Raymond Cava reported they held their first meeting on April 20, 2017 with the Allen County Health Commissioners agreeing to sponsor the meetings of the group. Many issues were discussed and the District decided to develop by-laws and a mission statement. They will model their work from the examples set by the ISTCC and District 10. Dr. Cava also reported they will be reviewing regional data and forming subcommittees to look at that data. He stated the District will also consider disaster coordination.</p>	<p>N/A</p>	<p>N/A</p>



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	<p>Katie asked for more information regarding data that will be requested by the District. Lisa Hollister responded that District 3 will be requesting “individual specific” data to be studied. She further explained some data requests will be information regarding double transfers and she noted there were 19 in District 3. The District 3 group would like these data to study at their next meeting.</p> <p>Katie asked Lisa to explain the request so the full Committee might understand the individual-specific request. Lisa explained that Dr. Deborah McMann, the Allen County Health Officer, each summer has an MPH student as an intern and that intern will, with IRB approval, request and analyze these data and present to the group as aggregate data – no patient specific data will be included.</p> <p><b>District 4</b> – No report</p> <p><b>District 5</b> – Dr. Stephanie Savage reported they met recently and received updates on several topics. The majority of the time was spent discussing requested data. The data does not seem to match but Dr. Savage explained, after doing some research, the data was accurate but only represented a small portion of their cases. The District will study this data and decide what other data points they want to review in the future.</p> <p><b>District 6</b> – Has not met since the last meeting but will meet in mid-May.</p> <p><b>District 7</b> – Is planning for their first Trauma Symposium that will be held on Friday, May 5, 2017. The District representative shared that she had met recently with US Representative Larry Bucshon and has asked for his assistance on the national level for their trauma and EMS systems in District 7.</p> <p><b>District 8</b> – No report.</p> <p><b>District 9</b> – No report.</p>		
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	<p><b>District 10</b> – Dr. Vassy stated they will meet soon and would like assistance with the train-the-trainer for the “Stop The Bleed” campaign. He also reported the District is forming a PI Subcommittee. They feel performance needs to be taken to the next level in District 10. He will have a progress report in June.</p>		
<p><b>Dr. Adams Remarks to the Committee</b></p>	<p>Dr. Adams welcomed all to the meeting and quickly summarized the top priorities of newly elected Governor Eric Holcomb – one of which is prioritizing reducing opioid use in the state of Indiana. He urged all attending to look at the opioid epidemic in their respective areas around the state. He reported Jennings County ran out of Naloxone because so many people needed it. Dr. Adams urged everyone to look at their plans to ensure the correct law enforcement and first responders are supplied with naloxone. He reiterated that local partners need to be involved. There is an emergency system to get naloxone to an area when they run out.</p>	N/A	N/A
<p><b>5. Subcommittee Updates – Dr. Lewis Jacobson and Dr. Stephanie Savage</b></p>	<p><b><u>Designation Subcommittee</u></b></p> <p>Dr. Jacobson reported they met on April 13, 2017 and the main agenda item was the One Year Reviews. After committee review he reported that Union Hospital, Terre Haute, Vigo County, has met its progress report for a level III trauma center. The recommendation was allowed to continue. Art took by consensus that the full Committee accepted the Designation Subcommittee’s recommendation. The verification visit for Union Hospital will take place on June 29-30, 2017.</p> <p>Dr. Jacobson summarized the “in-the-process” facilities.</p> <p>He provided an update on the American College of Surgeons (ACS) new <b>Needs Based Assessment Tool System (NBATS)</b>, which is the College’s first attempt at creating a scoring system for any sized geographic area. Dr. Jacobson summarized the need for the NBATS tool by stating it has always been a goal to have an area served appropriately with enough trauma centers, however there has never been a method to accurately determine the need. He called on Camry Hess to review</p>	N/A	N/A



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	<p>the tool for the full Committee. Camry discussed the academic exercise for CY 2015 data, where trauma centers were in process or verified. She walked through each of the questions and discussed the findings in terms of what this means for Indiana's trauma system development. The committee is not taking actions on the results of the tool.</p> <p><b><u>Performance Improvement (PI) Subcommittee</u></b></p> <p>Dr. Savage reported that the a small group from the subcommittee met prior to the full meeting to set goals for the year which were validated during the full group meeting in March. Those goals were:</p> <ul style="list-style-type: none"><li>• Increase numbers of hospitals reporting data to the Indiana Trauma Registry. Over the past five years increase has been steady but more hospitals need to be reporting.</li><li>• Decrease average ED LOS at non-trauma centers. The two hour mark is a performance improvement filter and an indication of places where we can improve.</li></ul> <p>The Subcommittee discussed setting different limits for varying injuries, but finally decided to 'keep the bar simple'. Dr. Savage stated a pilot project has begun with five hospitals participating. Those facilities are:</p> <ul style="list-style-type: none"><li>• Community East – Indianapolis</li><li>• IU Health North – Indianapolis</li><li>• Methodist Southlake – Merrillville</li><li>• St. Vincent – Kokomo</li><li>• Schneck Medical Center – Seymour</li></ul> <p>Dr. Savage stated these hospitals have been asked to share more specific data with the Subcommittee. The new sharing items and questions for the pilot program are:</p> <ul style="list-style-type: none"><li>• Is this tool useful?</li><li>• This may include enough data to learn real reasons for transfer delays and drill down to the causes</li></ul>		
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	<ul style="list-style-type: none"><li>Increased Trauma Registry participation with coding quizzes and report this to the Committee about whether or not facilities are participating throughout the year</li></ul> <p>She also stated the Subcommittee will continue work on the Trauma Transfer Guidelines. These will be presented at the next meeting and the Committee will take a vote.</p> <p>Dr. Savage urged the District representatives to attend the PI Subcommittee meetings because issues are not the same from District to District. If your District is not represented please consider attending and participating for your District. Dr. Savage noted attendance can be in-person or via phone. The upcoming dates for the PI Subcommittee are:</p> <ul style="list-style-type: none"><li>May 16, 2017 – 10 to 11 a.m. in ISDH Larkin CR</li><li>July 11, 2017 – 10 to 11 a.m. in ISDH Larkin CR</li><li>September 12, 2017 - 10 to 11 a.m. in ISDH Larkin CR</li><li>November 14, 2017 - 10 to 11 a.m. in ISDH Larkin CR</li></ul>		
<b>6. Transfer Patterns of Severely Injured Patients Among Non-Trauma Centers – Dr. Peter Jenkins</b>	<p>Transfer patterns of severely injured patients among non-trauma centers was presented to the Committee by Dr. Peter Jenkins, trauma surgeon with IU Health. He explained he was asked by Dr. Gerry Gomez to begin this study and present his findings to the full Committee. Preliminary findings indicate 68.5% of patients with ISS&gt;15 are treated at non-trauma centers and are not transferred, when the recommended suggestion is 5%. The goals were:</p> <ul style="list-style-type: none"><li>Determine transfer patterns of severely injured patients at non-trauma hospitals</li><li>Identify patient and injury characteristics associated with transfer to trauma centers</li><li>Examine outcomes of patients who remain at non-trauma centers</li><li>Discuss future directions</li></ul>	N/A	N/A



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	<p>Dr. Jenkins stated ISDH data from 2013 to 2015 were used in this study. He also explained the methodology used during his analysis. The main finding was that people who have penetrating injuries are approximately 63 times more likely to die than those who have blunt injuries. Dr. Jenkins thanked ISDH for their assistance on the project.</p>		
<p><b>7. American College of Surgeons – Committee on Trauma Update – Drs. Donald Reed and David Welsh</b></p>	<p>On behalf of Dr. Thomas, both Dr. Reed and Dr. Welsh presented the update from the American College of Surgeons – Committee on Trauma. Dr. Reed discussed some focus areas of the ACS – one being firearms safety. The group recently met with representatives of the NRA with no progress reported. He also reported that a large number of firearms related deaths are suicides.</p> <p>Two other areas the Injury Prevention Subcommittee are focusing on is mandatory helmet use which began as helmet use by motorcyclists. This effort has evolved into mandatory helmet use by many other categories of motorized vehicles. He encouraged all to support current House Bill 1200, which is mandatory helmet use for ATVs.</p> <p>The second area of the Subcommittee’s focus is the use of mind-altering substances, specifically opioid use, with a separate statement for marijuana use. Another effort of the group is addressing opioids and driving. Dr. Reed stated the number of fatal motor vehicle collisions where narcotics are in the victim’s system has dramatically risen in the United States in the past 20 years. Some victims have multiple drugs in their system. Dr. Reed also mentioned the ACS is going to push physicians who prescribe opioids to limit the prescriptions they write as well as to make them more aware of the adverse effects of these drugs.</p> <p>Dr. Welsh updated the Committee regarding plans for next year’s legislative session. The plan is to educate legislators on the ACS Indiana Chapters “Stop the Bleed” campaign. The campaign is in response to recent school shootings where numerous people died because people on scene did not know basic first aid and how to apply pressure and/or tourniquets to stop bleeding. This effort was brought about by the Hartford Consensus and ACS came on board with this effort.</p>	<p>N/A</p>	<p>N/A</p>



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	<p>The Indiana Chapter of ACS – Committee on Trauma will educate legislators in these first aid techniques.</p> <p>Dr. Welsh also stated he was included in a meeting to reduce gun violence injuries by ADA and ACS. Each state has different gun laws. Dr. Welsh noted the Indiana ACS will work with other organizations and hospitals to put together a framework for doctors to communicate effectively to decrease injuries from firearms and mental health.</p>		
<b>8. Quarter 3 Trauma Registry Report – Camry Hess</b>	<p>Camry Hess presented the Quarter 3 Trauma Registry Report. There were 100 hospitals reporting for the quarter, which is the first time reaching this number. There were 10 level Is &amp; IIs, 10 level IIIs, and 80 NTC. There were 10,494 incidents.</p> <p>She reported on the high and low points of the Report.</p> <p>She also shared that there were seven higher than average ED LOS for transferred patients. Camry noted that there continues to be improvement in decreasing the number of incidents with a long emergency department length of stay and increasing the completeness of variables.</p>	N/A	N/A
<b>9. Committee Meeting Dates for 2017</b>	<p>June 16, 2017    August 18, 2017    October 20, 2017    December 15, 2017</p>	N/A	N/A
<b>10. Adjournment – Art Logsdon</b>	<p>Hearing no additional items of business to come before the ISTCC, Art thanked everyone for their attendance and adjourned the meeting at 12:02 pm</p>	N/A	N/A