



# Indiana State Department of Health

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

**Date:** February 17, 2017

**Attendance:** **Committee members present:** Pam Pontones, MA, Deputy State Health Commissioner (Proxy for Jerome Adams, MD, MPH, Chair); Michael Garvey (Proxy for Director Bryan Langley, Vice Chair); Ben Zarzaur, MD; Chris Hartman, MD; Stephanie Savage, MD; Anna Brown (Proxy for Ryan Williams); Bekah Dillon, RN, MSN, CEN; Kevin McConnell, MD; Lewis E. Jacobson, MD, FACS; Spencer Grover; Scott Thomas, MD; Lisa Hollister, RN; Thomas Rouse, MD; Donald Reed MD, FACS; David Welsh, MD; Jeff Wilson (Proxy for Tim Smith); Jill Swearer (Proxy for Matthew Vassy, MD)

**Committee members not present:** Jerome Adams, MD, MPH (Chair); Bryan Langley (Vice Chair); W. Matthew Vassy, MD; Michael A. McGee, MD; Tim Smith; Tony Murray; Raymond Cava, MD; Ryan Williams, RN, BSN, EMT-P

**ISDH Staff Present:** Art Logsdon; Katie Hokanson; Camry Hess; Ramzi Nimry; John O'Boyle; Rachel Kenny; Tanya Barrett; Preston Harness; Dawn Smith

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 10:00 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 October 21, 2016 ISTCC Meeting – Art Logsdon</b>	Art asked for approval of the minutes of the October 21, 2016, Indiana State Trauma Care Committee meeting. Hearing no changes or corrections, he asked for a motion for approval. Dr. Welsh made a motion to approve the minutes as distributed, it was seconded by Spencer Grover and passed unanimously.	N/A	N/A



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<p><b>3. Deputy State Health Commissioner Introduction - Art Logsdon</b></p>	<p>Art introduced Pam Pontones the new Deputy State Health Commissioner. Pam told the Committee she began her public health career with the ISDH Labs over 26 years ago. Along with being the new Deputy State Health Commissioner she will continue in her role as the State Epidemiologist. She also serves as the ISTCC Chair Proxy for Dr. Jerome Adams, MD. Pam stated she is eager to learn the work of this group as it progresses.</p> <p>Art also reported that Dr. Jennifer Walthall is now the Secretary of the Family &amp; Social Services Administration.</p>	<p>N/A</p>	<p>N/A</p>
<p><b>4. Division Updates – Katie Hokanson &amp; Art Logsdon</b></p>	<p>Katie asked Art to explain the history of the Executive Orders (EO) that created the ISTCC and subsequent EOs that have kept it working since its inception in November 2009. Art noted changes to the EO 17-04: Adds a physician from a level III trauma center because when the initial EO was handed down there were no level III trauma centers; adds an emergency medicine physician and a representative of Emergency Medical Services for Children’s (EMS-C) programs.</p> <p>Dr. McConnell raised questions regarding representation on the Committee. The group agreed to discuss the membership and size of the Committee at a future meeting.</p> <p>Katie provided a review of current legislation moving through the General Assembly. A more detailed legislative update will be presented at a future meeting.</p> <p>SB 74 – Requires coroners to perform an investigation on a drug overdose death and do a full drug abuse panel and submit it to the ISDH. These reports will strengthen drug overdose surveillance data quality.</p> <p>SB 119 - Requires the development of air ambulance service standards when transporting patients from scene to a trauma center.</p> <p>HB 1145 – Establishes stroke protocols for EMS and hospitals.</p>	<p>Discussion at a future meeting</p> <p>Update at a future meeting</p>	<p>N/A</p>



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	<p>SB 174 – Requires a study of the statewide trauma care system.</p> <p>HB 1200 – ATV bill which would require all riders under the age of 18 to wear helmets while riding. Dr. Thomas noted HB 1200 has passed the House. He and his colleagues are excited because no other ‘helmet bill’ has been passed thus far.</p> <p>Dr. Thomas mentioned an additional bill to watch: HB 171: obligation of coroners to report to hospitals/trauma centers on the status of cases for PI processes.</p> <p>Katie then updated the Committee members on staff changes. John O’Boyle is now the records coordinator for law enforcement and coroners records. If any Committee member is familiar with a coroner who does not have an agreement with the ISDH for data sharing, please reach out to John at <a href="mailto:JOBoyle@isdh.IN.gov">JOBoyle@isdh.IN.gov</a>. Murray Lawry is now the prescription drug overdose manager. He previously worked with coroners records.</p> <p>The <b>4<sup>th</sup> Annual EMS Directors Conference</b> will be held Friday, April 28, 2017. This event will be held at the Indianapolis Marriott North. Katie reviewed the topics to be covered and thanked all the sponsors and presenters who will be at the conference – IU Health and Community Health Network. For more information regarding this Conference please contact Tanya Barrett at <a href="mailto:tabarrett@isdh.in.gov">tabarrett@isdh.in.gov</a>.</p> <p>The <b>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. Katie reminded the Committee members on the <b>Injury Prevention app</b>. Usage is up and she urged the members to share the app with colleagues.</p> <p>Katie introduced Preston Harness, the Injury Prevention Program Coordinator who gave an update on injury prevention activities. Good Samaritan Trauma Services was awarded funds from the <b>Safety Shower</b> Request for Proposal. The program was awarded \$25,000 to develop, implement, and disperse a train-the-trainer tool kit in and around Knox County.</p>		
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	<p><b>Booster Bash</b> events have been occurring around the state in car seat clinics. The goal is to identify schools and partners to supply car seats and education to families in need. One site is confirmed in Vigo County, but outreaches have been made in Delaware, Jackson and Vanderburgh counties. Contact Preston at <a href="mailto:PHarness@isdh.IN.gov">PHarness@isdh.IN.gov</a> if you want to hold a booster bash event in your county.</p> <p>Katie reported on the distribution of <b>Naloxone kits</b>. The Indiana Criminal Justice Institute (ICJI), supplied the kits to the ISDH. Applications were received from local health departments around the state and all counties who applied received kits in varying amounts. She stated that more funding has been received and more kits will be distributed in the near future.</p> <p><b>OptIN.in.gov</b> is a site administered by the Division of Trauma and Injury Prevention. Any entity in the state of Indiana that distributes Naloxone kits is required to register at this site and annually report data to the site showing the number of Naloxone kits distributed, the target population and whether or not the distributor provides other services along with the kits. This data is being analyzed by the DTIP staff at this time.</p> <p>Katie provided an update on the <b>2016 Fireworks Injury report</b>. Her staff has just completed work on this report which compiled data received from hospitals and urgent care centers throughout the state. She stressed that reporting this information is crucial and shared the fax number for the report: (317) 232-1265.</p>		
<b>5. Regional Updates</b>	<p><b>District 1</b> – Jennifer Mullen and Jennifer Homan gave an update on the District 1 Symposium which was held in November, 2016. Approximately 130 people attended the event with \$3,000 being raised for future educational opportunities to include lunch and learn sessions for nursing and EMS personnel throughout the District. Jennifer thanked everyone who participated, especially the ISDH staff for attending and presenting. They noted that funding received from the Symposium has been placed in a sub account created jointly with the Indiana Hospital Disaster Coalition. The funds are secure in this account and can be drawn out at any time for use in the educational efforts of the District.</p>		N/A



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	<p>The District received their first data report from the ISDH. They discovered some data was missing, and are working with their vendors on data quality. They are also looking at regional educational opportunities to increase providers' awareness of how to report data to the ISDH correctly. She cautioned other districts to carefully review their data to ensure correct reporting.</p> <p>Work is being done on District wide protocols. The District's trauma plan has been finalized with a cohesive group of participants. They have been working on some initiatives with EMS that will hopefully help on data collection.</p> <p><b>District 2</b> – Dustin Roe reported the District has only had one meeting to date. The second meeting is set for March in Goshen.</p> <p><b>District 3</b> – Dr. Don Reed reported the District is working on a county-wide center for injury prevention with the Allen County Health Officer.</p> <p><b>District 4</b> – District 4 will meet for the first time in April, 2017. One hospital had its verification in November, and another hospital has its verification coming up.</p> <p><b>District 5</b> – Missy Hockaday from IU Health - Methodist stated District 5 has met three times and is currently working on a needs based assessment from the ACS. District 5 received a score of 12 to 15. She stated this is a good tool to learn what each area needs truly are. District 5 has also requested the same district level information as District 1, and they have had data validation questions as well. Their next meeting is in April, 2017.</p> <p>Katie and her staff have had many discussions regarding ED LOS. In 2016 <u>ED Discharge</u> was changed in the Registry to <u>Orders Written</u>. This change has been a huge issue, and is impacting data and mapping issues. This change could create an increased cost for hospitals because this would add a reporting element and software would need to be changed. Discussions will continue and Katie will update at a future meeting.</p>	<p>ED Discharge now changed to Orders Written in Registry. Continue discussion at a future meeting.</p>	
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	<p><b>District 6</b> – Mark Roling, Community Hospital Anderson, reported that District 6 is just getting started and are focused on identifying players in the region, how facilities in the District handle trauma patients and basic needs assessments. He also noted the District is working on a needs assessment survey.</p> <p><b>District 7</b> – Christine Toews, Terre Haute, reported both hospitals in the District, Terre Haute Regional and Union Hospital, will be participating and hosting a symposium on May 5, 2017.</p> <p><b>District 8</b> – Lindsey Williams, IU Health – Bloomington reported that the District still has some players who have not begun to participate. This District is focusing on ED LOS, and have learned that some outlying facilities do not realize there is a two-hour goal to move trauma patients. This goal for transfer time will be a focus for the District.</p> <p>She also stated the group will be working on the development of courses designed to provide learning opportunities for rural trauma teams throughout the District. This is well received and they are partnering with IU – Methodist to bring these educational opportunities to the area. She also reported that IU Bloomington had their Level III site visit in January, 2017. No official word as of yet from the ACS, however the facility had no critical deficiencies.</p> <p><b>District 9</b> – No Report</p> <p><b>District 10</b> – Lisa Gray reported that the District has reviewed their bylaws in light of the fact that the District now has an in-the-process Level III and a verified Level III trauma center. The District works hard at maintaining partnerships and collaborations. At their next meeting an election of officers will be held. They are also going to establish a Performance Improvement Subcommittee.</p> <p>ATV safety is a priority for the District. The District was moved by the mother of an ATV incident victim who is advocating for ATV safety and to that end members of the District lobbied in support of this measure in the General Assembly. She</p>		
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	<p>reported that the Regional Trauma Conference will be held in April at Ivy Tech in Evansville.</p> <p>Mary Pargin and Miranda Newberry, on behalf of Tim Smith – Fire Chief, provided information on a case review. This case review created use of air medical guidelines. Miranda provided an overview of the cases and information.</p>		
<p><b>6. Subcommittee Updates – Dr. Lewis Jacobson and Dr. Stephanie Savage</b></p>	<p><b>Designation Subcommittee</b>  Dr. Jacobson reported the Subcommittee has met twice, in December, 2016 and in January, 2017. He reported that Franciscan Lafayette East Hospital passed the two-year mark due to slowness on the part of the ACS. The facility is now a verified Level III trauma center as of January 27, 2017.</p> <p>Dr. Jacobson gave an update on the ASC needs based assessments to assist trauma service areas which define the needs of specific areas. The tool still needs to be assessed and at the next meeting of the Subcommittee a presentation will be made and the tool will be discussed in more detail.</p> <p>One year reviews:</p> <p><b>St. Anthony Health Crown Point</b> held its consultation visit September 26 and 27, 2016. The Subcommittee recommended they continue as a Level III “in-the-process” facility. A verification visit has been scheduled for November/December 2017.</p> <p><b>Reid Health</b> had its consultation visit February 2 and 3, 2017. The Subcommittee recommended they continue as a Level III “in-the-process” facility. A verification visit has been scheduled for June 2017.</p> <p><b>Terre Haute Regional</b> is seeking a Level II trauma center designation. At the consultation visit September 8 and 9, 2016 no deficiencies were identified. The Subcommittee recommended they continue as an “in-the-process” facility. A verification visit has been scheduled for August 2017.</p>	<p>N/A</p>	<p>N/A</p>



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	<p>Art Logsdon asked for approval for all three to continue as “in-the-process” facilities. The Committee voted by unanimous consensus that the three facilities continue as “in-the-process” facilities.</p> <p><b>Performance Improvement Subcommittee</b>          Dr. Savage provided an update on the Performance Improvement Subcommittee. There was further discussion on the ED LOS issue. The information provided no clear picture for these delays, thus a survey was created. The Subcommittee would like to pilot this survey to five facilities with the selected categories to learn more about these delays and share the information with the ISTCC. This information will be shared and include Level IV centers even though there are no Level IV facilities in the state at this time.</p>		
<p><b>7. American College of Surgeons – Committee on Trauma Update – Dr. Scott Thomas</b></p>	<p>American College of Surgeons (ACS) update was provided by Dr. Thomas. He stated that Dr. Reed is also very active with this group as are others from around the state representing Indiana well. Dr. Reed gave an update on their progress on developing purpose statements and content for the website. He gave a brief overview including motorcycle helmet safety use and other injury topics. The group has also looked at older falls prevention and impaired driving, as well as a huge push to study firearms injury prevention. The Achieving Zero Preventable Deaths – military focus now applied to regular citizens. Other topics touched upon were:</p> <ul style="list-style-type: none"> <li>• EMS child pediatric readiness</li> <li>• Field triage guidelines</li> <li>• Stop The Bleed Campaign</li> </ul> <p>He further discussed the NBATS – and noted a presentation will be made in April for the full Committee.</p>	<p>N/A</p>	<p>N/A</p>
<p><b>8. Quarter 2 Trauma Registry Data Report – Camry Hess</b></p>	<p>Camry reviewed the hospitals that reported or did not report by District. There were at total of 9,188 incidents reporting from April 1 to June 30, 2016 from 98 facilities reporting, including 10 Level I &amp; IIs, 9 Level IIIs, and 79 non-trauma hospitals.</p>		<p>N/A</p>





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	<p>She discussed orders written (written) and physical exit (optional element) and how both can be submitted. Katie shared that we are working with Illinois to obtain some of their trauma cases.</p> <p>The ISTCC discussed the ED LOS with new variables, including that we may need to investigate if we need to change benchmarks, such as goal of transfer in fewer than 120 minutes. There was discussion on the importance of benchmarks reflecting what is practical for patient care. The ISTCC decided to keep the 120-minute goal at this point. Dr. Welsh made a motion that the PI Subcommittee look into the ED LoS issue and report back at a future ISTCC meeting, it was seconded by Dr. Thomas and passed unanimously.</p> <p>Camry also shared that the cause of Injury categories are dependent upon the ICD-10-CM cause of injury codes, which are still being checked and categorized by CDC, but did have an increase in injuries having an appropriate category.</p>	PI Subcommittee to review ED LoS Issue and report back at a future meeting	
<b>9. Committee Meeting Dates for 2017</b>	<p>April 21</p> <p>June 16</p> <p>August 18</p> <p>October 20</p> <p>December 15</p>	N/A	N/A
<b>10. Adjournment – Art Logsdon</b>	Hearing no additional items of business to come before the ISTCC, Art thanked everyone for their attendance and adjourned the meeting at 12:00 noon.	N/A	N/A