



# Indiana State Department of Health

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

**Date:** June 17, 2016

**Attendance: Committee members present:** Jerome Adams, MD, MPH (Chair); Michael Garvey (proxy for David Kane, Vice Chair); Chris Hartman, MD; Gerardo Gomez, MD; Stephanie Savage, MD (proxy for R. Lawrence Reed, MD, FACS, FCCM); W. Matthew Vassy, MD; Jennifer Konger (proxy for Mitchell Farber, MD); Ryan Williams; Bekah Dillon, RN, MSN, CEN; Kevin McConnell, MD (proxy for Stephen Lanzarotti, MD); Lewis E. Jacobson, MD, FACS; David Welsh, MD; Annette Chard (proxy for Donald Reed, MD, FACS); Spencer Grover; Thomas Rouse, MD; Jen Mullen (proxy for Michael A. McGee, MD); Tony Murray (via Webcast)

**Committee members not present:** David Kane (Vice Chair); Michael McGee, MD, MPH; Tim Smith; Donald Reed, MD, FACS; Scott Thomas, MD; Lisa Hollister, RN; R. Lawrence Reed, MD, FACS, FCCM; Mitchell Farber, MD

**ISDH Staff Present:** Art Logsdon, Katie Hokanson, Murray Lawry, Camry Hess, Ramzi Nimry, John O'Boyle, Lauren Savitskas Rachel Kenny, Ryan Cunningham, Annie Hayden, Bonnie Barnard and Jessica Schultz (via webcast)

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. <b>Welcome and Introductions – Jerome Adams, MD, MPH, Chair</b>	Jerome M. Adams, MD, MPH, State Health Commissioner and Chair, opened the meeting at 10:05 am. He welcomed all attending and asked for introductions from the Committee members and others in attendance.	N/A	N/A
2. <b>Approval of Minutes from the April 15, 2016 ISTCC Meeting</b>	Dr. Adams asked for comments or corrections to the minutes of the April 15, 2016 ISTCC meeting. Hearing none, he entertained a motion for approval. Dr. David Welsh, made a motion that the minutes be approved as distributed; it was seconded by Dr. Matthew Vassy and passed unanimously	Minutes Approved as distributed.	N/A
3. <b>Updates – Katie Hokanson, Director Trauma and Injury Prevention</b>	Katie highlighted some of the projects her staff has been involved in since the last ISTCC meeting:  Jessica Schultz, Injury Prevention Epidemiologist Consultant, recently presented at the National Safe States Alliance annual meeting held in New Mexico. She presented information regarding developing and implementing Indiana state-	N/A	N/A



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	<p>specific injury resource guides and the development of the mobile app the Division rolled out earlier this year.</p> <p>The Division hosted the 2016 Injury Prevention Advisory Council (IPAC) Conference in May. The next meeting of the Council will be on Friday, July 15, 2016. This will be a webcast only with more information coming soon from the Injury Prevention team.</p> <p>Katie provided an update on the Indiana Violent Death Reporting System (INVDRS). She gave a brief overview of the reporting system which consists of homicides, suicides and other violent means of death. Katie and Dr. Adams asked all attending to urge their county coroners to reach out to Katie and her staff and provide them with contacts. Having data sharing agreements with coroners and law enforcement agencies is key for this system to work.</p> <p>During a recent CDC reverse site visit the Division was recognized and presented with an Achievement Award for timely case initiation.</p> <p>Katie announced the 2016 EMS Medical Directors' Conference will be held on Friday, August 26, 2016 from 9 am until 3:30 pm at the Sheraton Indianapolis at Keystone Crossing.</p> <p>Katie also presented a brief overview of the grant activities of the Division.</p>		
4. <b>Regional Updates</b>	<p><b>District I (Jasper, Newton, Lake, Porter, and La Porte Counties)</b></p> <p>Jennifer Homan, St. Anthony Crown Point, reported District 1 held their first combined meeting in May, 2016. Representatives from trauma centers and trauma center medical directors attended as well as staff members from some of the Chicago area trauma centers and emergency medical services (EMS). Staff from the Trauma and Injury Prevention Division attended, along with Dustin Rowe from Memorial Hospital South Bend. As suggested, they are pulling in representatives from hospitals they transfer to along with the Chicago hospitals.</p>	N/A	N/A



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	<p>This group has also held joint meetings with District 2 as they cross district lines frequently. She stated one of their goals is to mentor trauma medical directors from the northern sections of the district and the level III trauma centers by some of the more experienced trauma surgeons in the district such as Dr. Scott Thomas and some of the physicians from the Chicago centers.</p> <p>She stated the group's next meeting will be held in July, 2016 and they have asked EMS providers for data to assist in the roll-out plan. Meetings will be held bi-monthly going forward. They are also collecting data for performance improvement including transfers. The group is also looking at sections of the district strategic plan to learn where changes need to be made. Jen noted the group is planning a Regional Trauma Symposium in October. Plans are moving forward at this point for the event.</p> <p>Dr. Adams once again encouraged mentoring between the Districts and drawing on experienced partners within the Districts to grow their plans and partnerships. Jen also thanked Camry and Ramzi for their help and support.</p> <p><b>District 3 – (Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells, Wabash, Miami and Whitley Counties)</b> Annette Chard - No report at this time due to the last meeting cancellation.</p> <p><b>District 5 – (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties)</b> Missy Hockaday – District 5 has traditionally held an Indianapolis EMS meeting. The District 5 trauma meeting will be later on the same day with key stakeholders. Missy Hockaday explained the group has been met with many challenges in deciding how to manage the PI between the Indianapolis hospitals and hospitals in other counties in the District.</p>		
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	<p>She continued that stakeholders are being sought and the group will meet again on August 17, 2016 from 2:00 to 3:00 pm at the IU Medical headquarters. They will go over by-laws and regional performance improvement. Dr. Adams suggested inviting other Districts.</p> <p><b>District 6 – (Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union and Wayne Counties)</b> No report at this time.</p> <p><b>District 7 – (Vermillion, Parke, Putnam, Clay, Vigo, Owen, Sullivan and Greene Counties)</b> Carrie Malone, Terre Haute Regional Hospital, presented the District 7 report stating their progress has been slowed by the preparation for consultation visits by Union and Memorial Hospitals. The focus thus far has been on these visits. The group will meet soon to finalize by-laws. She also reported the group hopes to have stakeholders identified by the end of the summer and another meeting held to pull all entities together and begin work.</p> <p>Dr. Adams suggested that District 7 share how the consultations visits go, what went well and areas for improvement.</p> <p><b>District 8 – (Brown, Monroe, Bartholomew, Jackson, Lawrence, Orange, and Washington Counties)</b> No report at this time.</p> <p><b>District 9 – (Clark, Dearborn, Decatur, Floyd, Franklin, Harrison, Jefferson, Jennings, Ohio, Ripley, Scott and Switzerland Counties)</b> No report at this time.</p> <p><b>District 10 – (Crawford, Daviess, DuBois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick Counties)</b> Lisa Grey reported that District 10 will host a quarterly meeting in July, 2016. The last meeting of the group focused on expanding the reach of the group by</p>		
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	<p>including centers in Illinois and Kentucky. She was pleased to share there is a Level III center now in Owensboro, KY that is now very much a part of their working system. They have invited entities from Kentucky and Illinois to join their group.</p> <p>She continued by stating Ramzi and Katie have been providing District 10 trauma data for some time now. The group has been looking at trauma nursing leaders in the district and they will come together in a small group to exchange ideas and information to make a more transparent system for District 10.</p> <p>Dr. McConnell will join Dr. Matt Vassy as co-chair of this group and they look forward to the new collaboration. Dr. Vassy gave a shout-out to hospitals in District 10 and ISDH for data showing that their District has a lower than average emergency department length of stay (ED LOS) for transfers and he is very proud of that fact.</p>		
<b>5. Subcommittee Updates</b>	<p><b>Designation Subcommittee</b> – Gerardo Gomez, MD</p> <p>Dr. Gomez presented the report for the Designation Subcommittee. The EMS Commission’s Technical Advisory Committee (TAC) received the changes to the Triage and Transport Rule on June 16, 2016 that were proposed by the ISTCC. This group will recommend to the EMS Commission to adopt the proposed changes to the Triage and Transport Rule.</p> <p>The TAC suggested some members of the Designation Subcommittee attend the Commission meeting on Friday, June 24, 2016 at 10 am at the Town Hall in Fishers. Dr. Jacobson and Missy Hockaday will attend from the Subcommittee as well as any other member wishing to attend. Art offered thanks from the ISTCC to Mike Garvey of the EMS Commission for his assistance with moving these proposed changes through the process.</p> <p>Dr. Gomez then presented an updated map of all the “in-the-process” facilities in the state. And a review of facilities “in-the-process” was presented for the following facilities:</p>	N/A	N/A



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	<p>(1) <b>Franciscan St. Elizabeth East – Lafayette, Tippecanoe County –</b> Consultation visit was held in February of 2015 with the actual verification visit taking place in December of 2015. The report came from the College with some Type II deficiencies. Recommended corrections be made by the time a focus review meets in December of 2016. The Subcommittee reviewed this report and decided to have a conversation with the trauma medical director, the trauma program manager, a member of the administration as well as Art Logsdon, Spencer Grover and Katie Hokanson to discuss the deficiencies. Some of those deficiencies were already corrected and some were in progress by the time the conversations took place.</p> <p>Dr. Gomez reported the hospital staff were asked if they wanted to move forward in the process and the response was “absolutely yes”. The hospital has requested a focus review and the Subcommittee was provided with a copy of the request letter. The focus review should take place prior to December 15, 2016.</p> <p>The question for the Subcommittee was, should the Subcommittee allow the center to continue to see trauma patients until December? After review of all the deficiencies, and the corrections made, the Designation Subcommittee asked the full Committee to allow Franciscan St. Elizabeth East – Lafayette to be allowed to continue in the provisional trauma center process.</p> <p>A representative of the hospital was present and shared information that during the consultation visit not all of the performance improvement documentation was visible to the group from the College. They have now seen all relevant processes of the center and he reported only one deficiency remains to be corrected and that is currently progressing.</p>		
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	<p>Dr. Adams entertained a motion. Dr. Gomez made a motion that the ISTCC approve the Franciscan St. Elizabeth East – Lafayette Hospital to stay “in the process” through December 2016, it was seconded by Dr. Vassy and passed unanimously. It was noted there will also be a one year review by the July 19, 2016 deadline and the Subcommittee will have one more review.</p> <p><b>(2) Good Samaritan Hospital – Vincennes, Knox County</b> The consultation visit was held in May of 2015 and the verification visit was held in 2016. Visits went well and “unofficially” there were no deficiencies. The written report is expected soon. It was also requested the facility complete the one year review process with the Subcommittee by July 19, 2016.</p> <p><b>(3) Community Anderson – Anderson, Madison County</b> The consultation visit was held in May of 2016 with no level I and a few level II deficiencies. They have applied for their verification visit. Dr. Gomez asked the facility to provide a one year review to the Subcommittee. Katie stated she will be contacting the trauma program managers regarding their one-year-reviews very soon.</p> <p><b>PI Subcommittee – Missy Hockaday</b> Missy discussed the goal of the Subcommittee:</p> <ul style="list-style-type: none"><li>(a) Increase number of hospitals reporting data to the Registry</li><li>(b) Decrease average ED LOS at non-trauma centers<ul style="list-style-type: none"><li>(i) Identify root causes</li><li>(ii) Reason for transfer delay</li><li>(iii) Analysis by shock index</li></ul></li><li>(c) Increase EMS run sheet collection</li><li>(d) Improve trauma registry data quality</li></ul>		
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	<p>Missy presented a chart highlighting the overall numbers of hospitals reporting data to the registry, which is doing really well at this time. She also presented a chart which listed “District Success” with reporting percentages. The Subcommittee has also been drilling down to learn reasons for transfer delays.</p> <p>The Subcommittee has also done work on learning why EMS run sheets are not being left with hospitals. The Subcommittee needs specific information for patients, i.e., data/approximate time of patient arrival; destination (hospital); mechanism of injury. What type of program/system do the EMS agencies utilize? Paper? Fax? Electronic?</p> <p>Missy also briefly discussed deliverables from the Subcommittee citing the “February” letter sent to all EDs submitting data to the ISDH Trauma Registry re: ED-LOS; document reasons for transfer delays and state TQIP programs.</p> <p>Finally, future goals of the Subcommittee were discussed. Rules need to be developed for providers to follow. These goals are:</p> <ul style="list-style-type: none"><li>(a) Inter-facility transfer protocols</li><li>(b) Analysis of Triage and Transport rules</li><li>(c) Linkage software for double transfers</li><li>(d) State TQIP risk adjusted benchmarking systems</li></ul> <p>Dr. Adams asked if the Committee needed to vote on inter-facility protocols. Dr. Hartman expressed his previous concern – that if protocols are developed stating there is not a requirement to wait on scan results – if scan results come in with minimal or no injuries and a patient can be sent home, but has already been transferred to another facility – how would the Committee handle that in new protocols?</p> <p>Missy stated her agreement with Dr. Hartman’s thought. “Protocol” may not be the correct title for this piece of Subcommittee work. Missy will draft some concepts and title the work ‘Best Practice’ instead of ‘Protocol.’ The group will give this more thought.</p>		
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	<p>Dr. Welsh made a motion to support the PI Subcommittee’s work on guidelines with reports back to the ISTCC, it was seconded by Ryan Williams and passed unanimously.</p> <p>The next meetings of the PI Subcommittee are scheduled for September 13 and November 15, 2016.</p>		
<p><b>6. Michigan Trauma Quality Improvement Program (MTQIP) – Dr. Mark Hemmila</b></p>	<p>Dr. Mark Hemmila, Jill Jakubus and Judy Mikhail presented on Michigan Trauma Quality Improvement Program (MTQIP). Dr. Hemmila gave an overview of the MTQIP program: Why build a collaborative? Trauma deals with systems-based care and having data in a format that is useful is key. MTQIP began with a data quality pilot project, which was used in surgery to track and reduce adverse outcomes in trauma and most recently has been used on a regional level to improve outcomes and reduce costs.</p> <p>Jill Jakubus then gave a presentation on what the reports and website contain. There are many filters with automatic graphs so the data are instantly visualized.</p>	N/A	N/A
<p><b>7. Trauma Registry Data Report – Camry Hess and Ramzi Nimry – Trauma and Injury Prevention</b></p>	<p>Camry Hess (Data Analyst) presented the Q4 2015 data report. There was a new element for admissions that began on January 1, 2016. What questions would people like answered concerning hospital discharge orders written date/time? Please contact Camry or Katie and tell them about your ideas.</p> <p>There were 8,728 trauma incidents from 96 total hospitals. No cases expired with an ED LOS of 12 hours or more. 767 incidents were linked for hospital transfers. The Division is still working on getting all critical access and rural hospitals to report. This quarter there was only one rural hospital which did not report.</p>	N/A	N/A



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<b>8. Other Business</b>	<p>Mike Garvey spoke to the Committee and attendees regarding mass casualties such as the situation recently in Orlando. He asked to convene a group including law enforcement, ISDH, EMS, and preparedness professionals from ISDH and IDHS to look at these situations and begin a dialogue to plan for these types of issues in Indiana. EMS is working on ambulance strike team systems.</p> <p>He asked anyone who is interested to let Art, Katie, himself or anyone on the Committee know – and he invited everyone interested to participate. All are welcome.</p>		
<b>9. Committee Meeting Dates for 2016</b>	October 21, 2016 December 16, 2016	N/A	N/A
<b>10. Adjournment – Dr. Adams</b>	Hearing no further comments or business to come before the ISTCC, Dr. Adams thanked everyone for their attendance, suggested carpooling for added networking and adjourned the meeting at 12:05 pm.	N/A	N/A