



Indiana State Department of Health

Project: Indiana State Trauma Care Committee (ISTCC)

Date: October 21, 2016

Attendance: **Committee members present:** Michael Garvey (proxy for Director Kane); Chris Hartman, MD; Gerardo Gomez, MD; Stephanie Savage, MD, MS; W. Matthew Vassy, MD; Ryan Williams, RN, BSN, EMT-P; Bekah Dillon, RN, MSN, CEN; Kevin McConnell, MD (proxy for Stephen Lanzarotti, MD); Lewis E. Jacobson, MD, FACS; Spencer Grover; Tim Smith; Scott Thomas, MD; Lisa Hollister, RN; Dawn Daniels (proxy for Thomas Rouse, MD); Raymond Cava, MD; David Welsh, MD

Committee members not present: Dr. Jerome Adams, MD, MPH (Chair); David Kane (Vice Chair); Jennifer Walthall, MD, MPH; Tony Murray; Michael A. McGee, MD; Thomas Rouse, MD

ISDH Staff Present: Art Logsdon; Katie Hokanson; Camry Hess; Ramzi Nimry; John O'Boyle; Jessica Schultz; Murray Lawry

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Art Logsdon	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
2. Approval of Minutes from the August 19, 2016 ISTCC Meeting – Art Logsdon	Art asked for approval of the minutes of the August 19, 2016, Indiana State Trauma Care Committee meeting. Dr. Scott stated that he was not at the August meeting. Hearing no other changes or corrections, Art entertained a motion for approval. Dr. Welsh made a motion to approve the minutes as amended, it was seconded by Dr. Scott and passed unanimously.	N/A	N/A



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<p>3. Updates – Jessica Schultz, Division of Trauma and Injury Prevention</p>	<p>Jessica Schultz, Injury Prevention Epidemiologist Consultant, highlighted some of the projects staff has been involved with since the last meeting.</p> <p><u>EMS Conference</u> – The 3rd Annual EMS Medical Directors’ Conference was held on August 26, 2016, with 123 attendees. Planning for the 2017 Conference has already begun. When the date is firmly in place the Committee will be notified.</p> <p><u>Latino Expo 2016</u> was held October 7 and 8, 2016. The focus was on car seat safety. Child safety technicians and translators were available to assist families, with nearly 230 contacts made.</p> <p><u>Labor of Love Summit</u> – The 4th annual Labor of Love Summit was held Monday, October 17, 2016 at the J.W. Marriott. The focus of this summit was the reduction of infant mortality –the number one priority of the Indiana State Department of Health (ISDH). The Division of Trauma and Injury Prevention had a booth at the Summit focused on child passenger safety, with over 200 participants. In order to bring the trauma community into this education opportunity, an innovative program was presented during the afternoon session of the Summit to bring in trauma team members, EMS providers, first responders, and emergency department personnel. Attendees received direct, on-scene education (DOSE) regarding safe sleep.</p>	N/A	N/A
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	<p>Jessica gave a brief update on the Prescription Drug Overdose (PDO) Prevention for States program supplemental application. The PFS Supplemental grant will provide resources to 18 local health departments to build regional PDO prevention infrastructure, establish train-the-trainer programs for naloxone and PDO prevention education, and provide resources to coroners to improve toxicology testing and reporting.</p>		
4. Regional Updates	<p>District Reports</p> <p>District 1 (Jasper, Newton, Lake, Porter, and La Porte Counties) Ramzi Nimry, Division of Trauma and Injury Prevention presented the report for District 1 stating their first Trauma Symposium would be held on Wednesday, November 16, 2016 at Valparaiso University from 7:30 am until 4:30 pm CST.</p> <p>District 2 (Elkhart, Fulton, Kosciusko, Marshall, Pulaski, Starke and St. Joseph Counties) Dr. Scott Thomas briefly noted the first meeting of District 2 will be held in mid-December and this district will model their program after that of District 10.</p> <p>District 3 (Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells and Whitley Counties) Dr. Raymond Cava noted the Advisory Council had met and discussed a plan spearheaded by Dr. Deborah McMahan. Their first official meeting will be held in January 2017.</p>	N/A	N/A



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	<p>District 4 – (Benton, Cass, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties) No report</p> <p>District 5 (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties) Missy Hockaday reported this group is working to identify key stakeholders and how to integrate EMS providers. The group will meet again on December 21, 2016 and will make a decision on what data they need.</p> <p>District 6 (Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union and Wayne Counties) Bekah Dillon attended a hospital collaborative group meeting which she stated was a very large group. The group needs to meet in smaller numbers. She also stated Ryan Williams has worked with EMS providers in the area and they are on board with meeting and working within the group.</p> <p>District 7 (Vermillion, Parke, Putnam, Clay, Vigo, Owen, Sullivan and Greene Counties) Christine Toevs, Terre Haute Regional presented for District 7. The District is planning a May conference.</p> <p>District 8 (Brown, Monroe, Bartholomew, Jackson, Lawrence, Orange, and Washington Counties) No Report</p>		
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	<p>District 9 (Clark, Dearborn, Decatur, Floyd, Franklin, Harrison, Jefferson, Jennings, Ohio, Ripley, Scott and Switzerland Counties) No Report</p> <p>District 10 (Crawford, Daviess, Dubois, Gibson, Knox, Martin, Perry, Posey, Spencer, Vanderburgh and Warrick Counties) Dr. Vassy stated that District 10 group had not met since the last meeting but their next meeting is scheduled for the week of October 24, 2016.</p>		
<p>5. Emergency Department Survey Results, Spencer Grover, Indiana Hospital Association and Camry Hess, Data Analyst, Division of Trauma and Injury Prevention</p>	<p>Spencer Grover reported two surveys have been accomplished – one in 2011 and the other in 2015. Identical questions were used on both surveys. Both surveys showed similar results with the 2015 survey bringing more participation. Camry Hess noted that the data in the survey will be added to the website in the very near future.</p> <p>Katie Hokanson recognized Good Samaritan Hospital on becoming verified by the American College of Surgeons as a Level II trauma center and offered congratulations.</p> <p>Mike Garvey updated the Committee regarding the Triage and Transport Rule stating the Commission accepted the request to modify the rules. They are currently under review by the IDHS Legal staff and a fiscal impact statement will be developed very soon. He stated the modification will still have between nine and 12 months to proceed through the process.</p>	N/A	N/A



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<p>6. Subcommittee Updates</p>	<p><u>A. Designation Subcommittee – Gerardo Gomez, MD, Chair</u></p> <p><u>One Year Reviews</u></p> <p>Methodist Northlake, Gary - Dr. Gomez stated the Subcommittee has reviewed the documents submitted for the one-year review. There were no deficiencies found. The Subcommittee sought and received approval from the ISTCC for the acceptance of the Methodist Northlake one-year review.</p> <p>Terre Haute Regional Hospital, Terre Haute - After much discussion, the Subcommittee proposes leaving the two-year language the same at this time. The Subcommittee will review the status of applicant institutions on a case by case basis. Terre Haute Regional had their Consultation visit September 2016 and a verification visit planned for Fall 2017.</p> <p>Dr. Gomez reported that Eskenazi had their ACS reverification visit on September 8 and 9, 2016. There were no deficiencies. Dr. Gomez announced the Trauma Surgeon Symposium to be held at Eskenazi Hospital on November 4, 2016.</p> <p>Dr. Gomez also reported that as of December 1, 2016 he is stepping down as the Medical Director of the Eskenazi Trauma Center. He will remain on staff until the end of 2016. His replacement will be Dr. Ben Zarzaur, who is currently an associate professor in the Surgery Department and the Director of the Center for Outcome Research and Surgery for the Department. Dr. Gomez stated he is not retiring and</p>	N/A	N/A
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	<p>hopes to continue to work with the Committee in some capacity. Art and the Committee thanked Dr. Gomez for his service.</p> <p><u>B. Indiana Trauma Quality Improvement Program (InTQIP) Subcommittee – Peter Jenkins, MD, Indiana Trauma Quality Improvement Program</u></p> <p>Dr. Jenkins updated the Committee on the Indiana Trauma Quality Improvement Project. This was a follow-up to the presentation made by the Michigan TQIP staff several months ago. He stated discussions were held regarding next steps and he was assigned by Art to contact insurance companies to learn if they would offer any financial support for this type of project. He met with a representative from Anthem who was very excited to learn of the project and suggested the group submit a proposal.</p> <p>The ISDH also created a TQIP Subcommittee that Dr. Walthall will chair. Two meetings were held and it was decided that ISDH will submit a three-year proposal focusing first on level 1 trauma centers. The medical directors of each of these programs are being contacted to ensure all questions are being addressed correctly.</p> <p><u>C. Performance Improvement Subcommittee – Missy Hockaday</u></p> <p>Missy stated the goals for 2017 were much the same as in 2016 however the group is making great progress on the 2016</p>		
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	<p>list. She noted there are four new facilities reporting data to the Registry. She also stated that work needs to be done on “inter-facility transfer protocols”.</p> <p>Future goals for the group are:</p> <ul style="list-style-type: none">• Regional data requests• Inter-facility transfer protocols• Analysis of Triage & Transport Rule• Linkage software for double transfers• State TQIP risk adjusted benchmarking system <p>She stated that the final meeting for 2016 will be held on November 15. She also asked for all active members to let her know if they do or do not want to stay on the Subcommittee list.</p> <p><u>D. Regional Trauma Data Subcommittee – Camry Hess, Data Analyst, Division of Trauma and Injury Prevention</u></p> <p>Camry described common ways that data elements are made less identifiable, such as calculating the time between two dates and times, giving month and year instead of specific date, collapsing categories with counts, and collapsing categories geographically. Camry discussed going through each element for each section in order to make each element less identifiable. She reviewed the data request from District 1, which included four sections: transfer cases, hospital throughput, prolonged scene times and the top 3 mechanisms of injury. Since the top three mechanisms of injury were an aggregate request, Camry did not cover that section.</p>		
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	<p>ISDH proposes calculating ED LOS in minutes instead of listing admission date and time and discharge date and time. Cause of injury, trauma type, transport mode, transfer delay, transfer delay reason, inter-facility transfer and double transfer will be listed with their categorical response. Patient age will be calculated. Hospital transferred to can be listed by name, by trauma center status or an anonymous ID can be used.</p> <p>The second section is hospital throughput. ED Acute Care disposition will be listed with the category and ED LOS will be calculated instead of listing admission and discharge date and time.</p> <p>The third section is prolonged scene times. EMS response time, scene time, and transport time will be calculated in minutes. The EMS Service name can be listed or an anonymous ID can be used.</p>		
7. Quarter 1 Trauma Registry Data Report – Camry Hess, Division of Trauma and Injury Prevention	<p>Camry Hess, Data Analyst, presented the Quarter 1 Trauma Registry Data Report. There were 8,077 incidents from January 1 to March 31, 2016. A total of 95 hospitals reported, with 10 Level I and II Trauma Centers, 9 Level III Trauma Centers, and 76 Non-Trauma Hospitals. Due to changes to ICD-10-CM from ICD-9-CM, there are no trauma types or probability of survival, and there was a change in the cause of injury categories.</p> <p>The majority of incidents were due to falls, not identified and transport. In quarter 4, 37% of statewide incidents were from MVCs and 29% were from falls. The not identified group makes up 24% of the statewide responses. Camry has been reviewing</p>	N/A	N/A



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	<p>these cases and so far that is correct. Unfortunately, the CDC does not have an official crosswalk from ICD-9-CM to ICD-10-CM. We will be discussing this topic with the ITN group to see if training opportunities or other strategies can be put into place to improve this variable.</p> <p>In terms of linking cases, there were 1,336 initial facility cases where the ED Disposition indicated that the patient was transferred out and 1,494 final facility cases where the incident indicated that the patient was an inter-facility transfer. We were able to match 702 cases, which is 25% of the data. This is the same percent as last quarter.</p>								
<p>8. American College of Surgeons – Committee on Trauma Update (ACS-COT) – Scott Thomas, MD</p>	<p>Dr. Thomas provided an update from the ACS – COT. One initiative is market-based trauma center development compared to needs based assessment.</p> <p>Another project is the Stop the Bleed campaign. This focuses on hemorrhage control and empowering bystanders to act as immediate responders. Another initiative is to train the public on CPR and other basic care.</p>	N/A	N/A						
<p>9. Committee Meeting Dates for 2017 (NOTE: 12/16/16 meeting was canceled)</p>	<table border="0"> <tr> <td>February 17, 2017</td> <td>August 18, 2017</td> </tr> <tr> <td>April 21, 2017</td> <td>October 20, 2017</td> </tr> <tr> <td>June 16, 2017</td> <td>December 15, 2017</td> </tr> </table>	February 17, 2017	August 18, 2017	April 21, 2017	October 20, 2017	June 16, 2017	December 15, 2017	N/A	N/A
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<p>10. Adjournment – Art Logsdon</p>	<p>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.</p>	N/A	N/A						