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Project: Indiana State Trauma Care Committee (ISTCC)

Date: August 17, 2018

Attendance: Committee members present: Kristina Box, MD, FACOG (Chair); Michael Kaufmann (proxy for Bryan Langley, Vice Chair); Jennifer Hartwell (proxy for Stephanie Savage, MD); Matthew Vassy, MD; Lisa Hollister, RN; Ryan Williams, RN, BSN, EMT-P; Tim Smith; Bekah Dillon, RN, MSN, CEN; Lewis E. Jacobson, MD, FACS; David J. Welsh, MD; Scott Thomas, MD; Andy VanZee; Erik Streib, MD (proxy for Ben Zarzaur, MD); Raymond Cava, MD; Kevin McConnell, MD; Thomas Rouse, MD; Tony Murray; Pradeesh George, DO; David Pardom; and Tony Murray (via webcast)

Committee members not present: Bryan Langley (Vice Chair); Stephanie Savage, MD; Ben Zarzaur, MD; Chris Hartman, MD; and Michael McGee, MD

ISDH Staff Present: Katie Hokanson; Ramzi Nimry; Camry Hess; Pravy Nijjar; Audrey Rehberg

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Dr. Kristina Box, State Health Commissioner/Chair	Dr. Box called the meeting to order at 10:03 am. She welcomed all attending and asked for introductions from the Committee members.	N/A	N/A
2. Approval of Minutes from the June 15, 2018 meeting of the ISTCC	Dr. Box asked for approval of the minutes of the June 15, 2018 meeting of the Indiana State Trauma Care Committee meeting. Hearing no changes or corrections, she entertained a motion for approval. Dr. Welsh made a motion to approve the minutes as distributed, it was seconded by Dr. Vassy and approved unanimously.	Minutes Approved as distributed.	N/A
3. Traumatic Brain Injury – Grant Updates – Dr. Lance Trexler	Dr. Lance Trexler, Executive Director, Rehabilitation Hospital of Indiana provided an update on two grants: ACL Grant 2018 – 2021 and TBI and Opioid Addiction Grant. Dr. Trexler thanked Jeremy Funk and Murray Lawry, ISDH Trauma & Injury Prevention Division for all their help in working through the two grant projects. Both grants were funded.	N/A	N/A



Indiana State Department of Health

	<p>The ACL grant will improve health care outcomes following TBIs, prevent substance abuse, especially opioid, and prevent TBI patients from being institutionalized including incarceration and out-of-state residential placement. Dr. Trexler stated the main goal of the work is to improve the medical quality of life and address disability issues.</p> <p>The TBI and Opioid Addiction grant will focus on unrecognizable risks, consequences and barriers to effective treatments to prevent substance abuse by TBI patients. Nearly 67% of TBI patients are discharged with a prescription for an opioid because most prescribers are not aware they are prescribing to a patient who also has a TBI and may have a current opioid prescription. TBI patients are 11% more likely to die of an overdose.</p> <p>Within the first five years following a TBI, patients are 30% more likely to be incarcerated as well. Also many of these patients are sent out-of-state for residential care. Methodist Hospital as well as St. Vincent/Ascension and Dr. Jacobson and his team will assist in recruiting participants for this grant study.</p> <p>The Indiana Traumatic Brain Injury Advisory Board will continue to function. The first meeting will be held in September. A new state TBI plan will be developed by Dr. Trexler, TBI Advisory Board Chair and the Co-chair Katie Hokanson. Jeremy Funk, ISDH Trauma & Injury Prevention will be the contact/point person for the state TBI plan update project. If Committee members have ideas or input for the plan, please submit them to Dr. Trexler or Jeremy at jfunk1@isdh.in.gov.</p> <p>Indiana has been awarded the highest level of funding possible because of the state's work on this issue. The Indiana team will be mentoring other states as they begin their work.</p>		
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Indiana State Department of Health

<p>4. Trauma & Injury Prevention Division Updates – Katie Hokanson, Director</p>	<p>Katie congratulated the staff of Memorial Hospital & Health Care Center of Jasper, DuBois County for achieving Level III Adult Verification status.</p> <p>Katie introduced Madeline Tatum, the new Medical Records Consultant in the Trauma & injury Prevention Division.</p> <p>Katie provided an update on the Stroke Center list that the ISDH is mandated to compile and maintain pursuant to IC 16-31-2-9-5 effective July 1, 2018.</p> <p>Fireworks Injury reporting is no longer required effective July 1, 2018 per IC 35-4-7-7.</p> <p>Katie reminded the ISTCC members that the Trauma & Injury Prevention Division presents monthly webcasts addressing the overdose rapid response plan. The ISDH also offers grants for local health departments to develop an opioid overdose plan and asked that all members share this information.</p> <p>The ISDH 6th Annual Labor of Love: Infant Mortality Summit will be held on Wednesday, November 14, 2018 at the JW Marriott in downtown Indianapolis. Dr. Box shared that Governor Eric Holcomb has made reducing the infant mortality rate a priority for Indiana with a goal to be the best in the Midwest by 2024. The 2018 focus is risk factors for infant mortality which begins with the health of the mother. Registration for the Summit is open but filling up quickly.</p> <p>The ISDH is hosting the Midwest Injury Prevention Alliance (MIPA) Conference which will be held on November 29 and 30 at the Sheraton, Keystone-at-the-Crossing on the north side of Indianapolis.</p>		
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Indiana State Department of Health

	<p>Some of the conference sessions include:</p> <ul style="list-style-type: none">- Technology- Suicide- Prescription drug overdose- Careers in Injury Prevention- Older adult falls- Distracted driving- Child injury- Violence prevention <p>Katie provided an update on the Injury Prevention Advisory Committee (IPAC) and the Indiana Violent Death Reporting System (INVDRS). Katie shared there is a great interest in the STOP THE BLEED Campaign around the state. To that end a dedicated IPAC meeting will be held on September 21, 2018, to discuss what groups in Indiana are doing to highlight target populations, how kits are being supplied, and other issues relevant to this important campaign.</p> <p>Dr. Box stated that Lee Christenson, Director, ISDH Emergency Preparedness Division and his team have been collecting data regarding who is training, where training is being provided, and the number of people who are receiving this training. Please share any training information regarding STOP THE BLEED with Lee at lchristenson@isdh.in.gov.</p> <p>Katie reported that the ACL evidence-based fall prevention program grant was approved but not funded; however, older adult falls prevention is still a priority of the Division.</p> <p>The Comprehensive Opioid Abuse site-based Program (COAP) was applied for but the ISDH has not learned, as of this date, if the grant has been awarded and/or funded.</p>		
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Indiana State Department of Health

	<p>Other grant applications the Division prepared this summer are:</p> <ul style="list-style-type: none">- Opioid crisis response grant in cooperation with the Emergency Preparedness Division.- HRSA – Rural Communities Opioid Response Program in partnership with Fayette County. The HIV/STD/Hep C Division also assisted with this grant which was submitted at the end of July.- HRSA Partnership for Disaster Health Response for which Dr. Box provided a letter of support. Dr. Box noted the purpose of this grant is to pull all available resources from across the state together to identify gaps in coverage and to develop a plan across the state. Dr. Box also explained Indiana will reach out to surrounding states to ensure overlapping coverage in the border cities.- BJA - STOP school violence prevention and mental health grant – this grant application was submitted in mid-July. The Division had five days to write and submit this grant. <p>There has been no notification received on the four grants listed above. Katie will provide an update when more information is received.</p> <p>Katie reminded everyone to make sure they are connected to the INSPECT statewide comprehensive platform to ensure health care professionals are able to review patients’ controlled substance prescription history more efficiently and timely. Katie encouraged all hospitals to link with this program if they have not already done so.</p> <p>Katie reported that Elkhart General Hospital is “in the process” of ACS Verification as a level III Trauma Center. The one year review is scheduled for 2019.</p>		
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Indiana State Department of Health

<p>5. Regional Updates</p>	<p>District 1 (Jasper, Newton, Lake, Porter, and La Porte Counties) – No report</p> <p>District 2 (Elkhart, Fulton, Kosciusko, Marshall, Pulaski, Starke and St. Joseph Counties) D2 is collaborating with their Emergency Preparedness Coalition. Dr. Thomas shared that D2 staged a large scale drill at Penn High School in South Bend. Many agencies from around the area participated in this drill making sure the plans were all inclusive. The goal was to include all agencies even those smaller entities that could not host or plan a large scale drill. The smaller agency participants attended and learned through interaction and returned to their respective agencies to apply what they learned on a smaller scale suitable for their respective areas.</p> <p>Dr. Kaufman shared that IDHS is updating a shared training calendar so everyone can see upcoming preparedness events. Dr. Box asked Katie and Lee to work with IDHS to obtain access to this training calendar so it might be shared further.</p> <p>D2 has requested funds for the STOP THE BLEED campaign.</p> <p>District 3 (Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells and Whitley Counties) Lisa Hollister reported that D3 held a 90-minute STOP THE BLEED media training event on June 29, 2018. Staff of Parkview and Lutheran Hospitals provided this training. Lisa also reported on a short summer study her group initiated at Dr. McMahon’s request utilizing summer students. The students focused their work on falls and how many of these patients had an opioid prescription prior to the fall. The students only looked at the medical records for the prescription information and out of 2,873 falls, 30% had a prior prescription for an opioid.</p>		
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Indiana State Department of Health

	<p>District 4 (Benton, Cass, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties) D4 representative reported it has been difficult to set separate meetings since all involved are so busy with other activities and meetings. They have been trying to find other meetings to tag on to and other groups are being receptive to that idea. The D4 health care coalition is very active; however, they need more EMS participation. Dr. Kaufman will work on getting more EMS participation in D4 meetings on a regular basis. Also, a pediatric disaster course is planned for November, 2018.</p> <p>District 5 (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties) - No report</p> <p>District 6 (Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union and Wayne Counties) Ryan Williams reported that D5 has not met since the last ISTCC meeting but will be meeting the first week of September. This meeting will be held in Tipton with a needs assessment with staff at the hospital. D6 encourages smaller hospital participation by taking it to them. He also shared the smaller groups in his district are all working on their STOP THE BLEED initiatives.</p> <p>District 7 (Vermillion, Parke, Putnam, Clay, Vigo, Owen, Sullivan and Greene Counties) Dr. Toevs, Terre Haute Regional Hospital, reported they will host the D7 meeting in April of 2019. This past year D7 presented active shooter training and in 2019 the topic will be a disaster scenario.</p> <p>Both hospitals continue to work together on their STOP THE BLEED programs. The injury prevention nurses are currently working on this campaign. She reported they have worked with EMS providers in D7 to assist them and this has proven very beneficial.</p>		
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Indiana State Department of Health

	<p>She also reported that she and Carrie Malone attended a D10 meeting recently and they found this meeting helpful as they continue to build the trauma care program in D7.</p> <p>District 8 (Brown, Monroe, Bartholomew, Jackson, Lawrence, Orange, and Washington Counties) – No report</p> <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 reported that D10 continues to work on ED LOS but work became a bit stalled. The state data has been extremely helpful.</p>		
<p>6. State EMS Medical Director Update – Dr. Michael Kaufmann, IN Department of Homeland Security</p>	<p>Dr. Kaufmann noted that EMS provider numbers continue to climb. Six months ago the reporting numbers were around 40% - now they are at 84%. All providers in D4 are reporting data.</p> <p>Other topics he discussed were:</p> <ul style="list-style-type: none"> - EMS Quality Improvement Plan - First EMS Quality Improvement Report developed - Nalaxone Heat Mapping project - Collaboration with FSSA and IHA to secure funding for EMS providers who administer Nalaxone to Medicaid members. - Rule-making efforts to require run sheets be submitted within 24 hours of the completed run. This has worked through the process and is now with the Budget Agency and the Governor’s Office. - A draft of the stroke rule passed the EMS Commission in May of 2018 – Certification of Ambulance Service 	<p>N/A</p>	<p>N/A</p>



Indiana State Department of Health

	<p>providers – Stroke Field Triage and Transport Destination Protocol. The rule is currently with Office of Management and Budget for the fiscal impact review.</p> <ul style="list-style-type: none">- EMS for children initiatives - Each EMS agency is required to identify a pediatric representative to focus on pediatric care for each organization. At some point they will ask to have a designated pediatric emergency specialist on the EMS Commission.- Workforce development issues and working through barriers to obtain licensing and certification. Dr. Kaufmann stated he would like to see Indiana become a Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) state which is basically state-to-state reciprocity.- IDHS will, in the next few weeks, be providing training for EMTs to administer Anaphylaxis and Epinephrine via syringe.- FSSA has contracted with Southeast Trans (SET) as the State's Medicaid broker for transportation.- Homeland Security is very focused on the STOP THE BLEED program and is offering training. The IDHS/EMS program is asking providers to report their trainings prior to and after. Dr. Vassy shared that when the ACS put the STOP THE BLEED training out there it was meant to be a grassroots project for folks to take the information and run with it. And all the districts have pretty much done that. Dr. Box wants to know where there are training gaps so we will be able to assist these areas with more training.- The EMS Public Safety Information Card also known as the First Responder Cards or Know the O provides facts needed by all first responders when dealing with Opioid issues.		
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Indiana State Department of Health

<p>7. Safety Shower Toolkit – Jamie Dugan, Good Samaritan Hospital</p>	<p>The Safety Shower Toolkit is designed to educate parents to prevent infant mortality. This program began in 2017 with a grant of \$25,000 from the ISDH. Indiana ranks 42nd worst in the nation for infant mortality. In 2013, the southwest region accounted for the highest infant mortality rate in Indiana. Showers have been planned and hosted six times since the program began in May, 2017. Topics covered are infant CPR, safe sleep, fire safety and shaken baby syndrome. Gift bags were presented to all Moms taking part in the program.</p> <p>Dr. Box shared her experience with child car seat safety at the Indiana State Fair in August. She suggested that Jamie and her team include a height chart to show exactly how tall a child must be to be placed in a child safety seat or when it is time for them to come out of the seat due to their growth.</p>		
<p>8. Progress Update - Risk Factors for Inter-Facility Transfer Patients – Dr. Peter Jenkins, IU Methodist Hospital</p>	<p>Dr. Jenkins provided an update on the outcomes of severely injured patients treated at non-trauma centers project. His focus is on determining transfer patterns of severely injured patients at non-trauma hospitals, identify patient and injury characteristics and outcomes of patients who remained at non-trauma centers. One particular barrier he touched on was hospital variables and characteristics including number of beds, physicians, etc. Future directions look at both short-term and long-term projects that could be developed from this current project.</p>	N/A	N/A
<p>9. Subcommittee Updates – Dr. Scott Thomas, Memorial Hospital of South Bend</p>	<p>Trauma System Planning Subcommittee Dr. Thomas reported the subcommittee met prior to the ISTCC meeting and discussion included strategic planning, opioids and STOP THE BLEED campaign. He also stated that Dr. Welsh has a bill currently pending to mandate the STOP THE BLEED program.</p>	N/A	N/A



Indiana State Department of Health

	<p>The subcommittee is looking at accidental suicide and gun violence as they are both on the rise.</p> <p>Dr. Thomas asked for comments on asking the American College of Surgeons (ACS) to revisit Indiana. Dr. Vassy stated that he did not think this was an optimal time for them to come and that they should wait a bit before asking for that revisit.</p>		
10. Adjournment – Dr. Box	Hearing no further business to come before the ISTCC, Dr. Box adjourned the meeting at 12:15 pm.	N/A	N/A
11. ISTCC Dates for 2018	October 19, 2018 and December 14, 2018	N/A	N/A
12. ISTCC Dates for 2019	February 22; April 26; June 21; August 16; October 11; and December 13	N/A	N/A