



Project: Indiana State Trauma Care Committee (ISTCC)

Date: August 21, 2020

Attendance: Committee members present: Michael Kaufmann, MD (proxy for Stephen Cox); Peter Hammer, MD, FACS; Erik Streib, MD, FACS; Jay Woodland, MD; Lewis Jacobson, MD, FACS; Scott Thomas, MD; Bekah Dillon, RN, MSN, CEN; David Welsh, MD; Michael McGee, MD, MPH; Ryan Williams, RN, BSN, EMT-P; Dawn Daniels (proxy for Thomas Rouse, MD); Andy VanZee; Elizabeth Weinstein, MD; Eric Woo, MD; Jason Kennard, MD; Donald Vennekotter, MD; Christine Toevs, MD; Reuben Rutland, MD; Doug Randell; and Roxanna Lefort, MD, MPH

Committee members not present: Kristina Box, MD, FACOG (Chair); Stephen Cox (Vice Chair); Thomas Rouse, MD; Dave VanRyn, MD; Doug Randell; Keith Clancy, MD; Tony Murray; Raymond Cava, MD; Lisa Hollister, RN; Kevin McConnell, MD; Ruban Nirmalan, MD; Joseph Baer, MD; Benjamin McCurdy, MD; Luis Benavente-Chenalls, MD; John Francis, MD; Thomas Grayson, MD; Chris Hartman, MD; Rong Yang, MD; and Mark Lynch, MD

IDOH Staff Present: Katie Hokanson, Ramzi Nimry, Trinh Dinh, Morgan Sprecher, and Gretchen Martin

Others: Dr. Peter Jenkins

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
<p>1. Welcome and Introductions – Katie Hokanson, Director, IDOH Trauma and Injury Prevention</p>	<p>Katie called the virtual Adobe Connect meeting to order at 10:05 am. She welcomed everyone and asked that all questions be submitted via the chat box. Katie announced that the IDOH lost a valuable team member this year, Teresa Watson. She was hospitalized on April 5 with several health issues and was not able to recover. She passed away on May 11, 2020. Teresa took the minutes for the ISTCC. Katie then turned the meeting over to Dr. Erik Streib to say a few words in honor of Dr. Gerardo Gomez. Dr. Gomez passed away on August 6, 2020. He was an integral part of the ISTCC from its inception. Dr. Gomez established the first ACS verified Level 1 trauma center in the state at Wishard Memorial Hospital in 1992. Due to his efforts to establish a state-wide trauma system, there are now 23 verified hospitals providing trauma care in Indiana.</p>	<p>N/A</p>	<p>N/A</p>

<p>2. Approval of Minutes from the February 21, 2020 meeting – Katie Hokanson, Director, IDOH Trauma and Injury Prevention</p>	<p>Katie entertained a motion for approval of the minutes of the February 21, 2020, meeting of the Indiana State Trauma Care Committee. Dr. Welsh made a motion to approve the minutes as distributed, it was seconded by Andy VanZee and approved unanimously.</p>	<p>Minutes approved as distributed.</p>	<p>N/A</p>
<p>3. Division Updates – Katie Hokanson, Director, IDOH Trauma and Injury Prevention</p>	<p>Katie reported that Methodist Hospital – Northlake is no longer a verified trauma center. Also, Terre Haute Regional has transitioned from a Level II to a Level III trauma center.</p> <p>Katie provided an update on Trauma and Injury Prevention grant activities and staff updates.</p> <p>The Safety and Health Integration in the Enforcement of Laws on Drugs (SHIELD) Train-the-Trainer Program will begin this coming fall. This is evidence-based training for law enforcement officers for syringe and overdose scene safety and workplace wellness.</p> <p>The Stroke Center List has been updated. Please remember to notify the Division if your hospital is stroke certified or have appointed a new coordinator.</p> <p><u>Regional Updates</u></p> <p>District 1 (Jasper, Newton, Lake, Porter, and La Porte Counties) – Working on Stop-the-Bleed programming and providing a hybrid course for schools. Franciscan Health – Crown Point is now the sole trauma center in D1.</p> <p>District 2 (Elkhart, Fulton, Kosciusko, Marshall, Pulaski, Starke and St. Joseph Counties) The May 19 D2 meeting was canceled due to COVID-19. There have been leadership changes within the trauma programs at both Memorial and Elkhart. There are several vacant positions and new/interim program staff, so are working through these challenges.</p>	<p>N/A</p>	<p>N/A</p>



	<p>D2 is restarting the education and outreach activities, including Stop-the-Bleed, utilizing reduced class sizes to facilitate social distancing.</p> <p>District 3 (Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells and Whitley Counties) D3 met virtually. Stop-the-Bleed training kits were purchased by the district Healthcare Coalition for each county. D3 has a child maltreatment project that includes the development of a weekly clinic where a pediatrician will follow-up within a week of suspected child maltreatment cases that present to the trauma centers in Fort Wayne. A trauma registry committee has been developed and is currently developing a state trauma registry course for registrars.</p> <p>District 4 (Benton, Cass, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties) D4 has not met due to COVID-19. Franciscan Health – Lafayette had departments present info on how preparation assisted in preparing for an emergency disaster and plans moving forward.</p> <p>District 5 (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties) D5 meeting was canceled due to COVID-19. They are sending out the corrected 3Q and 4Q 2019 data for review. The next meeting is scheduled for November 18.</p> <p>District 6 (Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union and Wayne Counties) D6 has not met due to COVID-19. The next meeting is tentatively scheduled for October 14.</p> <p>District 7 (Vermillion, Parke, Putnam, Clay, Vigo, Owen, Sullivan and Greene Counties) – NO REPORT 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) D10 held a meeting via zoom and discussed data for Q3 & Q4 for 2019 to examine ED LoS. The data is holding steady at this point. There was discussion on how COVID has impacted the trauma centers and collaborating with the state on protocols and how pretests are impacting transfers of patients.</p>		
<p>4. Violent Deaths & Maternal Mortality Review – Morgan Sprecher, IDOH Trauma and Injury Prevention and Gretchen Martin, IDOH Child Fatality Review and Prevention</p>	<p>Gretchen Martin, IDOH Child Fatality Review and Prevention, provided an update on the Maternal Mortality Review Committee (MMRC). The Committee goal is to review all pregnancy-associated deaths and provide recommendation that may eliminate preventable maternal deaths, reduce maternal morbidity and improve the population health for women of reproductive age in Indiana. She provided the CDC definitions of maternal mortality and the organizations that participate on the MMRC. She also went through the MMRC review process and questions the Committee routinely asks.</p> <p>Morgan Sprecher, IDOH Trauma and Injury Prevention, provided an update on 2018 Data for Intentional Injury. In 2018 there were 1, 123 prescription drug overdoses, 1, 079 suicides, 497 homicides and 95 undetermined. Morgan also provided breakdowns on demographics, toxicology, circumstances, location of death and type of weapon used.</p>	<p>N/A</p>	<p>N/A</p>

<p>5. Hospital Variation in Outcomes of Injured Patients Treated at Non-Trauma Hospitals – Dr. Peter Jenkins, IU School of Medicine</p>	<p>Dr. Peter Jenkins, IU School of Medicine provided an update on Indiana TQIP and updates on research on variations in outcomes of injured patients treated at non-trauma hospitals. Findings: 37,671 patients treated at 101 non-trauma hospitals; 4-fold variation in rates of mortality; 53-fold variation in transfer rates; 2-fold difference in ED LOS of transfer patients; and similar variation high-risk cohorts (age greater than 55 years and TBI). Meaning – Trauma quality improvement should include engagement of non-trauma hospitals to reduce variation in outcomes of injured patients treated at those facilities.</p>		
<p>6. The Epidemic of Firearm Violence from a Public Health Perspective: Health Disparities and Effects Upon our Youth – Dr. Michael McGee, Methodist Hospital, Crown Point</p>	<p>Dr. McGee stated the objectives of the study are:</p> <ol style="list-style-type: none"> 1) Explore the epidemiology of firearm violence in US vs other Countries & the role of the Government 2) Recognize disparities associated with firearm violence 3) Learn the role of FBI Black Homicide Data & National Youth Data associated with gun violence 4) Develop strategies & innovative policies to reduce urban firearm violence <p>The Public Health approach is to define the problem and impact, identify the risk and protective factors, develop and test mitigation / prevention strategies, and ensure widespread adoption of effective programs.</p> <p>Some gun violence facts</p> <ol style="list-style-type: none"> 1) Guns used in 80% of incidents at schools were taken from home, a friend or relative 2) Most gun violence criminals lack mental wellness 3) Black men make up 52% of all gun homicide victims 	N/A	N/A
<p>7. Subcommittee Updates</p>	<p><u>Trauma System Planning Subcommittee</u></p> <p>Dr. Scott Thomas stated the last meeting was held in May. There was discussion on COVID-19, TQIP and the state consultation system.</p>	N/A	N/A

<p>8. American College of Surgeons – Committee on Trauma Update – Dr. Scott Thomas, Memorial Hospital of South Bend</p>	<p>Dr. Thomas stated the Committee will meet virtually in the next couple of weeks. There will be updates at the October 16, 2020 meeting.</p>	<p>N/A</p>	<p>N/A</p>
<p>9. EMS Medical Director’s Updates – Dr. Michael Kaufmann, IDHS</p>	<p>Dr. Kaufmann reported that EMS has now reached 100% reporting to the Image Trend Database. IDHS is working with the Indiana Health Information Exchange (IHIE) to make the run sheets electronically accessible to hospitals to replace paper run sheets.</p>	<p>N/A</p>	<p>N/A</p>
<p>10. Quarter 4, 2019 Data Report – Trinh Dinh, IDOH Trauma and Injury Prevention</p>	<p>Trinh Dinh, IDOH Trauma and Injury Prevention reported that 108 hospital reported in Quarter 4. The reporting hospitals were 10 Level I and II trauma centers, 13 Level III trauma centers; and 85 non-trauma centers. There were 9,739 incidents. The majority of patients in the ED go to a floor bed or ICU at non-trauma centers. The majority of patients in the ED stay for 1 to 5 hours. Most patients go to a floor bed after being in the ED for more than 12 hours. The majority of patients have an ISS score of 1 to 15. Most transfer patients are in the ED for 1 to 5 hours at the final hospital. A small portion of transfers had a delay indicated.</p>	<p>N/A</p>	<p>N/A</p>
<p>11. Other Business Dr. Roxanna Lefort, Riley Hospital for Children – Survey</p>	<p>Dr. Lefort reported Riley Hospital for Children is working on a project focused on improving the method of rapid blood transfusion in the pediatric trauma patient. The devices used for administering warm blood rapidly are not approved for use with IVs smaller than a 20b IV nor an IO. Though administering a rapid transfusion in a pediatric patient is not a common occurrence, when needed, it is important that blood is warmed appropriately and given quickly. The first step is a survey to determine how other centers in the state are dealing with this issue. The link to the survey will be sent after the ISTCC meeting.</p>	<p>N/A</p>	<p>N/A</p>



<p>ISTCC Dates for 2020, 2021 and Adjournment – Katie Hokanson, Director, Trauma and Injury Prevention</p>	<p>The next meeting is scheduled for October 16, 2020. Remaining meeting date for 2020 is December 11, 2020.</p> <p>Katie announced the 2021 meetings will go back to a quarterly schedule. The 2021 meeting dates are as follows: February 19, May 21, August 20 & November 19.</p> <p>All meetings will be held virtually via Adobe Connect until further notice.</p> <p>Hearing no further business to come before the ISTCC, Katie entertained a motion to adjourn. Dr. Welsh made a motion to adjourn, it was seconded by Dr. Jacobson and passed unanimously. The meeting adjourned at 12:05 pm.</p>		
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