



Indiana State Department of Health

Project: Indiana State Trauma Care Committee (ISTCC)

Date: June 21, 2019

Attendance: Committee members present: Kris Box, MD, FACOG (Chair); Bryan Langley (Vice Chair); Michael Kaufmann, MD; Kelly Blanton, (proxy for Lewis Jacobson, MD, FACS); Sarah Hoepfner (proxy for Raymond Cava, MD); Lisa Hollister, RN; Jacob Cox (proxy for Ryan Williams, RN, BSN, EMT-P); Bekah Dillon, RN, MSN, CEN; David Welsh, MD (via webcast); Andy VanZee; Scott Thomas, MD; Thomas Rouse, MD; Michael McGee, MD; Kevin McConnell, MD; Chris Hartman, MD; Annette Chard (proxy for Pradeesh George, DO); Elizabeth Weinstein, MD; Sherry Martin (proxy for Erik Streib, MD, FACS); and Peter Hammer, MD, FACS

Committee members not present: Erik Streib, MD, FACS; Lewis Jacobson, MD, FACS; Pradeesh George, DO; Raymond Cava, MD; Tony Murray; Tim Smith; Ryan Williams, RN, BSN, EMT-P; Matthew Vassy, MD; David Purdom, MD; and Dave Van Ryn, MD

ISDH Staff Present: Pam Pontones; Eldon Whetstone; and Katie Hokanson

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Kris Box, MD, FACOG, State Health Commissioner (Chair)	Dr. Box called the meeting to order at 10:03 am. She welcomed everyone and asked for introductions from all attendees.	N/A	N/A
2. Approval of Minutes from the December 14, 2018 meeting – Kris Box, MD, FACOG, State Health Commissioner (Chair)	Dr. Box entertained a motion for approval of the minutes of the December 14, 2018, meeting of the Indiana State Trauma Care Committee. Dr. Kevin McConnell made a motion to approve the minutes as distributed, it was seconded by Dr. Chris Hartman and passed unanimously.	Minutes Approved as distributed.	N/A
3. Division Updates - Katie Hokanson, Director, Trauma and Injury Prevention Division	Katie congratulated Elkhart General Hospital on being verified as a Level III trauma center. Division staff updates: Keifer Taylor is the new Records Consultant (RC); Cassidy Johnson is now the Naloxone Program Manager and Pirtpal Nijjar is a RC intern.	N/A	N/A



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	<p>Camry Hess and Audrey Rehberg have both transitioned to off-site contractor positions and are both now residing in Texas. The Division has four interns – Taylor Goodman, Conner Tiffany, Kyra Kofodimos, and Joey Peters.</p> <p>Friendly reminder that the Stroke Center list continues to be updated and she strongly encouraged all facilities to keep their information updated. She noted if the information becomes outdated it will NOT be included on the website.</p> <p>Stepping On, evidence-based falls prevention program, continues to be a priority for the Division. One master class has taken place and one more is currently planned. This program targets older adults to decrease falls and increase confidence. The next class will be in September.</p> <p>Booster Bashes are ongoing events held around the state. Please reach out to all child passenger safety technicians (CPSTs) because we need these trained individuals providing their expertise to families around Indiana. Volunteers are also needed at these events.</p> <p>The Trauma and Injury Prevention Division will have a presence at the ISDH Black and Minority Health Fair during Indiana Black Expo at the Indiana Convention Center. This event occurs from July 18-21, 2019 in Halls J and K. The Division's topics will be older adult falls prevention, child passenger safety and drug overdose prevention. The ISDH has an entire area at the Black and Minority Health Fair showcasing a variety of topics.</p> <p>The Trauma and Injury Prevention Division will have a booth at the Indiana State Fair on August 5, 9, 12, 13 and 14. Topics will be child passenger safety and drug overdose prevention.</p>		
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	<p>Katie attended the National Association of State EMS Officials meeting in May. Michael Kaufmann, MD, Medical Director, Indiana Department of Homeland Security also attended. During this conference the American College of Surgeons – Committee on Trauma provided many important updates. Katie shared several of these updates:</p> <ul style="list-style-type: none">• Focusing on long-term patient outcomes 12 months out• Updating trauma systems consultation program• Injury prevention areas of focus: firearms, interpersonal violence, falls, distracted driving, burns, PTSD/suicide• Creating a new committee for trauma research• Building international programs• Military-civilian integration• Revising the Orange Book (2020)• 12 states are now participating in state TQIP• Creating a collaborative TQIP toolkit• NEMSIS and NTDB will have a unique identifier field in 2021• New Stop the Bleed course launched May 1, 2019 geared for the general public and they are looking to expand the instructor program to non-medical personnel• Gun Safety and Your Health brochure is on their website - State specific information can be added later. <p>Katie also reminded hospitals to get registered on the INSPECT website so they can integrate with electronic medical records.</p>		
4. Regional Updates	<p>District 1 (Jasper, Newton, Lake, Porter, and LaPorte Counties) District 1 met in May and focused on the number patients with an ISS greater than 15 who are transferred to non-trauma centers. They invited these non-trauma centers to their meetings and asked them to bring their data. They also provided trauma registry training to non-trauma centers.</p>	N/A	N/A



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	<p>District 2 (Elkhart, Fulton, Kosciusko, Marshall, Pulaski, Starke and St. Joseph Counties) District 2 is working on meeting locations and times that will work for all members. There was discussion about EMS Guidelines that blood for transfusions cannot be stocked in an ambulance even when ordered by a doctor. Dr. Michael Kaufmann stated that blood for transfusions is normally part of air and not ground emergency transport, but he was not aware of any laws preventing an ambulance from stocking it.</p> <p>District 3 (Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells and Whitley Counties) District 3 is working with the Allen County Health Department on the Stop The Bleed Campaign training. They also held discussions about mass casualty incidents</p> <p>District 4 (Benton, Cass, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties) District 4 thanked Ramzi Nimry and other ISDH staff for their help and participation in the work their District. Tippecanoe County recently held an excellent table top exercise and the topic was the opioid overdose situation facing the country. Good conversations were held regarding this topic. They are working to secure funding for Stop the Bleed training kits to distribute to schools.</p> <p>District 5 (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties) The District 5 representative stated non-trauma centers attended the recent meeting and are actively recruiting more non-trauma centers to attend and become active in the group. There were discussion about data they like to use to pinpoint their PI target. They reported that Eskenazi Health passed their ACS verification.</p>		
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	<p>District 6 (Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union and Wayne Counties) District 6 met recently at IU-Ball Hospital and discussed multiple mass casualty events and protocols. They are also working on reviewing the transfer delays. Trauma Centers each brought their Stop The Bleed Kits to compare. They have met with four Level III centers to discuss TQIP and to learn more from each other on how to improve.</p> <p>District 7 (Vermillion, Parke, Putnam, Clay, Vigo, Owen, Sullivan and Greene Counties) District 7 has been slow to get started but happy to report that at this time three critical access hospitals (CAH) are now participating. Because of the slow start the District goals and purpose are still being discussed. They held the 3rd Trauma Symposium in May. It was geared more to EMS and first responders which is different from the two previous years. The program continues to grow.</p> <p>District 8 (Brown, Monroe, Bartholomew, Jackson, Lawrence, Orange, and Washington Counties) District 8 hosted an Emergency Preparedness and Disaster Planning Conference with a table top exercise dealing with an earthquake scenario where transport in the area had been hit hard because State Road 37 had been heavily damaged. This was a great session and proved very successful. In May, IU Health-Bloomington hosted the annual trauma collaborative. They asked for other facilities to host this annual meeting in the coming two years. Possible topics for the future are: injury prevention education, trauma team development, Stepping ON, and Stop The Bleed to name a few. Ease of transfer through the District is a much needed topic for future discussion.</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) District 10 met on April 25 and held in depth discussions on data and transport times as all as opportunities to improve these numbers. Some subcommittee data was discussed relative to individual transfer times. The average for the District is 2.4 hours.</p> <p>Dr. Box noted that she, Brian Langley, Dr. Kaufmann and their teams have met and plan to travel around the state to learn how areas are integrating the Trauma System into their coalitions.</p>		
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<p>5. Preparedness Updates – Billy Brewer, Director, Emergency Preparedness and Megan Lytle, Director, District and Local Readiness</p>	<p>Billy provided an overview of health care coalitions (HCC) and how they have evolved.</p> <p>The Hospital Preparedness Program (HPP) began in 2002 by the Assistant Secretary for Preparedness and Response (ASPR). From 2002 until 2011 Program awarded to each State for providing funds and initiatives to individual hospitals. The intent was for Hospitals to purchase tangible resources like ventilators, mobile medical units, and pharmaceutical caches. From 2007 – 2008, 10 District Hospital Preparedness Planning Committee (501c3) were formed. These 10 Districts align with the same districts of Trauma, IDHS, and others.</p> <p>From 2012 – 2016, the Hospital Preparedness Program provided awards to each State for providing funds and initiatives to Healthcare Coalitions to promote the development of healthcare capabilities. The program had a shifting focus towards developing and formalizing regional healthcare coalitions. Indiana funded directly to each 10 District Hospital Corporation, who then sub awarded funds to primarily hospitals. In 2015 HPP, the HPP Ebola Preparedness and Response Activities provided funds to develop Indiana Ebola Assessment Centers and provide healthcare system preparedness funding.</p> <p>From 2017-2019, the Hospital Preparedness Program awarded each State to provide funds and initiatives to Healthcare Coalitions on operationalizing coalitions for response through optimizing membership and geographic coverage. The program had an updated healthcare capability guidance and focus to include formal minimum coalition membership requirements: Acute care hospitals (2), Emergency Management Organization (1), Public Health Department (1), and Emergency Medical Services (1). With that change, 10 District Healthcare Coalitions Developed (unincorporated) utilizing a Fiscal Agent – District Hospital Corporations (501c3). The ASPR HPP</p>	N/A	N/A
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	<p>grant funding must be project based with no direct allocations to members and federal funding restrictions on CMS required activities. The ASPR HPP grant budget period runs from July 1 through June 30 with \$3.1 million awarded to the coalitions and will be shared among the 10 HCCs. The coalitions include hospitals, local health departments, emergency management agencies, EMS, long-term care facilities, dialysis units, mental health agencies, outpatient healthcare delivery along with many others. Single facility/agency funding is not permitted. Also, funding activities to meet CMS rule is not permitted. All funding must be associated with HCC Work Plan Activity or Identified Gap through planning exercise or a real-world event.</p> <p>Megan Lytle, Director, District & Local Readiness, explained that with change come additional required annual activities. Some of the annual requirements are:</p> <ul style="list-style-type: none">• Annual Hazards and Vulnerability assessment• Coalition surge test• Annual training and exercise plan• Host multiple training opportunities• Plan and share information• Annual work plan development. <p>The HCCs must have core members which include: two hospitals, public health, EMS, and emergency management agencies and should be at minimum led or co-led by a hospital. The HCC must also have two employees equaling 1.0 FTEs and must have a HCC Readiness and Response manager as well as a clinical advisor. Megan shared that each District has a full-time Readiness and Response manger already.</p> <p>Clinical Advisor must be an RN, NP, PA, MD, or DO and must be currently see patients at a healthcare facility. The role is to Provide</p>		
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	<p>clinical leadership to the HCC and serve as liaison to healthcare medical directors & leadership and engage healthcare delivery system leaders in HCC Strategic & Operational roles in acute medical surge planning. Additional roles include assuring HCC Mass Casualty/Surge plans align with trauma center capability & capacity, engaging subject matter experts on specialty surge planning (i.e. burn, pediatric, and general HCC participation and engagement).</p> <p>Project requirements for this year's ASPR HPP grant include: Information sharing plans, Pediatric Surge Annex to each HCC Response plan, and continue the implementation and building out of the State's new Emergency System EMResource & eICS with the HCC Implementation Committee and ISDH.</p>		
6. Progress Update: Risk Factors for Inter-Facility Transfer Patients – Peter Jenkins, MD, MSc, IU School of Medicine	<p>Dr. Jenkins provided an update on the trauma comorbidity index and shared a new way to predict. This index has been accepted for presentation in September, 2019 in Dallas, Texas. The manuscript submission has also been made to the Journal of Trauma and Acute Care Surgery. In the future he plans to examine mortality at hospitals (urban vs. non-urban).</p>	N/A	N/A



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	<p>The Extended Trauma Quality Improvement Project (E-TQIP) proposal aims to engage stakeholders to identify key outcomes associated with optimal trauma care at non-trauma hospitals that will inform a modified TQIP process; develop a toolkit to facilitate E-TQIP directed quality improvement initiatives that promote optimal trauma care at non-trauma hospitals and pilots the E-TQIP to evaluate the acceptability and feasibility.</p>		
7. Subcommittee Updates	<p>Trauma System Planning Committee - Scott Thomas, MD</p> <p>Dr. Thomas presented the proposed Attendance Guidelines and Electronic Communications Meeting Policy for approval. After some discussion, Dr. Box entertained a motion for approval. Dr. Chris Hartman made a motion to approve the Attendance Guidelines and Electronic Communications Meeting Policy as submitted, it was seconded by Dr. Kevin McConnell and passed unanimously.</p>	N/A	N/A
8. EMS Medical Director's Update – Michael Kaufmann, MD, Indiana Department of Homeland Security	<p>Dr. Kaufmann reported that only 11 of 382 EMS providers are not reporting data to his Division. Other topics covered:</p> <ul style="list-style-type: none">• Facility code lists• NEMSIS continues to be a great partner• FSSA is also involved with IDHS relative to Naloxone sustainability• Stroke Rules will be up for a public hearing on July 28, 2019 at the IGC-S. The rules can then move forward in the promulgation process• 836 IAC 1.5 has been rewritten and is undergoing the fiscal review process at this time.• EMS Quality Improvement Plan• EMS Model Guidelines• Workforce Development• IDHS/EMS Goals	N/A	N/A



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<p>9. Quarter 4 – 2018 Trauma Registry Data Report – Katie Hokanson, Director, Trauma & Injury Prevention Division</p>	<p>Katie reported the deadline for data submission has been pushed back to July 12, 2019. There have been some importing issues with ImageTrend and vendors.</p> <p>She presented the list of non-reporting hospitals. It's not a huge list, but stated we need all hospitals reporting their data. If anyone has any ties with these non-reporting hospitals, please encourage them to report their data.</p> <p>Katie reported on Q4 - 2018 data.</p>	<p>N/A</p>	<p>N/A</p>
<p>10. American College of Surgeons – Committee on Trauma Update – Scott Thomas, MD</p>	<p>Dr. Thomas reported he has been discussing gun safety and funding for trauma systems with other states.</p>	<p>N/A</p>	<p>N/A</p>
<p>11. Other Business</p>	<p>Michael McGee, MD, expressed concern about the trauma system in District 1.</p>	<p>N/A</p>	<p>N/A</p>
<p>12. Committee Meeting Date for 2019</p>	<p>August 16, October 11 and December 13 All meetings will be held at the IGC-S in Conference Room B</p>	<p>N/A</p>	<p>N/A</p>
<p>13. Adjournment – Kris Box, MD, FACOG, State Health Commissioner (Chair)</p>	<p>Hearing no further business to come before the ISTCC, Dr. Box adjourned the meeting at 12:00 noon.</p>	<p>N/A</p>	<p>N/A</p>