



# Indiana State Department of Health

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

**Date:** October 19, 2018

**Attendance: Committee members present:** Michael Kaufmann (proxy for Bryan Langley); Matthew Vassy, MD; Jennifer Konger (proxy for Raymond Cava, MD); Lisa Hollister, RN (via webcast); Mark Rolfing (proxy for Ryan Williams, RN, BSN, EMT-P); Bekah Dillon, RN, MSN, CEN; David Welsh, MD; Scott Thomas, MD; Andy VanZee; Ben Zarzaur, MD; Kevin McConnell, MD; Stephanie Savage, MD; Chris Hartman, MD; Thomas Rouse, MD; and Margo Knefelkamp (proxy for Elizabeth Weinstein, MD – via webcast)

**Committee members not present:** Kristina Box, MD, FACOG (Chair); Bryan Langley (Vice Chair); Pradeesh George, DO; Raymond Cava, MD; Ryan Williams, RN, BSN, EMT-P; Tim Smith; Michael McGee, MD; Elizabeth Weinstein, MD; Dave VanRyn, MD; David Purdom, MD; Tony Murray and Lewis Jacobson, MD, FACS

**ISDH Staff Present:** Katie Hokanson; Eldon Whetstone; Ramzi Nimry; and Camry Hess

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. <b>Welcome and Introductions – Katie Hokanson, Director Trauma and Injury Prevention Division</b>	Katie called the meeting to order at 10:05 am. She welcomed all attending and asked for introductions from all in attendance.	N/A	N/A
2. <b>Approval of Minutes from the August 17, 2018 meeting of the ISTCC</b>	Katie asked for approval of the minutes of the August 17, 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



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<b>3. Division Updates – Katie Hokanson, Director, Division of Trauma &amp; Injury Prevention</b>	<p>Katie introduced Eldon Whetstone, Assistant Commissioner for the Health and Human Services Commission. She also introduced Madeline Tatum, Records Consultant; Cassidy Johnson, Resources and Records; Carrie Bennett, PDO Community Outreach Coordinator; and Trinh Dinh, Registry Coordinator.</p> <p>Katie reminded all the ISDH is required to compile and maintain a list of Indiana hospitals that are stroke certified via IC 16-31-2-9.5.</p> <p>The Labor of Love Summit will be held at the JW Marriott on November 14, 2018. Katie reiterated Governor Holcomb’s challenge of reducing Indiana’s infant mortality rate to the best in the Midwest by 2024.</p> <p>Katie reported that Indiana is hosting the Midwest Injury Prevention Alliance (MIPA) meeting on November 29 and 30, 2018 at the Sheraton at Keystone at The Crossing. She briefly reviewed the agenda and some of the topics that will be covered during this meeting. The registration is now open. The cost is \$50 per person and will include breakfast and lunch on both days.</p> <p>Katie provided an update on grant activities:</p> <ul style="list-style-type: none"><li>• Traumatic Brain Injury – this grant was awarded and funded and ISDH is partnering with the Rehabilitation Hospital of Indiana.</li><li>• Comprehensive Opioid Site-Based Program (COAP) Category 6: Public Safety, Behavioral Health and Public Health Information – Sharing Partnerships. This grant was funded and will expand the toxicology efforts with coroners, emergency department overdose toxicology testing program and ISDH data collection efforts.</li><li>• HRSA - Rural Communities Opioid Response Program grant was not funded.</li></ul>	N/A	N/A
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	<ul style="list-style-type: none"><li>Bureau of Justice Administration (BJA) – STOP School Violence Prevention and Mental Health grant was funded and the Division will be working closely with the Indiana Department of Education (IDOE) and the Division of Mental Health and Addiction (DMHA/FSSA) to expand funding for in-school services for prevention education for school personnel, non-profit, student and family education along with other issues.</li></ul> <p>Jamie Dugan reported the Baby Safety Shower Toolkit is now posted to the ISDH website.</p> <p>Katie reported the INSPECT integration request form (integration of electronic medical records) is posted to the ISDH website.</p>		
<b>4. Regional Updates</b>	<p><b>District 1 (Jasper, Newton, Lake, Porter, and LaPorte Counties)</b> There are ongoing discussions about EMS transports to non-trauma centers.</p> <p><b>District 2 (Elkhart, Fulton, Kosciusko, Marshall, Pulaski, Starke and St. Joseph Counties)</b> There was a Penn High School Active Shooter Exercise held on July 2, 2018. Non trauma centers participated as they were the closest hospitals. Communications, triage and hospital control were areas that needed improvement. Advance planning is crucial but there will always be unexpected issues. All resources need to be used during this type of crisis.</p> <p><b>District 3 (Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells and Whitley Counties)</b> By-laws have been approved. A falls subcommittee has been established. Students are needed for a summer research study. Older adults and falls and Opioid Abuse are topics for the December meeting.</p>		N/A



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	<p><b>District 4 (Benton, Cass, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties)</b> Work continues on plans for mass casualty events. They are also planning a pediatric response course on December 11 and 12, 2018.</p> <p><b>District 5 (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties)</b> A recent case study was presented by Dr. Christine Toevs, Terre Haute Regional Hospital and Dr. Stephanie Savage, IU Health Methodist – a 19 year old flat track racer involved in a crash at a speed of over 100 mph.</p> <p>EMS responded to find patient unconscious and a pulse was detected. Patient’s injuries were extensive. Patient was a resident of Michigan but there were difficulties in getting him transferred across state lines. Patient was then Lifeline transported from Terre Haute Regional to IU Health – Methodist. Patient was ultimately discharged to a rehab center on day 60 of his hospital stay and was in the rehab center for one week but continued out-patient rehab. Moral to this case study...trauma centers work!</p> <p><b>District 6 (Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union and Wayne Counties)</b> Met in September at IU Health – Tipton. Are hosting meetings around the District. Work continues on transfer delay challenges.</p> <p><b>District 7 (Vermillion, Parke, Putnam, Clay, Vigo, Owen, Sullivan and Greene Counties)</b> A recent case study was presented by Dr. Christine Toevs, Terre Haute Regional Hospital and Dr. Stephanie Savage, IU Health Methodist – a 19 year old flat track racer involved in a crash at a speed of over 100 mph.</p>		
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<p><b>5. Stop the Bleed – Billy Brewer, ISDH Emergency Preparedness</b></p>	<p>Billy stated the program was launched in October, 2015 with most trainings provided by trauma centers. At this time there is no standardized list of trainers or where trainings are and/or can be provided. The ISDH and IDHS is working to: Identify training events and offerings, track trained individuals; ensure training resources are available; and Identify gaps in training and resources. They are also</p>	<p>N/A</p>	<p>N/A</p>



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	<p>working on a central website to report trainings; developing a state certificate or wallet card for those who were trained; and developing an Indiana Stop The Bleed fact sheet.</p> <p>Katie suggested that the PSID number should also be collected to enable first responders and EMTs to collect their needed CEUs for this training.</p> <p>ISDH and IDHS are also working to: Procure individual Stop the Bleed kits; distribute kits at the time of training; and work with Indiana EMS for Children to provide Stop the Bleed training in conjunction with School Nurse Training Program curriculum.</p> <p>Dr. Welsh noted that during the Indiana State Medical Association meeting in September, they passed a resolution for statewide distribution of Stop the Bleed kits. This was presented and supported by the Indiana Chapter of the American College of Surgeons. There is hope that some legislation will be presented in the upcoming session of the General Assembly for their review. Dr. Welsh asked for support from all in attendance.</p>		
<p><b>6. State Health Assessment &amp; Improvement Plan – Eden Bezy, Director, Office of Public Health Performance Management (OPHPM)</b></p>	<p>Eden reported the majority of the scope of work at the ISDH is ensuring the primary elements of the agency’s core services are the highest quality possible. OPHPM worked hard on the state health assessment which includes: Community health status assessment; assessment of prior assessments – review of other agency and coalition plans; review of other agency and coalition plans; key informant interviews/qualitative data gathering; and health needs identification.</p> <p>The top 10 priorities were identified in the state health assessment:</p> <ul style="list-style-type: none"><li>• Access to care</li><li>• Mental and behavioral health</li><li>• Obesity</li></ul>	<p>N/A</p>	<p>N/A</p>



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	<ul style="list-style-type: none"><li>• Substance abuse disorders</li><li>• Nutrition and physical activity</li><li>• Diabetes</li><li>• Tobacco use</li><li>• Heart disease</li><li>• Cancer</li><li>• Maternal and infant care</li></ul> <p>Eden also reported results of the State Health Improvement Plan and its four main goals:</p> <ul style="list-style-type: none"><li>• Improve birth outcomes and reduce infant mortality</li><li>• Address the opioid epidemic</li><li>• Improve the public health infrastructure</li><li>• Reduce rates of chronic disease</li></ul>		
<b>7. Subcommittee Updates</b>	<p><b>Trauma System Planning Subcommittee – Drs. Vassy and Thomas</b></p> <p>The subcommittee met prior to the meeting today and points of discussion were:</p> <ul style="list-style-type: none"><li>• Division strategic plan – Injury prevention section has been updated and has been approved. This plan will cover 2019 and 2020.</li><li>• Subcommittee would like to be able to enforce attendance requirements for meetings. Some recommendations came from the meeting and will be shared with members and feedback is expected and appreciated.</li><li>• Funding is a large part of trauma systems issues.</li><li>• Dr. Thomas shared the 2008 ASC consult recommendations show that progress has gone rather well.</li><li>• Drafting has begun on guidelines on how to speak with families regarding gun safety. Dr. Welsh offered resources for this effort. These recommendations will be part of the agenda for the December meeting.</li></ul>	N/A	N/A



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	<ul style="list-style-type: none"> <li>• Dr. Thomas also stated the group discussed the Stop the Bleed with Dr. Welsh and others who are behind this effort in Indiana.</li> </ul> <p><b>Performance Improvement Subcommittee – Dr. Stephanie Savage</b> The goals set by the subcommittee are:</p> <ul style="list-style-type: none"> <li>• Increase numbers of hospitals reporting to the trauma registry</li> <li>• Decrease average ED/LOS at non-trauma centers</li> <li>• Increase Trauma Registry participation</li> <li>• Regional TRACs working to establish PI groups in their respective Districts</li> </ul> <p>She also stated transfers remain a challenge. She discussed the lack of data entered on “reason for delay”. There is discussion to develop a standardized form for transferring centers as well as forms for receiving centers so they can better care for the patients. These forms will be sent out by the PI subcommittee to hospitals.</p> <p>Dr. Savage reported that participation on the registry quiz is at 69% which is down from the 90% it was reporting recently. The quiz is a monthly quiz consisting of 5 questions.</p>		
<p><b>8. State EMS Medical Director Updates – Dr. Michael Kaufmann</b></p>	<p>Dr. Kaufmann provided an update on EMS Registry reporting. 333 agencies are required to report. As of February, 2018, only 35 to 40 percent were reporting. Currently over 90 percent are reporting.</p> <p>Indiana needs to become more proficient at transmitting their data into the NEMSIS system.</p> <p>FSSA and IHA are working to secure funding for EMA provider agencies who administer naloxone to Medicaid members. There are pilot programs in Ripley and Montgomery Counties.</p>	<p>N/A</p>	<p>N/A</p>





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	<p>Dr. Kaufmann provided an update on rule-making:</p> <p><b>836 IAC 1-1-5 Report and records</b></p> <ul style="list-style-type: none"><li>• Adopted the NEMSIS V3 data elements</li><li>• May 2018 passed a proposal submitted to require run sheets to be submitted within 24 hours of run completion.</li><li>• Has gone to Office of Management &amp; Budget (OMB) and have received tentative approval.</li><li>• Submitting to Governor’s office and budget director for consideration.</li><li>• EMS Commission now ready to enforce reporting with \$500 fines per occurrence.</li></ul> <p><b>Rule 2.2 Certification of Ambulance Service Providers – Stroke Field Triage and Transport Destination Protocol</b></p> <ul style="list-style-type: none"><li>• Passed May 2018 at EMS Commission meeting.</li><li>• Submitted to OMB for consideration and fiscal impact review.</li><li>• Tentative approval received.</li></ul> <p>Dr. Kaufman provided additional updates on:</p> <ul style="list-style-type: none"><li>• EMS-C</li><li>• Workforce development</li><li>• REPLICA –reciprocity for EMS state-to-state</li><li>• Stop the Bleed – collaboration and wallet cards</li><li>• Suicide prevention training</li><li>• Nalaxone training update</li><li>• Know-The-O Facts - EMS/Public Safety Information Card</li><li>• EMS Field Guide App – prompted by school shootings – shows the 10 closest facilities to the incident</li><li>• Universal Transfer Form – supported by FSSA and ISDH for transport from skilled nursing facilities.</li></ul>		
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<b>9. Trauma Registry Update – Katie Hokanson and Camry Hess, Trauma and Injury Prevention</b>	<p>The National Trauma Data Bank (NTDB) is changing both the clinical and technical aspects of the schema. ImageTrend can accept both ITDX and the new NTDB data standard. Confirm with your vendor that ITDX with extensions is free and know where your PII is going.</p> <p>Direct admissions to the hospital were discussed. There are three criteria used to identify direct admissions: ED disposition is not applicable, ED acute care discharge date is blank, and ED acute care discharge time is blank.</p> <p>Currently the hospital admission date/time is mapping from ED admission date/time. We propose that hospital admission date/time be mapped from ED discharge date/time.</p>	The ISTCC agreed to change the mapping from admission date/time to discharge date/time.	N/A
<b>10. ISTCC Date for 2018</b>	The next meeting is December 14, 2018 – 10:00 am at IGCS Room B	N/A	N/A
<b>11. ISTCC Dates for 2019</b>	February 22, April 26, June 21, August 16, October 11, December 13  All meetings will be held at the IGC-S in Conference Room B.	N/A	N/A
<b>12. Adjournment – Katie Hokanson</b>	Hearing no further business to come before the ISTCC, Katie adjourned the meeting at 12:00 noon.	N/A	N/A