



Indiana State Department of Health

Project: Indiana State Trauma Care Committee (ISTCC)

Date: October 20, 2017

Attendance: Committee members present: Kristina Box, MD, FACOG (Chair); Bryan Langley (Vice Chair); Mike Garvey; Matthew Vassy, MD; Lisa Hollister, RN; Ryan Williams, RN, BSN, EMT-P; Tim Smith; Bekah Dillon, RN, MSN, CEN (via webcast); Judi Holsinger (proxy for Lewis E. Jacobson, MD, FACS); David Welsh, MD; Scott Thomas, MD; Spencer Grover; Ben Zarzaur, MD; Raymond Cava, MD; Roberto Iglesias, MD (proxy for Kevin McConnell, MD); Stephanie Savage, MD; Chris Hartman, MD; Thomas Rouse, MD; Dave VanRyn, MD and Tony Murray (via webcast)

Committee members not present: Michael McGee, MD; Donald Reed, MD, FACS; Kevin McConnell, MD; and Lewis Jacobson, MD, FACS

ISDH Staff Present: Art Logsdon; Katie Hokanson; Murray Lawry; Camry Hess; and Ramzi Nimry;

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Kristina Box, MD, FACOG, Chair	Art Logsdon called the meeting to order at 10:07 am. He welcomed all attending and introduced Kristina Box, MD, FACOG, State Health Commissioner. He then asked for introductions from Committee members and others in attendance.	N/A	N/A
2. Approval of Minutes from the August 18, 2017 meeting – Dr. Box	Dr. Box asked for approval of the minutes of the August 18, 2017, 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. Division Updates – Katie Hokanson, Director, Trauma & Injury Prevention Division	Katie asked Mike Garvey, IDHS to provide updates on recent legislation House Bill 1145 (Stroke Care). Two subcommittees have been formed - one will focus on rule language and the other will work on transportation. The next meeting is scheduled for November 9.	N/A	N/A



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	<p>Senate Enrolled Act 119 (air ambulance). The first conference call/webinar will be held on October 30, 2017. This meeting will set the ground rules on how the committee will work. The deadline for completion of work is July 1, 2018 for both pieces of legislation.</p> <p>Mr. Garvey noted this work will be interesting as there are 30 air ambulance services throughout the state flying 40 helicopters.</p> <p>If anyone would like to work with either one of these groups, please let Katie know and she will connect you with the correct group.</p> <p>-----</p> <p>Katie congratulated the hospitals that have achieved Level III verification: Reid Health, Terre Haute Regional and Union Hospital.</p> <p>Katie reported the Professional Licensing Agency switched software systems at the beginning of October. INSPECT has moved to a new system. There will be a brief delay in receiving this data but Katie will share the data when received.</p> <p>Coroner data sharing agreements are still needed in the following counties: Hendricks, Jefferson, Jennings, Knox, Miami, Noble, Owen, Posey, Sullivan, Switzerland, Vanderburgh, Vigo, Warren, Wells and White.</p> <p>Division staff update: Tyler Gannon, PDO Community Outreach Coordinator; and Klaudia Wojciechowska, CDC Public Health Associate. Jessica Schultz has accepted a position with the Iowa Department of Health. Positions to be filled: Injury prevention epidemiologist; and naloxone program manager.</p> <p>The Public Health/Public Safety Conference was held on September 27, 2017 at the Ritz Charles in Carmel with over 350 people in attendance. A law enforcement panel was a highlight of the</p>		
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	<p>conference with the focus being on the opioid epidemic. Next year's conference is already being planned. Katie urged everyone to watch for the announcement and the save the date information and register early as spaces fill quickly.</p> <p>The ISDH Labor of Love Summit will be held on November 15, 2017 at the JW Marriott. Registration is now closed. Over 1,100 people have registered to attend. The focus this year will be the effect of opioids on Indiana moms and babies.</p> <p>The EMS Medical Directors Conference will be held on Friday, April 27, 2018. Look for the registration announcement soon. Art noted even though this has been a well-attended event, it has not been well attended by the medical directors. Art asked all attending to urge any medical directors they may be associated with to attend this meeting. Valuable and important information is presented.</p> <p>Katie provided an update on grant activities:</p> <ul style="list-style-type: none">• National Violent Death Reporting System – NVDRS – awarded for year 4 of 5• Prescription Drug Overdose – Prevention for States – awarded for year 2 of 3 and awarded additional one-time funding• Enhanced State Surveillance for Opioids – originally awarded but not funded – funding begins September 1, 2017 (2 year grant)• First Responder Comprehensive Addiction & Recovery Act – awarded 4 year grant. This will fund Nalaxone programs for First Responders <p>She provided an update on the Peer Recovery Coach program. This program is funded through DMHA with funds from the 21st Century Cures budget to support recovery coaches in up to 6 hospital EDs.</p>		
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	<p>The goal is based on the need for integrated treatment and recovery services, especially for patients who have overdosed on an opioid and is expected to:</p> <ul style="list-style-type: none">• increase the number of people who receive opioid use disorder (OUD) treatment• Increase the number of people who receive OUD recovery services, and• Increase the number of providers implementing medication assisted treatment (MAT) <p>If interested in this program please contact Katie before November 30, 2017. She will be sending an email regarding this program. Katie has already shared this information with the local health departments currently participating in the Nalaxone distribution program to share with local hospitals.</p> <p>She announced the ISDH has just completed the third round of Nalaxone distribution. This was part of the 21st Century Cures funds from FSSA and funds from the ISDH budget.</p> <p>Katie announced the ISTCC and ITN meetings will be held at the Indian Government Center-South, 402 West Washington Street, Indianapolis in Conference Room B beginning with the February 16 meeting. Parking and other logistical information will be shared prior to the first meeting.</p> <p>Preston Harness Injury Prevention Coordinator, provided updates on the Stepping On Program, Steady Tool Kit, Child Passenger Safety's Booster Bash Program and the Injury Prevention Advisory Committee.</p>		
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4. Regional Updates – Regional Representatives	<p>District 1 (Jasper, Newton, Lake, Porter, and LaPorte Counties) Ramzi Nimry reported for District 1. Their Trauma Symposium will be held on October 30, 2017. The next District meeting will be November 9, 2017. Trauma data will be presented to legislators in attendance.</p> <p>District 2 (Elkhart, Fulton, Kosciusko, Marshall, Pulaski, Starke and St. Joseph Counties) Ramzi also reported for District 2. Discussions were held on the close proximity of trauma centers to each other. This District also discussed EMS missing run reports and ways to correct this problem. New transfer guidelines were discussed and shared with those attending. The next meeting will be in December when transfer delays will be discussed.</p> <p>District 3 (Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells and Whitley Counties) Dr. Cava stated District 3 will give a report at the next meeting.</p> <p>District 4 (Benton, Cass, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties) Amanda Rardon reported for District 4. They have identified that there is a lack of radios for EMS providers which was discovered during a disaster drill this past week. The local EMS has no policy/protocols written and they are helping with this effort.</p> <p>District 5 (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties) Christy Claborn reported for District 5. The charter was approved at the last meeting. They will continue to discuss delays each month and they continue to request data from the Trauma Registry. They are also encouraging their area providers to take the Trauma Registry quiz to increase District 5 hospital participation to greater</p>	N/A	N/A
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	<p>than 25%. They have reviewed intra-facility guidelines by the PI Subcommittee and will share. The next meeting will be December 20, 2017 at IMS Headquarters at 2:00 pm and the topic will be disaster Preparedness.</p> <p>District 6 (Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union and Wayne Counties) Michelle Moore reported for District 6. She shared they have met three times and are still learning the region and discovering what is important for non-trauma centers in the District. They reviewed the inter-facility transfer guidelines and all non-trauma centers took this information to share with their staff. They will continue to review data on transfer delays. Case review will be reviewed at the next meeting. The District has complied with data entry and monthly quizzes. They have reviewed District 5s charter and plan to adopt something similar. The next meeting will be in late November or early December.</p> <p>District 7 (Vermillion, Parke, Putnam, Clay, Vigo, Owen, Sullivan and Greene Counties) – Christine Hays reported for District 7. She congratulated Union Hospital and Terre Haute Regional on achieving ACS Level III status. The next meeting will be November 30, 2017. Guidelines for the District will be discussed. They are in the process of planning the next Trauma Symposium which will be held on April 12, 2018. Christine personally thank Merry Addison, a former member of the Indiana State Trauma Care Committee who has worked tirelessly in the District furthering the need for trauma centers in the area for over 20 years. Her work has paid off with two ACS verified trauma centers in the District. Thank you Merry!</p> <p>Region 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 reported for District 10. Their next meeting is scheduled for next week.</p>		
<p>5. Subcommittee Updates – Dr. Lewis Jacobson Dr. Stephanie Savage Dr. Scott Thomas</p>	<p><u>Designation Subcommittee</u> – Judi Holsinger, proxy for Dr. Jacobson</p> <p>Judi Holsinger, State Vincent Hospital, Indianapolis presented the Designation Subcommittee report as proxy for Dr. Jacobson. The Subcommittee met on October 10, 2017 to review the one-year documents for Memorial Hospital & Health Care Center (Level III) in Jasper, DuBois County. The Subcommittee identified two issues with the documentation.</p> <ul style="list-style-type: none">• Lack of external trauma-related CMEs for trauma surgeons. (Required info is due to the subcommittee by 12/1/2017)• Operational process performance committee and trauma peer review committee meetings had wrong dates. (Need to address emergency medicine attendance at trauma peer review committee meetings by 12/1/2017. <p>There was discussion. Dr. Vassy made a motion that they remain “in the process” status until the December ISTCC meeting, however, if required information is not submitted then their “in the process” status be withdrawn, it was seconded by Dr. Cava and passed unanimously.</p>		



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	<p><u>Performance Improvement Subcommittee</u> – Dr. Stephanie Savage The Subcommittee met in September. Data entered into the Trauma Registry has plateaued at around 90% noting hospitals are doing a better job with data entry. She also discussed ED LOS and data regarding orders written as well as ED departure. She reported on the pilot project in which five hospitals are currently participating.</p> <p>The Trauma Registry Quiz percentage of use was up from 25% to 32% recently. She urged everyone to take the quiz.</p> <p>Dr. Savage polled the group to see if there were any other points of data or concerns the Subcommittee should be looking at.</p> <p><u>Trauma System Planning Subcommittee</u> - Dr. Scott Thomas and Dr. Matt Vassy. Dr. Thomas noted the Subcommittee has been rejuvenated. He discussed a needs based assessment for trauma systems. This is a good thing because Indiana’s trauma system is growing and we need to decide where the Committee’s work thus far fits in. District 5 has been doing a pilot of this process. Version 1 has been completed and Version 2 is being worked through at this time. This is an opportune time to look at ISTCC membership to include representatives of all levels of Trauma Centers around the state.</p> <p>Dr. Vassy also addressed ISTCC membership and the need to take direction from the entire Committee on how it should be structured. He also mentioned the subcommittee will work on ways to incorporate the great ideas coming out of the PI subcommittee and move them forward statewide.</p> <p>Dr. Thomas asked for feedback, especially on pediatric trauma and burns, which are lacking in the state.</p>		
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6. ACS Committee on Trauma (COT) Update – Dr. Scott Thomas	The ACS Committee on Trauma meeting will be held in Indianapolis on November 14, 2017.		
7. Resource Facilitation – Lance Trexler, PhD	<p>Lance Trexler, PhD, Rehabilitation Hospital of Indiana, presented information on Resource Facilitation as a Proactive Model for Managing Health and Social Outcomes following Traumatic Brain Injury (TBI).</p> <p>He stated that 1.74 million people per year have a TBI that requires a physician visit. Medical costs associated with TBIs can run to \$79 billion nationwide, with \$64.7 billion lost in productivity.</p> <p>He further noted childhood TBIs requiring hospitalizations are 35,000 a year for children ages 0-14. 145,000 children live with chronic TBIs but only 24,878 qualify for special education. Under- and Mis-identification are often a significant obstacle to proper treatment and education.</p> <p>Indiana’s TBI hospitalizations are 2,472 per year and 66,410 Hoosiers are living with disability secondary to TBI.</p> <p>Resource facilitation defined:</p> <ul style="list-style-type: none">• Individualized assessments• Provide brain injury specific education and promote awareness of resources• Proactive navigation to community-based supports, resources and services• Remove instrumental barriers (housing) as well as brain injury-specific barriers (memory impairment) to successful community reintegration and return to work.		



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8. Stroke Legislation – Alex Meixner	<p>Alex Meixner, Regional Vice President of Advocacy, American Heart Association and American Stroke Association presented information on moving stroke care forward in Indiana.</p> <p>Currently, Indiana has one comprehensive stroke center, 34 primary stroke centers and one acute stroke ready hospital.</p> <p>Indiana’s stroke mortality rate in 2014 was 41.7% versus the national rate of 36.5%. Strokes are the 4th leading cause of death in Indiana while it is the 5th leading cause of death nationally.</p> <p>In Indiana most patients are transported via EMS to hospitals not able to provide sufficient acute stroke care. Minutes count during a stroke, and this type of delay can mean the difference between returning to work or permanent disability; and between life and death.</p> <p>HB 1145 was successfully passed this year to:</p> <ul style="list-style-type: none">• Ensure Indiana’s EMS regions develop and adopt stroke-focused EMS protocols based on national standards and written with a focus on local needs and resources.• Ensure ISDH maintains a list of designated stroke centers based on national certification at CSC, PSC, and ASRH levels, as well as a list of non-certified network hospitals with written transfer agreements to higher levels of care. <p>The IDHS is managing the administrative rule-writing process for the EMS-focused components of HB 1145. The draft rule will be sent to the EMS Commission for approval. Once approved the draft rule will then go to an initial review by the Governor’s office before a formal public comment period begins.</p>		
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	<p>The ISDH is charged with implementing rules and the EMS focused components of HB 1145.</p> <ul style="list-style-type: none"> • The ISDH will create and maintain a regularly updated list of Comprehensive Stroke Centers, Primary Stroke Centers, and Acute Stroke Ready Hospitals, and will update the IDHS promptly of any change in hospital certification status. • Stroke-certified hospitals will provide ISDH with proof of their current certification as a CSC, PSC, or ASRH from an approved national certifying body. • Non-certified hospitals wishing to be on the network hospital list would provide ISDH with a copy of their transfer agreements/s with certified stroke centers. 								
9. Other Business	<p>Hearing no further business to come before the ISTCC, Dr. Box adjourned the meeting at 11:47 am.</p> <p>The next meeting is December 15, 2017 – 10:00 am at the ISDH</p>								
10. ISTCC Dates for 2018	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">February 16</td> <td style="width: 50%;">August 17</td> </tr> <tr> <td>April 20</td> <td>October 19</td> </tr> <tr> <td>June 15</td> <td>December 14</td> </tr> </table> <p>NOTE: All meetings in 2018 will take place at the Indiana Government Center-South, 402 West Washington Street, Indianapolis in Conference Room B. All will be webcast only and are from 10:00 am to 12:00 pm.</p>	February 16	August 17	April 20	October 19	June 15	December 14		
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