Indiana State Trauma Care Committee

October 19, 2018

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Introductions & approval of meeting minutes

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Updates

Katie Hokanson, *Director of Trauma and Injury Prevention*

Indiana State
Department of Health

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Division staffing updates

- Eldon Whetstone
  - Health & Human Service Commissioner
- Madeline Tatum
  - Records Consultant
- Carrie Bennett
  - Transitioned to PDO community outreach coordinator
- Cassidy Johnson
  - Resources & Records Consultant
- Trinh Dinh
  - Registry Coordinator

Indiana State Department of Health

Stroke center list

- IC 16-31-2-9.5
  - Compile & maintain a list of Indiana hospitals that are stroke certified.
  - https://www.in.gov/isdh/27849.htm

Indiana State Department of Health

Labor of Love Summit

Not secure | www.infantmortalitysummit-indiana.org

Labor of Love

Helping Indiana Reduce Infant Death

Home / Logistics / Program / Sponsors

Labor of Love Summit 2018

Healthy Babies Start with Healthy Moms

*Race to **2024***

Wednesday, November 14, 2018

JW Marriott | 10 S. West Street, Indianapolis, IN 46204

#INlaboroflove

Email questions to: **indianatrauma@isdh.in.gov**

MIPA

Midwest Injury Prevention Alliance

Cutting Edge of Prevention: Sharing Best Practices

November 29-30, 2018

Sheraton Indianapolis Hotel at Keystone Crossing
8787 Keystone Crossing
Indianapolis, IN 46240

Target Audience: Injury prevention coordinators, trauma coordinators, academic, violence prevention, youth & adolescent professionals, NGO's and State government officials

To view the Registration Fee, Agenda and Room Block information:

REGISTER NOW

Indiana State Department of Health
Trauma and Injury Prevention

Time	Session			
9:00 a.m. – 9:15 a.m.	**Welcome & Opening Remarks** **Kristina Box** ***Indiana State Health Commissioner*** **& MIPA President**			***General Session***
9:15 a.m. – 10:15 a.m.	***KEYNOTE PRESENTATION:*** **Eric Caine, MD** ***University of Rochester Medical Center***			***General Session***
10:15 a.m. – 10:45 a.m.	**Networking Break**			
10:45 a.m. – 12:00 p.m.	***Distracted Driving Track*** **Motao Zhu, MD, PhD,** ***The Research Institute at Nationwide Children's Hospital***	***NVDRS: State to State Suicide Data*** **Morgan Sprecher,** ***Indiana State Department of Health***	***Occupational Injury*** **Claire Stroer,** ***National Safety Council***	
12:00 p.m. – 1:30 p.m.	**Lunch & Networking Break**			
1:30 p.m. – 2:45 p.m.	***Preparing for a Career in Injury Prevention*** **Mark Kinde,** ***Minnesota Department of Health***	***State to State Data: Prescription Drug Overdose*** ***Speakers TBD***	***Older Adult Falls*** **Elizabeth Fries,** ***Union County Health Department***	
2:45 p.m. – 3:15 p.m.	**Networking Break**			
3:15 p.m. – 4:30 p.m.	***Legislation/Government Policy KEYNOTE PRESENTATION:*** **Richard Mereu** ***Emergency Nurses Association***			***General Session***
4:30 p.m. – 5:30 p.m.	**MIPA Reception and Poster Session**			

Time	Session			Location
8:00 a.m. – 9:00 a.m.	**Breakfast & Committee Meetings**			
9:00 a.m. – 9:15 a.m.	**Networking Break**			***General Session***
9:15 a.m. – 10:15 a.m.	***KEYNOTE PRESENTATION:*** **Jane Herwehe, MPH** ***Louisiana Office of Public Health***			***General Session***
10:15 a.m. – 10:45 a.m.	**Networking Break**			
10:45 a.m. – 12:00 p.m.	***Technology Track*** ***Speaker TBD***	***Child Injury Track*** **Moderator: Nancy Cowles,** ***Kids In Danger*** **Panelists:** **Gary Smith, MD,** ***Nationwide Children's*** **Janet McGee,** ***Parent, CPSC representative*** **Jim Wolf,** ***Indiana Tobacco Inspection Program***	***Violence Prevention Track*** ***Kate Roelecke,*** ***Indiana Coalition Against Domestic Violence*** ***and*** ***Laurie Gerdt, MA, LMHC,*** ***Community Health Network***	
12:00 p.m. – 2:00 p.m.	***LUNCH & CLOSING KEYNOTE PRESENTATION:*** **Judy Qualters, PhD** ***National Center for Injury Prevention and Control (NCIPC)*** ***Centers for Disease Control and Prevention (CDC)***			***General Session***

Division grant activities

- Administration for Community Living (ACL) – Traumatic Brain Injury (TBI).
  - Awarded & funded!
  - Partnering with the Rehabilitation Hospital of Indiana.
- Comprehensive Opioid Abuse Site-based Program (COAP)
  - Category 6: Public Safety, Behavioral Health & Public Health Information-Sharing Partnerships.
    - Funded!
- Opioid Crisis response grant
  - Assisted Preparedness division.
    - Funded!

Division grant activities

- HRSA – Rural Communities Opioid Response Program
  - Partnered with Fayette County.
  - Worked with ISDH HIV/STD/hepC division.
  - Submitted application end of July.
    - Not funded.
- HRSA – Partnership for Disaster Health Response
  - Dr. Box provided letter of support from ISTCC/ISDH.
    - Not Funded.
- BJA STOP School Violence Prevention and Mental Health Grant
  - Submitted application mid-July.
    - Funded!

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Indiana State
Department of Health

Safety Shower Toolkit

Educating Parents to
Prevent Infant Mortality Toolkit

INSPECT Integration with EMRs

INSPECT Integration Initiative - Integration Request Form

INSPECT STATEWIDE INTEGRATION ANNOUNCEMENT

Effective August 24, 2017 Indiana will begin steps to implement a statewide, comprehensive platform for healthcare professionals to review patients' controlled-substance prescription history more quickly and efficiently. This platform supports Indiana's Prescription Drug Monitoring Program (INSPECT) and transfers data into electronic health records (EHR) and pharmacy management systems. Statewide integration of the INSPECT platform is a key component of Indiana's ongoing efforts to address the opioid crisis.

Integration Process:

1. Follow the instructions and complete ALL of the following ***(only authorized decision makers at the healthcare entity should fill out these forms)***:
   - Integration Request Form (located on the right of this page)
   - End User License Agreement (will be emailed to you within 24 hours)
   - PMP Gateway Licensee Questionnaire (will open in a new window)

Primary Point of Contact

* indicates required field

First Name*

Last Name*

Primary Point of Contact Email Address*

Job Title

Phone Number*

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“In the Process” of ACS Verification Trauma Centers

Facility Name	City	Level	Adult / Pediatric	“In the Process” Date*	1 Year Review Date**	ACS Consultation Visit Date	ACS Verification Visit Date
Elkhart General Hospital	Elkhart	III	Adult	03/15/2018	April 2019	N/A	May 2019

*Date the EMS Commission granted the facility “In the process” status

**Date the Indiana State Trauma Care Committee (ISTCC) reviewed/reviews the 1 year review documents. This date is based on the first ISTCC meeting after the 1 year date.

	Facility is past the two year mark for their “In the Process” status.

Indiana State Department of Health

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Regional Updates

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Regional updates

- District 1
- District 3
- District 4
- District 6
- District 8
- District 10
- District 2
- Districts 5 & 7

Indiana State Department of Health

Penn High School Active Shooter Exercise

2 July 2018

Participating Organizations

- Penn High School
- Penn Harris Madison Transportation
- **Memorial Hospital**
- **Elkhart General Hospital**
- St Joseph Regional Medical Center
- St Joseph County PD
- Mishawaka PD
- Mishawaka PD
- Penn Township FD
- Mishawaka FD
- South Bend FD
- Clay Territory FD
- St Joseph County EMA
- Honeywell

Scenario

During an open gym event at Penn High School, an armed intruder enters the school detonating an explosive device and shooting students inside the building.

- After the explosive device was detonated and shots were fired, police responded and neutralized the threat
- The Rescue Task Force (RTF) made entry into the school to begin initial life saving measures and triage
- Patients were transported to the three hospitals for treatment

Patient Profile

- Memorial – 23 patients
- Elkhart General – 9 patients
- St. Joseph Mishawaka – 7 patients

Areas to Sustain

- Staging teams in each trauma room to receive patients
- Secondary triage
  - Triage by trauma physician on Red/Immediate

Pre-arrival ED staging

EXIT
PINK

28
29

28

28
27

OR staging and coordination

Marker on glass to help coordinate patients

Colored hats assisted with staff identification

Radios to aid communication

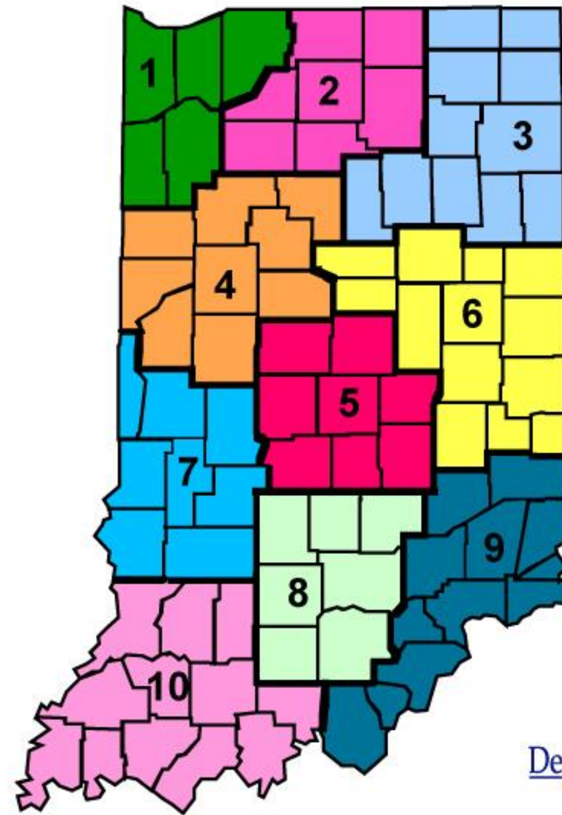
Patient arrival

Areas to Improve

- Communication
  - Pre deploy radios, radio traffic is immediate
  - Vests to identify key associates in ED
  - Physician pagers do not work with Lynx (mass communication platform)
  - Physician lounge needs more phones, pre deployed radio and additional computers
- Triage
  - Too many people in the triage/intake area, made it congested
  - The IN State Standard is START/JumpSTART triage but all hospitals, FDs and EMS use the outdated SMART Triage system (This appears to be a wide scale issue)
- Hospital Control
  - Lead Paramedic on scene made decision where to send patients instead of using HC
  - Need to establish a region and not be tied to county lines
  - Communication between different counties needs to be established before the incident

Regional updates

- District 1
- District 3
- District 4
- District 6
- District 8
- District 10
- District 2
- Districts 5 & 7



Indiana State
Department of Health

PN

Christine C Toevs MD
Trauma Medical Director
Terre Haute Regional Hospital

- Flat track racer
- Started racing age 4
- Turned pro at age 16
- Age 19 when injured

- Bike tangled with another rider's
- Over 100mph
- Riders behind him could not stop and ran over him

EMS

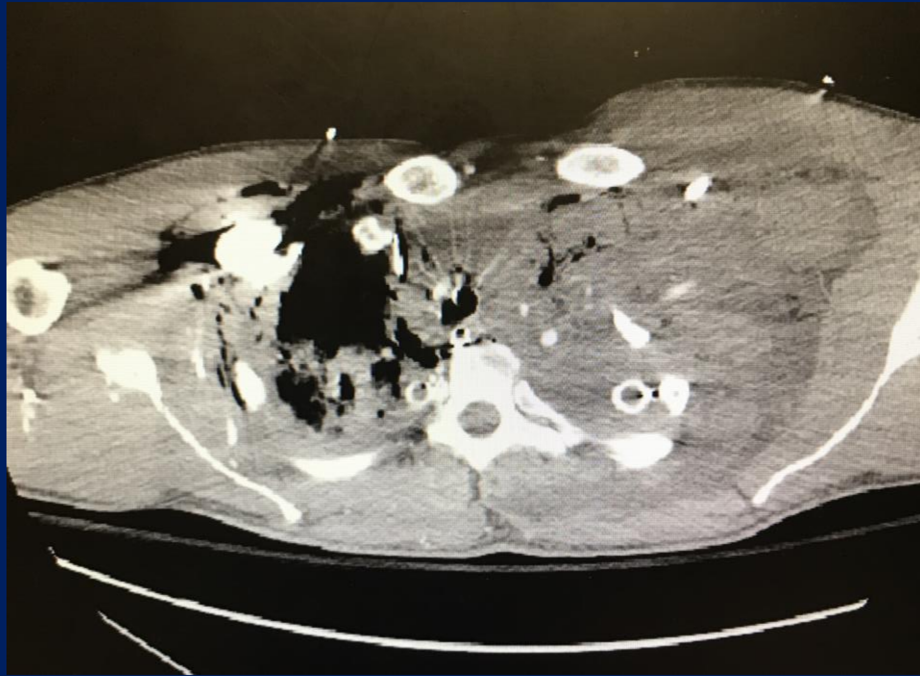
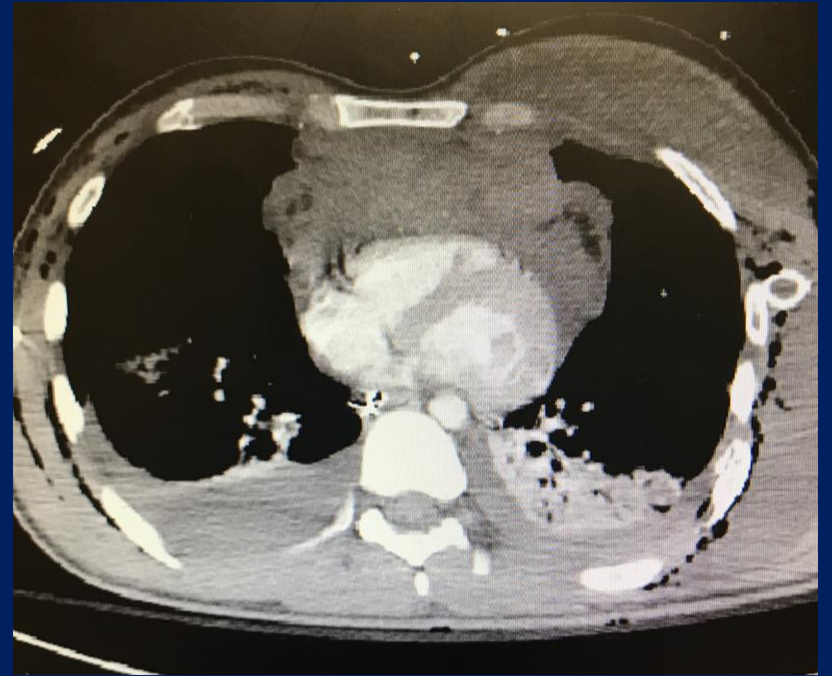
- Supine, unconscious
- Conjugate gaze to right, with fixed pupils
- Helmet removed, full-spine precautions
- Unable to obtain BP, HR 126, sats 80%
- Bagged, rather than delay transport

THRH

- Trauma 1 activation, arrives 2114
- Trauma Surgeon, Anesthesia, ED physician, ICU nurse, OR nurse, Emergent release blood
- Blood started, BP 89/56, FAST
- Intubated, bilateral chest tubes
- MTP
- To OR for ex lap

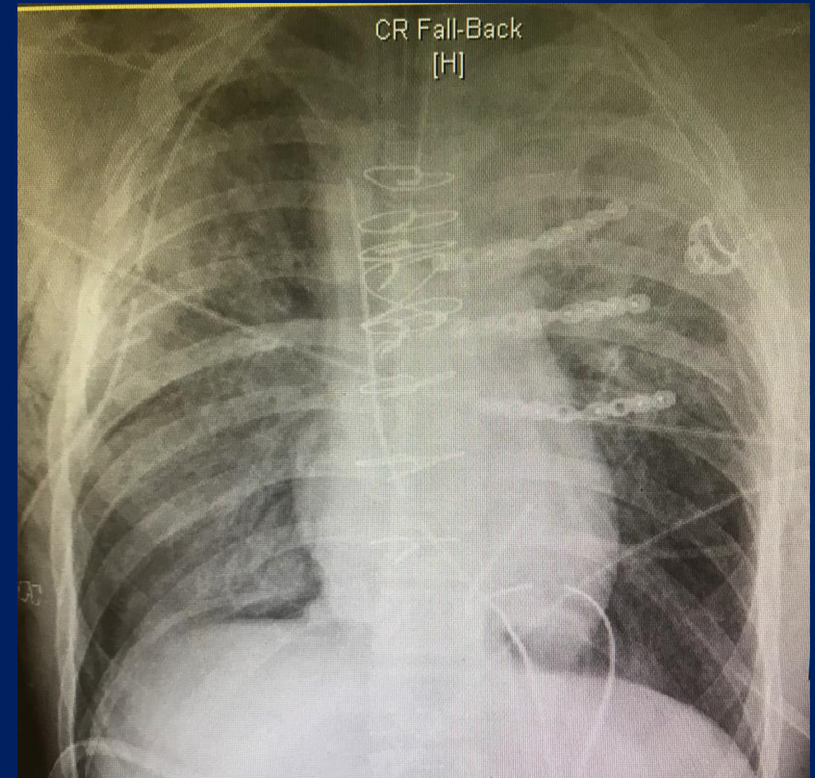
In OR

- Ex lap, hepatorrhaphy (grade 3 liver injury)
- Abdomen closed
- Cordis in groin not running correctly
- New cordis placed left subclavian and used for MTP
- To CT from OR

Clinical Course

- Neurosurgeon: brain/spine CT no injuries
- Cardiac Surgeon: to OR to open chest (2:15 from arrival)
  - Mediastinal exploration, drainage of hematoma, internal fixation of ribs for closure of chest
  - Venogram of left subclavian cordis – good position



Clinical Course

- ICU at 0250
  - Continued MTP
  - Multiple pressors (levophed, vasopressin, neo)
  - Chemical paralysis
  - 7.27/60/48, sats 88%
  - Lactate 7.5, Cr 1.1, Hgb 13.7
  - Prone bed ordered
  - Increasing acidosis (7.1) despite rescue vent strategies

Clinical Course

- Patient and family from Michigan
- Attempted to arrange ECMO at Univ Michigan
- Called IU – accepted for ECMO
  - Plan is placement on ECMO upon arrival at IU
- Lifeline transport at 1145
  - Off neo
  - Sats 86%

PN

June 2018

Methodist Hospital

Transported by Lifeline, arrived to MH at noon

- en route, vasopressin gtt, levophed gtt, norepinephrine gtt + rocuronium/fentanyl

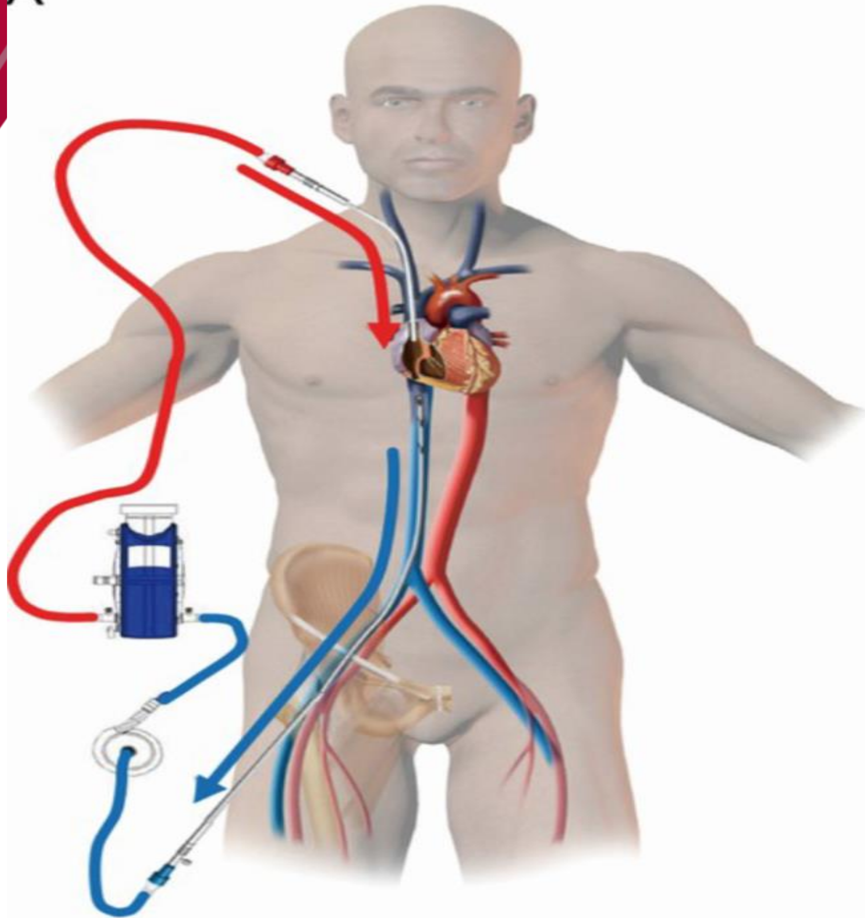
Admission directly to Trauma ICU

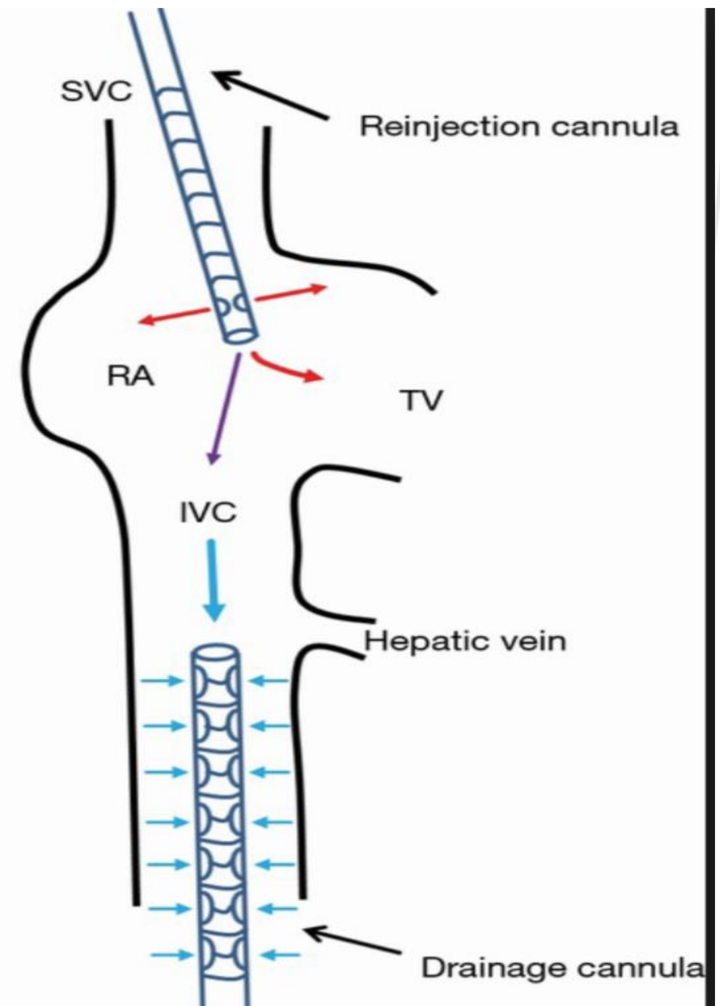
- ECMO team had been contacted prior to patient transport.
- immediately available to assess patient

HEALTH

Patient re ... iring
constant ... 80’s

Taken em ... tral
VV ECMO





HEALTH

Late that night, patient noted to have rising lactate levels and concern for abdominal compartment syndrome

- -taken emergently to OR for decompressive laparotomy and AbThera left in place
- -bowel viable, abdomen closed on HD #3

Developed a broncho-pleural fistula

- -blood patch placed on HD #5 with good result

IU HEALTH

Extubated on HD #8 but continued to struggle with his pulmonary mechanics - reintubated

Taken for chest wall reconstruction & tracheostomy on HD #13

HEALTH

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Page: 15 of 54

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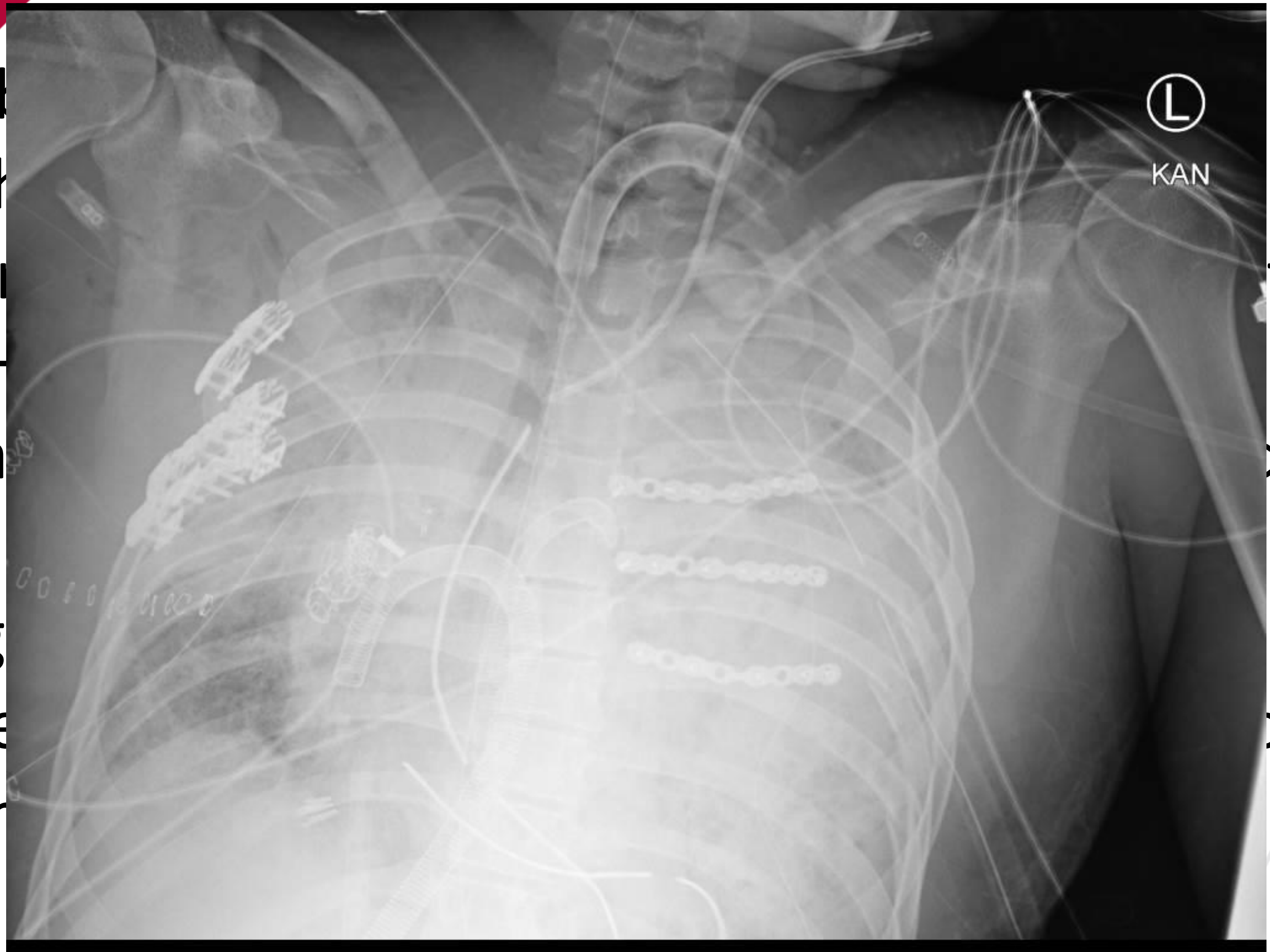


Patient's chest was left open due to ongoing bleeding

-take back to OR on HD #15 (POD #2) for washout of clot and TEE

-taken back on HD #18 (POD #5) for washout and removal of femoral ECMO catheter

  -chest remained open at this time due to high airway pressures

-HD #20 (POD #7), chest closed and final ECMO catheter removed

HEALTH

HEALTH

Stop The Bleed - ISDH Updates

JAMES "BILLY" BREWER, MPA, MS

Director of Operations

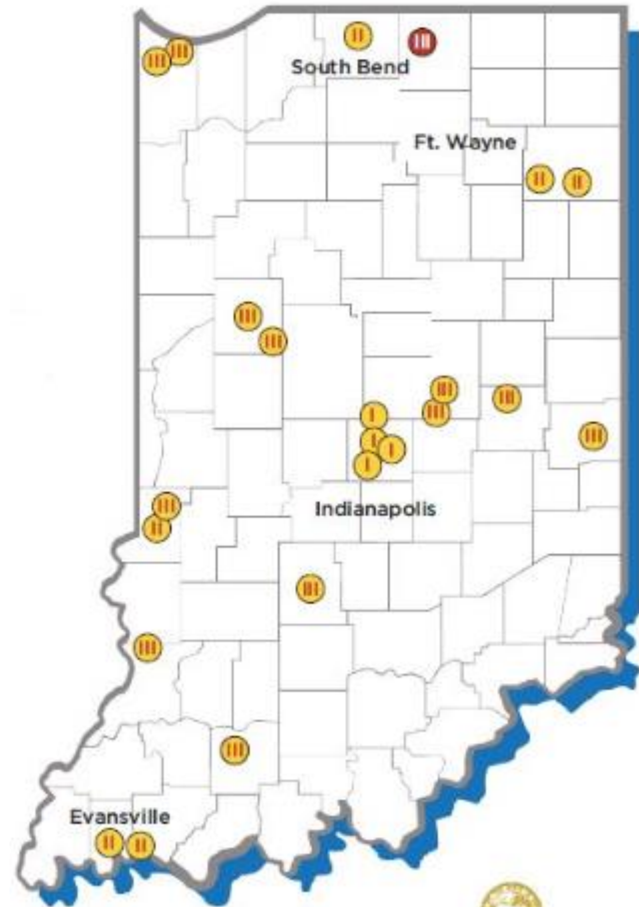
jambrewer@isdh.in.gov

Division of Emergency Preparedness

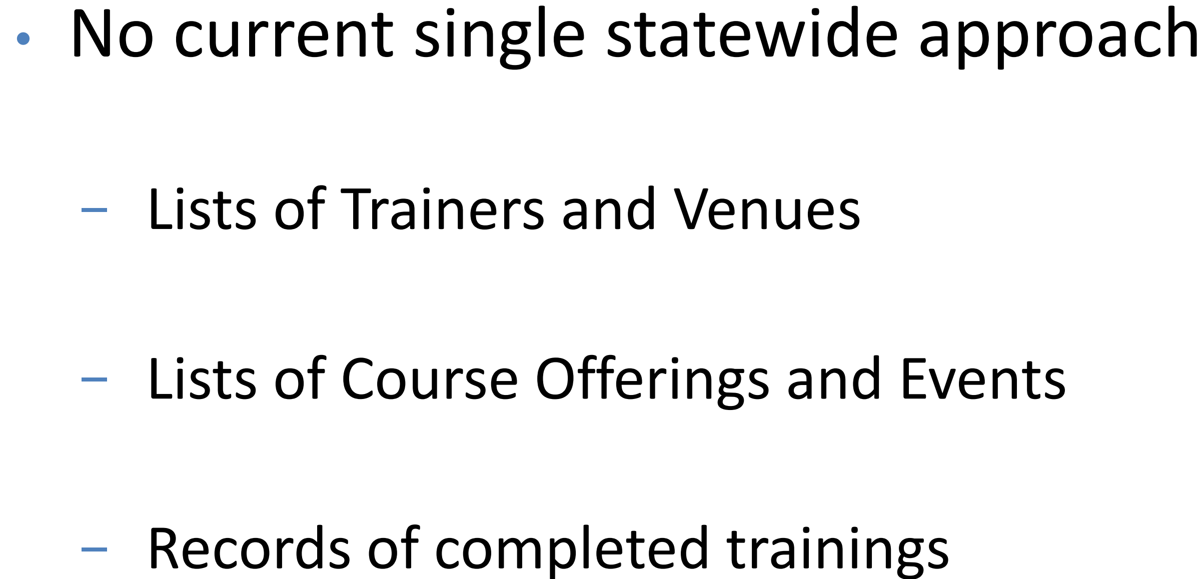
Indiana State
Department of Health

Stop the Bleed History

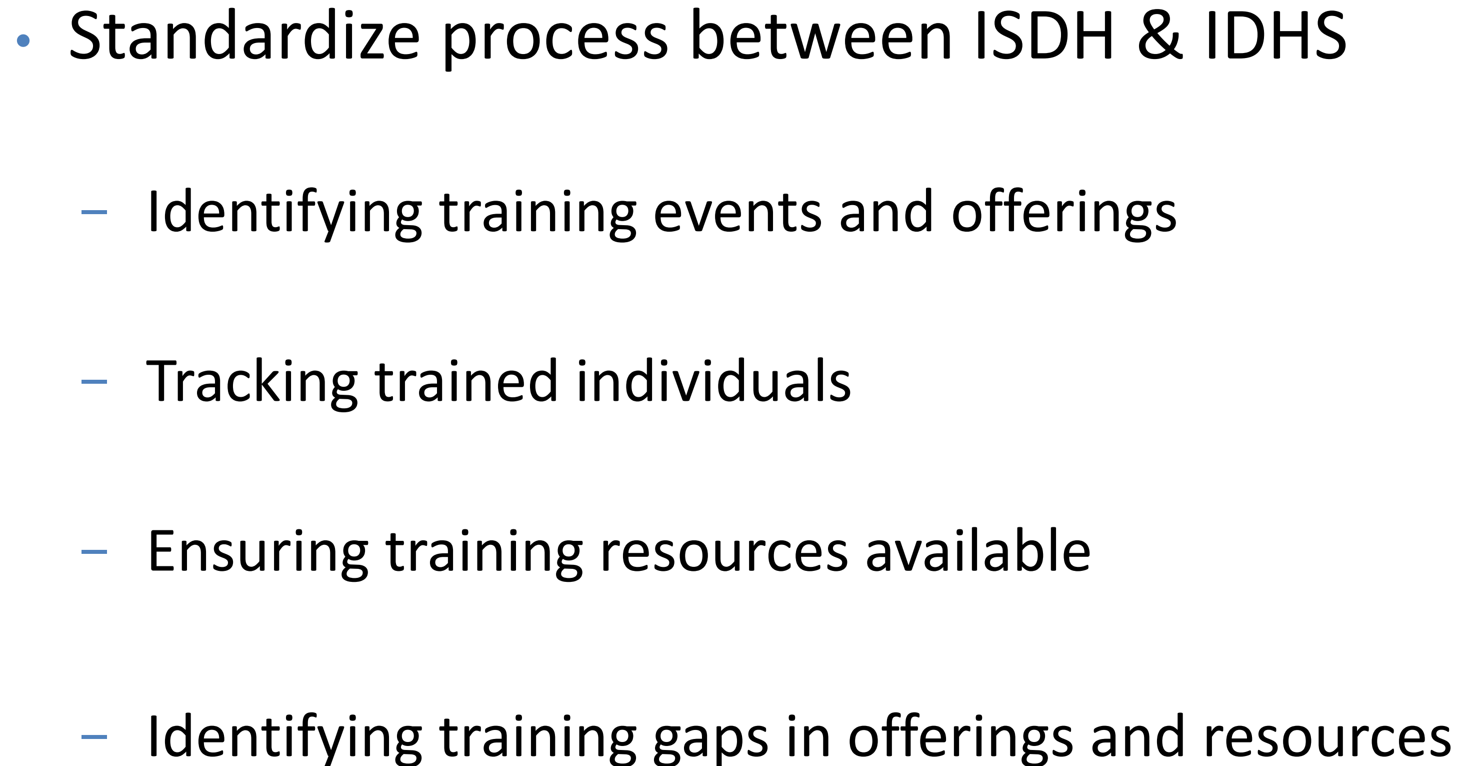
- Launched in Oct 2015
- Target -> Civilian population
- Trainings offered largely by Indiana Trauma Centers



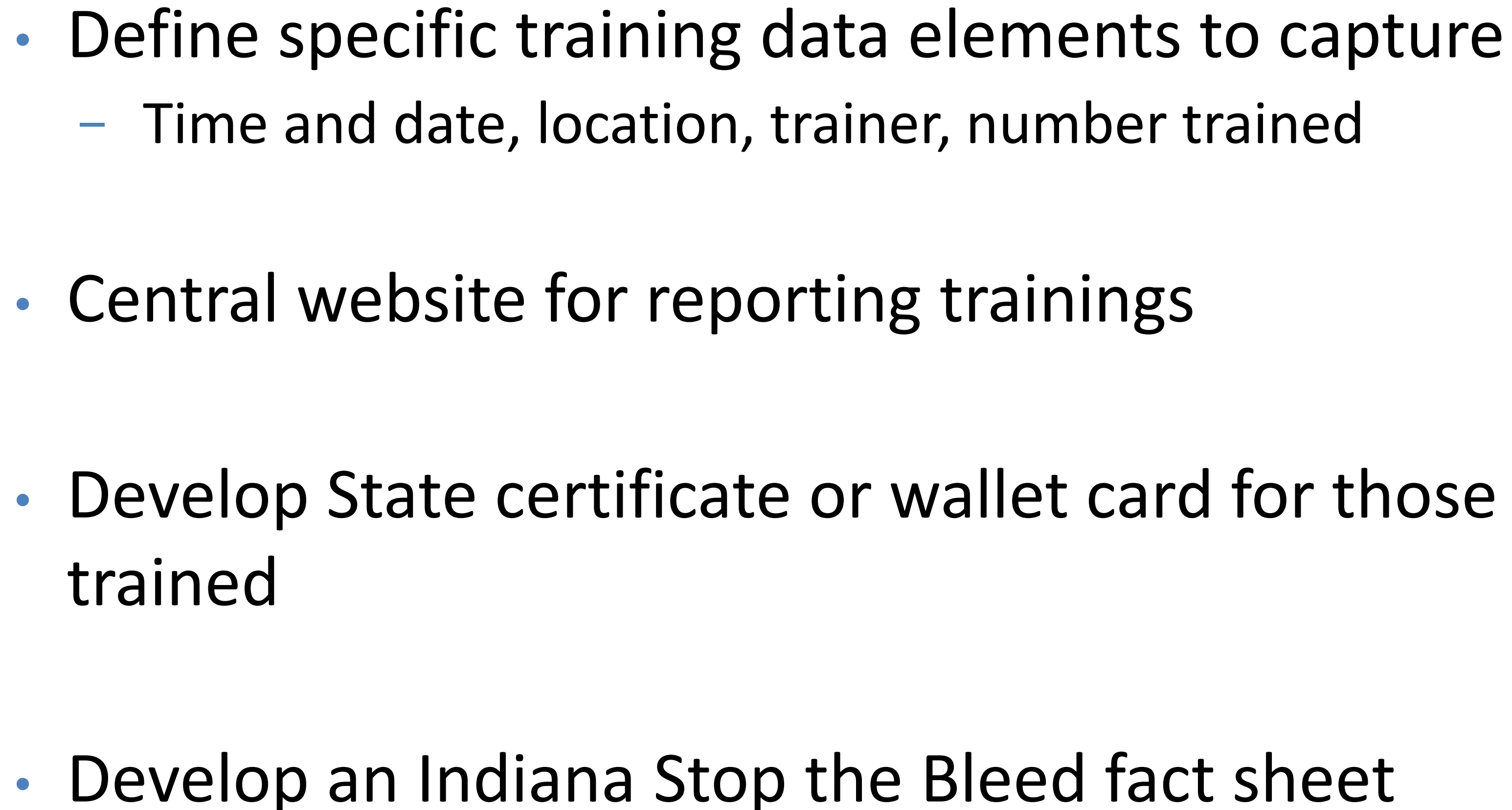
Training Coordination



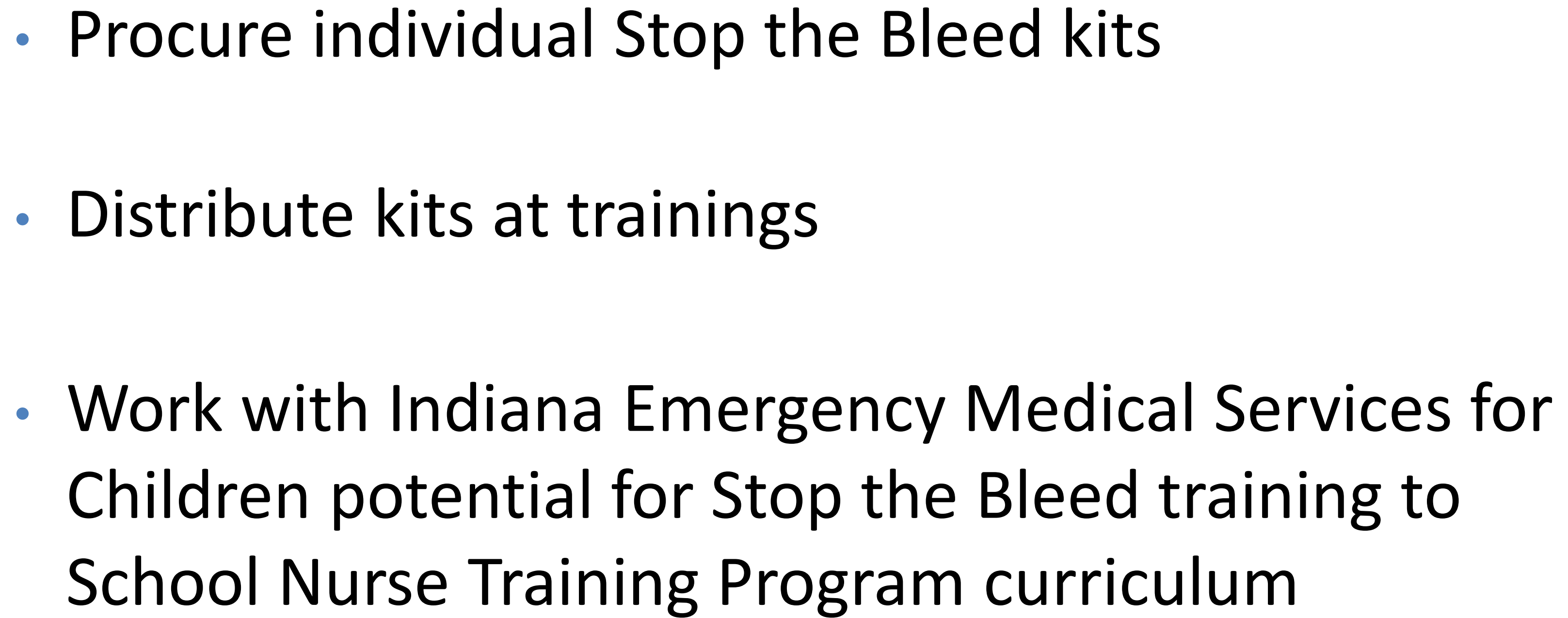
Training Coordination



Collaboration Activities



Collaboration Activities



Indiana's State Health Assessment and State Health Improvement Plan

Eden Bezy, MPH
Director, Office of Public Health Performance Management

Indiana State Department of Health

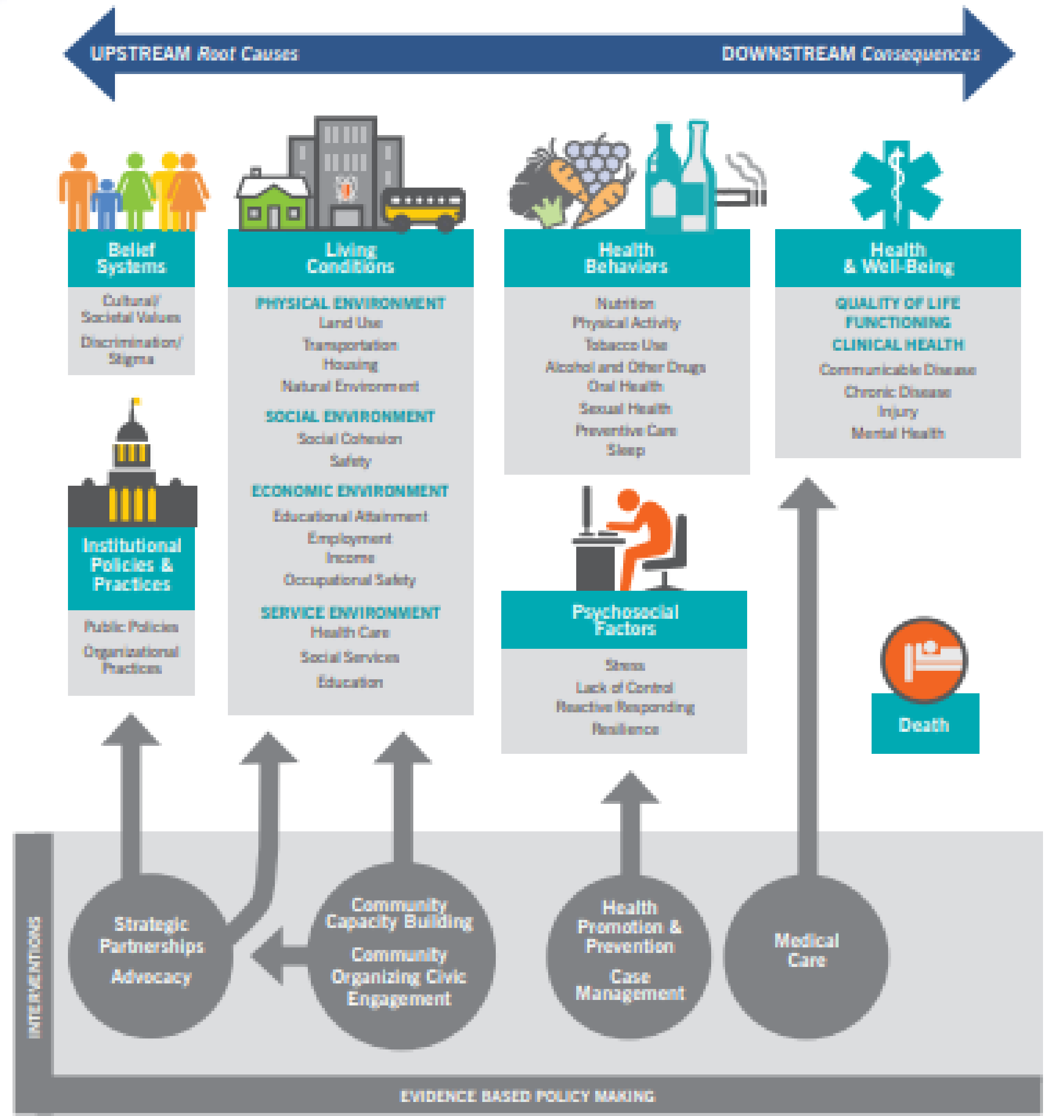
How did we start the process?

Following the review of more than 200 existing documents (assessment of assessments and review of other agency plans), over 100 variables, and speaking with subject matter experts, findings were summarized and presented to the IHIP steering committee for initial prioritization.

5

THE SHA INVOLVED FIVE STEPS:

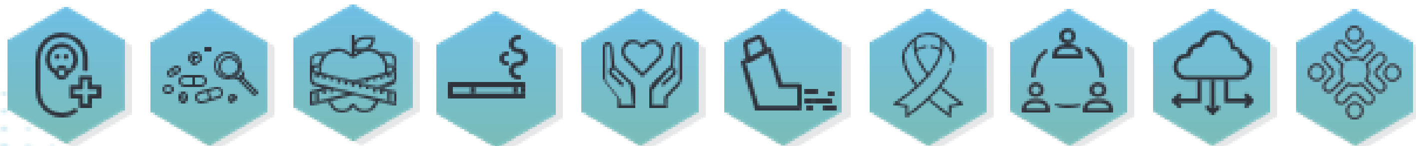
- Community health status assessment
- Assessment of prior assessments
- Review of other agency and coalition plans
- Key informant interviews/qualitative data gathering
- Health need identification



URBAN INFLUENCES SUCH AS THEIR ENVIRONMENT, ACCESS TO EDUCATION, AND SAFETY CAN HAVE PROFOUND IMPACTS ON THE ABILITY TO ACHIEVE OPTIMAL HEALTH.

What we learned:

Outcomes of the State Health Assessment



What communities identified:

10

THE TOP TEN IDENTIFIED PRIORITIES OF THE LOCAL CHAs INCLUDED:

- Access to care
- Mental and behavioral health
- Obesity
- Substance abuse disorders
- Nutrition and physical activity
- Diabetes
- Tobacco use
- Heart diseasse
- Cancer
- Maternal and infant health

2

1

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early Childhood education Vocational training Higher Education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Access to care

[...we have] a lack of Spanish speaking staff, limited resources in the area, a big cultural gap that exists.

Uninsured

11.4% 2014

8.1% 2016

In 2015, Indiana introduced expanded insurance options for lower income Hoosiers through the Healthy Indiana Plan (HIP) 2.0. Over 1.4 million Indiana residents are enrolled in Medicaid. More than 20,000 of those enrollees are pregnant.

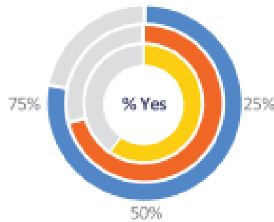
Urban and Rural

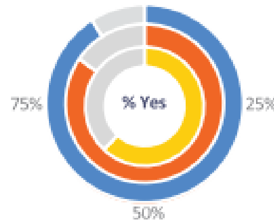
Rural residents report a higher number of poor or fair health days than urban populations. Unfortunately, physicians in rural areas have been decreasing for decades. There are 55 mental health care providers for every 100,000 people compared to 133 per 100,000 in urban areas.

Racial and Ethnic Disparities

Hispanic | Black | White

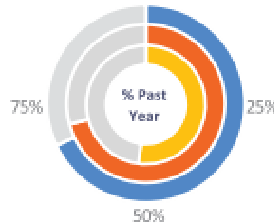
Do you have one person you think of as your personal doctor or health care provider?

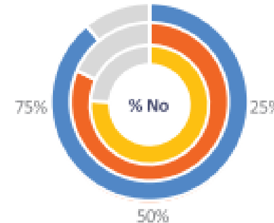




Do you have any kind of health care coverage, including health insurance, prepaid plans (HMOs), or government plans (Medicare)?

How long has it been since you last visited a doctor for a routine checkup?





Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

Population Residing in areas with Primary Care Shortages

87% of Rural

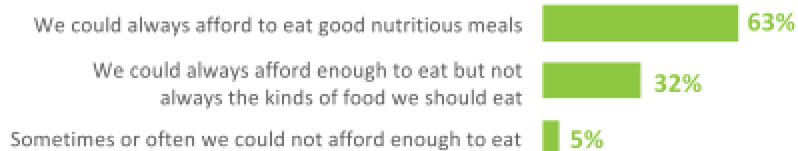
62% of Urban

Reducing chronic disease

Who are the Hoosiers using tobacco?

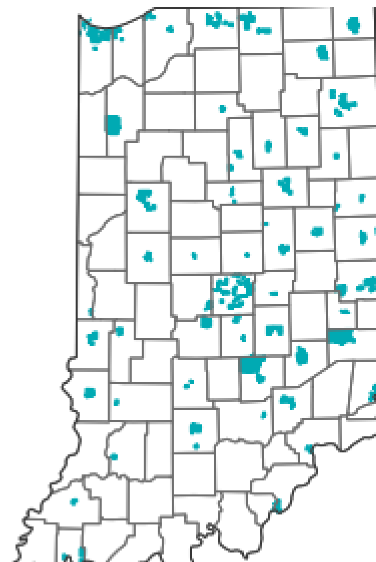
38% of adults who have frequent poor mental health days
33% of Medicaid women
33% of adults with an annual household income of less than $25,000
32% of those identifying as LBGT
30% of adults with a high school education or less
23% of African Americans
21% of whites
20% of high schoolers
18% of Hispanics
14% of pregnant women
5% of middle schoolers

Describe the food situation in your household...



Adults consuming 1 or more servings per day

High school students consuming 3 times per day



Food Deserts

Many families in Indiana do not have ready access to healthy foods where they live. Food deserts are described as geographic areas where access to affordable, healthy foods is restricted due to the absence of grocery stores within reasonable traveling distance. Research suggests that access to healthy foods were associated with positive health outcomes. Nearly 29% of the state's black population and 22% of the state's Hispanic population reside in a food desert compared to 11% of the state's white population.

Reducing chronic disease

Estimated 2016 Prevalence in Adult Population

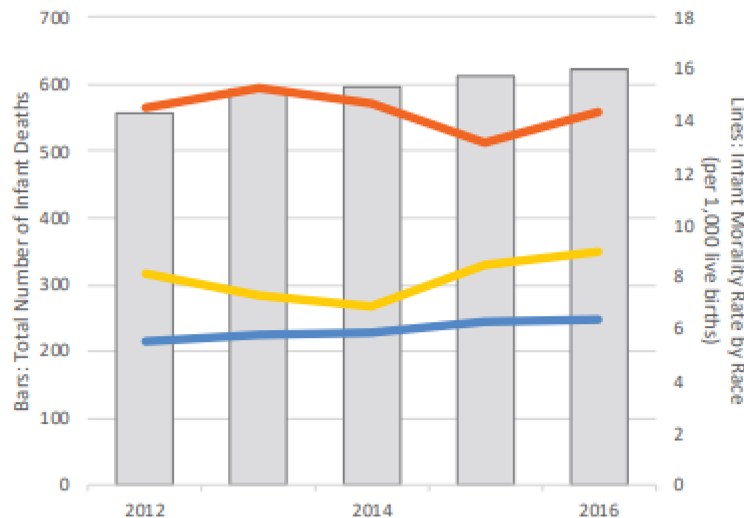
Ever told you had angina or coronary heart disease?	Ever told you had cancer (other than skin cancer)?	Ever told you had a stroke?	Ever told you had diabetes?
4.9%	5.5%	4.0%	11.5%

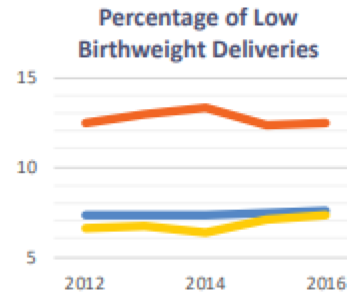
Obesity

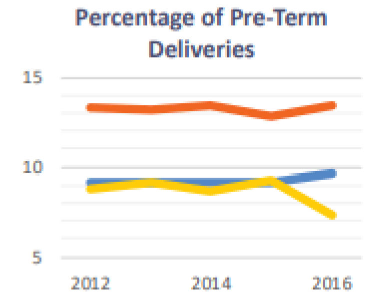
Indiana is the 10th most obese state in the U.S.
According to 2016 BRFSS data, over two-thirds (67.2%) of Indiana adults are overweight (34.7%) or obese (32.5%). Obesity disproportionately affects low-income and rural communities, as well as the African American population. Obesity rates have increased from 13.0% of adult Hoosiers in 1990 to now nearly a third (32.5%) in 2016.

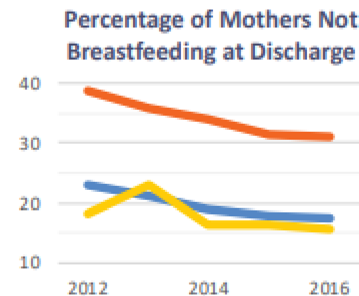
For Every 100 Adults: 32 Are Obese 35 Are Overweight

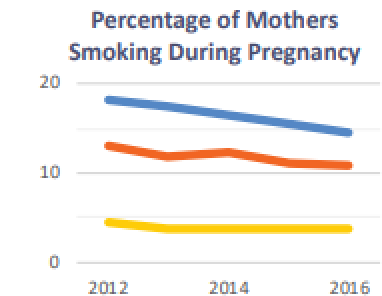
Improving birth outcomes





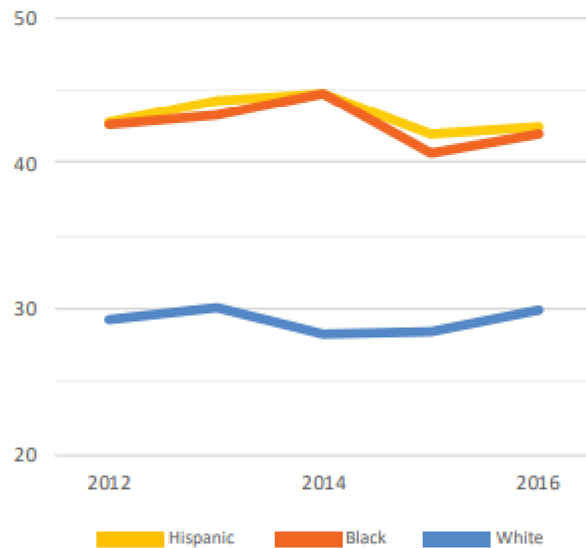






Hispanic Black White

Improving birth outcomes



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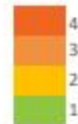
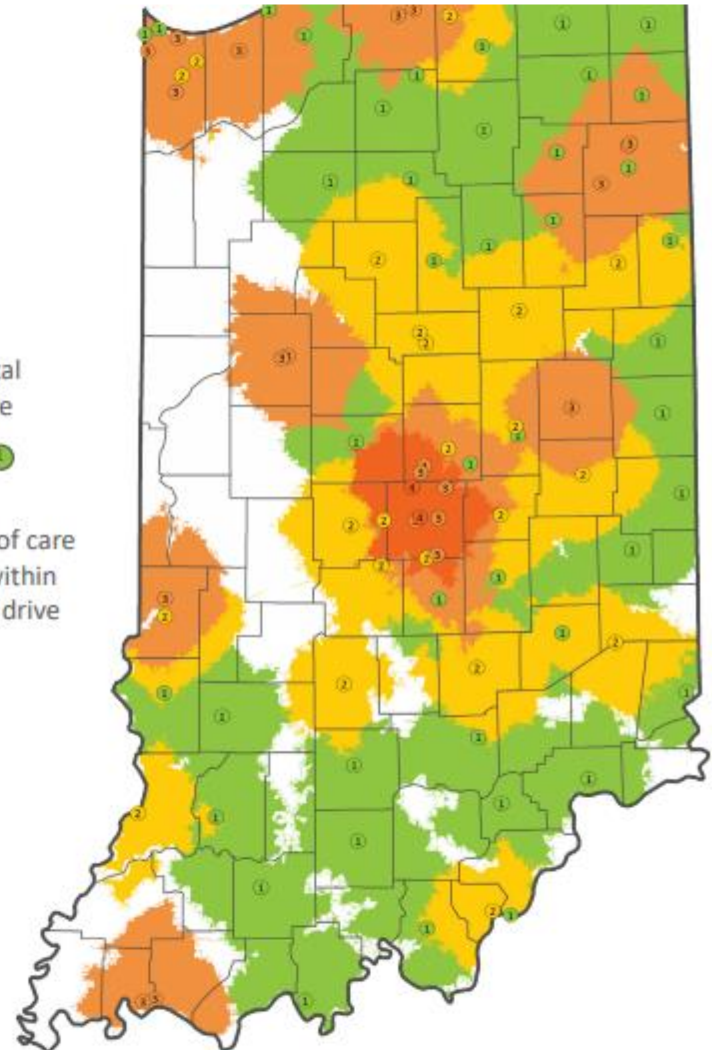
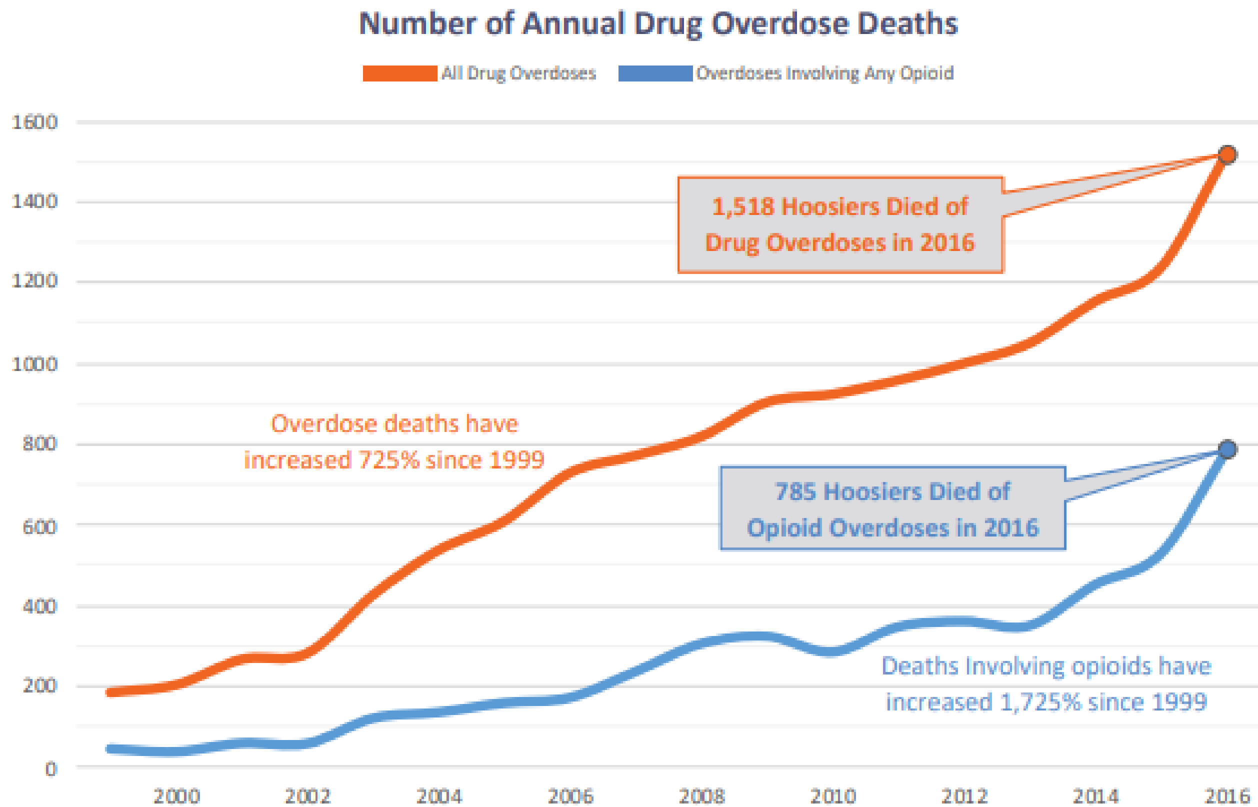
Birthing hospital by level of care

Highest level of care accessible within a 30 minute drive





Addressing the opioid epidemic



Part 2: Indiana State Health Improvement Plan

1. *Improve birth outcomes and reduce infant mortality*
2. *Address the opioid epidemic*
3. *Improve the public health infrastructure*
4. *Reduce rates of chronic disease*

Flagship Priority 1:

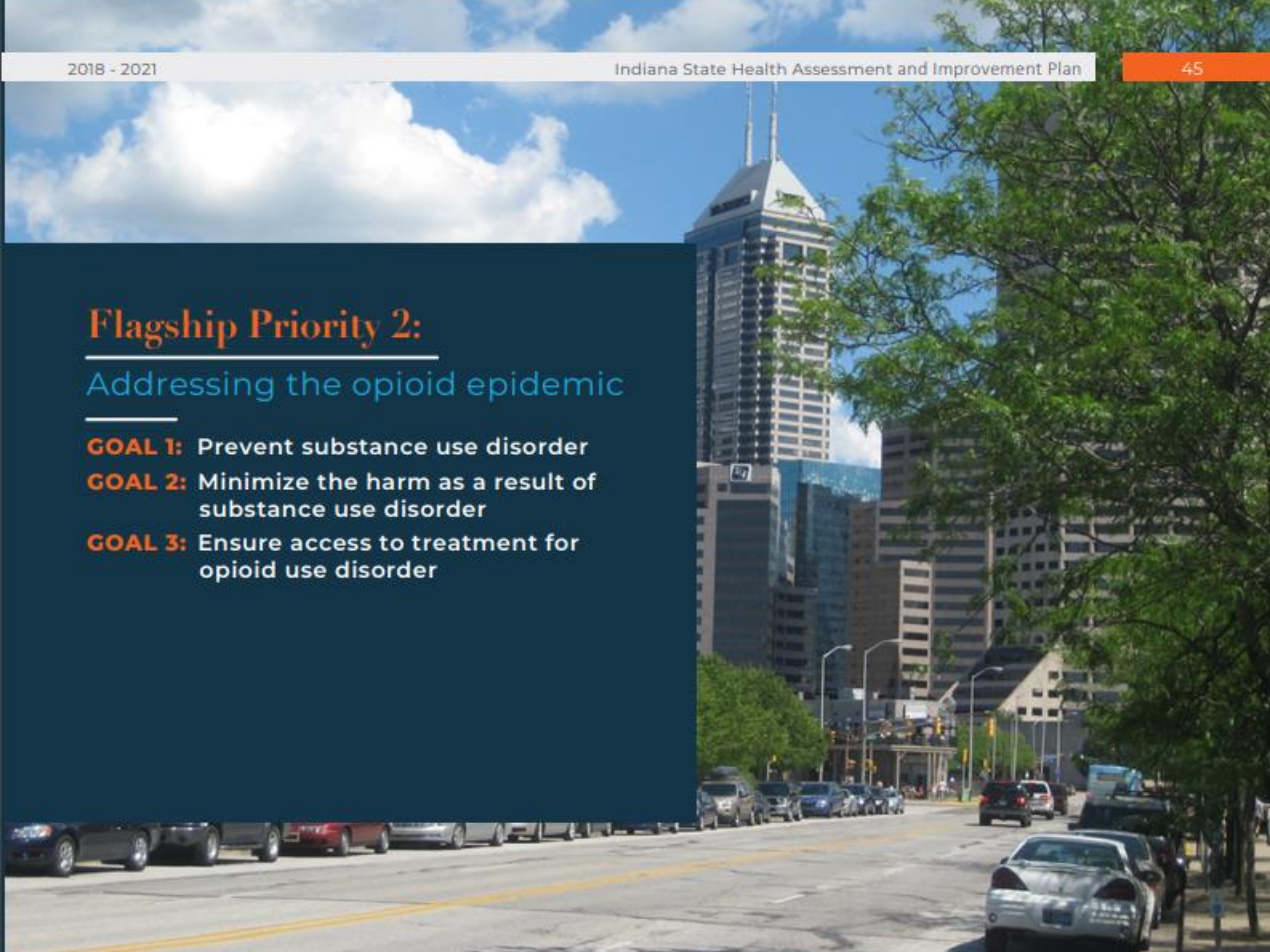
Reduce Infant Mortality

GOAL 1: Reduce infant mortality

GOAL 2: Improve maternal and infant health outcomes

GOAL 3: Increase safe sleep practices

GOAL 4: Improve access to prenatal care



Flagship Priority 2:

Addressing the opioid epidemic

GOAL 1: Prevent substance use disorder

GOAL 2: Minimize the harm as a result of substance use disorder

GOAL 3: Ensure access to treatment for opioid use disorder

Flagship Priority 3:

Reduce chronic disease

GOAL 1: Reduce the burden of obesity living in Indiana

GOAL 2: Increase opportunities for active living in Indiana

GOAL 3: Increase opportunities for healthy eating in Indiana

GOAL 4: Decrease the burden of tobacco use in Indiana

GOAL 5: Decrease the burden of cardiovascular disease and diabetes in Indiana and encourage chronic disease self-management

GOAL 6: Reduce the burden of asthma on Indiana adults and children

GOAL 7: Ensure all Hoosiers are appropriately screened for cancer

Flagship Priority 4:

Improve the public health infrastructure

GOAL 1: Develop new and foster existing partnerships to improve the public's health

GOAL 2: Increase the availability of timely and accurate data to communities across the state

GOAL 3: Build the capacity of local health departments, the public health workforce, and community partners to provide quality and equitable public health services

Making the ISHIP Happen

Every person plays an important role in community health improvement in Indiana, whether in our homes, schools, workplaces, recreational areas, or churches. Encouraging and supporting healthy behaviors from the start is much easier than altering unhealthy habits. Below are some simple, ways to use ISHIP to improve the health of your community:

Employers

•Understand priority health issues within the community and use this plan and recommended resources to help make your business a healthy place to work!

• Educate your team about the link between employee health and productivity.

Community Residents

• Understand priority health issues within the community and use this plan to improve the health of your community.

• Use information from this Plan to start a conversation with community leaders about health issues important to you.

•Get involved! Volunteer your time or expertise for an event or activity, or provide financial support to promote initiatives related to health topics discussed in this plan.

Health Care Professionals

• Understand priority health issues within the community and use this plan to remove barriers and create solutions for identified health priorities.

• Share information from this Plan with your colleagues, staff, and patients.

• Offer your time and expertise to local improvement efforts (e.g. become a committee member or content resource

• Offer your patients relevant, counseling, education, and other preventive services in alignment with identified health needs of the State of Indiana.

Educators

•Understand priority health issues within the community and use this plan and recommended resources to integrate topics of health and factors that affect health (i.e. access to health food, physical activity, risk-behaviors, use of the health care system, etc.) into lesson plans across all subject areas such as math, science, social studies, and history.

•Create a healthier school environment by aligning this plan with school wellness plans/policies. Engage the support of leadership, teachers, parents and students.

Government Officials

•Understand priority health issues within the community.

•Identify the barriers to good health in your communities, and mobilize community leaders to take action by investing in programs and policy changes that help members of our community lead healthier lives.

State and Local Public Health Professionals

•Understand priority health issues within the community and use this plan to improve the health of this community.

•Understand how the State of Indiana compares with peer states, regional peers, and the U.S. population, as a whole.

Faith-based Organizations

•Understand priority health issues within the community and talk with members about the importance of overall wellness (mind, body and spirit) and local com- munity health improvement initiatives that support wellness.

•Identify opportunities that your organization or individual members may be able to support and encourage participation (i.e. food pantry initiatives, community gardens, youth groups geared around health priorities, etc.).

Tracking and Evaluation

Indiana Indicators (indianaindicators.org) and Indiana's Stats Explorer (https://www.in.gov/isdh/26720.htm) provide current data for many of the core measures contained in this SHIP at both the state and county levels. Local health departments, hospitals, community coalitions, and others implementing the strategies con- tained in this SHIP are encouraged to compare their county rates to state figures to better understand their own health burdens. Check back to the sites often to see progress on the SHIP indicators, as data is updated regularly.

The State Health Improvement Plan will be reviewed yearly to track both process and outcomes objectives and strategies. The outcomes of those reviews will be posted to the SHA/SHIP webpage at statehealth.in.gov.

Broad Range of Partners To Choose From

Clinical-Community Linkages Improve Access to Funding and Services

COMMON COMMUNITY PARTNERS

- Public health departments
- County mental health agencies
- School districts and universities
- Faith-based organizations
- YMCA/YWCA
- Service leagues (e.g., Lions, Rotary)
- Environmental organizations
- Local agencies (e.g., Area Agencies on Aging, housing and city planning departments)
- Non-profit service providers (e.g., Meals on Wheels, food banks)
- Local businesses (e.g., bodegas, barber shops)
- Public safety providers (e.g., police, EMS)
- Private firms (e.g., real estate and architecture firms)

Source: Advisory Board Company

Thank You!

Performance Improvement subcommittee update from September

Dr. Stephanie Savage, *Trauma Medical Director*

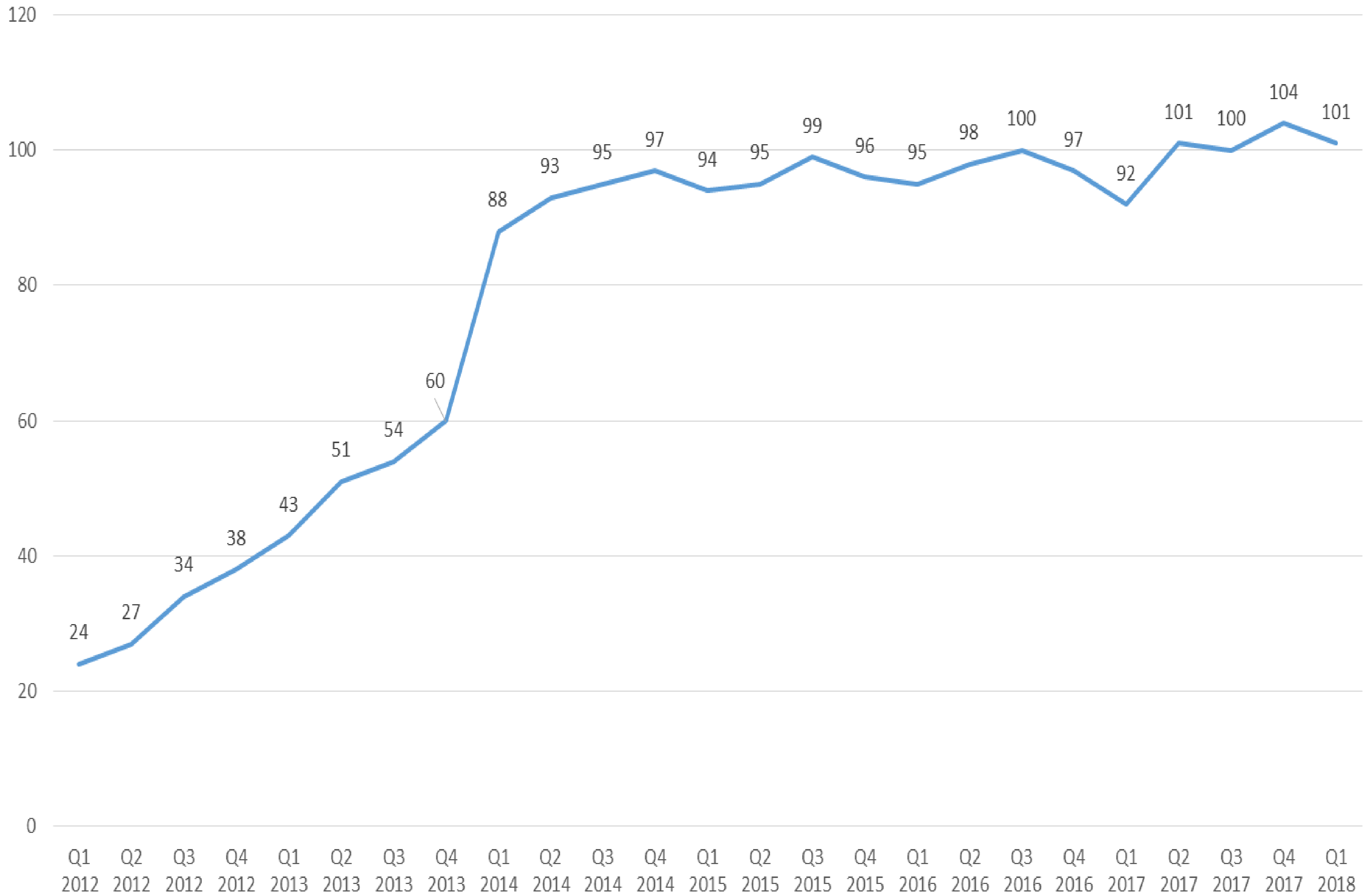
IU Health Methodist Hospital

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

2018 Goals

1. Increase the number of hospitals reporting to the Indiana trauma registry.
2. Decrease average ED LOS at non-trauma centers.
3. Increasing Trauma Registry participation (past 12 months).
4. Regional TRACs working to establish PI groups.


Number of Reporting Hospitals
120
100
80
60
40
20
0
24
27
34
38
43
51
54
60
88
93
95
97
94
95
99
96
95
98
100
97
92
101
100
104
101
Q1 2012
Q2 2012
Q3 2012
Q4 2012
Q1 2013
Q2 2013
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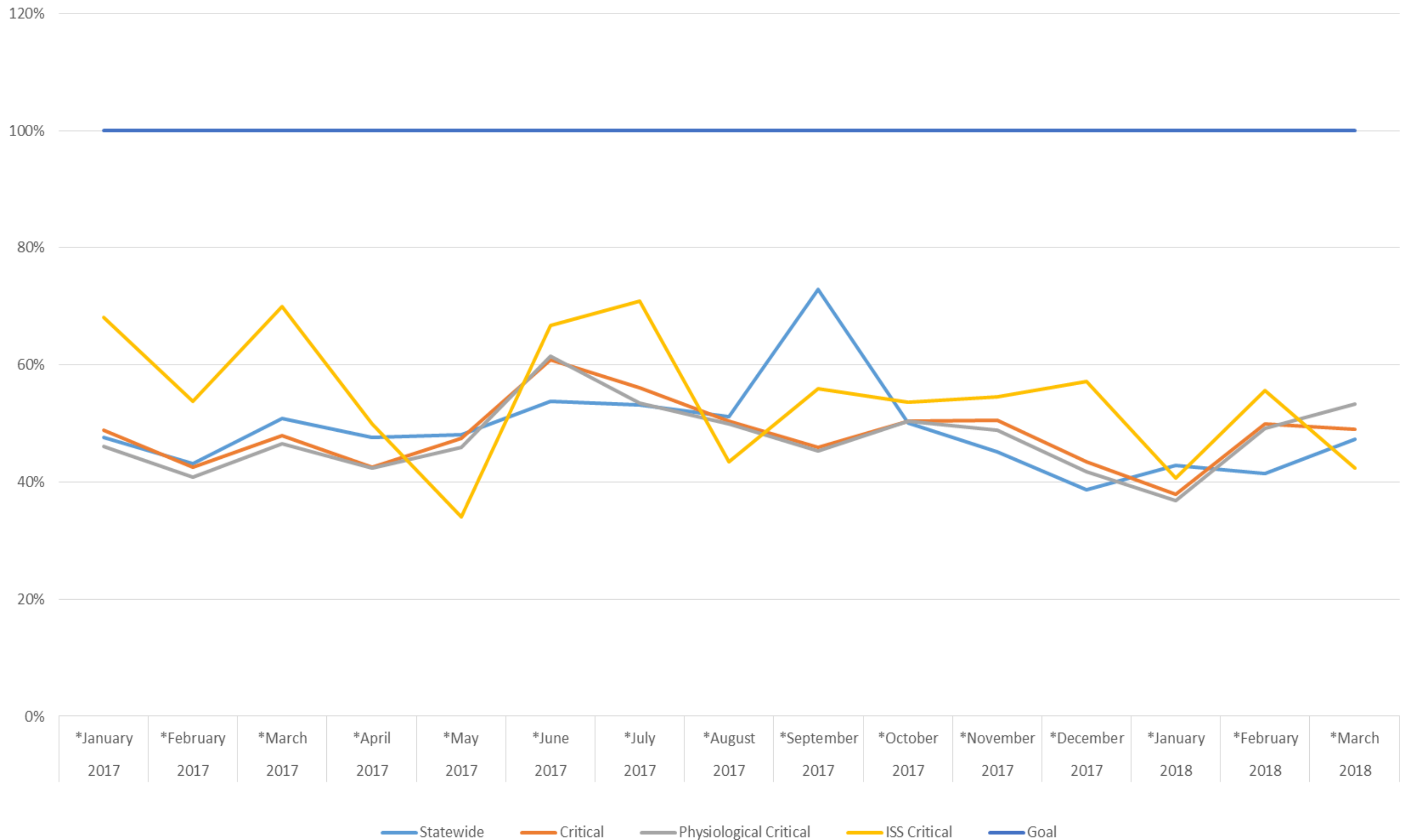
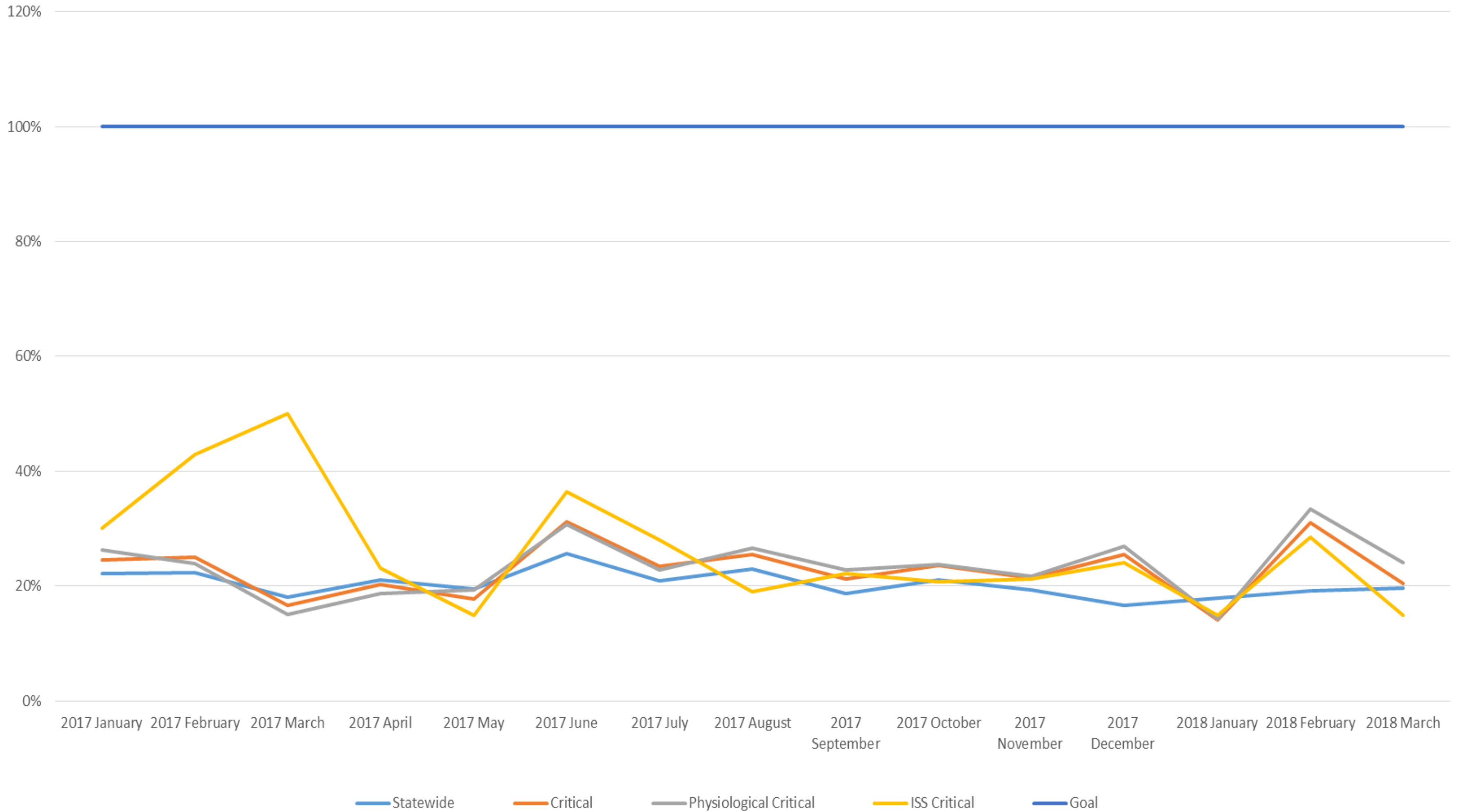
Q3 2014
Q4 2014
Q1 2015
Q2 2015
Q3 2015
Q4 2015
Q1 2016
Q2 2016
Q3 2016
Q4 2016
Q1 2017
Q2 2017
Q3 2017
Q4 2017
Q1 2018

Transfers - Time to orders written



Transfers - Time to ED departure



*ED LOS was calculated using ED/Acute Care Discharge (Physical Exit) for July 2016 and later.

Transfer Delay Charts

Barriers

- Still little data entered on reasons for delay.
- Difficult to determine reasons retrospectively.

Action

- Develop standardized form for transferring centers to complete regarding delays.
- Receiving centers can use more robust PI resources to identify delays and follow up with referring centers.

Transfer Delay Pilot

ED Disposition: Transferred to another hospital
Destination Determination: Specialty - Neurosurgery
Hospital Transferred To: Favorites | (MN) Minnesota Facility
Transport Mode: Ambulance
Transfer Delay: Yes

Reason for Transfer Delay:
- -Select-
- Communication Issue
- EMS Issue
- Equipment Issue
- Receiving Facility Issue

EMS Issue and Receiving Facility Issue were selected in the Reason for Transfer Delay multi-select

Should these be single selects or multi-select fields?

EMS Issue:
- -Select-
- Air Transport ETA > Ground Transport ETA
- Air transport not available due to weather
- Out of county
- Shortage of ground transport availability

Receiving Facility Issue:
- -Select-
- Bed availability
- Difficulty obtaining accepting facility/hospital
- New ED Staff
- Other

The Reason for Transfer Delay selections opened additional data sections

Next steps:

- Speaking with ImageTrend on the cost and the development of a mock up
  - **UPDATE**: It will be part of the trauma registry by the mid or end of November.
- Should we make this a mandatory field?

Ongoing PI Projects

- Registry quiz (new format started)
    - 69% participation (down from 80%)

- Data quality validation project
    - Starting with limited variables (signs of life and missing data)

Trauma system planning subcommittee update

Dr. Scott Thomas, *Trauma Medical Director*
Memorial Hospital of South Bend
Dr. Matt Vassy, *Trauma Medical Director*
Deaconess Hospital

Indiana State
Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

Trauma System Planning Subcommittee

- Division strategic plan.
- ISTCC meeting attendance requirements.
- Discussed other states' trauma funding.
- Summarized progress on 2008 ACS consult recommendations.
- Started drafting guidelines on how to talk with families about gun safety.

EMS Medical Director Updates

Dr. Michael Kaufmann, *EMS Medical Director*
Indiana Department of Homeland Security

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

State of the State: EMS/IDHS

Indiana State Trauma Care Committee Update

October 2018

Michael A. Kaufmann, MD, FACEP, FAEMS

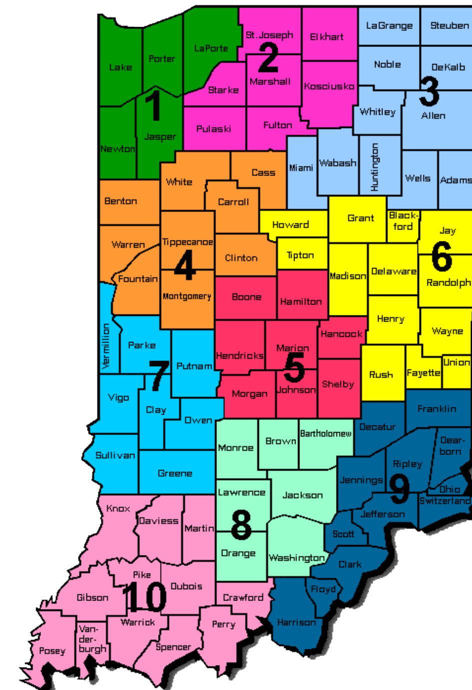
EMS Medical Director

Indiana Department of Homeland Security

EMS System Metrics

333 Provider Agencies required to report into ImageTrend

- Total Ambulances in state 2,022
  - D1 – 363
  - D2 - 145
  - D3 - 111
  - D4 - 120
  - D5 - 492
  - D6 - 301
  - D7 - 84
  - D8 - 49
  - D9 - 245
  - D10 - 112
- Total ALS non-transport vehicles 584
- Total Rotocraft statewide 52

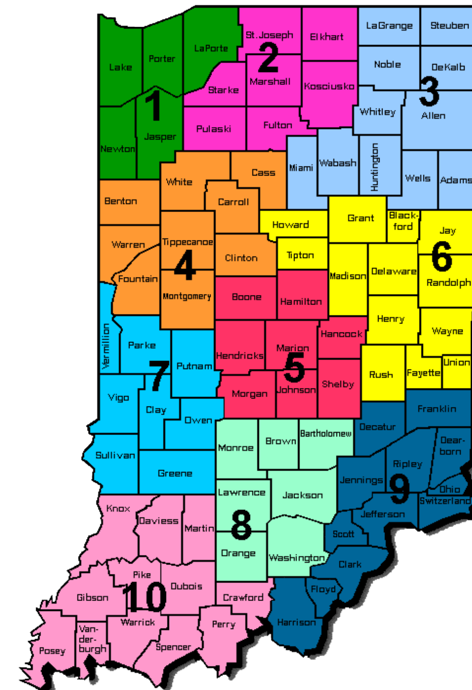


EMS System Metrics

333 Provider Agencies required to report into ImageTrend

- EMS provider agencies reporting as of 10/18/2018

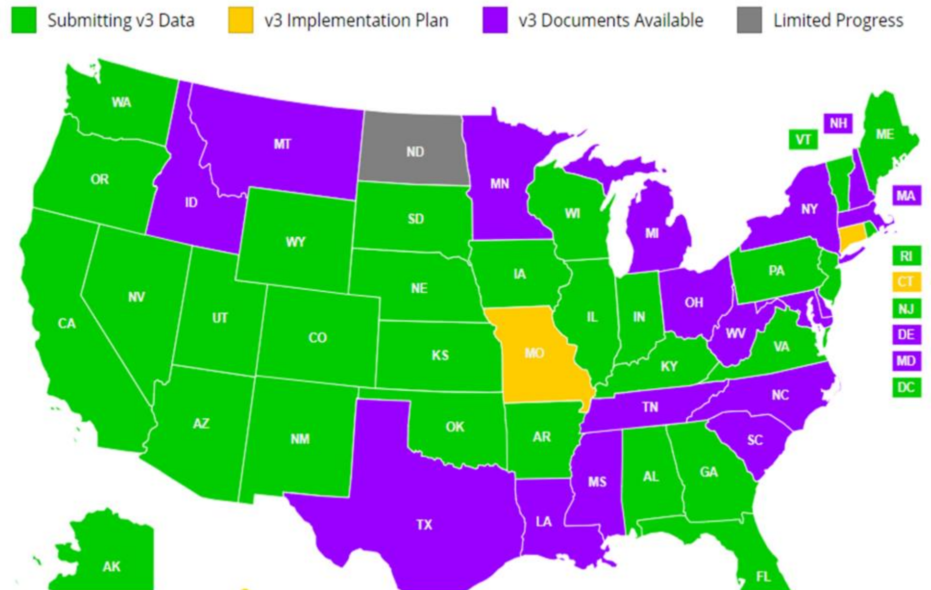
90%



NEMSIS

- Green for the first time!
- Submitting V3 Data

47%



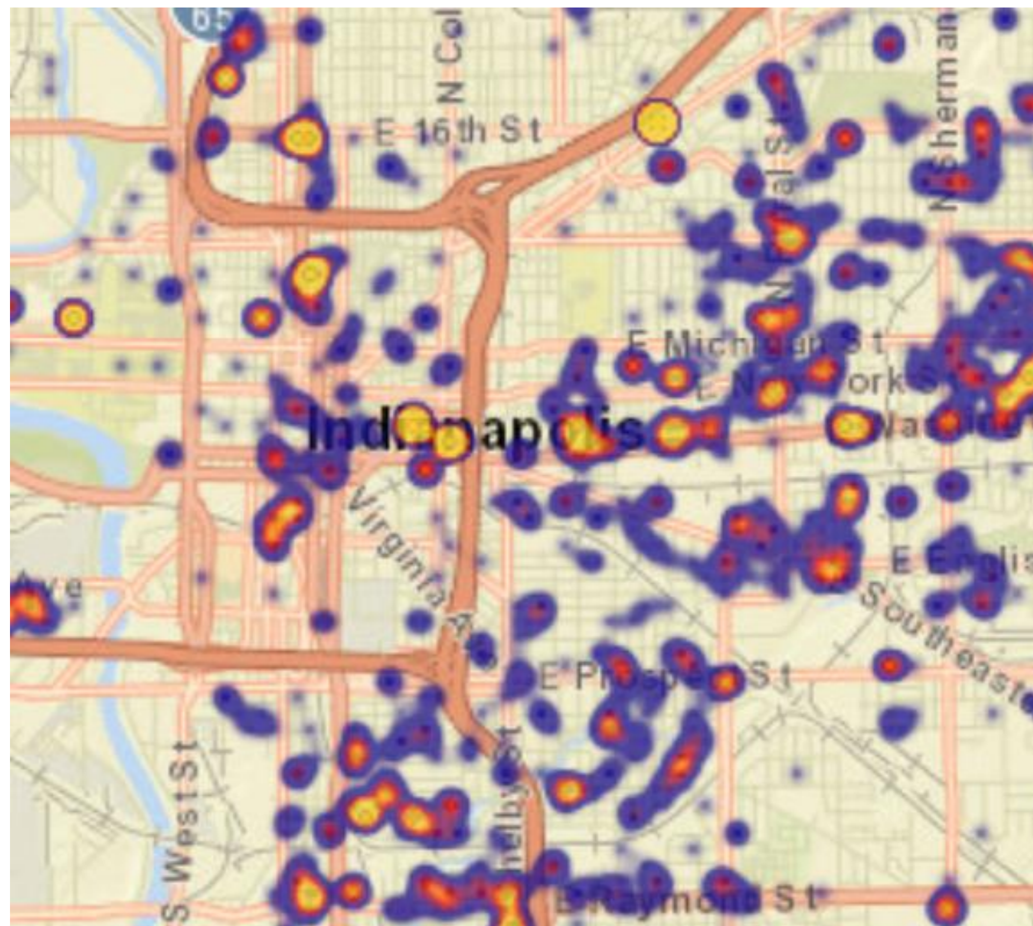
IC 16-31-2-11 – Data Sharing

- (d) *The following information, if contained in a pre-hospital ambulance rescue or report record regarding an emergency patient, is public information and must be made available for inspection and copying under IC 5-14-3:*
  - *(1) The date and time of the request for ambulance services.*
  - *(2) The reason for the request for assistance.*
  - *(3) The time and nature of the response to the request for ambulance services.*
  - *(4) The time of arrival at the scene where the patient was located.*
  - *(5) The time of departure from the scene where the patient was located.*
  - *(6) The name of the facility, if any, to which the patient was delivered for further treatment and the time of arrival at that facility.*

Tiered Access System

- Working with MPH
- Would set up a system of tiered access to EMS Registry
- Based on organization and intended use
- Allow more robust access to state data

Naloxone Heat Mapping Project

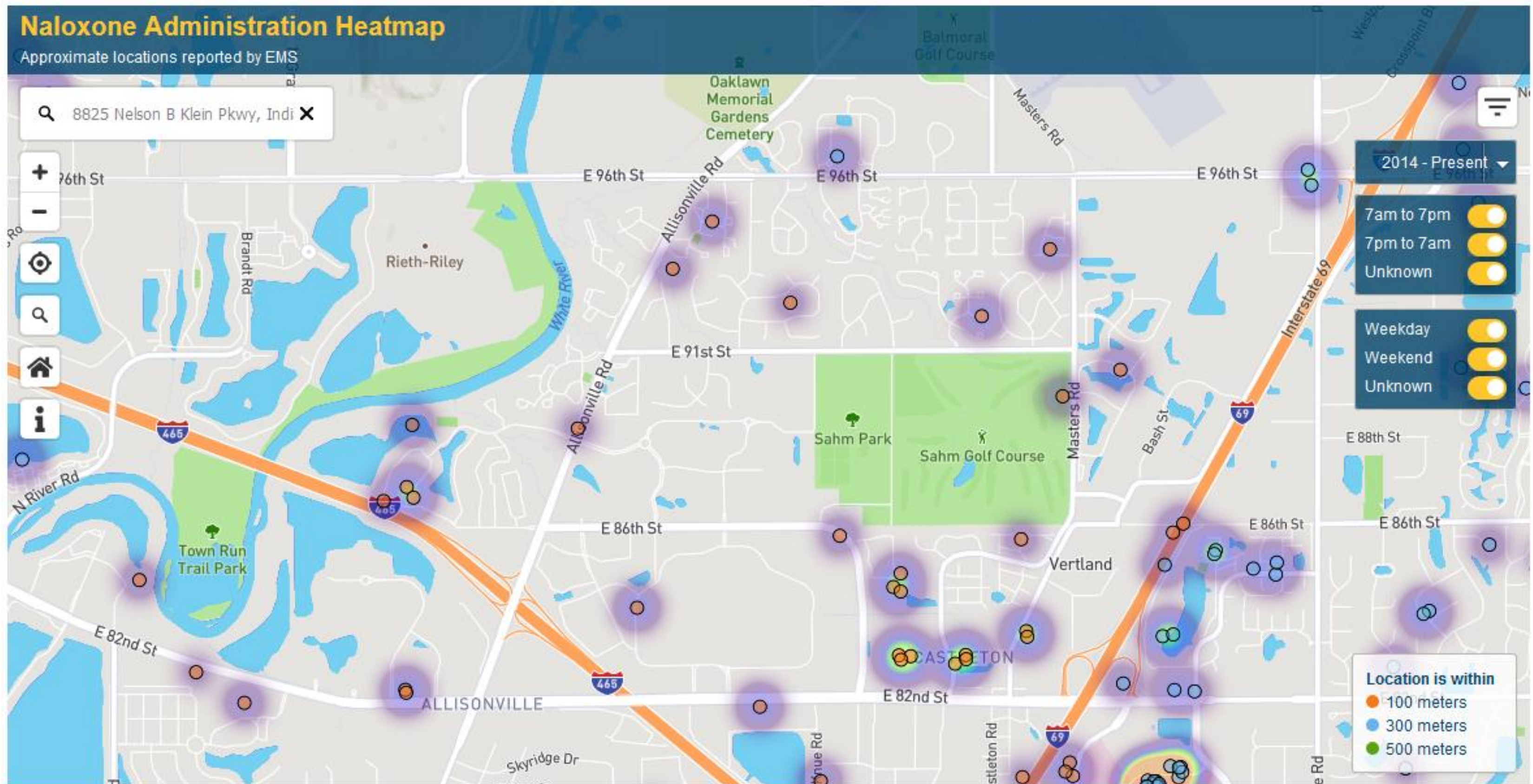


Data

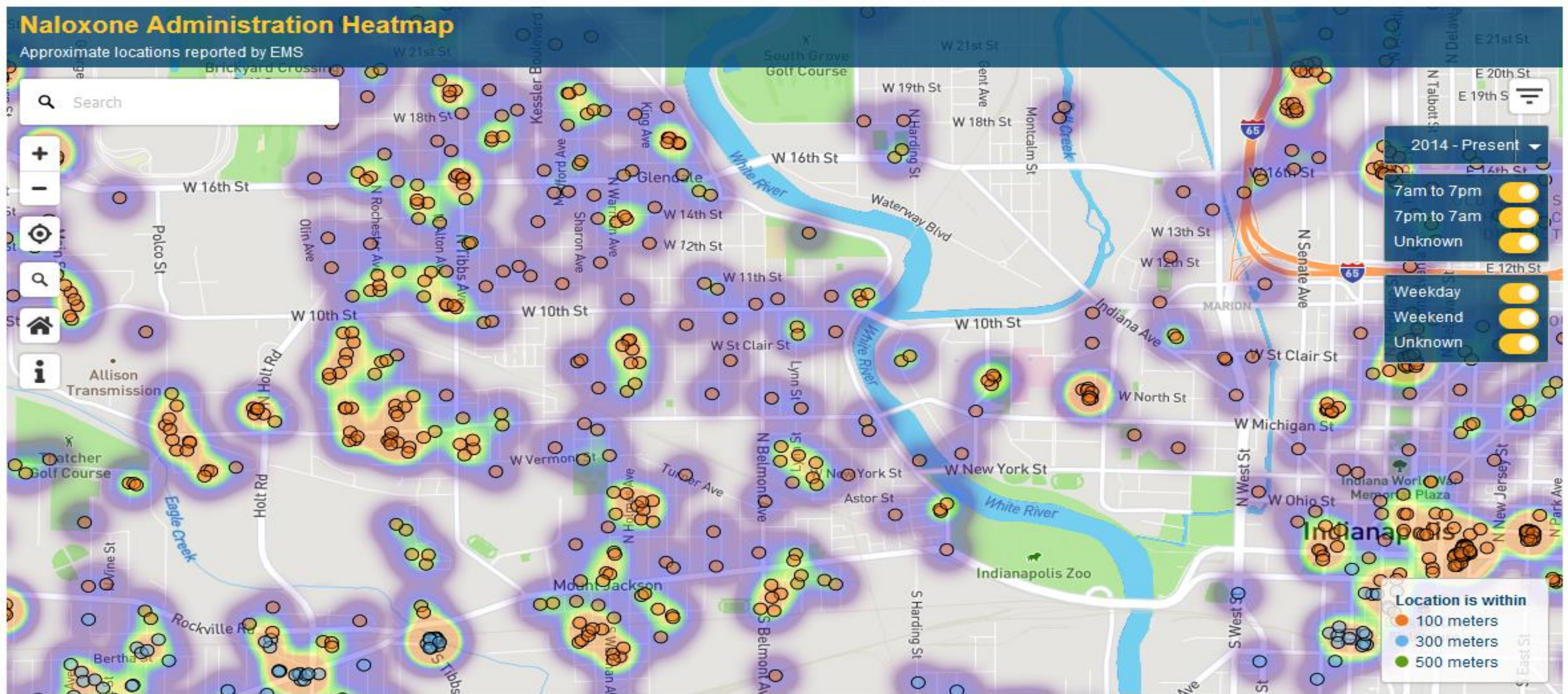
www.in.gov/recovery

- Live 8/23
- Public
- Ready to use

Map Screenshots



Map Screenshots



Naloxone Sustainability

Working with FSSA and the IHA to secure funding for EMS provider agencies who administer naloxone to Medicaid members.

Pilots in Ripley and Montgomery Counties

Designed to secure a sustainable supply of naloxone.

Rule Making Update

- **836 IAC 1-1-5 Reports and records**
- Authority: IC 16-31-2-7; IC 16-31
    - Adopted the NEMSIS V3 data elements.
    - May 2018 - Passed a proposal submitted by IDHS/EMS to require run sheets to be submitted within 24 hours of run completion.
    - Has gone to Indiana Office of Management and Budget
    - Tentative Approval

    - Now going to the Governor's Office and Budget Director for consideration
    - EMS Commission now ready to enforce reporting with $500 fines per occurrence.

Rule Making Update

- Stroke Draft Rule
  - Passed May 2018 Commission meeting
  - **Rule 2.2. Certification of Ambulance Service Providers - Stroke Field Triage and Transport Destination Protocol**
  - Submitted to OMB for consideration and fiscal impact review
  - Tentative Approval Received

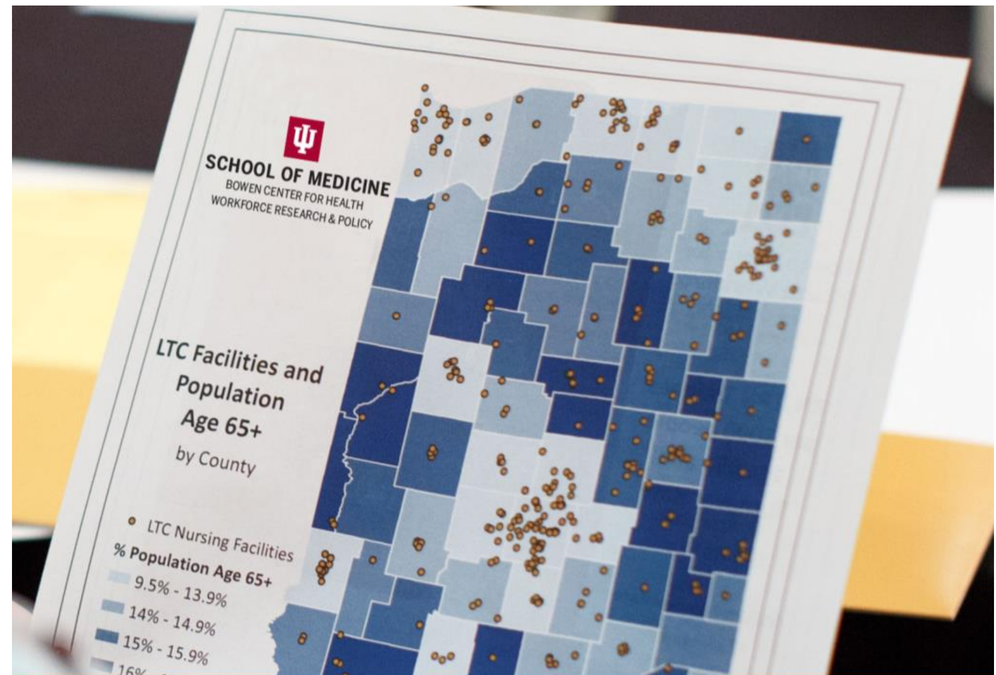
EMS-C

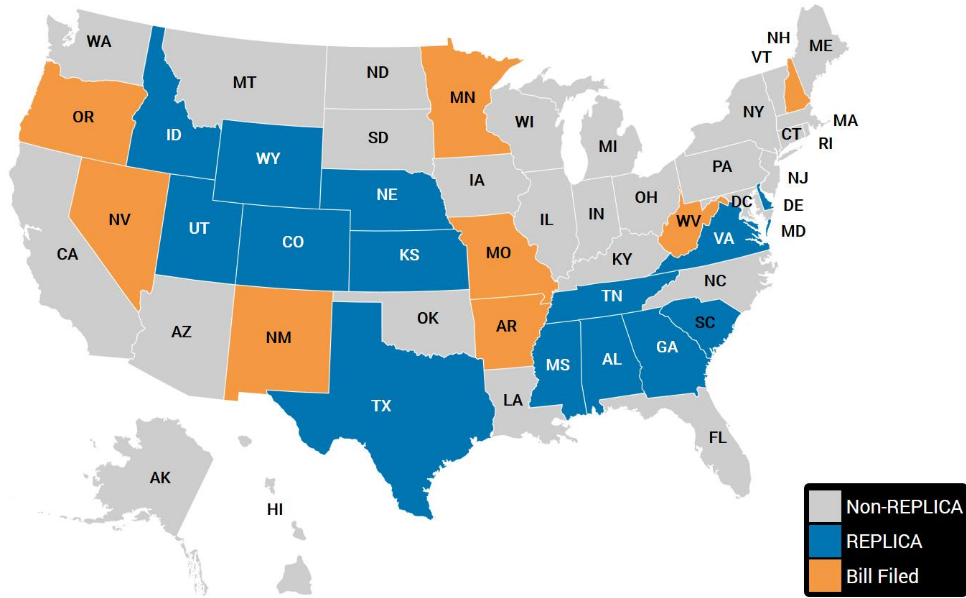
- Emergency Medical Services for Children
    - Elizabeth Weinstein, MD
    - Margo Knefelkamp

- EMS Division of IDHS will be asking each EMS provider organization to identify a pediatric representative to focus on pediatric care within each organization.
- This position will be identified on the EMS provider organization paperowork.
- Future ask will be to have a designated pediatric emergency specialist on the EMS Commission

Workforce Development

- Working to identify barriers restricting EMTs and Paramedics from entering the workforce in Indiana.
- Looking at licensing and certification process to remove obstacles.
- Looking for ways to align Indiana with other organizations such as NREMT to simply the continuing education and certification/licensure process.
- REPLICA





REPLICA

- The Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) is the nation's first and only multi-state compact for the Emergency Medical Services profession.
- REPLICA provides qualified EMS professionals licensed in a "Home State" a legal "Privilege To Practice" in "Remote States".
- Home States are simply a state where an EMT or Paramedic is licensed;
- Remote States are other states that have adopted the REPLICA legislation

REPLICA Next Steps

- Learning Lab scheduled for December 11th
    - National Governors Association
    - National Conference of State Legislatures
    - Council of State Governments
- Education
- Consensus Building

Stop The Bleed

SAVE A LIFE

The Indiana Department of Homeland Security is proud to be a supporting partner of the Stop the Bleed Program.

Stop the Bleed is a national campaign with two main goals:

- Inform and empower the general public to become trained on basic trauma care.
- Increase bystander access to bleeding control kits.

Suicide Prevention

For first responders

Indiana Department of Homeland Security
Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director

Suicide Prevention Training

- Satisfies HEA 1430
- Peer Reviewed
- Fully narrated
- Acadis in testing

Naloxone Training

Updated to include new reporting information. Ready for upload to Acadis

Know the O –EMS and Public Safety Information Card

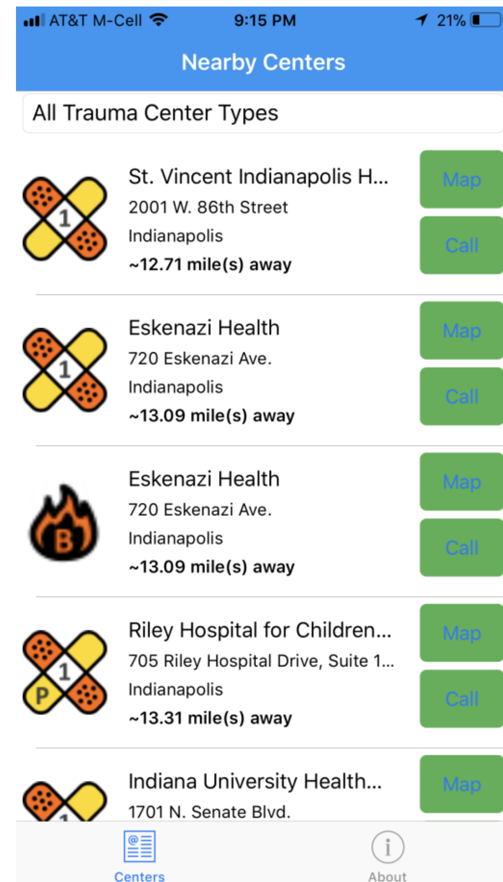
- Cards available to first responders
- 50,000 printed specific for EMS
- Short overview and video going into Acadis

EMS Field Guide (App Version 1.0)

Beta version ready for distribution.

First year funded!

Need assistance with development



Universal Transfer Form

- Developed by collaborative committee made of up representation from Ascension St. Vincent, Franciscan, IU Health, SNFs, Emergency Department.
- Intended to improve communication when sending patients to hospitals.
- Garnering support and educating stakeholders

DELIVER TRANSFER FORM TO HOSPITAL EMERGENCY DEPARTMENT

SKILLED NURSING FACILITY TO HOSPITAL TRANSFER FORM

Resident Name *(last, first, middle initial)* ____________________

Language: ☐ English ☐ Other ____________ **Resident is:** ☐ SNF / Rehab ☐ Long-term

Date Admitted *(most recent)* _____/_____/_____ **DOB** _____/_____/_____

Primary Diagnosis(es) for admission: ____________________

Send To ____________________ *(name of hospital)* **Sent From** ____________________ *(name of nursing facility)*

CODE STATUS: ☐ **Full Code** ☐ **DNR** ☐ **DNI** ☐ **DNH** ☐ **POST**

Reason(s) for Transfer: ____________________

Who to Call at the Skilled Nursing Facility to Get Questions Answered:

Name/Title ____________________ **Phone** (___)____________

Does Primary Care Clinician in Skilled Nursing Facility want a call back? ☐ Yes ☐ No

Primary Care Clinician in Skilled Nursing Facility: ☐ MD ☐ NP ☐ PA

Name ____________________ **Phone** (___)____________

CAREGIVER / FAMILY / POA CONTACT: ____________________

Relationship ____________________ **Phone** (___)____________

BASELINE MENTAL STATUS

☐ Alert, oriented, follows instructions

☐ Alert, disoriented, but can follow simple instructions

☐ Alert, disoriented, but cannot follow simple instructions

☐ Not Alert

ALLERGIES

☐ **NKA** ☐ **Yes**

List ____________________

Form Completed by *(name/title)* ____________________

Date _____/_____/_____ **Time** (am/pm) ____________

Thank you!

- Your input and participation in the Indiana EMS System is vitally important.
- Mkaufmann@dhs.in.gov
- 317-514-6985

Indiana Government Center South

302 W. Washington St. Room E238

Indianapolis, Indiana 46204

Trauma Registry

Katie Hokanson, *Director*

Camry Hess, *Data Analyst*

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**

NTDB Changes

- NTDB changing BOTH clinical & technical aspects of schema.
- ImageTrend can accept both ITDX and new NTDB data standard.
- ACTIONS:
  - Confirm with vendor that ITDX with extensions is free.
  - Know where your PII is going.

Direct Admissions to the Hospital

- Definition
  - ED Disposition = Not Applicable and
  - ED Acute Care Discharge Date = Blank and
  - ED Acute Care Discharge Time = Blank

Indiana State
Department of Health

Direct Admissions to the Hospital

- Current mapping
  - Hospital admission date/time is mapping from ED admission date/time
- Proposed mapping
  - Hospital admission date/time will map from ED Discharge date/time
  - Feedback from importers

Indiana State Department of Health

2018 & 2019 ISTCC & ITN Meetings

- Location: Indiana Government Center – South, Conference Room B.
- Webcast still available.
- Time: 10:00 A.M. EST.
- 2018 Dates:
  - December 14
- 2019 Dates:
  - February 22
  - April 26
  - June 21
  - August 16
  - October 11
  - December 13

Other Business

Indiana State Department of Health

Email questions to: **indianatrauma@isdh.in.gov**