



Indiana State Department of Health

Project: Indiana State Trauma Care Committee (ISTCC)

Date: June 15, 2018

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: Mike Garvey, Vice Chair; Michael McGee, MD; Donald Reed, MD, FACS; Kevin McConnell, MD; and Lewis Jacobson, MD, FACS

ISDH Staff Present: Katie Hokanson; Ramzi Nimry; Audrey Rehberg

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Katie Hokanson, Director Trauma and Injury Prevention Division	Ms. Hokanson opened the meeting at 10:10 a.m. and welcomed everyone to the April meeting of the ISTCC. She asked that introductions be made around the room. She also announced to the Committee that Art Logsdon, Assistant Commissioner for the Health and Human Services Commission had retired from the ISDH in early April.	N/A	N/A
2. Approval of Minutes from the February 16, 2018 meeting of the ISTCC	Katie asked for approval of the minutes of the February 16, 2018 of the Indiana State Trauma Care Committee meeting. Hearing no changes or corrections, she entertained a motion for approval. - _____ made a motion to approve the minutes as distributed, it was seconded by _____ and approved unanimously. APRIL MEETING WAS CANCELLED	Minutes Approved as distributed.	N/A



Indiana State Department of Health

<p>3. Division Updates – Katie Hokanson, Director, Division of Trauma & Injury Prevention</p>	<p>Katie introduced to the Committee members, new staff members DeAngela Hall, Records Consultant, Morgan Sprecher, Pravy Nijjr who is new to the Injury Prevention position.</p> <p>In May Katie explained she attended a national annual conference of State EMS Officials. She attended the Trauma Managers Council meeting. Some of the topics covered were:</p> <p>Trauma Quality Improvement Program (TQIP). She learned that 14 states are utilizing this program at the state level currently. She also noted that currently 14 states are participating in TQIP at the state level and they are developing best practices as well as a toolkit.</p> <p>She also discussed the STOP THE BLEED Program stating much discussion has been centered around this initiative. There is a need to increase the instructor pool for this program and educational materials are being updated and are being translated into other languages.</p> <p>There is also a need to develop best practices for advocacy for funding and logistical program for K-12, collages as well as pre-K. Also an evaluation tool is in the development stages and will come out in the next 6 months. Some states were frustrated because the tool did not come out when the training materials were distributed.</p> <p>ACS Minimum Standards has been another hot topic recently. Much discussion has been held regarding 'rural and frontier' trauma and that this category did not have any consideration when the standards were being developed.</p> <p>Katie expressed her excitement to learn more information regarding the Trauma Survivor Network and that representatives from South Bend Memorial, Parkview and IU-Methodist as well as St. Vincent</p>		N/A
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Indiana State Department of Health

	<p>Indianapolis are all part of this important work to help trauma survivors move forward with their lives after life altering trauma injuries.</p> <p>Systems of Care is also gaining lots of discussion. These groups are looking at strokes and STEM-E. Katie stated that CDC is not updating the triage scheme and are engaging a third party for this work.</p> <p>She also discussed the Division's responsibility to develop a stroke center list. This listing is now on the agency's website. It is currently being updated and if a specific hospital is NOT on the list please forward to Katie the following information from the hospital's stroke coordinator:</p> <ul style="list-style-type: none">• Copy of Certification• Transfer agreements• Level of stroke certification <p>The EMS Stroke Planning group requested a list that is CPA capable. Katie shared an example of the information on the web with the Committee.</p> <p>She asked for cooperation from all in the room to get this listing updated quickly.</p> <p>Katie moved to the topic of inter-personal violence prevention in health care settings. A repository of information regarding children's safety collaborative has been created for use by facilities to be able to identify inter-personal violence which includes:</p> <ul style="list-style-type: none">• Child physical abuse• Adult sexual assault• Child sexual abuse		
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Indiana State Department of Health

	<ul style="list-style-type: none">• Domestic violence• Bullying• Homicide• Traumatic stress, and• Elder abuse. <p>Many cases of IVP interact with health care facilities and the repository is useful. Katie stated in the near future her staff will incorporate this data on the Trauma and Injury Prevention's Mobile App.</p> <p>Indiana's Violent Death Reporting System INVDRS, is related to the inter-personal violence and this data has been shared with coroners who have been reporting data to the Division. Katie shared slides with the group of the IVDRS.</p> <p>Katie shared recent events hosted by the Trauma and Injury Prevention Program.</p> <ul style="list-style-type: none">• ATS Trauma Registry Course with 25 attendees• Biennial Spinal Cord and Injury Conference with 143 attending• EMS Medical Directors Conference with 110 attendees <p>Much engagement is being seen with the opioid-related webcasts with 200-300 people joining the webcasts.</p> <p>Katie shared information on the Indiana Black & Minority Health Fair which has been held in conjunction with Indiana Black Expo July 19-22, 2018. This is the 33rd year for the Health Fair. Katie and her staff man their area to discuss older adult falls prevention and are asking any subject matter experts to please join them at some point during the Health Fair to share their knowledge and expertise. Contact</p>		
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	<p>Katie if you would like to assist.</p> <p>There is also a need for child safety seat technicians as this is also part of the community outreach provided by the Trauma and Injury Prevention Division during the Health Fair.</p> <p>The Public Safety Public Health Opioid Conference will be held on Tuesday, August 14, 2018 at the 502 East Event Center in Carmel. Please register for this conference early as it sells out quickly. Tracks for the 2018 conference are (1) prevention (2) treatment and (3) enforcement.</p> <p>The Midwest Injury Prevention Alliance Summit (MIPA) will be held November 29 and 30, 2018 in Indianapolis with ISDH hosting the event.</p> <p>Katie explained the Screening, Brief Intervention and Referral Treatment (SBIRT) provider training will be held throughout the state. These sessions are filling up and selling out quickly and more dates are being added. Please reach out to her if you would like to be notified when more trainings dates and times are added.</p> <p>The Division is always actively working on grants and Katie explained the work on some of them.</p> <ul style="list-style-type: none">• Administration for Community Living – ACL – and continuing the work that Dr. Trexler shared with the group regarding traumatic brain injuries (TBIs) grant opportunities. The ISDH has been awarded.• Also the ACL is working on evidence-based falls prevention by working on the Stepping On Program.• Comprehensive Opioid abuse site-based program (COAP) Category 6 – Public Safety, behavioral health and public		
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	<p>health information – sharing partnerships. Katie will keep the group updated on the progress of these grants.</p> <p>She also explained to the Committee that she, Ramzi and Camry Have been working with Dr. Nan Kong from Purdue University and Dr. Priti Parikl from Wright State University to develop a web-based strategic planning tool for trauma networks that will include:</p> <ul style="list-style-type: none"> • Data analytics • Optimization and • GIS capabilities <p>Katie stated the demo will be coming soon.</p> <p>She also mentioned she is sharing this information for INSPECT and if your hospital has not begun integrating this information with electronic medical records you can use this site to begin the process.</p> <p>In-Process facilities were shared by Katie as well. They are:</p> <ul style="list-style-type: none"> • Memorial Hospital & Health Care Center, Jasper, DuBois Co. ACS verification date May 15/16, 2018 • Elkhart General Hospital, Elkhart, Elkhart County In-Process date 3/15/2018, 1 year review 4/2019 and ACS verification projected date 5/2019 		
<p>4. Regional Updates – Regional Representatives</p>	<p>District 1 (Jasper, Newton, Lake, Porter, and LaPorte Counties)</p> <p>District 1’s last meeting was postponed and the next meeting will be held in August. This group is working on the next symposium and trying to get the word out to providers in their District.</p>	<p>N/A</p>	<p>N/A</p>



Indiana State Department of Health

	<p>District 2 (Elkhart, Fulton, Kosciusko, Marshall, Pulaski, Starke and St. Joseph Counties)</p> <p>District 2 had a meeting a couple of months ago and the next meeting will be held later this month. They are working on roll-out ideas for Stop The Bleed and the EMS timeout process. The group is also looking at ED/LOS and emergency preparedness as well as open fracture antibiotic use. They are also planning and upcoming mass casualty drill.</p> <p>District 3 (Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells and Whitley Counties)</p> <p>This District group meets regularly to talk about teaching the media about the Stop The Bleed campaign and mass casualty issues.</p> <p>District 4 (Benton, Cass, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties)</p> <p>District 4 held its first meeting in March and during this session provided a Stop The Bleed training for 75 people – at their very first meeting.</p> <p>District 5 (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties)</p> <p>District 5’s group met at the end of March and are working on partnering with ISDH to send letters to providers in the District to increase participation. The group is also trying to identify a ‘district project’ by reviewing data and in doing so learned that data provided is not always 100% reliable. The group has begun working with area facilities to see how data is being entered and validating that data to ensure all facilities are being consistent.</p>		
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Indiana State Department of Health

	<p>District 6 (Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union and Wayne Counties)</p> <p>This District group has met a few times since the last meeting and have added EMS coordinators and air medical to the group. During the May meeting they decided to take the District meeting to some non-trauma centers to increase participation. A 'needs assessment' was offered and a walk-through of the hospital was accomplished. A discussion was held on the goals of the ISTCC and transfer times as well as a discussion on transfer delays, early activation and different resources for the activation. The next meeting will be held at IU Health-Tipton (Tipton County) in September and they are working on gathering more participants in their Stop The Bleed trainings.</p> <p>District 7 (Vermillion, Parke, Putnam, Clay, Vigo, Owen, Sullivan and Greene Counties)</p> <p>District 7 recently held a Trauma Symposium, participated in an active shooter scenario with a debriefing following the activity. An Air Force team assisted with these activities. Union Hospital and Regional Hospital are working together to provide Stop The Bleed training around the community. Wave Tech meets quarterly and they are reaching out to critical access hospitals to become involved in their activities.</p> <p>Region 8 (Brown, Monroe, Bartholomew, Jackson, Lawrence, Orange, and Washington Counties) - No Report</p> <p>District 9 (Clark, Dearborn, Decatur, Floyd, Franklin, Harrison, Jefferson, Jennings, Ohio, Ripley, Scott and Switzerland Counties) - No Report</p>		
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Indiana State Department of Health

	<p>District 10 (Crawford, Daviess, Dubois, Gibson, Knox, Martin, Perry, Posey, Spencer, Vanderburgh and Warrick Counties)</p> <p>District 10's group met at Deaconess in April and discussed concerns with autopsy rates, organ procurement rates as well as length of stay data. PI Subcommittee met to de-identify data and send recommendations to each center on how to improve length of stay. The group also discussed a case with delayed administration of anticoagulant reversal in an elderly fall patient as well as their ATV Coalition. They also discussed plans for the roll out of the Stop The Bleed Campaign regionally.</p> <p>MAKE A BOX – I DON'T KNOW HOW!</p> <p>District 3 – Double Transfer Case Study – Lisa Hollister and Annette Chard</p> <p>Lisa Hollister and Annette Chard from District 3 presented the District 3 case study of Trauma Transfers – A Retrospective Analysis of Multiple Transfers. This district has the most double transfers in the state and their group decided to utilize their 2 summer research students to study this issue. This group performed a data analysis of trauma patients from Parkview and Lutheran Hospitals in Fort Wayne.</p> <p>Lisa reviewed study goals of the process which were to actually determine if the District has issues, to understand the reasons a transfer was deemed inappropriate, to explore improvement processes to decrease this number, to learn why patients were transferred from the trauma care center and to discover where patients were transferred.</p> <p>They also discussed reasons the District group cares about this issue.</p>		
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Indiana State Department of Health

	<p>Lisa mentioned these double transfers can decrease the quality of the outcome for the patients as well as an increase in costs and ultimately greatly diminish the quality of care a patient receives.</p> <p>A question arose regarding transfers to the orthopedic center within the hospital which is licensed as a separate facility from the hospital. Lisa stated after removing those trauma cases the hospital's numbers reduce greatly and are in line with Evansville's numbers.</p> <p>Patient demographics were also shared noting most patients were elderly or young males and injuries were from falls and motor vehicle accidents. Most were transferred to Level I trauma centers.</p> <p>Some reasons for these transfers were from patient and/or family requests, physician related issues, insurance concerns or specialty needs such as burn centers or hand surgery centers.</p> <p>Lisa presented the following list of conclusions and recommendations:</p> <ul style="list-style-type: none">• Less than 1% of trauma patients admitted to Lutheran and Parkview were transferred out.• District 3 does not have an issue with inappropriate transfers.• Indiana Trauma Registry should not include intra-hospital transfers.• Statewide training on entering data into the Indiana Trauma Registry should be accomplished.		
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Indiana State Department of Health

	<ul style="list-style-type: none">• Data validation project implementation and conserve data integrity.• Other districts should look at their double transfers on a patient level as well. <p>During the summer, Lisa stated, the student researchers will be looking into patient falls to learn if these patients had opioids prescribed for them prior to the fall.</p>		
6. EMS Medical Director Update – Dr. Michael Kaufman, Medical Director, Indiana Department of Homeland Security	<p>EMS Medical Director update was presented by Dr. Michael Kaufman who gave a brief overview of the position which was created by state statute in 2014. He also shared the duties and responsibilities of the office as well as an overview of the State EMS Commission and the different disciplines which make up this Commission.</p> <p>Dr. Kaufman stated that at this point there are 117 institutions training EMS personnel in the state of Indiana as well as 91 supervising hospitals. Indiana also currently has 833 providers with 2,600 vehicles which is not a sufficient number and the number drops daily.</p> <p>Personnel number at this point are:</p> <p>EMR - 4,975 EMT - 14,1133 Adv. EMT - 578 Paramedics – 4,403</p> <p>Dr. Kaufman also shared the EMS database is severely lacking in data and detail, noting he is working to improve the data while there are 2,000 run reports per day with only 65% of the data being included.</p>		



Indiana State Department of Health

	<p>He strongly encouraged all at the meeting to urge providers to report their data to the Registry and he will compile a list and share with ISDH those who do not comply.</p> <p>He also shared 233 data elements have been collected by the Registry but not all of those elements are reported. Some data was not reported until 30 days after the run. They will now need to report this data within 24 hours of the fun.</p> <p>Dr. Kaufman also told the group a pilot project is being developed to learn the main source of transfer delays.</p> <p>Some other topics he touched on were:</p> <ul style="list-style-type: none">• Developing evidence based guidelines for _____• Will ask EMS provider organizations to identify a pediatric representative to focus on care within the organization and will be included on providing organizational required positions• Will ask at some point for a pediatric representative to be placed on the ISTCC• Identify barriers to EMTs and paramedics from working in Indiana i.e. licensing and certification obstacles removed. <p>Dr. Kaufman also noted that much emphasis is being placed on the STOP THE BLEED PROGRAM in Indiana at this time and is a huge focus as well as disaster and mass casualty preparedness.</p>		
7. Healthcare Coalitions, MS Resources and CTACS Updates – Lee Christensen, Director, Emergency	Lee Christensen, Director of the ISDH Emergency Preparedness Division explained to the Committee that effective July 1, 2018 only coalitions whose governing body includes at least 1 representative from public health, one from local emergency management, one from EMS and two from acute care hospitals, all are eligible for		



Indiana State Department of Health

	<p>federal funding. With other suggested membership being mental health, long term care, rural health, ambulatory surgical centers as well as other health care entities.</p> <p>As of June 15, 2018, nine of ten district coalitions have approved bylaws meeting the requirements.</p> <p>Mr. Christensen also addressed mass casualty events and the Counter-Terrorism security council meeting events. The state has efforts underway to address mass casualty events, mass shooting events and the state's role is support. Public safety, first responder personnel will be at the frontline and we will be gathering plans and best practices from other states.</p> <p>He noted it is critical that we focus on our first responders and their mental issues as well. School safety and security is also a main focus for the group. Gates, guards and guns are important but we can't forget about the parents and the children.</p> <p>The final thought from Mr. Christensen was . . . we need to not work in silos. With mass casualty drills we need to be more inclusive and invite people from around the state to attend.</p>		
8. Subcommittee Updates	<p>PI Subcommittee</p> <p>Ramzi Nimry, Statewide Trauma System Development and Training Manager, provided the Performance Improvement Subcommittee</p>		



Indiana State Department of Health

	<p>Update.</p> <p>As of May 2018, 104 hospitals submitted for Q4 2017 data, making it the most ever provided by hospitals in the state.</p> <p>Mr. Nimry provided an update to the Committee regarding the transfer delay pilot project the Division has been working on for the past couple of quarters. Currently, 19 hospitals have continued to participate in this project providing both data and feedback. ISDH is working with ImageTrend on a mock up.</p> <p>Mr. Nimry also provided suggested changes to the Statewide Report which were agreed upon by the PI Subcommittee and will be implemented in the future.</p> <p>American College of Surgeons – Committee on Trauma Update</p> <p>Dr. Scott Thomas briefly addressed the Committee and shared the group has discussed minimum trauma system standards. He also shared that the CDC Triage guidelines have not been updated since 2011 and the goal is to have these standards revised every three (3) years.</p> <p>Dr. Thomas also stated it is the mission of the group to develop and implement systems for trauma care in local, regional, national and international settings.</p> <p>He also reported that currently there are 510 verified trauma centers in the United States.</p> <p>Dr. Thomas touched on the CAFE' Project which is a partnership with the University of Arkansas and ACS which is NIH funded. This will perform a comparative assessment for environments of trauma care.</p>		
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Indiana State Department of Health

	<p>The group is currently collecting feedback and will release the tool in the near future.</p> <p>He next discussed the Needs Based Assessment 2 – NBATS is used to assess need for trauma centers in geographic areas without creating excess costs.</p> <p>Dr. Thomas also shared that Indiana has met all of the trauma system criteria that the college requires.</p> <p>He also expressed a need nationwide to integrate military and civilian trauma systems. And with the assistance of government funding military physicians need to be in Level I and Level II trauma centers nationwide.</p> <p>He also addressed firearm injury prevention nothing</p> <ul style="list-style-type: none">• Safe storage initiatives• Hospital-based violence intervention programs• Physician guidance to counsel patients on safe firearm ownership• And partnership with the mental health community. <p>Dr. Thomas addressed the STOP THE BLEED campaign and noted that the public is willing to provide bleeding control care with 80% of the population willing to be trained with 60% of them concerned with causing harm to the end that classes and training need to be developed and implemented.</p> <p>He also discussed the Orange Book revision which is currently under review and the 2014 standards are being updated.</p> <p>Quarter 3 2017 data was presented to the Indiana Trauma Network (ITN) group following the Committee meeting.</p>		
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9. Other Business	The next meeting is August 17, 2018 – 10:00 am in the new location.		
10. Adjournment – Ms. Hokanson	Hearing no further business to		
11. ISTCC Dates for 2018	October 19, 2018 and December 14, 2018		
12.			