Indiana State Department of Health

Project: **Indiana Trauma Care Committee** **Date:** **July 27, 2010, 10:00 AM - Noon**

Present: **Trauma Care Committee members present:** Greg Larkin (Chair), Joe Wainscott (Vice Chair), Keith Kahre, Stephen Lanzarotti, Spencer Grover, Scott Thomas, Lewis Jacobson, Ryan Williams, Matthew Vassy, Rick Lowry, Meredith Addison, Michael McGee, Mary Aaland, Lawrence Reed, Gerardo Gomez, David Welsh, Donald Reed (via phone) and Tres Scherer

ISDH/IDHS Staff Present: Leisa Prasser, Tracie Pettit, Kim Crawford and Mike Garvey

Others Present: Amber Anderson (IHA), Katherine Wallace (IHA), Renee Trainer (St. Vincent, Indianapolis)

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Greg Larkin, MD, Chair	Introductions were made around the room of both the Trauma Care Committee members and others present	NA	NA
2. Review Executive Order 09-08	Dr. Larkin explained that ISDH has been named as the lead agency, but the state does not have a formal process for trauma center designation. The life of the Executive Order from the Governor is guaranteed until a new Governor takes office. The committee recommended that this be pursued as something to be written into state code. Dr. Larkin cautioned that the legislators may tack on additional requirements which would have unintended consequences. He suggested that this might be a secondary measure to ensure that the Committee remains intact. Joe Wainscott pointed out that the Executive Order focuses more on the functions of the Trauma Care Committee than the trauma system at large. A copy of the Executive Order was in Committee members' packets.	Consider pursuing state legislation for Trauma Care Committee	
3. Information and Discussion on Committee Fund Donations	There was discussion of funding for trauma centers in other states, Florida being used as an example—funded by tax dollars and paid by health districts. This pays for the trauma professionals. (See additional discussion under "Trauma Funding" below.	Discuss Indiana's Committee fund donations at next meeting	

Indiana State Department of Health

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
4. Indiana Task Force Update (Brief Slide Overview and Group Discussion)	Dr. Jacobson gave a PowerPoint presentation giving a history of the Committee and Task Force, as well as statistics for Indiana. Discussion is recorded below under specific headings.	Copy of PowerPoint will be sent to committee members	**COMPLETE**
	Level I, II, and III Trauma Centers in Indiana • Gary Methodist doesn't have a trauma center; there are no trauma centers in District 1. • It was recommended that the American College of Surgeons (ACS) verification process continue for all trauma centers in Indiana. • 1-2 Level I or II trauma centers are recommended standard per 1 million population. • It was suggested that Indiana should be reaching out to surrounding states, specifically with regard to Trauma Centers in Louisville, Cincinnati, and Chicago. Voluntary participation would be sought for coordinating with Indiana's trauma system. • Joe Wainscott suggested that Indiana should be looking at where to develop trauma centers. Partnerships with other states should include an agreement to adhere to Indiana's trauma protocols. • There was discussion about trauma center verification in other states: Illinois only has 2 trauma centers verified by ACS; Ohio and Kentucky both used ACS. • Spencer Grover stated that the state has never given hospitals the incentive to develop centers and there is no legislation to help fund. • Dr. Larkin suggested that the Committee could have both a short and long-term goal: --Short-term: Get broader trauma coverage in state --Long-term: Look into state increasing taxes to help fund	• Dr. Welsh volunteered to intercede in this endeavor • Discussion at next meeting of short and long-term goals	

Indiana State Department of Health

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
	Level I, II, and III Trauma Centers in Indiana (cont.) • Joe Wainscott reported that the transport plan is not well-established. There needs to be one umbrella over all of the pieces. Indiana is currently working on its Disaster Medical System, including evacuation needs and mass trauma events. • Dr. Vassy volunteered to work with Illinois in SW Indiana. He stated that Illinois does well with regionalization. He also said that Indiana may not find volunteers from Level I trauma centers from outside our state. The drawback to Illinois is that they verify trauma centers from the top down with their own verification. He stated that Indiana needs to apply our set of rules – verification through ACS to out-of-state volunteers.	• Dr. Vassy will work will Illinois in the SW part of Indiana.	
	IN Trauma Registry (See notes below under "**Patient Tracking"**) • Tracie Pettit explained that the registry is in place and some centers are submitting data. • Currently there is no process to monitor outcomes. • Many centers have not signed the data agreements: Tracie reported that only 3 of 8 Level III trauma centers have submitted. • Tracie reported that the data system is secure. • It was also reported that Indiana currently collects 100 data points. There is no validation with the current system – the data is only as good as the input. • Queries can be submitted to ISDH and de-identified data can be viewed. • Data is being collected currently from ambulance systems. • The Committee would like the 2009 data presented at the next meeting.	• Trauma registry needs to be up and functional with all centers submitting data; agreements need to be signed. • Tracie Pettit will present 2009 data next mtg	

Indiana State Department of Health

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
	Patient Tracking • Dr. Larry Reed suggested that a statewide trauma system tracking mechanism is needed. • Dr. Aaland asked if follow-up and management is built into the EMS system and there was discussion with Joe Wainscott and Mike Garvey. • A unique patient identifier is needed to track individual cases • Dr. Aaland asked if patient follow-up and management could be built into EMS. • Dr. Larkin stated that he could work with Regenstrief for global patient IDs – he solicited volunteers from the Committee to assist with this.	• Rick Lowry and Dr. Larry Reed volunteered to assist Dr. Larkin.	
	Performance Improvement • Dr. Aaland asked the group how Performance Improvement is currently handled, i.e.: What is the PI process and who monitors it? Could it be reviewed through the 10 IDHS Districts? • Dr. Sherer asked who provides PI. Is it under the Indiana Department of Homeland Security (IDHS) or through a registry? He also stated that merging data would be one reason to do performance improvement. • Joe Wainscott stated that Medical Directors have local protocols for EMS. It depends on who reviews the information, but it still must come back through the EMS community. • Mike Garvey said that there is no statewide process – only local. There is a need to the future to build a statewide process. Mike also referred to CODES (Crash Outcome Data Evaluation System).	• A Performance Improvement protocol is needed. • Meeting with Regenstrief – Dr. Larry Reed and Rick Lowry to assist Dr. Larkin.	

Indiana State Department of Health

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
	Performance Improvement (cont.) • Dr. Jacobson suggested there should be some leeway for bad weather conditions built into the system and that this should be reviewed by the state PI process. Stated that the review process should focus on PI and less on punitive actions. The PI process should be built on adherence to EMS rules. Merry Addison agreed punitive action is not what is needed; review process is preferred.		
	EMS Commission • Mike Garvey reported on the EMS Commission's work. • Copy of the draft rules has been distributed to EMS providers. • A draft of the rules will be sent to the Trauma Care Committee. • Commission will meet in September to finalize new rules. • There will be public vetting of the rules. • The Trauma Care Committee will have an opportunity to give comments.	• Mike Garvey will send a copy of the EMS draft rules to the Committee. • Trauma Care Committee will meet again after the EMS Commission meets in Sept.	**COMPLETE**
	Trauma Funding There was additional discussion about funding with the following points: • Spencer Grover said that Kentucky is going through a funding process right now. Level IV trauma centers are self-funded and the state works as the coordinator and receives the money for distribution. Part of Kentucky's proposal is to look at other funding sources such as insurance companies.	• Additional discussion of funding in Indiana at next meeting	

Indiana State Department of Health

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
	District 1 There was a discussion about the lack of a trauma center in the northwest part of the state (District 1): • Dr. McGee stated that no one wanted to commit the money for trauma center. • Dr. Aaland stated that there are 8 hospitals in District 1. • It was suggested that there needs to be a needs assessment of the NW part of the state and then stated by a Committee member that an assessment had already occurred. The conclusion was that District 1 needs a trauma center. • Dr. Aaland posed the question about which hospital should serve as the trauma center in that area. She suggested that DHS might make a recommendation about the best location and use some of the DHS funding for the start of a trauma center. • Joe Wainscott explained that DHS would not want to exclude any hospitals and funding from DHS cannot go to private entities. He stated that it is part of the local planning process. • There was discussion about the cost involved in establishing a Level II or III trauma center: the biggest cost is 24/7 coverage by physicians and other medical professionals, i.e. orthopedics, neurology, blood bank. Dr. Larkin stated that there is also a global concern about getting trauma center coverage in more rural areas.	• Work toward establishing a trauma center in District 1. Dr. Larkin suggested that he could meet with the hospital CEOs in that district.	

Indiana State Department of Health

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
	Indiana Disaster Medical System • Joe Wainscott explained the role of DHS as a coordinator. He also stated that the Indiana State Department of Health is the lead for Emergency Support Function (ESF) 8, which is Health and Medical and includes EMS. • DHS is glad to be part of the Trauma Care Committee. • DHS is working toward development of Indiana's Disaster Medical System and needs to take all pieces into account. • There are two pieces to the trauma system: 1) day-to-day trauma and 2) disaster management.		
	Trauma Task Force There was discussion about the continuation of the Trauma Task Force under the oversight of the Trauma Care Committee. The consensus of the Committee is that the Task Force should continue. The two meetings might occur on the same day and at the same location to the future. The next meeting of the Task Force is August, 2010. The Committee will not convene at that time.	Trauma Task Force will continue to meet – next meeting in August 2010. Trauma Care Committee and Trauma Task Force to meet on same day in the future?	
5. Annual Report to Governor due September 1, 2010.	Not discussed	Annual report to Governor by 09/01/10	
6. Mandatory Ethics Training	Kim Crawford, Office of Legal Affairs, ISDH, informed Committee members that they will be receiving an email from Sabra Weliever about ethics training. Ethics training is mandatory for all Committee members since they are appointees of the state government.	Committee members will complete online ethics training.	
7. Future Meeting Dates	Committee discussed future meeting dates (see above discussion), but will wait to meet until EMS Commission meets in September.	Tami Barrett will set up future meeting dates on behalf of Dr. Larkin.	