



Indiana State Department of Health

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
	<p>The rule promulgation process should be complete in 8 to 10 months. These rules govern transport and triage of trauma patients.</p> <p>Rules mandate medical director for each EMS organization – not new to Indiana.</p> <p>Questions were raised regarding “flexibility” for the local areas because each area’s issues are different.</p> <p>Any chance a trauma patient could fall through the cracks if they are taken to a facility that doesn’t report to the registry? 85% are captured in the system, but 15% aren’t.</p> <p>Joe Wainscott asked the Committee members to attend the public hearings in order for all perspectives to be heard and put into the public record on this proposed rule.</p> <p>Develop a model protocol to be sent to all medical directors for their review.</p> <p>To ensure all patients are transported appropriately a system needs to be developed in order to track patients. Data should be transmitted to be analyzed to ensure all transports are appropriate and timely.</p> <p>Most current drafts of rule will continue to be distributed to the Committee members as they are available.</p> <p>Dr. Larkin noted the ISDH will look at what other states are doing with trauma care – information could be gleaned from other states.</p>	<p>Attend public hearings when scheduled.</p>	<p>Will continue to send most current draft rule to Committee.</p>



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3. Rural Trauma Care Skills/Capability Issues <i>Merry Addison, RN</i>	<p>Merry Addison, RN presented a video journal of her endeavors to increase and enhance the trauma skills of nurses and health care professionals in rural areas.</p> <p>Dr. Larkin inquired since there is no formal mandate for specific training for trauma care personnel, do we have the opportunity to ask that minimum and specific training be mandated for personnel in emergency rooms? There were discussions regarding how much can be mandated. It was mentioned that it would be best to have data before we begin to mandate too much specificity in the rule regarding training of these personnel.</p> <p>Part of our charge – have a long view of what the guidelines should be. Dr. Larkin stated the level of care a facility is providing should be matched by the training of their staff.</p>	NA	NA
4. State Trauma Registry <i>Tracie Pettit</i>	<p>Six of the eight trauma care agreements with the ISDH are signed. There are only two missing – Wishard and Parkview.</p> <p>The glitch in the reporting system has been fixed and numbers should be coming in soon.</p> <p>The ISDH is looking for an Injury Prevention Director.</p>	Tracie will continue to provide updates.	NA



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5. Development of Trauma System Office and Injury Control <i>Tres Scherer, MD</i>	<p>Dr. Scherer presented a plan for the Office of Emergency Care and explained the staff and funding needed to make this office successful.</p> <p>Dr. Reed asked if this work could be tied to the Acute Care Division?</p>	NA	NA
6. Creating Rules & Regs. of Trauma System – IN Public Law 166 (2006) <i>Kim Crawford, ISDH</i>	<p>Ms. Crawford gave an overview of the administrative rule promulgation process in Indiana.</p> <p>E-Coding may be a topic for a future rule.</p>	NA	NA
7. Performance Improvement <i>Jodi Hackworth, ISDH</i>	<p>Tabled for future meeting</p>	Reschedule Agenda Item for future meeting	
8. Indiana Disaster Medical System <i>Jennifer Pitcher, ISDH</i> <i>Gerri Husband, IDHS</i>	<p>Ms. Pitcher gave a brief overview (via Power Point) of the Indiana Disaster Medical System (IDMS). This system would deliver quality medical surge and mass fatality response to the victims of a natural or man-made disaster.</p> <p>Ms. Husband noted this is a fledgling initiative. She explained the ESF functions and which agencies or partners are responsible for which segments of the work. During this portion she showcased ESF</p>	NA	NA



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	<p>#8 which is led by the ISDH.</p> <p>She stressed the need for collaboration from all parties in making this initiative work. She stated that the medical community needs to embrace this project to make it move forward effectively.</p> <p>She Husband noted the need for the LHDs to work in collaboration with the state to have success with this initiative.</p> <p>Ms. Pitcher finished by telling the group she has gained approval to hire the ESF 8 Coordinator.</p> <p>She asked for suggestions/recommendations from the Committee members as to what they would like to see in the "purposes and plans" while this is being developed.</p> <p>Dr. Scherer noted the state is doing well with planning this initiative but at the local level the planning is not taking off.</p>	<p>Channel any suggestions to Ms. Pitcher.</p>	
<p>9. Future Legislation <i>Brian Carnes, ISDH</i></p>	<p>Mr. Carnes addressed the group as an "advisor and resource" and stated the deadline for sending new legislative issues has passed for this session of the General Assembly.</p> <p>He invited the members to discuss with him any issues or questions they may have.</p>	<p>Update as needed</p>	<p>NA</p>
<p>10. Other Business</p>	<p>Items for further review or work:</p> <p>E-Code Capture of Data Medical Record Coding</p>	<p>Spencer will bring to</p>	



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11. Future Meeting Dates		next meeting. Dr. Larkin is looking at what other states have put together and wants others to do the same. Tami Barrett will set up future meeting dates on behalf of Dr. Larkin.	